

## 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

Brian Baker, President & CEO

PRINT NAME AND TITLE

01/07/2026

DATE

# GIA Checklist

Final Audit Report

2026-01-14

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## 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. Certificate of Good Standing (If the Applicant is an Organization)

If the applicant is an organization, the applicant shall submit one (1) copy of a certificate of good standing from the Director of Commerce and Consumer Affairs that is dated no earlier than January 7, 2026. *See Attached*

#### 2. Declaration Statement

The applicant shall submit a declaration statement affirming its compliance with Section 42F-103, Hawai'i Revised Statutes. *See Attached*

#### 3. Public Purpose

The applicant shall specify whether the grant will be used for a public purpose pursuant to Section 42F-102, Hawai'i Revised Statutes.

**This grant request will be used for a public purpose pursuant to Section 42F-102 as specified in the narrative below and attached documents.**

### 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;

Hina Mauka was established in July 1977 as The Alcoholic Rehabilitation Services of Hawai'i, Inc. and has since grown into one of Hawai'i's leading providers of treatment for individuals with substance use disorders and co-occurring mental health conditions. With a dedicated staff of 79 full-time and 17 part-time employees, Hina Mauka serves low-income adults from ages 18 and older who experience alcohol and substance use disorders, often alongside significant mental health and related medical challenges.

More than 80% of the individuals we serve are low to moderate income, and 76% report an annual income below \$19,000. Hina Mauka is recognized statewide for its expertise in treating complex, high-utilization populations through a comprehensive and integrated continuum of care.

Our services include substance use disorder and co-occurring disorder treatment, case management, peer mentoring, psychiatric services, medication assisted treatment, recovery housing and family education. Clients participate in collaborative treatment planning, individual and group counseling, process groups, skill-building activities, and relapse prevention education. Treatment modalities span detox, residential, day treatment, intensive outpatient, outpatient services, and continuing care groups. Evidence-based cognitive therapies and peer support are central to our treatment approach.

In response to growing community needs, Hina Mauka has expanded into integrated care by partnering with psychiatrists, primary care, and licensed professionals, ensuring clients receive holistic, coordinated treatment that addresses both behavioral health and physical health needs.

2. **The goals and objectives related to the request;**

Hina Mauka is experiencing a significant and sustained increase in demand for integrated care services among individuals living with multiple chronic conditions who frequently rely on emergency departments and inpatient care. These individuals often present with substance use disorders compounded by complex medical conditions and serious mental health challenges, including depression, post-traumatic stress disorder, bipolar disorder, psychosis, and related disorders. Without coordinated, comprehensive care, this population is at high risk for repeated crises, poor health outcomes, and costly healthcare utilization.

The primary goal of Hina Mauka's integrated care service model is to improve health stability and long-term recovery outcomes for individuals with complex behavioral health and medical needs while reducing avoidable emergency department visits and inpatient hospitalizations.

To achieve this goal, Hina Mauka will sustain and strengthen its integrated service model, which has been in continuous operation since 2015, and coordinates substance use treatment, mental health services, care management, and medical collaboration into a single, patient-centered approach.

Outcome objectives reported in fiscal 2025 include:

- Reduce emergency department utilization.
  - In fiscal year 2025, 89% of program participants surveyed at 6-month follow-up reported no emergency department utilization.
- Reduce inpatient hospital admissions
  - In fiscal year 2025, 95% of program participants surveyed at 6-month follow-up reported no inpatient hospitalizations.
- Improve behavioral health and medical stability.
  - In fiscal year 2025, 96% of program participants surveyed at 6-month follow-up reported improved life functioning through after care services,

and 98% of program participants reported improved mental health stability.

- Sustain engagement in recovery programs.
  - In fiscal year 2025, 56% of program participants reported active engagement in self-help or recovery support groups as part of their ongoing care plan.

By addressing the underlying cause of repeated emergency department use and hospitalization, Hina Mauka's integrated care service model improves individual health outcomes, strengthens recovery stability, and generates meaningful cost savings for the healthcare system. The program targets individuals who are among the most medically and behaviorally complex, therefore, the costliest patients, ensuring that limited healthcare resources are used more effectively.

While program outcomes remain strong, the cost of delivering this high-impact integrated care service model has increased substantially due to rising healthcare insurance premiums, food and nutrition support costs, minimum wage requirements, and overall cost-of-living pressures have significantly increased program expenses. These factors directly affect frontline staffing levels, care coordination capacity, and the ability to maintain consistent, high-quality services for our most vulnerable patients.

Hina Mauka is currently facing a \$450,000 annual funding gap to sustain this integrated care model at its current level. Securing these funds will ensure uninterrupted services for high-risk individuals, prevent avoidable emergency and hospital utilization, and protect the long-term effectiveness of a model that delivers both measurable health outcomes and long-term cost savings.

### 3. The public purpose and need to be served;

Hina Mauka's integrated care program serves a critical public purpose by restoring functioning and improving quality of life for individuals with high needs and disproportionately high healthcare costs due to multiple chronic conditions, including substance use disorders and co-occurring medical and serious mental health conditions. These individuals are among the most complex and costly patients in the healthcare system and are often underserved by fragments, crisis-driven models of care. Hina Mauka's integrated approach is intentionally designed to improve outcomes while reducing overall system costs.

The program emphasized strategic partnerships that create clear, coordinated clinical pathways for chronic illness management by integrating behavioral health treatment with primary and specialty medical care. Through this whole-person approach, patients receive coordinated services that stabilize both behavioral health and medical conditions, reduce reliance on emergency departments and inpatient hospitalizations, and promote sustained recovery. Once stabilized, individuals are transitioned to lower-intensity levels of care, such as transitional services or ongoing care management to ensure continuity of care while allowing intensive resources to remain available for individuals with the highest acuity.

The program services adults with substance use disorders who also experience complex medical conditions and/or serious mental illness. Each person receives an individualized, person-centered treatment plan that addresses immediate stabilization needs as well as long-term pathways to improved health, independence, and community integration. Care plans incorporate short-term crisis prevention strategies alongside longer-term supports, including case management, wellness services and linkage to community-based care.

A core focus of the program is overcoming systemic barriers that have historically prevented high-risk individuals from moving beyond episodic emergency care into sustained treatment. Many participants have frequent emergency department encounters but struggle to engage in ongoing care due to fragmented referral systems, poor care coordination, and lack of follow-through across providers. This program directly addresses these gaps by strengthening referral management, improving care transitions, and actively supporting individuals as they navigate complex healthcare systems.

The need for this integrated model remains urgent. Individuals with multiple chronic conditions, particularly those living with chronic pain and behavioral health disorders, continue to receive disjointed care across healthcare and social service systems. Acute symptom flare-ups are frequently treated in the emergency departments where opioid medications may become the default intervention, perpetuating cycles of dependency, repeated crises, and avoidable healthcare utilization rather than addressing the underlying causes.

Research consistently demonstrates that Medicaid beneficiaries with disabilities related to chronic illness have approximately a 70% likelihood of experiencing co-occurring behavioral health conditions, including depression, post-traumatic stress disorder, and substance use disorders. Integrated care models provide a proven solution. When substance use disorders are effectively treated in coordination with medical and mental health care, associated chronic conditions often stabilize or improve, leading to better health outcomes and reduced long-term healthcare costs.

While the program has demonstrated strong early impact, continued investment is essential to sustain and expand this effective model of care. Without ongoing funding, progress in stabilizing high-risk individuals and reducing preventable emergency department visits and hospital admissions cannot be maintained. Public support for this program ensures that Hawai'i's most vulnerable residents receive coordinated, effective, and humane care rather than returning to costly, fragmented systems that fail both individuals and the healthcare system as a whole.

**4. Describe the target population to be served; and**

The target population served by this program consists of adults with high medical and behavioral health needs who are frequent users of emergency department and inpatient

hospital services due to multiple, chronic conditions. These individuals typically experience substance use disorders combined with complex medical conditions and serious mental health disorders, such as depression, post-traumatic stress disorder, bipolar disorder, psychosis, and related conditions.

Many individuals in this population live with three or more chronic conditions, including chronic pain, cardiovascular disease, diabetes, or other long-term illnesses that are exacerbated by untreated or undertreated behavioral health challenges. A significant portion are Medicaid beneficiaries and individuals experiencing economic instability, housing insecurity, and limited access to coordinated healthcare services.

Historically, members of this population have received fragmented, episodic care, often entering the healthcare system during acute crises through emergency departments rather than through consistent, preventive, or coordinated treatment. Barriers such as poor care coordination, lack of behavioral health integration, transportation challenges, and difficulty navigating referrals have prevented sustained engagement in treatment and recovery.

This program prioritizes individuals who are among the highest utilizers and highest-cost patients within the healthcare system—those most likely to benefit from integrated, whole-person care. By addressing substance use disorders, mental health conditions, and medical needs simultaneously, the program seeks to stabilize patients, reduce avoidable emergency and hospital utilization, and improve long-term health outcomes and quality of life.

**5. Describe the geographic coverage.**

Located in Windward O'ahu, we serve the entire State of Hawai'i. This program is open to anyone living in Hawai'i, providing treatment would occur on O'ahu.

**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;**

Patients receive medical care and behavioral healthcare at Hina Mauka's residential facility. While hospital, emergent care and/or urgent care may be required initially, the intent is to greatly reduce the high cost for high need patients. Behavioral health services would involve evidence-based best practices such as cognitive behavioral therapies, peer group processes and individual counseling, although treatment plans would be adapted to include medical objectives as well as population health objectives such as diet, exercise, support groups and more. Psychiatrists provide diagnosis, prescriptive

medications, and ongoing consultations. Licensed Professionals would be wrapped into the treatment delivery model to provide short term and, following treatment, long term psychotherapy as needed. Primary Care Physicians also diagnose, prescribe medications, and consultations. Nurses, including RNs/APRNs are responsible for implementing the medical plans and oversee the medical assistants who then provide detailed care delivery. A dietician addresses each person's dietary needs. Case managers address housing, vocational services, and linkages to other services (DHS benefits, medical and psychiatric), including other long term case management services, if qualified to receive such services.

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

#### **Months 1–3: Enrollment, Assessment, and Stabilization**

Participants are identified and enrolled through referrals from hospitals, emergency departments, and community partners. Comprehensive assessments are completed, including behavioral health, substance use, medical, and psychosocial evaluations. Individualized, integrated care plans are developed, and immediate stabilization services are initiated. Early care coordination focuses on reducing acute crises and preventing unnecessary emergency department utilization.

**Outcomes:** Early stabilization, engagement in treatment, successful completion of residential, and reduced immediate crisis risk.

#### **Months 4–6: Integrated Treatment and Care Coordination**

Participants engage in coordinated substance use treatment, mental health services, and medical care in collaboration with healthcare partners. Ongoing case management addresses barriers to care, including appointment adherence, transportation, and medication management. During this phase, participants demonstrate improved engagement in treatment and reduced reliance on emergency and inpatient services.

**Outcomes:** Improved behavioral health stability, reduced substance use, improved medical engagement, successful completion of outpatient, and increased treatment adherence.

#### **Months 7–9: Progress Monitoring and Transition Planning**

Care teams monitor progress toward clinical and functional goals, adjusting care plans as needed. Participants who achieve stability begin transitioning to lower-intensity levels of care, including step-down services, community-based providers, or ongoing mild care management. Linkages to long-term supports such as primary care, wellness services, and social services are strengthened.

**Outcomes:** Successful completion of continuing care, and reduced risk of relapse or crisis.

#### **Months 10–12: Transition, Continuity, and Outcome Evaluation**

Participants are supported through final transitions to appropriate ongoing care settings to ensure continuity and prevent relapse or crisis-driven utilization. Program outcomes are evaluated, including reductions in emergency department visits, inpatient

admissions, and improvements in patient stability and engagement. Lessons learned inform program refinement and sustainability planning for the following year.

**Outcomes:** Sustained engagement in care, reduced acute healthcare utilization, and crisis driven care.

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

#### **Quality Assurance and Evaluation Plan**

Hina Mauka employs a comprehensive quality assurance and evaluation framework to ensure the integrated care program delivers effective, measurable, and continuously improving outcomes for participants with complex medical and behavioral health needs.

#### **Ongoing Monitoring and Data Collection**

Program performance is monitored through routine collection and review of clinical, utilization, and engagement data. Key indicators include emergency department visits, inpatient hospital admissions, treatment engagement and retention, care plan completion, and successful transitions to lower levels of care. Data is collected at intake, throughout service delivery, and at program completion to track changes over time.

#### **Clinical Oversight and Case Review**

An interdisciplinary care team—including behavioral health clinicians, substance use treatment providers, care coordinators, and medical partners—conducts regular case reviews to assess participant progress, adherence to treatment plans, and emerging needs. These reviews ensure services remain individualized, timely, and responsive, particularly for high-risk participants.

#### **Outcome Evaluation**

Program outcomes are evaluated on a quarterly and annual basis to assess effectiveness in reducing high-cost healthcare utilization and improving patient stability. Comparative analysis of pre- and post-enrollment data is used to measure reductions in emergency department use, hospital admissions, and crisis episodes, as well as improvements in engagement and continuity of care.

#### **Continuous Quality Improvement (CQI)**

Findings from data analysis and case reviews inform a continuous quality improvement process. Program leadership uses evaluation results to identify service gaps, strengthen care coordination, refine clinical pathways, and enhance partnerships with healthcare and community providers. Adjustments are implemented in real time to improve outcomes and operational efficiency.

#### **Accountability and Reporting**

Results are documented and shared with leadership, partners, and funders through regular reports that demonstrate progress toward stated goals. This transparent approach ensures accountability, supports data-informed decision-making, and strengthens the program's long-term sustainability.

Through this structured quality assurance and evaluation process, Hina Mauka ensures that the program remains effective, responsive, and aligned with best practices for integrated care—maximizing both patient outcomes and system-level impact.

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 that the measure(s) of effectiveness will need to be updated and transmitted to the expending agency.

Hina Mauka will report the following standardized measures of effectiveness to the State agency through which this grant funds are appropriated. These measures provide objective indicators of program performance and impact and will be updated as necessary if the level of appropriation differs from the amount requested.

#### **6-month reporting**

- Emergency Department Utilization
  - Percentage of program participants with no emergency department visit at six months post-enrollment
- Inpatient Hospital Admissions
  - Percentage of program participants with no inpatient hospitalization at six months post-enrollment
- Behavioral Health Stability
  - Percentage of program participants demonstrating improved mental stability, as measured by clinical assessments, provider reports, or documented treatment progress at six months post-enrollment
- Reduction in Crisis-Driven Care
  - Percentage of program participants reporting a reduction in crisis events, including emergency interventions or unplanned hospitalizations during the reporting period

#### **Residential/Outpatient/Continuing Care Reporting**

- Successful Completion of Residential, Outpatient and Continuing Care Treatment
  - Percentage of participants who successfully completed the prescribed treatment episode
- Mental Health Stabilization
  - Percentage of participants showing improved mental health stability at residential, outpatient and continuing care discharge, as evidenced by clinical evaluations, symptom reduction, or documented treatment progress
- Medical Care Linkage

- Percentage of participants who are connected to a primary care provider and/or specialty medical services at residential discharge
- Successful Transition to Lower Level of Care
  - Percentage of participants who are clinically stabilized and transitioned from residential to appropriate lower levels of care, such as day treatment, outpatient services, continuing care
- Overall Functioning and Quality of Life
  - Percentage of participants reporting improvement in life functioning, recovery stability
- Individualized Transition/Discharge Plan Completion
  - Percentage of participants with a completed, documented transition/discharge plan that includes aftercare services, follow-up appointments, and relapse prevention strategies.

Hina Mauka will engage evidence-based best practices for a complex patient model to provide services to 100 patients per year with at least 70% completing residential treatment.

#### **IV. Financial**

##### **Budget**

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](#))

\*\*\* Please see attached for the

2. The applicant shall provide its anticipated quarterly funding requests for the fiscal year 2020.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
\$112,500	\$112,500	\$112,500	\$112,500	\$450,00

3. The applicant shall provide a listing of all other sources of funding that they are seeking for fiscal year 2027.

For fiscal year 2027, Hina Mauka's Integrated Care Program is supported through a combination of third-party insurance reimbursements (including Medicaid and other health care insurances), government contracts, and limited grant funding. While these sources contribute to ongoing operations, they are not sufficient to fully cover the cost of delivering comprehensive, integrated services to high-need clients. Hina Mauka is actively seeking additional public and private funding to sustain its Integrated Care Program, which requires \$1.1 million annually to operate. Hina Mauka is requesting \$450,000 to maintain services at current capacity.

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. **Not Applicable**
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 2020 for program funding. **Not Applicable**
6. The applicant shall provide the balance of its unrestricted current assets as of December 31, 2025.

Hina Mauka's unaudited and unrestricted current assets as of December 31st, 2025 is \$7,099,211

## 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.

Hina Mauka is a well-established provider of substance use disorder and co-occurring mental health services, serving more than 1,700 adults and 800 youth annually across O'ahu. Adult outpatient programs are delivered at multiple sites in Waipahu and Kāne'ohe, ensuring accessibility for individuals across the island. In response to a growing statewide demand for residential treatment, Hina Mauka recently completed a successful capital campaign that expanded residential capacity from 48 to 64 beds, increasing access to care.

The individuals served by Hina Mauka present with increasingly complex and high-acuity needs. The organization has extensive experience treating individuals with co-occurring conditions, including mild to moderate medical issues and moderate to severe mental health

disorders. Hina Mauka also provides specialized services for chronically homeless individuals, particularly those transitioning from emergency departments or psychiatric care settings.

In response to the opioid crisis, Hina Mauka serves a growing population of older adults who are experiencing substance misuse related to chronic pain. Hina Mauka has expanded its focus on collaboration with primary care providers to address medication overuse and polysubstance use through coordinated treatment planning and monitoring.

Hina Mauka is recognized as a leader in Hawai'i for its support of medication-assisted treatment (MAT), utilizing evidence-based interventions such as buprenorphine (Suboxone) and naltrexone to reduce cravings and support sustained recovery. Given the epidemic levels of diabetes and depression in Hawai'i, Hina Mauka partners with Waikiki Health and Urgent Care providers to ensure coordinated treatment for individuals with chronic medical conditions alongside substance use and mental health disorders.

To further strengthen care for individuals with serious mental illness, Hina Mauka has expanded psychiatric services and limited nursing care, enabling treatment for clients experiencing depression as well as those with more severe mental health conditions. Additionally, Hina Mauka has a dedicated case management program to support chronically homeless individuals with severe mental illness recognizing that successful recovery requires specialized addiction expertise, intensive coordination, and sustained engagement.

## 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.

### ***Kāne' ohe: 45-845 Po'okela Street, Kāne' ohe, Hawai'i 96744***

Hina Mauka's Kāne' ohe facility is designed to support comprehensive residential and outpatient services and has the capacity to serve up to 64 residential clients at any given time. The facility provides adequate space for multiple outpatient group services and houses essential administrative and clinical operation, including offices for administrative staff, a full kitchen, dining area, laundry facilities, and private individual counseling rooms.

Residential clients are accommodated on the 2<sup>nd</sup> floor of the facility, which is fully accessible by both stairs and elevator. The ground floor is dedicated to clinical and program operations and includes five large group rooms, an expansive dining room that also functions as a space for client groups, recovery meetings, staff training, and nine private counselors' office.

The facility also includes a Treatment Associates' office staffed 24 hours a day, a physician's office, a nursing office, medication room, secure charting and documentation room, and a dedicated clinical administrative office. Closed-door access separates the clinical treatment area from the main lobby, ensuring confidentiality and privacy. The open lobby area serves as a

welcoming entry point where reception and intake staff greet clients, families, and community members seeking services

## **VI. Personnel: Project Organization and Staffing**

### **I. 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.

Hina Mauka grant request costs cover the following reimbursements:

Hina Mauka proposes a multidisciplinary staffing pattern designed to support the viability and sustainability of the requested funding while ensuring adequate service capacity for individuals with complex substance use, medical, and mental health needs. The proposed staffing structure builds upon existing infrastructure and experienced personnel and expands clinical capacity where current resources are insufficient or uncompensated.

#### **Medical Leadership and Psychiatric Services**

Hina Mauka's Chief Medical Officer and psychiatrist are fully licensed physicians with extensive experience serving individuals with substance use disorders and co-occurring mental health conditions. Current psychiatric providers, including Dr. Toshiyuki Shibata and Dr. Peter Yamamoto, serve in part-time roles and bring prior clinical experience from hospital psychiatric departments, Waianae Comprehensive, the Hawai'i State Hospital, the O'ahu Community Correctional Center (OCCC), and private practice. Both physicians hold addiction-related credentials and have long standing experience treating high-acuity populations.

Grant funding will expand their clinical roles to increase service availability and continuity of care. Hina Mauka maintains established policies and procedures governing medical oversight, supervision and team coordination. Ongoing professional training is provided annually and often includes collaboration with the University of Hawai'i John A. Burns School of Medicine and other professional partners. A portion of the requested funding will also help offset uncompensated care costs associated with uninsured and underinsured patients.

#### **Advanced Practice Registered Nurse with Prescriptive Authority (APRN-RX)**

The APRN-RX position is a critical component of the proposed staffing pattern. While Hina Mauka has intermittently employed APRNs in the past, financial constraints have limited the ability to sustain this role. Under this grant, the APRN will provide essential clinical support, including reviewing/screening/recommendations/approvals for complex residential applicants, scheduling medical procedures, medication management, health assessments, and care coordination. This role will reduce reliance on higher-cost physician time while maintaining clinical quality and responsiveness. The APRN-RX will report directly to the Chief Medical Officer.

### **Registered Nurses (RNs)**

Hina Mauka currently utilizes registered nurses, however, these services are partially uncompensated and insufficient to meet growing demand. Grant funding will support the recruitment of additional part-time and full-time RNs to ensure 24/7 nursing coverage, with onsite presence during daytime hours and telephone consultation during evenings and overnight hours. Established nursing protocols, supervision structures, and training procedures are already in place to support this expanded coverage.

### **Medical Assistants (MAs)**

Hina Mauka proposes to significantly expand the Medical Assistant role to support clinical efficiency and patient care. These positions will be newly created and filled by individuals who have completed relevant medical assistant coursework. Hina Mauka will develop and implement formal policies, procedures, and training curricula specific to these roles, with supervision provided by nursing and medical leadership.

### **Licensed Behavioral Health Professionals**

Licensed behavioral health professionals, including psychologists, and therapists, currently provide psychotherapy services to Hina Mauka clients several times per week, with services reimbursed through insurance when available. Grant funding will allow expansion of these services and partial coverage of uncompensated care for uninsured clients until insurance enrollment is completed. These providers are supported and coordinated by the Director of Adult Programs, and their clinical work is fully integrated into each client's individualized treatment plan. When appropriate, clients may continue care with the same provider following residential treatment, supporting continuity and long-term recovery.

### **Management, Supervision, and Administrative Oversight**

Program oversight and administrative direction will be provided by Hina Mauka's Director of Adult Programs, and Chief Medical Officer. Together, they are responsible for staffing oversight, interdisciplinary coordination, staff supervision, training implementation, quality assurance, and compliance with all contractual, licensing, and reporting requirements. This leadership structure ensures effective integration of medical, psychiatric, and behavioral health services and supports consistent, high-quality program delivery.

## **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.

Psychiatrists and nurses report to the Chief Medical Officer, Dr. Toshi Shibata. Medical assistants report to the nurses on shift, and the overall project leadership is led by Director Bill Mousser under the direction of CEO, Brian Baker

\*\*\* Please see attached Organizational Chart for more details \*\*\*

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.

Title	Salary
Chief Medical Officer	\$200,000 - \$250,000
Chief Executive Officer	\$180,000 - \$215,000
Chief Financial Officer	\$150,000 - \$165,000

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.

There is no known litigation at this time.

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.

Hina Mauka was first accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) in 1999 and has since maintained continuous three-year accreditation in 2002, 2005, 2008, 2011, 2014, 2017, 2020, and 2023. This longstanding record of continuous accreditation reflects Hina Mauka's enduring commitment to quality, accountability, and continuous program improvement. In addition to its core accreditations, Hina Mauka has also earned CARF accreditation for Criminal Justice Programming, Integrated SUD/Mental Health, Detox, Therapeutic Communities, Family Based Services, Prevention and Case Management.

CARF is a nationally recognized accrediting body that establishes rigorous standards for rehabilitation programs and evaluates how effectively organizations serve their consumers and implement quality improvement practices. In addition, since the mid 1990s, Hina Mauka has maintained a Special Treatment Facility (STF) license for residential services through the Hawai'i Department of Health. This license is subject to annual monitoring, and Hina Mauka remains in good standing.

\*\*\* Please see attached copies of STF license and CARF accreditation\*\*\*

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. **Not Applicable**

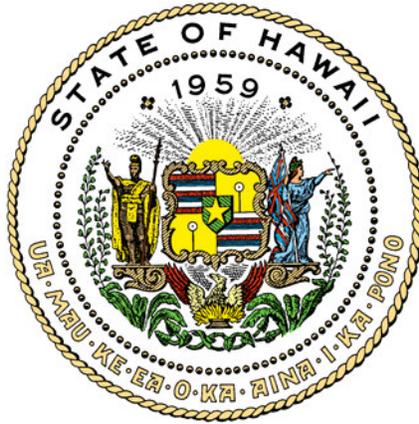
4. Future Sustainability Plan

The applicant shall provide a plan for sustaining after fiscal year 2027-2028 the activity funded by the grant if the grant of this application is:

- (a) Received by the applicant for fiscal year 2019-20, but
- (b) Not received by the applicant thereafter.

Hina Mauka anticipates being able to expand this program by providing data about outcomes, cost effectiveness to insurers and government. Federal data indicates that 5% of patients account for 50% of costs. Insurers and government will be able to use the data to do cost comparison analysis.

Hina Mauka plans to use this data to apply for federal grants that may be available in 2027. These highly competitive federal grants go to organizations that have already had several years of data to prove effectiveness of their programs.



## Department of Commerce and Consumer Affairs

### CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that

THE ALCOHOLIC REHABILITATION SERVICES OF HAWAII, INC.

was incorporated under the laws of Hawaii on 11/16/1976 ;  
that it is an existing nonprofit corporation; and that,  
as far as the records of this Department reveal, has complied  
with all of the provisions of the Hawaii Nonprofit Corporations  
Act, regulating domestic nonprofit corporations.



IN WITNESS WHEREOF, I have hereunto set  
my hand and affixed the seal of the  
Department of Commerce and Consumer  
Affairs, at Honolulu, Hawaii.

Dated: January 07, 2026

Director of Commerce and Consumer Affairs

**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, Hawaii 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, Hawaii 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, Hawaii 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, Hawaii 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.

The Alcoholic Rehabilitation Services of Hawaii, Inc. dba Hina Mauka

(Typed Name of Individual or Organization)

*Brian J Baker*

01/09/2026

(Signature)

(Date)

Brian Baker

President & CEO

(Typed Name)

(Title)

# DECLARATION STATEMENT

Final Audit Report

2026-01-09

Created:	2026-01-09
By:	Emily Westfall (ewestfall@hinamauka.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAATqjQlgFrPasrHOV5ftNlzaWfidn34lO

## "DECLARATION STATEMENT" History

-  Document created by Emily Westfall (ewestfall@hinamauka.org)  
2026-01-09 - 9:56:06 PM GMT
-  Document emailed to Brian Baker (bbaker@hinamauka.org) for signature  
2026-01-09 - 9:56:09 PM GMT
-  Email viewed by Brian Baker (bbaker@hinamauka.org)  
2026-01-09 - 9:59:55 PM GMT
-  Document e-signed by Brian Baker (bbaker@hinamauka.org)  
Signature Date: 2026-01-09 - 10:00:31 PM GMT - Time Source: server
-  Agreement completed.  
2026-01-09 - 10:00:31 PM GMT

## BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2026 to June 30, 2027

Applicant: The Alcoholic Rehabilitation Services of Hawaii, Inc. dba Hina Mauka

BUDGET CATEGORIES	Total State Funds Requested (a)	Total Federal Funds Requested (b)	Total County Funds Requested (c)	Total Private/Other Funds Requested (d)
<b>A. PERSONNEL COST</b>				
1. Salaries	348,638			344,249
2. Payroll Taxes & Assessments	41,837			33,643
3. Fringe Benefits	59,525			34,674
<b>TOTAL PERSONNEL COST</b>	<b>450,000</b>			<b>412,566</b>
<b>B. OTHER CURRENT EXPENSES</b>				
1. Hired Services				25,625
2. Accounting and Payroll Fees				8,092
3. Client Expenses and Food				91,780
4. Lease/Rental of Space				6,727
5. Building Maintenance				48,644
6. Utilities				35,105
7. Office Supplies				19,859
8. Photo Copying Expenses				3,129
9. Computer Expenses				5,528
10. Dues and Subscriptions				1,480
11. Insurance				15,827
12. Telephone				11,417
13. Postage				307
14. Equipment Expense				3,596
15. Vehicle Expense				2,583
16. Travel				3,020
17. Training and Morale				6,139
18.				
19.				
20.				
<b>TOTAL OTHER CURRENT EXPENSES</b>				<b>288,857</b>
<b>C. EQUIPMENT PURCHASES</b>				
<b>D. MOTOR VEHICLE PURCHASES</b>				
<b>E. CAPITAL</b>				
<b>TOTAL (A+B+C+D+E)</b>	<b>450,000</b>			<b>701,423</b>
<b>SOURCES OF FUNDING</b>		Budget Prepared By:		
(a) Total State Funds Requested	450,000	Desie Graves 808-447-5272		
(b) Total Federal Funds Requested		Name (Please type or print) Phone		
(c) Total County Funds Requested		<i>Brian J. Baker</i> 01/23/2026		
(d) Total Private/Other Funds Requested		Signature of Authorized Official Date		
<b>TOTAL BUDGET</b>	<b>450,000</b>	Brian Baker, President & CEO		
		Name and Title (Please type or print)		

## BUDGET JUSTIFICATION - PERSONNEL SALARIES AND WAGES

Period: July 1, 2026 to June 30, 2027

Applicant: The Alcoholic Rehabilitation Services of Hawaii, Inc. dba Hina Mauka

POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
Chief Medical Officer/Medical Director	0.5	\$212,570.00	50.00%	\$ 106,285
Psychiatrist	0.5	\$54,792.00	25.00%	\$ 13,698
APRN	1	\$117,159.00	60.00%	\$ 70,295
RN	1	\$97,655.04	50.00%	\$ 48,828
Medical Assistant	1	\$46,782.00	50.00%	\$ 23,391
Medical Assistant	1	\$46,782.00	50.00%	\$ 23,391
Counselor	1	\$55,000.00	50.00%	\$ 27,500
Treatment Associate	1	\$38,000.00	25.00%	\$ 9,500
Treatment Associate	1	\$38,000.00	25.00%	\$ 9,500
Intake Supervisor	1	\$65,000.00	25.00%	\$ 16,250
				\$ -
				\$ -
<b>TOTAL:</b>				<b>\$ 348,638</b>

**JUSTIFICATION/COMMENTS:**

## BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Period: July 1, 2026 to June 30, 2027

Applicant: The Alcoholic Rehabilitation Services of

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
<b>TOTAL:</b>				
<b>JUSTIFICATION/COMMENTS:</b>				

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

## BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS

Period: July 1, 2026 to June 30, 2027

Applicant: The Alcoholic Rehabilitation Services of Hawaii, Inc. dba Hina Mauka

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:2024-2025	FY:2025-2026	FY:2026-2027	FY:2026-2027	FY:2027-2028	FY:2028-2029
PLANS						
LAND ACQUISITION						
DESIGN						
CONSTRUCTION						
EQUIPMENT						
<b>TOTAL:</b>						
<b>JUSTIFICATION/COMMENTS:</b>						

**GOVERNMENT CONTRACTS, GRANTS, AND / OR GRANTS IN AID**

Applicant: The Alcoholic Rehabilitation Services of Hawaii, Inc. dba Hina Mauka

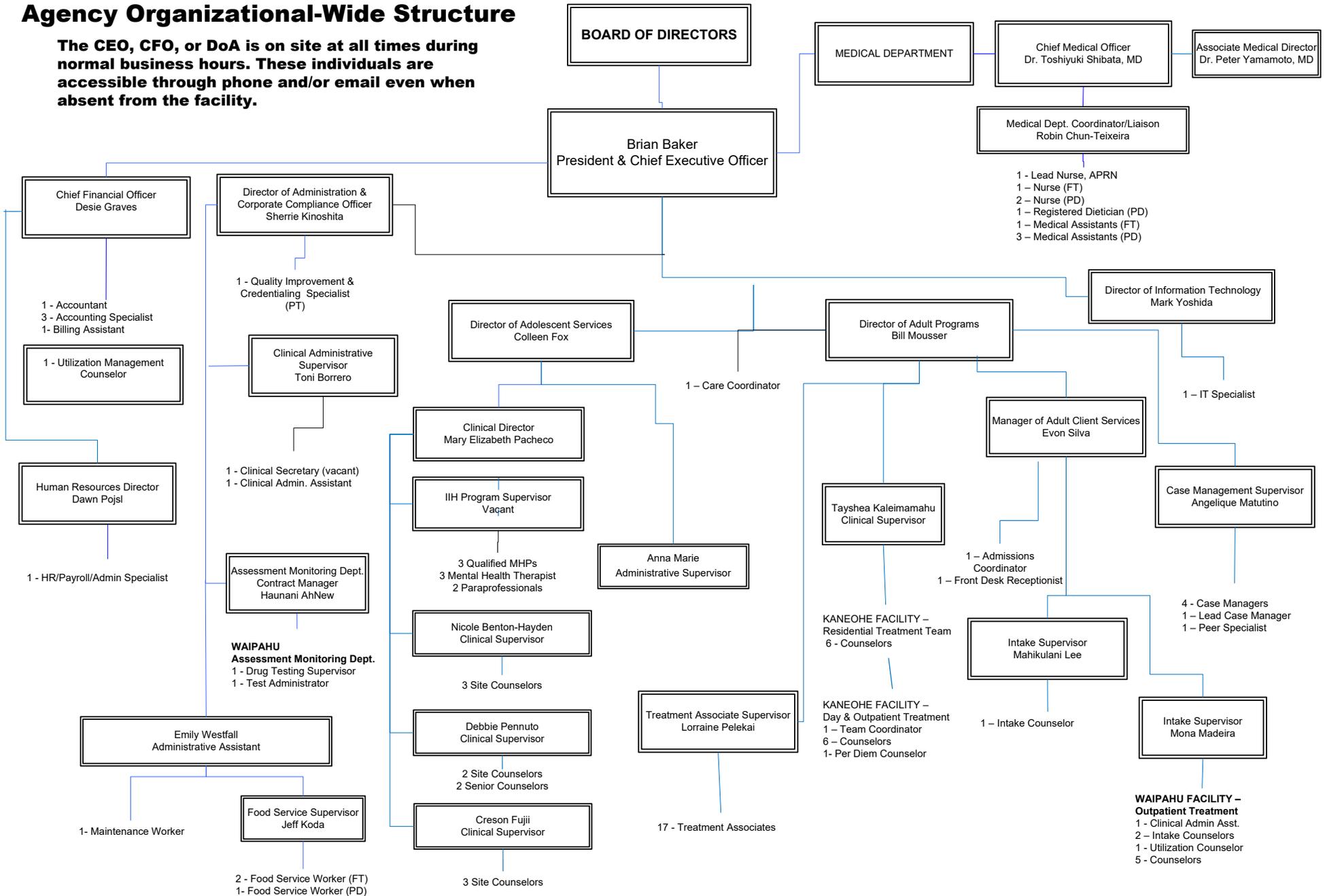
Contracts Total: 37,386,970

	<b>CONTRACT DESCRIPTION</b>	<b>EFFECTIVE DATES</b>	<b>AGENCY</b>	<b>GOVERNMENT ENTITY (U.S./State/Hawaii)</b>	<b>CONTRACT VALUE</b>
1	ADAD ASO 25-055 (ADULT & TEENCARE)	10/01/24 - 09/30/26	Dept of Health	U.S.	4,342,384
2	ADAD ASO 25-055 (TEEN CARE RURAL REMOTE)	10/01/24 - 09/30/26	Dept of Health	U.S.	1,157,616
3	ADAD ASO 22-037 (ADULT & TEENCARE)	10/01/21 - 09/30/24	Dept of Health	U.S. / State	9,071,677
4	ADAD ASO 22-037 (TEEN CARE RURAL REMOTE)	10/01/21 - 09/30/24	Dept of Health	U.S. / State	1,545,750
5	ADAD ASO 23-063 (TEEN CARE PREVENTION)	10/01/22 - 09/30/26	Dept of Health	U.S. / State	6,025,000
6	J24224 Adult Substance Abuse Treatment Svcs	07/01/23 - 06/30/27	Judiciary	State	140,000
7	J24206 Juvenile Substance Abuse Treatment Svcs	07/01/23 - 06/30/27	Judiciary	State	162,000
8	J20137 Adult Substance Abuse Treatment Svcs	07/01/19 - 06/30/23	Judiciary	State	375,000
9	J20185 Juvenile Substance Abuse Treatment Svcs	07/01/19 - 06/30/23	Judiciary	State	305,332
10	DHS-23-POS-9980 Substance Abuse Asmnt & Drug Screening Svcs	07/01/22 - 06/30/26	Dept of Human Services	U.S. / State	1,282,599
11	36C26119D0110 Residential Substance Abuse Treatment Services	09/30/19 - 03/29/25	Dept of Veteran Affairs	U.S.	819,825
12	36C26125N0375 Residential Substance Abuse Treatment Services	03/30/25 - 03/29/26	Dept of Veteran Affairs	U.S.	301,125
13	69211 (WCCC) - Residential Substance Abuse Trmnt for Female Offenders	11/01/20 - 04/30/25	Dept of Corrections	State	1,144,000
14	73370 Peer Specialist - Male Offenders	10/01/25 - 09/30/27	Dept of Corrections	State	250,000
15	19-234 AMHD CBCM (Community Based Case Management)	07/01/19 - 09/27/25	Dept of Health	State	360,053
16	20-119 AMHD ICM (Intensive Case Management)	07/01/19 - 07/31/25	Dept of Health	State	2,311,283
17	22-170 AMHD Residential / Outpatient	02/01/22 - 10/27/25	Dept of Health	State	3,583,683
18	25-148 Child & Adolescent Mental Health Division	12/28/24 - 09/30/25	Dept of Health	State	23,809
19	19-080 / 19-081 Child & Adolescent Mental Health Division	07/01/19 - 12/27/24	Dept of Health	State	141,225
20	0975-22-UA-01C DRUG DETECTION TESTING (C OAHU)	10/1/21- 09/30/25	US Probation/Pretrial Svcs Office	U.S.	215,702
21	0975-22-UA-01WW DRUG DETECTION TESTING (WINDWARD)	10/1/21- 09/30/25	US Probation/Pretrial Svcs Office	U.S.	66,657
22	0975-21-RES-02 (SHORT-TERM RESIDENTIAL TREATMENT)	10/01/20- 10/31/23	US Probation/Pretrial Svcs Office	U.S.	85,095
23	KE OLA MAMO GRANT (Native Hawn Outpatient Adult and Teen C	07/19/22-06/30/26	Ke Ola Mamo	U.S.	400,000
24	OCS-CIP-24-30 - Dorm Renovations	08/01/24-07/31/26	Dept of Labor (OCS)	State	200,000
25	OCS-GIA-23-03	03/01/23-02/28/25	Dept of Labor (OCS)	State	450,000
26	HCORP 1H79TI080950-01 (Honolulu County Offender Reentry Program)	09/30/18-09/29/23	SAMHSA	U.S.	2,118,085
27	HVAC 19-274 Project HVAC System	03/25/20-06/30/23	Dept of Health	State	200,000
28	DCR-25-RCO-18 Peer Specialist Mentorship Navigator Pilot Program for Male Offenders	08/01/25 -07/31/27	Department of Corrections and Rehabilitation (DCR)	State	48,721
29	J26173 Clean and Sober Housing for Male Offenders	01/01/26 - 09/30/26	Judiciary Adult Client Services Branch	State	19,550
30	J26216 Women's Court Clean and Sober Housing	12/17/25 - 06/30/27	Judiciary Adult Client Services Branch	State	40,800
31	J26171 Provide Residential Substance Abuse Services	11/17/25 - 06/30/27	Judiciary Adult Client Services Branch	State Application for 200,000	200,000

# Hina Mauka Organizational Chart

## Agency Organizational-Wide Structure

The CEO, CFO, or DoA is on site at all times during normal business hours. These individuals are accessible through phone and/or email even when absent from the facility.





STATE OF HAWAII  
DEPARTMENT OF HEALTH  
**LICENSE**

ALCOHOL REHABILITATION SERVICES OF HAWAII, INC. is hereby granted a license to operate a  
SPECIAL TREATMENT FACILITY (HINA MAUKA)

at 45-845 POOKELA STREET, KANEOHE, HAWAII

with a capacity of 64 beds. This license is valid for ONE YEAR

ending NOVEMBER 30, 2026 unless revoked for just cause.

*This license is granted in accordance with provisions of the state public health laws and regulations.*

Effective Date: DECEMBER 1, 2025

Date Issued: NOVEMBER 24, 2025

OHCA#52-STF

Established Date: 8/15/95

- Post in a conspicuous place.
- License is not transferable.
- License shall be surrendered upon a suspension or revocation

Director of Health

By

Office of Health Care Assurance

AMBULATORY ONLY  
MALE AND FEMALE RESIDENTS

May 31, 2023

Sherrie Kinoshita  
The Alcoholic Rehabilitation Services of Hawaii, Inc. dba Hina Mauka  
45-845 Po'okela Street  
Kaneohe, HI 96744

Dear Ms. Kinoshita:

It is my pleasure to inform you that The Alcoholic Rehabilitation Services of Hawaii, Inc. dba Hina Mauka has been issued CARF accreditation based on its recent survey. The Three-Year Accreditation applies to the following program(s)/service(s):

Case Management/Services Coordination: Integrated: SUD/Mental Health (Adults)  
Case Management/Services Coordination: Substance Use Disorders/Addictions (Adults)  
Day Treatment: Integrated: SUD/Mental Health (Adults)  
Detoxification/Withdrawal Management - Residential: Substance Use Disorders/Addictions (Adults)  
Intensive Family-Based Services: Family Services (Children and Adolescents)  
Intensive Outpatient Treatment: Substance Use Disorders/Addictions (Adults)  
Intensive Outpatient Treatment: Substance Use Disorders/Addictions (Children and Adolescents)  
Intensive Outpatient Treatment: Substance Use Disorders/Addictions (Criminal Justice)  
Outpatient Treatment: Substance Use Disorders/Addictions (Adults)  
Outpatient Treatment: Substance Use Disorders/Addictions (Children and Adolescents)  
Outpatient Treatment: Substance Use Disorders/Addictions (Criminal Justice)  
Prevention: Substance Use Disorders/Addictions (Children and Adolescents)  
Residential Treatment: Integrated: SUD/Mental Health (Adults)  
Residential Treatment: Substance Use Disorders/Addictions (Adults)  
Residential Treatment: Substance Use Disorders/Addictions (Criminal Justice)  
Therapeutic Communities: Substance Use Disorders/Addictions (Adults)  
Therapeutic Communities: Substance Use Disorders/Addictions (Criminal Justice)

This accreditation will extend through May 31, 2026. This achievement is an indication of your organization's dedication and commitment to improving the quality of the lives of the persons served. Services, personnel, and documentation clearly indicate an established pattern of conformance to standards.

Please note that the enclosed accreditation report identifies no recommendations. This accomplishment is achieved on only 3 percent of CARF surveys.

The accreditation report is intended to support a continuation of the quality improvement of your organization's program(s)/service(s). It contains comments on your organization's strengths as well as any consultation.

Your organization should take pride in achieving this high level of accreditation. CARF will recognize this accomplishment in its listing of organizations with accreditation and encourages your organization to make its accreditation known throughout the community. Communication of the accreditation to your referral and funding sources, the media, and local and federal government officials can promote and distinguish your organization. Enclosed are some materials that will help you publicize this achievement.

Your organization's complimentary accreditation certificate will be sent separately. You may order additional certificates from Customer Connect (<https://customerconnect.carf.org>).

If you have any questions regarding your organization's accreditation, you are encouraged to seek support from Vidal Ramirez by email at [vramirez@carf.org](mailto:vramirez@carf.org) or telephone at (888) 281-6531, extension 7131.

CARF encourages your organization to continue fully and productively using the CARF standards as part of its ongoing commitment to accreditation. CARF commends your organization's commitment and consistent efforts to improve the quality of its program(s)/service(s) and looks forward to working with your organization in its ongoing pursuit of excellence.

Sincerely,

A handwritten signature in black ink that reads "Brian J. Boon, Ph.D." in a cursive script.

Brian J. Boon, Ph.D.  
President/CEO

Enclosures



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:** THE ALCOHOLIC REHABILITATION SERVICES OF HAWAII, INC.

**DBA/Trade Name:** Hina Mauka

**Issue Date:** 01/14/2026

**Status:** **Compliant**

Hawaii Tax#: [REDACTED]

New Hawaii Tax#:

FEIN/SSN#: [REDACTED]

UI#: XXXXXX0919

DCCA FILE#: 32126

Status of Compliance for this Vendor on issue date:

Form	Department(s)	Status
A-6	Hawaii Department of Taxation	Compliant
8821	Internal Revenue Service	Waived
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