

Attachment S

CAMHD Geographical Coverage

CAMHD Geographic Coverage of Service Form

Instructions: This form must be completed and submitted in its entirety along with the applicant's proposal application. In accordance with Section 2 and subsection I.D. Geographic Coverage of Service, please indicate which service level(s) by geographic coverage area(s) are contained in the application proposal by placing an "X" in the appropriate box.

Proposal Arrangement: Applicants must submit one proposal each within the following geographic areas.

For City and County of Honolulu, submit one proposal (inclusive of Honolulu District, Leeward Oahu District, Windward District, and Central Oahu District)

For County of Kauai, submit one proposal.

For County of Maui, (including Hana, Central Maui, Lahaina, Molokai and Lanai), submit one proposal.

For County of Hawaii, submit one proposal (inclusive of East Hawaii, Ka`u , West Hawaii, Kohala)

For Statewide services, submit one proposal.

**County of Maui
County of Kauai**

Level of Care\Geographic Region	County of Kauai	Central Maui & Lahaina	Hana	Molokai	Lanai
Crisis Mobile Outreach					
Comprehensive Mental Health Assessments *					
Summary Annual Assessments *					

* The Comprehensive Mental Health and Summary Annual Assessments will be contracted together as a group.

**Statewide
City and County of Honolulu (Oahu)
County of Hawaii**

Geographic Region →	City and County of Honolulu (Oahu)					County of Hawaii							
	Oahu	Central Oahu District	Leeward District	Honolulu District	Windward District			East Hawaii	Ka`u	West Hawaii	Kohala		
Level of Care													
Comprehensive Mental Health Assessments													
Summary Annual Assessments													
Community-Based Crisis Group Home													
Respite Home													
Community-Mental Health Shelter													
Therapeutic Group Home (GLBTQI)	Statewide												
CBR II	Statewide												
CBR III	Statewide												