

Application Submittal Checklist

The following items are required for submittal of the grant application. Please verify and check off that the items have been included in the application packet.

- 1) Hawaii Compliance Express Certificate (If the Applicant is an Organization)
- 2) Declaration Statement
- 3) Verify that grant shall be used for a public purpose
- 4) Background and Summary
- 5) Service Summary and Outcomes
- 6) Budget
 - a) Budget request by source of funds ([Link](#))
 - b) Personnel salaries and wages ([Link](#))
 - c) Equipment and motor vehicles ([Link](#))
 - d) Capital project details ([Link](#))
 - e) Government contracts, grants, and grants in aid ([Link](#))
- 7) Experience and Capability
- 8) Personnel: Project Organization and Staffing


AUTHORIZED SIGNATURE Dr. Hannah Preston-Pita, CEO PRINT NAME AND TITLE 1.15.24 DATE



STATE OF HAWAII
STATE PROCUREMENT OFFICE

CERTIFICATE OF VENDOR COMPLIANCE

This document presents the compliance status of the vendor identified below on the issue date with respect to certificates required from the Hawaii Department of Taxation (DOTAX), the Internal Revenue Service, the Hawaii Department of Labor and Industrial Relations (DLIR), and the Hawaii Department of Commerce and Consumer Affairs (DCCA).

Vendor Name: BIG ISLAND SUBSTANCE ABUSE COUNCIL

DBA/Trade Name: BIG ISLAND SUBSTANCE ABUSE COUNCIL

Issue Date: 01/15/2024

Status: **Compliant**

Hawaii Tax#: [REDACTED]

New Hawaii Tax#:

FFIN/SSN#: XX-XXX8043

UI#: XXXXXX1893

DCCA FILE#: 11943

Status of Compliance for this Vendor on issue date:

Form	Department(s)	Status
A-6	Hawaii Department of Taxation	Compliant
8821	Internal Revenue Service	Compliant
COGS	Hawaii Department of Commerce & Consumer Affairs	Exempt
LIR27	Hawaii Department of Labor & Industrial Relations	Compliant

Status Legend:

Status	Description
Exempt	The entity is exempt from this requirement
Compliant	The entity is compliant with this requirement or the entity is in agreement with agency and actively working towards compliance
Pending	A status determination has not yet been made
Submitted	The entity has applied for the certificate but it is awaiting approval
Not Compliant	The entity is not in compliance with the requirement and should contact the issuing agency for more information

**DECLARATION STATEMENT OF
APPLICANTS FOR GRANTS PURSUANT TO
CHAPTER 42F, HAWAII REVISIED STATUTES**

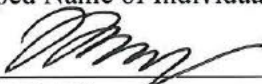
The undersigned authorized representative of the applicant certifies the following:

- 1) The applicant meets and will comply with all of the following standards for the award of grants pursuant to Section 42F-103, Hawai'i Revised Statutes:
 - a) Is licensed or accredited, in accordance with federal, state, or county statutes, rules, or ordinances, to conduct the activities or provide the services for which a grant is awarded;
 - b) Complies with all applicable federal and state laws prohibiting discrimination against any person on the basis of race, color, national origin, religion, creed, sex, age, sexual orientation, or disability;
 - c) Agrees not to use state funds for entertainment or lobbying activities; and
 - d) Allows the state agency to which funds for the grant were appropriated for expenditure, legislative committees and their staff, and the auditor full access to their records, reports, files, and other related documents and information for purposes of monitoring, measuring the effectiveness, and ensuring the proper expenditure of the grant.
- 2) If the applicant is an organization, the applicant meets the following requirements pursuant to Section 42F-103, Hawai'i Revised Statutes:
 - a) Is incorporated under the laws of the State; and
 - b) Has bylaws or policies that describe the manner in which the activities or services for which a grant is awarded shall be conducted or provided; and
- 3) If the applicant is a non-profit organization, it meets the following requirements pursuant to Section 42F-103, Hawai'i Revised Statutes:
 - a) Is determined and designated to be a non-profit organization by the Internal Revenue Service; and
 - b) Has a governing board whose members have no material conflict of interest and serve without compensation.
- 4) The use of grant-in-aid funding complies with all provisions of the Constitution of the State of Hawaii (for example, pursuant to Article X, section 1, of the Constitution, the State cannot provide "... public funds ... for the support or benefit of any sectarian or nonsectarian private educational institution...").

Pursuant to Section 42F-103, Hawai'i Revised Statutes, for grants used for the acquisition of land, when the organization discontinues the activities or services on the land acquired for which the grant was awarded and disposes of the land in fee simple or by lease, the organization shall negotiate with the expending agency for a lump sum or installment repayment to the State of the amount of the grant used for the acquisition of the land.

Further, the undersigned authorized representative certifies that this statement is true and correct to the best of the applicant's knowledge.

Big Island Substance Abuse Council
(Typed Name of Individual or Organization)


(Signature) 1.15.2024
(Date)

Dr. Hannah Preston-Pita
(Typed Name) CEO
(Title)

Application for Grants

If any item is not applicable to the request, the applicant should enter "not applicable".

I. Certification – Please attach immediately after cover page

1. Hawaii Compliance Express Certificate (If the Applicant is an Organization)

If the applicant is an organization, the applicant shall submit one (1) copy of a Hawaii Compliance Express Certificate from the Comptroller of the Department of Accounting and General Services that is dated no earlier than December 1, 2023. **Certificate is attached**

2. Declaration Statement

The applicant shall submit a declaration statement affirming its compliance with [Section 42F-103, Hawaii Revised Statutes](#). **Signed statement is attached**

3. Public Purpose

The Big Island Substance Abuse Council confirms that the grant will be used for public purpose pursuant to [Section 42F-102, Hawaii Revised Statutes](#).

II. Background and Summary

This section shall clearly and concisely summarize and highlight the contents of the request in such a way as to provide the State Legislature with a broad understanding of the request. Please include the following:

1. A brief description of the applicant's background.

The Big Island Substance Abuse Council (BISAC) provides culturally appropriate, evidenced based behavioral health care treatment. BISAC's mission is: Inspiring individuals to reclaim and enrich their lives by utilizing innovative resources and harnessing the strengths within each person. The Big Island Substance Abuse Council has demonstrated the necessary skills, abilities, knowledge of and experience in substance abuse treatment services by successfully delivering professionally driven substance abuse treatment (behavioral health) services for Big Island residents since May 1964. BISAC has also demonstrated that it meets and/or exceeds requirements for the Commission on Accreditation of Rehabilitation Facilities (CARF). Most noteworthy is BISAC's CARF accreditation for 15 programs. BISAC has a proven record of success in working with the substance abuse and mental health population. As further evidence of our history of verifiable experience in obtaining contracts, implementing them, reporting on them regularly and achieving outcome goals that resulted in recurrent funding. BISAC's long-standing positive reputation in the community demonstrates that the organization is equipped, has the knowledge and capacity to provide and sustain these services. BISAC is seeking funding to support Huliha Ke Ola Detox Clinic.

2. The goals and objectives related to the request.

Huliha Ke Ola Detox Clinic’s purpose is to expand current infrastructure and provide a more comprehensive approach. The integrative care model involves substance abuse, mental health, outreach, case management services, etc. to improve access of care for the most vulnerable populations. The project’s overarching goals are to increase capacity to treat behavioral health care issues such as: substance use and misuse, expand the continuum of care to include harm reduction approaches, provide social detox, medical consultative detox, provide longer term treatment episodes, and provide interim respite services for individuals where inpatient services are not an option.

Priority	Goals	Intended Outcomes
<i>Detoxification and treatment options for the most vulnerable population.</i>	create a detoxification and treatment option for the most vulnerable population living with a substance use disorder and seeking assistance for a reprieve or permanently cease using alcohol or other drugs.	detoxification and treatment options created; decrease hospital visits due to intoxication and/or substance use issues for the most vulnerable population.
	Create treatment options that strengthen and sustain recovery	Enhance client resilience
		Increase client knowledge base and skills
		Increase treatment engagement
		Improve client well-being
		Increase continued client engagement following discharge from live in program.
		Increase clean and sober transitional housing units.
	build infrastructure to support detox services (e.g., staffing, site, training, etc.)	create sustainable foundation for future detox services

3. The public purpose and need to be served.

The program’s purpose is to increase capacity to treat behavioral health care issues such as: substance use and misuse, expand the continuum of care to include harm reduction approaches, provide social detox, medical consultative detox, provide longer term treatment episodes, and provide interim respite services for individuals where inpatient services are not an option.

The entire island falls under the Medically Underserved Area (MUA) designation. The Island of Hawai’i is the largest of all the Hawaiian Islands, at roughly 4087 sq. miles it is larger than all the other major islands combined. Geographical isolation, poverty, an aging population, increases in need due to substance abuse, and a shortage of mental health and primary care

providers contribute to limited-service access. Due to the expansive geographical topography, the current services and provider counts don't include the distance that it takes for individuals to travel to receive services with larger cities with more resources. Although we do not have sites in all the rural areas, a significant portion of clients are from rural areas. BISAC has provided accommodation for clients by providing options such as telehealth. Rural underserved areas make it extremely difficult for individuals to receive the necessary care due to the geographic location, provider and service shortage, and lack of transportation. Although there are many pockets of rural underserved areas the focus of this grant is to begin the work in an area where BISAC has established relationships with key stakeholders.

The Huliha Ke Ola Center is the first social detox facility on Hawai'i island and will provide an on-island option for the most vulnerable populations. In the past two years, BISAC has participated in the Hawaii Island Fentanyl Task Force to address the growing concerns surrounding fentanyl overdoses. The need for a social detox has been an ongoing concern. BISAC has agreed to support a higher level of care to provide monitored, supervised and managed substance withdrawal.

4. Describe the target population to be served; and
The Big Island Substance Abuse Council provides services island-wide. Although, the main residential and administrative program is on the eastside of the island, BISAC provides the only therapeutic living program and specialized special treatment facility for the entire island. The target population served for this program includes adults ages 18 and above.

According to the U.S. Census Bureau, 2022¹, the Hawaii island population in 2022 was 206,315 residents, with only a slight increase in the past 5 years. In 2022: ²

- 22.5% of the population (2014-2022) reported living with severe housing problems.
- 13.8% of the population live below the poverty line which is higher than the national average.
- 16.1% of the children live in poverty.

According to the State of Hawaii, Department of Health, Hawaii County (2018-2022) reported 9,200 emergency room discharges related to Substance use which is the 2nd highest in the state. Given that Honolulu County had the highest the data doesn't account for the large difference in population data.

The agency is well equipped with specialized expertise, the necessary reach into the rural locations of the island and is qualified to tackle the behavioral health needs of the island. The program is the mechanism that will enable BISAC to provide a higher level of behavioral and mental health care that will decrease the barriers between behavioral health and mental health care, reduce the stigma that burdens those dealing with behavioral and mental health diagnosis, and exhausting wait-lists, allowing same day

¹ <https://www.census.gov/quickfacts/fact/table/hawaiicountyhawaii/PST0452023>

² <https://datausa.io/profile/geo/hawaii-county-hi#poverty>

visits and care coordination, focusing on those that pose a higher risk due to the socio-economic determinates that come with living in a rural and underserved area, and provide an increase in bed space for those seeking in-house care which often times is reflective of our State's homelessness population.

5. Describe the geographic coverage.

The island in its entirety is BISAC's target area and because BISAC offices are centrally located in Hilo, Keaau, and Kona as well as being present in several schools across the island, the agency has the means to assist those in need of overcoming some of the physical barriers to accessing much needed behavior health services. The island of Hawai'i is the largest of the Unites States Hawaiian archipelago located in the pacific. At roughly 4087 sq. miles, it is larger than all the other major islands combined and is a geographic wonder that boasts 11 of the 13 climate zones on the planet.

The island in its entirety is BISAC's target area and because BISAC offices are centrally located in Hilo, Keaau, and Kona as well as being present in several schools across the island, the agency has the means to assist those in need of overcoming some of the physical barriers to accessing much needed behavior health services. Some of the unique challenges which only exacerbate the current needs of the County of Hawai'i include:

- Geography - isolated areas and mountains make it challenging to travel.
- Poverty – higher unemployment rates, lack of insurance and inconsistent access to reliable transportation create barriers to accessing affordable mental health care.
- Population – a retirement population that is growing faster than the work force limits access to services and treatments.
- Increase in Need – growing substance abuse, particularly among adolescents, creates a higher demand for programs, services and treatments; and
- Shortage of Providers – the following have been federally designated as Mental Health Professional Shortage Areas (MHPSA).

These challenges create silos of underserved populations in need of professional behavioral health services. BISAC can be instrumental in connecting rural populations with affordable, professional mental health services. BISAC is committed to its island-wide service area and understands the needs of the pockets of low-income, rural, geographically isolated communities.

III. Service Summary and Outcomes

The Service Summary shall include a detailed discussion of the applicant's approach to the request. The applicant shall clearly and concisely specify the results, outcomes, and measures of effectiveness from this request. The applicant shall:

1. Describe the scope of work, tasks and responsibilities.

The Grant-In-Aid funds will support operational cost to support Huliha Ke Ola Center to provide first on island, comprehensive treatment and compassionate care for the most vulnerable population. The grant will support social detox, stabilization beds, substance abuse, mental health, outreach, case management services, cultural practices (e.g. lomilomi, acupuncture, etc.), etc.

The following is work/task activities and responsibilities:

Screening – screening process utilizes tools to identify individuals who have or are at risk for developing substance/alcohol related problems. The results from these tools allow for the assessor to determine if an individual is eligible for an assessment.

Assessment – a comprehensive process to determine diagnosis and individual treatment needs.

Intake and Placement – when clients are determined eligible for treatment, clinician determines level of care. Clients are placed into a level of care appropriate to their assessment findings, needs, etc.

Individual Sessions – individual meetings with counselor to work on substance/alcohol issues. Treatment plans are developed.

Treatment Planning – sessions that help clients map out needs, goals, and objectives.

Substance Group Sessions – psychoeducation and process groups.

Case Management Services – person centered process which includes assessment, planning, care coordinate, evaluation, advocacy, etc. The end goal is to promote quality and cost-effective outcomes that sustain recovery.

Medical Consultations – consultation with medical provider to provide oversight for detox. First year to build infrastructure (partnerships, training, staffing, etc.)

Skill Building Sessions – goal directed sessions that provide life skills to foster community stability, independence, and continued sobriety.

Mental Health Individual and group sessions – Ancillary services that address the underlying issue to substance use.

Vocational Training Services - groups and individual sessions that are skill training based and provide skills for job readiness.

Program Evaluation - Ensure that optimal and appropriate care is provided in a safe, clean, and wholesome environment. Coordinate all care monitoring functions with particular emphasis on compliance with professional standards, program planning, risk management and cost containment. Ensure that all services are provided cost-effective. Establish a mechanism for evaluating and revising objectives, scope, organization, and effectiveness of the Quality Assurance Program. Systematically evaluate all components of treatment planning by utilizing objective criteria and assure the content and quality of client records.

Therapeutic Living and Residential Living Programming - provides a structured, monitored live in program for individuals who require a higher level of care.

Clean and Sober Housing – dwelling unit that is intended to provide a stable, independent environment of alcohol- and drug-free living conditions to sustain recovery.

The Huliha Ke Ola Program is a subsidiary of the Big Island Substance Abuse program and works together with other BISAC programs to provide seamless care. The scope of services are provided by qualified staff who specialize in social detox, substance use, and mental health services. Budgeted staff members provide services and lines of supervision. The organization

has a volunteer Board of Directors consisting of concerned community members from East and North Hawai'i. The client staff ratio is 1:15. The Chief Executive Officer (CEO) holds a Doctorate in Psychology and Education and Leadership and is a Hawai'i State Certified Substance Abuse Counselor and oversees all aspects of the agency including administration, fiscal and clinical components.

Program Administrators provide program oversight of day to day programmatic operations. All medications, prescribed or over-the-counter, are cleared by BISAC's RN and Medical Director. The RN addresses all health issues and assists staff in determining when a client needs emergency services in order to ensure appropriate use of emergency hospital services. The RN also provides medical examinations in coordination with the Medical Director to screen clients and provide medical oversight. The Accountant reports to the Chief Executive Officer and supervises the day-to-day operations of the fiscal department. The Director of Operations possesses a Masters in Public Administration and provides oversight of all programs and supervises the clinical director.

Our Administration is made up of highly qualified individuals who provide leadership and guidance to support staff and help create systems which improve the overall quality of care for our clients. BISAC is committed to maintaining the highest quality of staff for all of the treatment services provided at every site island wide. All staff meets or exceeds minimum qualifications, including necessary experience for staff assigned to this proposal. The proposed staff to client ratio is 1:15. The following are staffing for adult and adolescent programs. Full job descriptions may be furnished upon request.

Hannah Preston-Pita	Psy, D. Ed, D. CSAC	Chief Executive Officer – provide oversight of the grant
Miriama Laulu	MPA	Director of Operations – provide oversight of staffing and programs processes
Channtal Hollins		Compliance Officer – provides oversight and manages contracts
Jessica Rojas		Accountant – provides oversight of the fiscal management of contracts
Rachel Kruse	CSAC and MSW	Clinical Director – provides oversight of day-to-day operations and clinical practice of social detox site.
Leilani Aldrich	APRN	Medical Director – provides medical consultation and

		management for in-house clients.
Nicole Marie Duarte	RN	Nurse – provides and coordinates client care. Works with Medical Director on current medical and client monitoring and oversight.
Case Managers		Case Manager – provides case planning: assesses treatment needs, develops, and monitors plans/program, and works on discharge planning.
Peer Specialists		Peer specialist – monitors clients and works with clinical director on client care.
Mental Health Therapists	MA, Psy, D.	Mental Health Therapist provide multi family and couple’s therapy
Substance Use Counselors	MA, CSAC	SUD Counselors provide addiction’s counseling

2. Provide a projected annual timeline for accomplishing the results or outcomes of the service;

Project timeline are as follows:

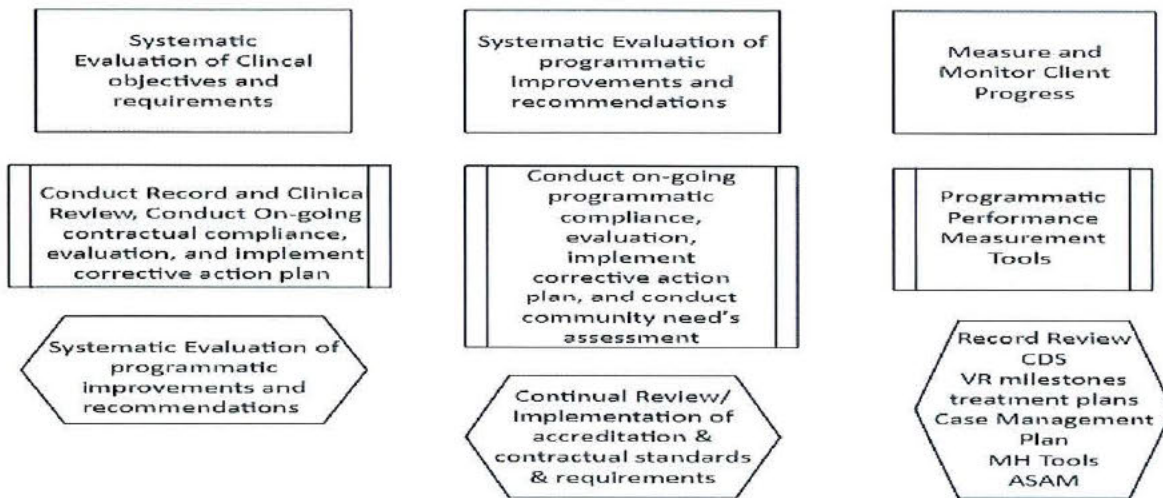
<i>Project Activities</i>	<i>Project Timeline</i>
<i>Screenings</i>	Implemented and ongoing
<i>Assessment</i>	Implemented and ongoing
<i>Intake and Placement</i>	Implemented and ongoing
<i>Individual Sessions</i>	Implemented and ongoing
<i>Treatment Planning</i>	Implemented and ongoing
<i>Substance Group Sessions</i>	Implemented and ongoing
<i>Case Management Services</i>	Implemented and ongoing
<i>Medical Consultation (detox) – capacity building</i>	Implemented and ongoing
<i>Skill Building Sessions</i>	Implemented and ongoing
<i>Mental Health individual/group sessions</i>	Implemented and ongoing
<i>Vocational Training Services</i>	Implemented and ongoing
<i>Program Evaluation</i>	Implemented and ongoing
<i>Therapeutic Living and Residential Programming</i>	Implemented and ongoing

Clean and Sober Housing | Implemented and ongoing

3. Describe its quality assurance and evaluation plans for the request. Specify how the applicant plans to monitor, evaluate, and improve their results; and

BISAC's Quality Assurance Plan is comprehensive and takes into account several indicators to measure efficiency and effectiveness of services. As follows is provides a description of Quality Assurance and Improvement Plan's goals and objectives.

- Ensure that optimal and appropriate care is provided in a safe, clean, and wholesome environment. Coordinate all care monitoring functions with particular emphasis on compliance with professional standards, program planning, risk management and cost containment. Ensure that all services are provided cost-effective.
- Ensure that all practitioners who provide services fulfill their professional obligations in accordance with applicable local, state, and federal laws, the standards of CARF and the Hawaii Administrative Rules.
- Establish a mechanism for evaluating and revising objectives, scope, organization, and effectiveness of the Quality Assurance Program. Systematically evaluate all components of treatment planning by utilizing objective criteria and assure the content and quality of client records.
- Ensure that challenges and opportunities for program improvement are identified through a variety of on-going data gathering activities. Prioritize issues that bear directly on the quality and appropriateness of the services provided to persons served. Establish mechanisms for monitoring corrective activities, thereby assuring the effectiveness of challenge resolution.
- Ensure that Quality Assurance activities are integrated and coordinated within every treatment program, in order to minimize unnecessary duplication of effort and to promote cost effectiveness. Communicate the objectives, mechanisms and results of the Quality Assurance Program to Program Supervisors who relate the information to staff throughout the organization.



This comprehensive plan includes several tools. These tools are as follows: 1) Client and Stakeholder Satisfaction Surveys which provides an opportunity for clients and stakeholders to

provide feedback on program activities, staff and facility, course of treatment, and recommendations; 2) Record and Clinical Reviews are periodic reviews on documentation, needs, and strengths of client's charts. The following sections are reviewed: comprehensive assessment, treatment/service/wellness plans, personal safety plan, transition/discharge plan, and other chart areas; 3) Client Data System (CDS) is a tool that is utilized at the time of admission, level of care change, discharge and 6 month follow-up. These tools provide information on client's status; 4) Vocational Training Program measure milestones with the goals which reflect client's progress with their individual service plans, curriculum, vocational tracks, and vocational readiness; 5) Mental Health and Intensive Family Based services utilizes several psychological tools to measure progress (e.g. SF-12, PHW-9, and CORE); and the ASAM and Treatment Plan provides information on programmatic and client's needs.

4. List the measure(s) of effectiveness that will be reported to the State agency through which grant funds are appropriated (the expending agency). The measure(s) will provide a standard and objective way for the State to assess the program's achievement or accomplishment. Please note that if the level of appropriation differs from the amount included in this application, the measure(s) of effectiveness will need to be updated and transmitted to the expending agency.

BISAC collects a plethora of outcome measures. However, for the purposes of this grant application the following have been selected because they best fit the grant's purpose.

Electronic Medical Record System - is a systemized electronic record of client information. It enables BISAC to collect, track and monitor quality assurance measures such as: service encounters, progress notes, treatment planning, etc. This will measure progress and completion of recovery support services.

Record and Clinical Review - The report is reviewed and strengths and barriers are identified. Challenges are reported and a training plan implemented to address needs. A random sample of 10% of all active clinical records and a 2% random sample of closed records on a quarterly basis and spot checks are completed monthly. This review consists of checking for accurate completion of documents and the timeliness of the documentation in each record, correlations between the problems identified in the assessment summary; the problems listed in the master treatment plan, and the content of the progress notes.

Client Data System (CDS) are administered at the time of admission, level of care change, discharge, and six (6) months post treatment, regardless of the reason for discharge. When completing a post treatment follow-up: At least three (3) attempts are made to contact clients using at least two (2) different methods (mail out, telephone, face-to-face, etc.). This increases the likelihood the client will be contacted and a follow-up completed.

SF-12 is a 12-item questionnaire that analyzes eight dimensions: health in general, **physical** capabilities, social functioning, limitations due to physical problems, and limitations due to emotional problems, mental health, vitality, and body pain.

PHQ-9 - The Patient Health Questionnaire -9 is a 9-question instrument given to patients in a primary care setting to screen for the presence and severity of depression. It is the 9-question depression scale from the Patient Health Questionnaire.

CORE-10 - is a session-by-session monitoring tool with items covering anxiety, depression, trauma, physical problems, functioning and risk to self.

IV. Financial

Budget (Attached to application)

1. The applicant shall submit a budget utilizing the enclosed budget forms as applicable, to detail the cost of the request.
 - a. Budget request by source of funds ([Link](#))
 - b. Personnel salaries and wages ([Link](#))
 - c. Equipment and motor vehicles ([Link](#))
 - d. Capital project details ([Link](#))
 - e. Government contracts, grants, and grants in aid ([Link](#))

2. The applicant shall provide its anticipated quarterly funding requests for the fiscal year 2025.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
1,050,600.00				1,050,600.00

3. The applicant shall provide a listing of all other sources of funding that they are seeking for the fiscal year 2025.

BISAC will be seeking additional fees for service and expense-based grants for Hulihiā O Ke Ola. BISAC also bills third party insurance billing and state grants.

4. The applicant shall provide a listing of all state and federal tax credits it has been granted within the prior three years. Additionally, the applicant shall provide a listing of all state and federal tax credits they have applied for or anticipate applying for pertaining to any capital project, if applicable.

This does not apply.

5. The applicant shall provide a listing of all federal, state, and county government contracts, grants, and grants in aid it has been granted within the prior three years and will be receiving for fiscal year 2025 for program funding.

BISAC has a proven record of success in working with the substance abuse and mental health population. As further evidence of our history of verifiable experience in obtaining contracts, implementing them, reporting on them regularly and achieving outcome goals that resulted in recurrent funding, below is a list of pertinent services that have received funding along with appropriate contacts, who can verify the awarding of contracts, contract compliance and satisfactory delivery of services. BISAC has an extensive history spanning over decades which showcase our ability to secure, manage, and successfully execute grant contracts.

CONTRACT	DESCRIPTION	PERFORMANCE
<u>ALCOHOL AND DRUG ABUSE DIVISION</u> 601 Kamokila Blvd., Rm 360 Kapolei, HI 96707 Contact: Ami Aiona (808) 692-7511 Treatment, TLP Services, School Based Treatment, Dual Diagnosis, PWWDC Contact: Cheryl Labuguen (808) 692-7519 Prevention	<u>ADAD – CONTRACT 23-054 - Substance Misuse Prevention Services</u> 10/01/22 - 09/30/24 - TOTAL \$303,375 <u>ADAD – CONTRACT 22-039 – Behavioral Health Substance Use Disorder Continuum of Care Service Array for Adults and Adolescents</u> 10/01/21 – 09/30/23 – TOTAL \$5,500,00 <u>ADAD – CONTRACT 20-99 – Substance Use Disorder (SUD) Continuum of Care for Adults and Adolescents</u> 10/01/19 – 09/30/21 – TOTAL \$5,210,000 <u>ADAD – CONTRACT 19-224 – Law Enforcement Assisted Diversion (LEAD)</u> 02/12/19 – 02/11/20 – TOTAL \$650,000	monitoring on-going.
<u>BIG ISLAND DRUG COURT & BIG ISLAND VETERAN’S TREATMENT COURT</u> 81-940 Haleki’i Street Kealakekua, Hawai’i 96750 Contact: Dawn West, (808) 443-2201 Grayson Hashida, (808) 443-2201 Treatment, TLP Services	J20094 – Big Island Drug Court Adults and Veterans Court July 1, 2019 – June 30, 2020 - \$155,000 July 1, 2020 – June 30, 2021 - \$124,000 July 1, 2021 – June 30, 2022 - \$124,000 July 1, 2022 – June 30, 2023 - \$124,000	Successful implementation of programs developed quality assurance measures and increased service delivery to different sites. Also, provided support and guidance to drug court clients.
HAWAII PAROLING AUTHORITY Keoni Ana Building 1177 Alakea Street, First Floor Honolulu, HI 96813 Contact: Michael Knott (808) 587-1309 Treatment, TLP Services	Contract 70315 – Therapeutic Living Program for Male and Female Parolees on the Islands of Hawaii and Kauai - 06/01/22 - 05/31/24 - \$100,000 Contract 70314 – Multiple Substance Abuse Treatment Services for Male and Female Parolees on Hawaii Island - 06/01/22 - 05/31/24 - \$140,000 Contract 67304 – Adult TLP • 06/01/18 – 05/31/22 - \$135,000 Contract 66975 – Adult Treatment	Program Performance Results: Ability to provide housing during treatment. Successfully provided housing for reintegration of individuals following treatment.

• 06/01/18 – 05/31/22 - \$110,000		
DEPARTMENT OF PUBLIC SAFETY 919 Ala Moana Blvd, 4 th Floor – Room 413 Honolulu, HI 96814 Contact: Shelley Harrington, Suzette Shimokihara Treatment, TLP Services	Contract 67679 01/01/19 – 12/31/21 - \$70,000	
KOKUA EAP Hapuna Beach Prince/Mauna Kea Beach Hotel 1833 Kalakaua Ave., Suite 610 Honolulu, HI 96815 Contact: Lourdette Ontiveros (808) 880-3417 Employment Assistance	▪ Kokua EAP <i>Contract - No Limit</i>	Developed an EAP process for individuals within the workplace
HAWAII ISLAND UNITED WAY, INC. PO Box 745 Hilo, HI 96721-0745 Contact: Cheryl Hollin (808) 935-6393 Behavioral health services	Hawaii Island Health & Wellness Center – \$10,000 07/01/20 – 06/30/22 Hawaii Island Health & Wellness Center – \$14,000 07/01/18 – 06/30/20	Contract utilized and benchmarks met
Kamehameha Community Investment Grant 567 South King Street, Suite 200 Honolulu, HI 96813	Vocational Training Program \$200,000.00 2 years (2017-2021)	Program Outcomes met
COUNTY OF HAWAII 25 Aupuni Street Hilo, HI 96720 Contact: Maile David, Chair-Human Services and Social Services Committee	07/24/19 – 06/30/20 – TOTAL \$106,015 07/01/17 – 06/30/18 – TOTAL \$99,000 07/01/16 – 06/30/17 – TOTAL \$84,250 07/01/15 – 06/30/16 – TOTAL \$50,000	Contract utilized and benchmarks met

Various behavioral health services

Hawaii Community Foundation - TobaDOO Cessation 827 Fort Street Mall Honolulu, HI 96813 (808) 566-5545	Grant 78758 – TobaDOO Prevention and Control Trust Fund, Just Ha – Just Breathe 07/01/2016 – 06/30/2019 – TOTAL \$225,000 Grant 95659 – TobaDOO Prevention and Control Trust Fund, TobaDOO Cessation 07/01/2019 – 06/30/2023 – TOTAL \$300,000 Grant 109558 – ESD Prevention Program (Vaping) 07/01/21-06/30/22 - TOTAL \$40,000	Provide TobaDOO Cessation groups, provide community outreach to provide resource information and promote our program.
Hawaii Community Foundation - Hawaii Island Volcano Recovery Fund 827 Fort Street Mall Honolulu, HI 96813 (808) 566-5545	Contract 18HCF-92716 08/20/2018 – 05/31/2019 - \$10,000	Provide Psychological Assessments, Individual Therapy Sessions and Group Therapy Sessions for those impacted by the lava.
Hawaii Community Foundation – Community CAN Prevention & Outreach Grant 827 Fort Street Mall Honolulu, HI 96813 (808) 566-5545	Grant HCF-2022-00000728 – Hawaii Children’s Trust Fund, Parents with Children 06/30/22-06/30/24 - \$50,000	
Hawaii Community Foundation – CHANGE Grant 827 Fort Street Mall Honolulu, HI 96813 (808) 566-5545	Grant 21HCF-111313 – Health & Wellness 08/01/21 – 07/31/22 - \$30,000	
Department of Health – GIA Grant 1250 Punchbowl Street Honolulu, HI 96813	ASO 16-116 02/01/16 – 03/31/17 - \$177,693	Purchase of 4 – 15 passenger vans to provide transportation services for individuals who reside in rural areas.
Atherton Family Foundation 827 Fort Street Mall	Grant 17CON-86460 - \$15,000 06/13/2017 – 06/12/2018 Farm to Table Social Enterprise	Po’okela Vocational Program – Food Truck/Culinary arts

Honolulu, HI 96813-4317

Contact: Pamela Funai

(808) 566-5537

Office of Hawaiian Affairs
2021 Ohana and Community Based Grant –
Therapeutic Living Re-Entry Program
560 N. Nimitz Hwy, Suite 200
12/05/21 – 12/05/22 – TOTAL \$150,000

Honolulu, HI 96817
(808) 594-1835
COVID Impact and Response Grant: Hawaii
Island
12/23/21 – 11/30/22 – TOTAL \$150,000

BISAC’s long-standing commitment to our community, years of experience in the field of substance use and mental health, and positive reputation demonstrate that our knowledge, experience, skills, capacity and competence align with the County’s grant priorities and intended outcomes.

6. BISAC’s balance of its unrestricted current assets as of December 31, 2023 is \$1,441,866.

V. Experience and Capability

1. Necessary Skills and Experience

The applicant shall demonstrate that it has the necessary skills, abilities, knowledge of, and experience relating to the request. State your experience and appropriateness for providing the service proposed in this application. The applicant shall also provide a listing of verifiable experience of related projects or contracts for the most recent three years that are pertinent to the request.

BISAC has successfully demonstrated its competent and highly qualified skillset, knowledge, and its high-quality behavioral health experience-base by delivering professionally driven and cultural-based services to the County of Hawai’i at all levels of behavioral health care. Behavioral Health includes substance abuse and co-occurring mental health issues that have adverse effects on an individual’s and or families’ overall wellbeing. A prime component that provides exemplary backing is the almost 30-year recognition of CARF highest 3-year accreditation designation. To expand on verifying BISAC’s previous extensive and successful experience in providing substance abuse, mental health, and other relevant services. The following is a list of some of the agency’s current contracts, contract compliance, and satisfactory delivery of services. The list demonstrates the record of successfully implementing a continuum of care to meet the needs of Hawai’i Island communities. services are provided in partnership with various government agencies and organizations such as the Alcohol and Drug Division, Big Island Drug Court, Big Island Veterans Treatment Court, the Hawai’i Paroling Authority, County of Hawaii, etc. For further details on any or all the mentioned contracted partnerships, documents will be made available upon request.

2. Facilities

The applicant shall provide a description of its facilities and demonstrate its adequacy in relation to the request. If facilities are not presently available, describe plans to secure facilities.

All of BISAC's adult Outpatient (OP) facilities, special treatment facilities, and Therapeutic Living Programs (TLP) are handicap accessible and either meet or have plans to meet ADA requirements and local/state building codes designated by fire and county agencies. Properties are zoned appropriately to meet the needs of TLP (Community Housing), IOP Treatment and OP Treatment services. The East Hawai'i (Hilo) TLPs are currently licensed by the Office of Healthcare Assurance. Random visits are conducted by Quality Assurance/Safety Manager and Facility Manager to ensure that all facilities meet state requirements. Periodic inspections are conducted by an external party. Facility layouts may be furnished upon request. The following is a detail of each of BISAC's facilities used to serve the island of Hawai'i.

The Administrative and Fiscal offices of BISAC are located 3 miles away from the treatment facility and provide ample parking, which includes handicap parking. In addition to administrative duties being conducted at this site it is also a site that provides vocational training services and houses Hawaii Island Health and Wellness Center (HIHWC) which is a subsidiary of BISAC. HIHWC provides mental health services for the community and provides auxiliary services for BISAC clients who have additional needs. HIHWC has a waiting room, receptionist office, three therapy offices and an office for observation and training purposes (e.g. one-way window for observation). An additional multi-purpose classroom at the facility is used primarily for vocational training purposes. This room includes: 84-inch presentation station with Bose sound system; Xerox multi-function device; 8 computer training stations with web access; and guest wireless services. The current site is home to day treatment, intensive outpatient, mental health, vocational training and vocational tracks (e.g. retail store, food trailer, administrative, and maintenance/gardening).

The East Hawai'i Adult Substance Use Facilities, Huliha Ke Ola, Hawaii Island Health and Wellness facility in Hilo, Hawaii is in a centralized business area, with easy access from surrounding areas. It is near the offices of referral sources and conveniently located near bus routes. The facility has a reception area, nine individual counselor offices, a reception office, a business center, two group rooms, a program support office, and a lunch/break area. There are two male and female restrooms centralized in building. All sites meet ADA requirements. All sites are IT equipped and available via remote access. All outpatient sites are within close proximity of bus routes. Transportation is provided for all clients in our Therapeutic Living Programs. Another HIHWC servicing site is in an adjacent building with one group room, two private therapy offices, and a reception area. The building has restrooms and is ADA accessible.

West Hawaii Outpatient Site located in Kona's Old Industrial area. This is a centralized site which is home to our dual diagnosis treatment facility. The site has 4 therapy offices, a reception area, and a room which may be used for groups.

TLP and PPWC TLP (Therapeutic Living Program) and Clean and Sober Living Programs All current TLP, Clean and Sober Living Programs and PPWC TLP programs are in Hilo. BISAC presently operates three TLP homes at various locations around Hilo and one Clean and Sober home at separate locations also in the Hilo area. All are near the East Hawaii Treatment Facility.

Kea’au Wellness Garden BISAC utilizes the garden area for cultural services for all clients. The garden is located on a two-acre parcel near the 16-179 Melekahiwa Street Administration office address in Kea’au.

As follows is a list of current sites.

Facility Name(s)	Address
<i>Kea ‘au Administrative Office</i>	16-179 Melekahiwa Street Keaau, HI 96720
<i>Hilo Outpatient Treatment</i>	297 Waianuenue Avenue Hilo, HI 96720
<i>West Hawaii Outpatient Treatment</i>	75-5722 Kuakini Hwy. #217 Kailua-Kona, HI 96740
<i>Huliha Ke Ola Detox Center</i>	Hoku Street Hilo, HI 96720
<i>MTLP 1</i>	136 Laukona Street Hilo, HI 96720
<i>MTLP 2</i>	1151 Heauka Place Hilo, HI 96720
<i>MTLP 3</i>	1422 Mailani Street Hilo, Hawaii 96720
<i>PWWDC TLP</i>	2093 Kinoole Street Hilo, HI 96720
<i>Men’s Clean and Sober</i>	169 Kuakahi Place Hilo, Hawaii 96720
<i>PWWDC C&S</i>	118 Puhili Street Hilo, HI 96720
<i>Malamapono Behavioral Health Campus</i>	34 Rainbow Drive Hilo, HI 96720

VI. Personnel: Project Organization and Staffing

1. Proposed Staffing, Staff Qualifications, Supervision and Training

The applicant shall describe the proposed staffing pattern and proposed service capacity appropriate for the viability of the request. The applicant shall provide the qualifications and experience of personnel for the request and shall describe its ability to supervise, train and provide administrative direction relative to the request.

BISAC has the appropriate structure within the organization’s program and staffing patterns to reflect where each of the proposed programs fit into the overall organization and where each of the proposed, budgeted staff members provide services and lines of supervision. The organization has a volunteer Board of Directors (receiving no monetary compensation) consisting of concerned community members from East and North Hawai’i. The client staff ratio is 1:15.

The Chief Executive Officer (CEO) holds a Doctorate in Psychology and is a Hawai'i State Certified Substance Abuse Counselor. The CEO oversees all aspects of the agency including administration, fiscal and clinical operations. The accountant reports to the Chief Executive Officer and provides monthly oversight of financial operations. The accountant partners with the fiscal department who is responsible for the day-to-day operations. The Program Directors report directly to the CEO regarding day-to-day clinical program operations. Our Administration is made up of highly qualified individuals who provide leadership and guidance to support staff and help create systems which improve the overall quality of care for our clients. BISAC's Medical Director, Dr. Leilani Aldrich provides medical oversight of BISAC's Therapeutic Living Programs. The on-site nurse also works closely with the Medical Director to ensure medical needs are being met.

BISAC is committed to maintaining the highest quality of staff for all the treatment services provided at every site island wide. All staff meets or exceeds minimum qualifications, including necessary experience for staff assigned to this proposal. The proposed staff to client ratio is 1:15.

Program Administrators the Program Administrators are qualified individuals of the senior management staff who are responsible for the day-to-day operations at designated sites. These individuals are responsible for the Programs, Facilities Management, Planning and Resource Development under the supervision of the CEO for sites (e.g. OP, TLPs, Clean and Sober, etc.). The Program Administrator is responsible for staff coverage, provides relief for overflow of direct service, co-facilitates clinical meetings, and co-facilitates in-service training for staff.

Director of Substance Treatment Services and Social Detox programs Directors are qualified individuals of the senior management staff and are responsible for the operations of their designated island area. This individual is responsible for the Programs, Facilities Management, Planning and Resource Development under the supervision of the CEO for geographical sites (e.g. OP, TLPs, Clean and Sober, etc.). The Care Director of Substance Treatment Services is responsible for staff coverage, provides relief for overflow of direct service, conducts supervision and provides at least monthly in-service training for his staff. This administrative position is also responsible for researching alternative funding sources, writing grants and proposals, and the organization's monthly, quarterly and annual reporting system.

Assessment/Intake Counselor the Assessment/Intake Counselor is a qualified staff member who is responsible for facilitating all screenings, assessments and orientation of clients for proper placement into Outpatient and Therapeutic Living programs. This position reports directly to the Program Administrator for day-to-day operations and Clinical Coordinator for clinical support and supervision.

Substance Abuse Counselor II-IV the Substance Abuse Counselor will report directly to the Program Administrator for day-to-day programmatic operations and to Clinical Coordinator/Quality Assurance Manager for clinical supervision and development. The Substance Abuse Counselors are qualified staff members who are responsible for assisting and conducting in the collection of assessments, intakes and orientation of clients for proper

admission into our programs. This staff member is also responsible for maintaining a caseload.

Dual Diagnosis Therapist the Dual Diagnosis Therapist reports directly to the CEO on day-to-day programmatic operations and to Clinical Coordinator/Quality Assurance Manager for clinical supervision and development. The therapist is a pre or post licensed therapist who is responsible for assisting and conducting in the collection of assessments, intakes and orientation, and providing individual therapy. This staff member is also responsible for maintaining a caseload. This is unique to BISAC's West Hawaii staff and only provides specialty dual diagnosis care which is not the same as substance use services provided at our East Hawaii site.

Office Manager the Office Manager is a qualified staff member with the ability to provide clerical support to the Program Administrator and/or its designee. The Office Manager is responsible for the ordering of office supplies, centralized scheduling, responsible for the site's direct service staff hours and filling open and/or no-show appointments, maintaining and coordinating appointments for daily waitlist, when necessary managing the screening calls and/or messages from external resource agencies, and as necessary handling the overflow of form completion for the Intake Coordinator.

Land and Cultural Resource Manager the Land and Cultural Resource Manager is a qualified counselor who is responsible for facilitating and implementing therapeutic horticulture that supports land-based learning, social enterprise, and food self-sufficiency. These individual reports directly to the Chief Clinical Officer and Chief Executive Officer.

Vocational Coordinator the Vocational Coordinator plans, organizes, coordinates, manages and evaluates the Vocational Training Program and reports directly to the Chief Clinical Officer, who reports to the CEO. This position ensures a high quality of program management that operates effectively and efficiently according to clients' vocational needs.

Vocational Supervisors the Vocational Supervisors will provide on-the-job vocational training to clients following the completion of programmatic requirements. These individuals currently work for the program and will provide specialized on the job training in the following areas: culinary, maintenance, retail, and office. These individuals are current BISAC staff working within these specialized fields.

Mental Health Counselors the Mental Health Counselors are members of the Hawaii Island Health and Wellness Center, a subsidiary of BISAC that provides mental health support services for both current BISAC clients and/or community clients. MHC are qualified staff members who are responsible for assisting and conducting psychological assessments, intake and orientation of clients. They address co-occurring and underlying issues to addiction. These individuals provide services at the East Hawaii and Kea'au sites.

Case Managers the Case Managers performs the primary functions of assessment, planning, facilitation, advocacy, monitoring and evaluation which are achieved through collaboration with the client and other health care professionals involved in the client's care.

The existing organizational infrastructure provides a vast array of experience and expertise in operational, clinical, quality assurance and vocational services. The current Chief Executive Officer, Dr. Hannah Preston-Pita has nearly 20 years of clinical experience, is a Licensed Clinical Psychologist, has a doctorate in Education and Leadership and a Certified Substance Abuse Counselor. BISAC's Director of Operations has extensive experience in the non-profit sector. She possesses a master's in public administration and is working on her CSAC. BISAC's Detox Director has over 20 years of experience in Substance use programming. She possesses a master's in social work and is currently working attaining her license. She also has her CSAC. BISAC's IT Administrator, has an extensive background in IT program and implementation with a specialty in electronic health records. BISAC's Quality Assurance Safety Manager has many years' experiences with licensing of facilities, quality assurance record review, community outreach and direct clinical services. The Facilities Manager has over 20 years of facilities management experience. The requirements of BISAC staff ensure the high quality of program delivery.

BISAC ensures and demonstrates that all applicants and employees have the knowledge, skills, and abilities to effectively deliver services and enhance the quality of care for our clients. A more thorough description of duties and qualifications may be furnished upon request.

The BISAC Board of Directors is the governing authority over the agency and oversees hiring the Chief Executive Officer. The Board of Directors ensures that the Chief Executive Officer has the education, experience and ability to carry out the agency's mission at the direction of the Board. The CEO provides supervision to all departments within the agency and oversees the organization. The CEO received her Doctorate in Clinical Psychology from an APA accredited institution and has led training programs recognized by ADAD for continuing education credits. She also is a Licensed Clinical Psychologist and a certified substance abuse counselor in the State of Hawai'i. CEO is also currently working on her second doctorate in Education – Transformational Leadership.

Program Administrators provide clinical supervision and direction in conjunction with contracted employees: Medical Director; Registered Nurse. Advanced degree personnel and Hawai'i State Certified Substance Abuse Counselors (CSAC's) provide clinical direction for counselors, paraprofessionals, and volunteers/interns who are not certified but provide direct services under the supervision of personnel who are certified or who hold advanced degrees in behavioral health. The agency's CFO has extensive experience in accounting and oversees the fiscal and budgeting matters and reports directly to the Chief Executive Officer. His responsibilities include supervision of the fiscal staff and coordination of financial audits with our independent auditing firm. Fiscal staff attends training programs related to their specific duties and responsibilities.

The Big Island Substance Abuse Council has very liberal policies regarding staff development and training. BISAC considers staff training to be a priority and recognizes that there has been an increase in training opportunities on the Island of Hawai'i. BISAC provides access to E-training programs developed to meet the training needs of staff. Continual internal training is provided to all staff at least bi-monthly via all staff meetings, clinical meetings, and supervision.

Upon hire and at the time of their annual employee evaluation, each staff member completes Staff Training. This plan is completed in coordination with the staff members and their immediate supervisor. The purpose of this plan is to assist the staff members by identifying and accomplishing their training and career goals through in-service training, continuing education and other opportunities inside and outside the agency.

BISAC allocates approximately one percent (1%) of our annual budget towards staff training and/or support materials (including technology) in order to empower BISAC's staff. In addition to off island training opportunities, credentialed professionals are invited to BISAC, to participate in specialized training topics. All clinical staff is oriented to clinical training. In addition, all attendees complete a Staff Training form following the training that indicates their personal critique of the training and their understanding of the material. These forms are submitted to the staff member's immediate supervisor for review to ensure that the intended purpose of the training was met and are considered when completing the semi-annual Staff Training Plan. Additional training opportunities are provided following weekly Clinical Meetings.

Clinical supervision is an important aspect of the Training and Quality Assurance Plan. These valuable sessions ensure that standards are well maintained and are required. Clinical supervision is available daily and is based on a staff training plan & goals and the objectives set as well as developing an individual learning plan to improve staff competencies in the twelve core functions. Clinical supervision includes direct observation of staff providing services. Frequency is based on skill level and staff plan that is agreed upon between supervisor and supervisee. Each plan is subject to revision as mastery of skills is achieved and additional needs are requested by the staff member or have been identified by the supervisor. All Clinical supervisors are provided with internal training in Clinical Training and Supervision. The purpose of this training is to implement training which is aligned with the agency's mission and accreditation standards, and overall provide supervisor training which follows the (12) twelve core functions.

Supervision sessions not only focus on helping the staff members with improving skills and effectiveness, but they also ensure clinical standards. More specifically, the focus of the supervision session is on case management and the therapeutic process for the counselor. Supervision is a time when the supervisor and the staff member can discuss issues that may arise in the course of each client's treatment (i.e. client progress or lack of progress) including strategies and/or techniques the counselor can implement to best influence change. Direct supervision is provided in a variety of settings, including Clinical Team Case Review and/or individualized supervision. The Supervisory model demonstrates how to obtain an assessment, work with the counselor to complete a treatment plan, and/or observe a counseling or group therapy session. Supervision also includes the quality of the clinician's work through records or assessment reviews.

2. Organization Chart

The applicant shall illustrate the position of each staff and line of responsibility/supervision. If the request is part of a large, multi-purpose organization, include an organization chart that illustrates the placement of this request.

Agency-wide and program organizational charts are attached.

3. Compensation

The applicant shall provide an annual salary range paid by the applicant to the three highest paid officers, directors, or employees of the organization by position title, not employee name.

Chief Executive Officer - \$131,338

Director Of Operations - \$82,000

Clinical Director - \$75,000

VII. Other

1. Litigation

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgement. If applicable, please explain.

No current litigations

2. Licensure or Accreditation

The applicant shall specify any special qualifications, including but not limited to licensure or accreditation that the applicant possesses relevant to this request.

BISAC is licensed through the Hawaii Department of Health and is accredited through CARF.

3. Private Educational Institutions

The applicant shall specify whether the grant will be used to support or benefit a sectarian or non-sectarian private educational institution. Please see [Article X, Section 1, of the State Constitution](#) for the relevance of this question.

This does not apply.

4. Future Sustainability Plan

The applicant shall provide a plan for sustaining after fiscal year 2024-25 the activity funded by the grant if the grant of this application is:

- (a) Received by the applicant for fiscal year 2024-25, but
- (b) Not received by the applicant thereafter.

During the past 59 years, BISAC’s facilities and services have adapted and responded to the growing and changing needs of the community. To carry on this legacy and to uphold a commitment to its mission and constituency, the organization will strive to make sure it continues to survive and endure for many years to come. BISAC will continue to diversify funding to support programs which include state grants, county grants, foundational grants, and third-party billing.

The following are key elements of a two-year sustainability plan are outlined below (this is a summary narrative, a more detailed description of goals, desired outcomes, time frame and staff responsibilities can be furnished upon request).

Increase and Diversify Revenue Streams:

GRANTS AND CONTRACTS. These major sources of revenue are most vital towards sustaining operations and shall be valued and cultivated accordingly.

BISAC is not complacent about existing funding and will make the maximum effort to comply with contractual obligations, reporting and accountability to ensure strong relationships with current funders. BISAC recognizes that it should not be overly dependent on anyone funding source and will actively work to identify new funding sources and submit proposals to a wider variety of foundations, corporate sponsors, government agencies and other grant makers on a regular basis.

REVENUE GENERATION. This is intended to reduce dependency on grant funding and make programs more self-sufficient. Revenue generation shall continue to be mission-driven (i.e., tied to the benefit of clients) and not purely commercial. Increase income from existing social enterprises—Koho Pono retail shop and webstore—to further support operations. Launch new revenue-generating social entrepreneurial endeavors through the vocational training program (e.g., farmers market, packaged foods/condiments) which support mentorship programs. Create synergy between the various social enterprises to reduce costs and sustain operations.

BISAC’s goals towards improvement in program quality, efficiency, and effectiveness include:

QUALITY AND EFFECTIVENESS. A higher level of program quality can contribute to sustainability since donors/funders will be more likely to offer financial support and individuals/referral agencies will be more likely to choose the service if it’s done well.

Facilitate strong internal management, governance, and a culture of continuous improvement. Maintain existing collaborative relationships (hospitals, clinics, partnering agencies etc.) and establish new partnerships with external stakeholders that will help leverage resources to sustain and advance BISAC’s mission. Achieve exemplary results and promote goodwill (outreach) in

the community to ensure that BISAC continues to be a widely recognized and respected service provider.

EFFICIENCY. Staff will be engaged in actively finding ways to make procedures more cost-effective without compromising the scope and quality of services. Diligently monitor leading edge improvements in technology that can cut costs while maintaining or improving the quality of service. Identify areas that can be made more efficient (e.g., time to complete the intake process) to ensure a higher level of recruitment/retention of clients and greater client satisfaction.

DIVERSIFY FUNDING. Aligning the continuum of care with third party/insurance billing reimbursables so that revenue isn't solely dependent on contracts.

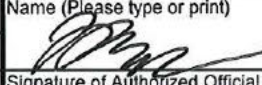
BISAC's plan to perpetuate and fortify our adaptive capacity include:

BISAC is a living organization that has survived nearly six decades—considerably longer than many businesses in both the nonprofit and for-profit sectors. This feat was not achieved by staying the same, but rather through an ability to adapt to changing conditions while remaining true to its mission. Since attempts to predict the future are becoming increasingly futile, BISAC's sustainability plan was developed to respond to a variety of possible scenarios. Still, the uncertainty of the business/political/social environment and dynamic nature of the community's needs may render even a short-term plan obsolete. To this end, BISAC's staff and board will review and ratify the plan annually to make sure it continues to be relevant. Sustainability has always been a core value of the Big Island Substance Abuse Council throughout its long history and the current staff and management are committed to upholding this tradition going forward. BISAC will continue to use partnering agencies and resources to create a sustainable system of care.

BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2024 to June 30, 2025

App **BISAC - Hulihia Ke Ola Program**

BUDGET CATEGORIES	Total State Funds Requested (a)	Total Federal Funds Requested (b)	Total County Funds Requested (c)	Total Private/Other Funds Requested (d)
A. PERSONNEL COST				
1. Salaries	240,600		120,000	266,000
2. Payroll Taxes & Assessments	20,800		10,440	25,000
3. Fringe Benefits	30,800		15,400	39,000
TOTAL PERSONNEL COST	292,200		145,840	330,000
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island				
2. Insurance	20,000			
3. Lease/Rental of Equipment	24,000			
4. Lease/Rental of Space	288,000		100,000	60,000
5. Staff Training	50,000			
6. Supplies	48,000		24,000	
7. Telecommunication				
8. Utilities	138,000		64,595	65,000
9. Contractual Service	140,000			
10. Audit Services	4,000			55,000
11. Postage, freight and delivery	2,000			
12. Publication and Printing	2,400			
13. Repair and Maintenance	42,000			
14				
15				
16				
17				
18				
19				
20				
TOTAL OTHER CURRENT EXPENSES	758,400		188,595	180,000
C. EQUIPMENT PURCHASES				
D. MOTOR VEHICLE PURCHASES				
E. CAPITAL				
TOTAL (A+B+C+D+E)	1,050,600		334,435	510,000
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested	1,050,600	Hannah Preston-Pita, CEO 808-969-9994		
(b) Total Federal Funds Requested	0	Name (Please type or print) Phone		
(c) Total County Funds Requested	334,435			
(d) Total Private/Other Funds Requested	510,000	Signature of Authorized Official 1.15.24 Date		
TOTAL BUDGET	1,895,035	Hannah Preston-Pita, CEO Name and Title (Please type or print)		

BUDGET JUSTIFICATION - PERSONNEL SALARIES AND WAGES

Period: July 1, 2024 to June 30, 2025

Applicant: BISAC - Huliha Ke Ola Program

POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
Clinical Director	Full Time	\$75,000.00	100.00%	\$ 75,000.00
CEO	Part time	\$131,338.00	15.00%	\$ 19,700.70
Director of Operations	Part time	\$82,000.00	15.00%	\$ 12,300.00
Nurse	Full Time	\$58,240.00	100.00%	\$ 58,240.00
Case Manager	Full Time	\$42,000.00	100.00%	\$ 42,000.00
Case Management/Outreach Worker	Full Time	\$42,000.00	100.00%	\$ 42,000.00
Peer Specialist	Full Time	\$40,000.00	100.00%	\$ 40,000.00
Peer Specialist	Full Time	\$40,000.00	100.00%	\$ 40,000.00
Peer Specialist	Full Time	\$40,000.00	100.00%	\$ 40,000.00
Peer Specialist	Full Time	\$40,000.00	100.00%	\$ 40,000.00
SUD Counselor	Full Time	\$50,000.00	100.00%	\$ 50,000.00
Mental Health Therapist	Full Time	\$60,000.00	100.00%	\$ 60,000.00
Maintenance Administrator	Part time	\$53,000.00	15.00%	\$ 7,950.00
IT Administrator	Part time	\$70,000.00	15.00%	\$ 10,500.00
Health and Safety Manager	Part time	\$58,000.00	15.00%	\$ 8,700.00
Compliance Officer	Part time	\$67,200.00	20.00%	\$ 13,440.00
QA Manager	Part time	\$58,240.00	15.00%	\$ 8,736.00
Billing Clerk	Part time	\$37,440.00	20.00%	\$ 7,488.00
Assessment Counselor	Full Time	\$50,000.00	100.00%	\$ 50,000.00
TOTAL:				626,054.70

JUSTIFICATION/COMMENTS:

BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Period: July 1, 2024 to June 30, 2025

Applicant: BISAC - Huliha Ke Ola Program

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
n/a			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:				
JUSTIFICATION/COMMENTS:				

DESCRIPTION OF MOTOR VEHICLE	NO. OF VEHICLES	COST PER VEHICLE	TOTAL COST	TOTAL BUDGETED
			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:				
JUSTIFICATION/COMMENTS:				

BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS

Period: July 1, 2024 to June 30, 2025

Applicant: BISAC - Huliha Ke Ola Program

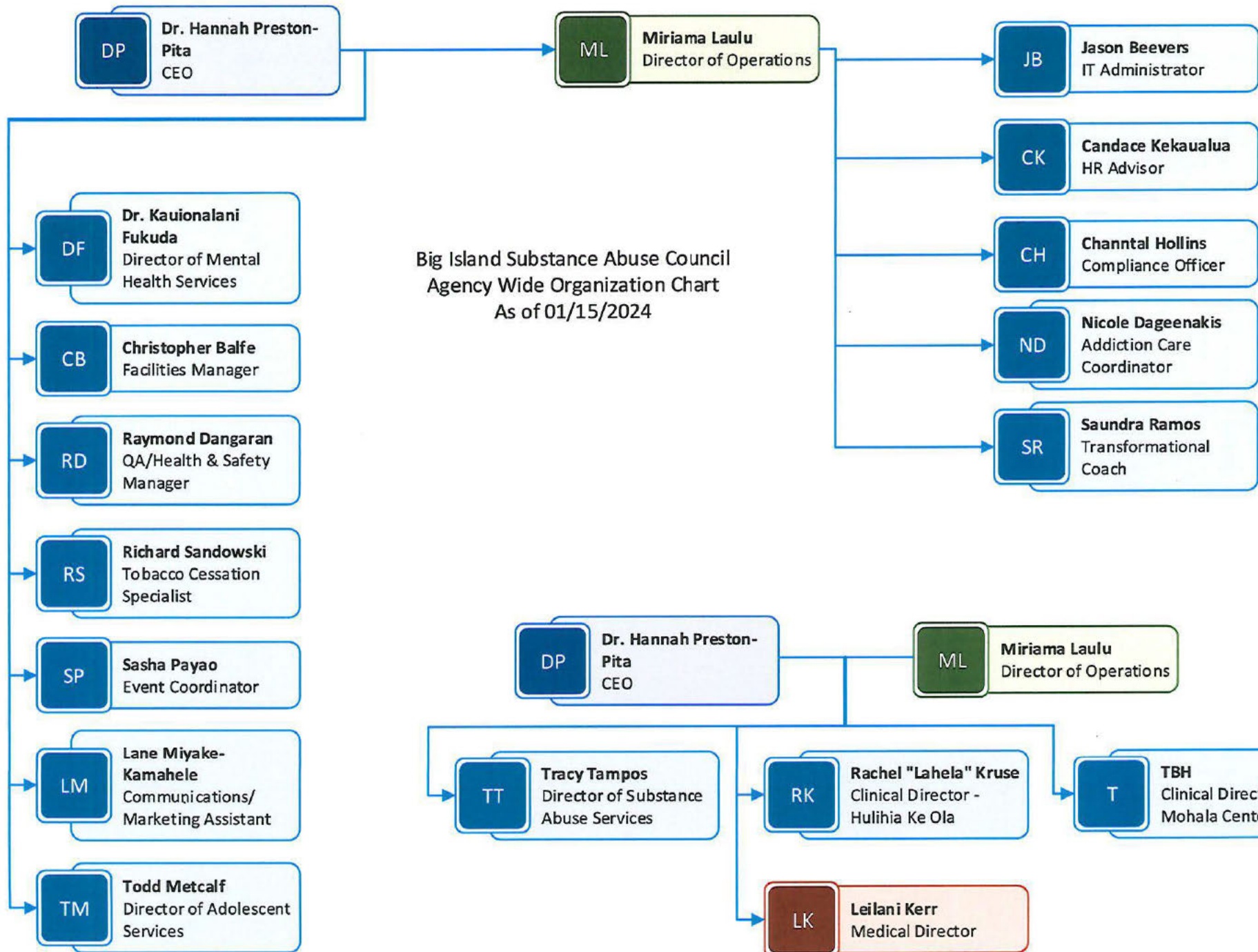
FUNDING AMOUNT REQUESTED						
TOTAL PROJECT COST	ALL SOURCES OF FUNDS RECEIVED IN PRIOR YEARS		STATE FUNDS REQUESTED	OTHER SOURCES OF FUNDS REQUESTED	FUNDING REQUIRED IN SUCCEEDING YEARS	
	FY: 2022-2023	FY: 2023-2024	FY:2024-2025	FY:2024-2025	FY:2025-2026	FY:2026-2027
PLANS	n/a	n/a	n/a	n/a	n/a	n/a
LAND ACQUISITION		n/a	n/a	n/a	n/a	n/a
DESIGN		n/a	n/a	n/a	n/a	n/a
CONSTRUCTION		n/a	n/a	n/a	n/a	n/a
EQUIPMENT		n/a	n/a	n/a	n/a	n/a
TOTAL:						
JUSTIFICATION/COMMENTS:						

GOVERNMENT CONTRACTS, GRANTS, AND / OR GRANTS IN AID

Applicant: BISAC - Huluhia Ke Ola Program

Contracts Total: 5,418,600

	CONTRACT DESCRIPTION	EFFECTIVE DATES	AGENCY	GOVERNMENT ENTITY (U.S./State/Hawaii/ Honolulu/ Kauai/ Maui County)	CONTRACT VALUE
1	Grant-In-Aid	FY 2024-2025	Hawaii State Legislature	State	1,050,600
2	KS Kaiaulu Grant	FY 2024-2025	Kamehameha Schools	Private	200,000
3	Big Island Drug Court	FY 2024-2025	Judicial Drug Court	State	186,000
4	Alcohol and Drug Abuse Division	FY 2024-2025	Department of Health	State	2,612,000
5	Hawaii County Homeless Grant	FY 2024-2025	Hawaii County	Hawaii County	1,200,000
6	Public Safety	FY 2024-2025	Public Safety	State	70,000
7	County Community Grants	FY 2024-2025	Hawaii County	Hawaii County	100,000
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DP
Dr. Hannah Preston-Pita
CEO

ML
Miriama Laulu
Director of Operations

RK
Rachel "Lahela" Kruse
Clinical Director

DK
Dr. Kevin Kunz (TEMP)
Medical Director

NI
Nicole Santa Isabel
Admin. Assistant

CK
Cristiann King
Case Manager

T
TBH
Case Manager

ND
Nicole Marie Duarte
Registered Nurse

T
TBH
SUD Counselor

T
TBH
SUD Counselor

BT
Brandon Torres
Peer Specialist

EP
Eric Poczik
Peer Specialist

AP
Alexander Pearsall
Peer Specialist

T
TBH
On-Call Peer Specialist

T
TBH
On-Call Peer Specialist

T
TBH
Mental Health
Therapist