

House District _____

Senate District _____

THE TWENTY-SIXTH LEGISLATURE
HAWAII STATE LEGISLATURE
APPLICATION FOR GRANTS & SUBSIDIES
CHAPTER 42F, HAWAII REVISED STATUTES

Log No: 12-0

For Legislature's Use Only

Rec'd JAN 28 2011

Type of Grant or Subsidy Request:

GRANT REQUEST - OPERATING

GRANT REQUEST - CAPITAL

SUBSIDY REQUEST

"Grant" means an award of state funds by the legislature, by an appropriation to a specified recipient, to support the activities of the recipient and permit the community to benefit from those activities.

"Subsidy" means an award of state funds by the legislature, by an appropriation to a recipient specified in the appropriation, to reduce the costs incurred by the organization or individual in providing a service available to some or all members of the public.

"Recipient" means any organization or person receiving a grant or subsidy.

STATE DEPARTMENT OR AGENCY RELATED TO THIS REQUEST (LEAVE BLANK IF UNKNOWN):

DEPARTMENT OF HUMAN SERVICES

STATE PROGRAM I.D. NO. (LEAVE BLANK IF UNKNOWN): _____

1. APPLICANT INFORMATION:

Legal Name of Requesting Organization or Individual:

Child and Family Service

Dba:

Child and Family Service

Street Address:

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Hilo, Hawaii 96720

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Kealahou, HI 96750

Mailing Address:

91-1841 Fort Weaver Road, Ewa Beach, HI 96706

2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:

Name ANGIE DOI

Title Director of Program Services

Phone # 681-1494

Fax # 681-5280

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3. TYPE OF BUSINESS ENTITY:

- NON PROFIT CORPORATION
- FOR PROFIT CORPORATION
- LIMITED LIABILITY COMPANY
- SOLE PROPRIETORSHIP/INDIVIDUAL

6. DESCRIPTIVE TITLE OF APPLICANT'S REQUEST:

Funding for critical services at the Domestic Abuse Shelters on the Island of Hawaii.

4. FEDERAL TAX ID #: _____

5. STATE TAX ID #: _____

7. AMOUNT OF STATE FUNDS REQUESTED:

FY 2011-2012: \$206,429

8. STATUS OF SERVICE DESCRIBED IN THIS REQUEST:

- NEW SERVICE (PRESENTLY DOES NOT EXIST)
- EXISTING SERVICE (PRESENTLY IN OPERATION)

SPECIFY THE AMOUNT BY SOURCES OF FUNDS AVAILABLE AT THE TIME OF THIS REQUEST:

| | |
|---------------|------------------|
| STATE | <u>\$599,827</u> |
| FEDERAL | <u>\$ 8,000</u> |
| COUNTY | <u>\$ 61,263</u> |
| PRIVATE/OTHER | <u>\$ 11,380</u> |

TYPE NAME & TITLE OF AUTHORIZED REPRESENTATIVE:

[Redacted Signature]

PATTI BATES, CHIEF OPERATING OFFICER

1/27/11
DATE SIGNED

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JAN 28 REC'D



Child & Family
SERVICE

Private, nonprofit since 1899

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Council on Accreditation

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Alliance for Children
and Families

Hawaii Island

United Way

Maui United Way

Kauai United Way

January 28, 2011

Senate Committee on Ways and Means
State Capitol, Room 215
Honolulu, HI 96813
Attn: Roderick Becker

Child & Family Service is pleased to submit to the Senate Committee on Ways and Means our Grants-in-Aid Application for **Domestic Abuse Shelters (Island of Hawaii)**. This request is related to the Department of Human Services.

Enclosed is one original for your review and consideration. One copy has also been submitted to the House Committee on Finance.

Child & Family Service continues to build positive working relationships with our funders and the various organizations in the community. We remain very committed to partnerships with each of our funders to deliver services of the highest quality that meet the needs of the people of Hawaii. If you ever have any concerns about our working relationship or services, do not hesitate to contact me at 681-1418.

We give careful consideration to all proposals we are submitting for funding in order to deliver services that support our mission of **"Strengthening families and fostering the healthy development of children."** The attached proposal is consistent with a thorough review that we conducted to determine which requests for proposals we would pursue. In addition to the importance of a fit with our mission, we also make decisions to pursue funding for programs and services that we believe we can provide in a high quality manner consistent with the RFP requirements.

Every four years our national accrediting body, the Council on Accreditation, conducts an extensive reaccreditation site visit and reviews all of our programs, our quality assurance and risk management systems, all administrative areas, and our board functioning. In our most recent review in September 2009, I am pleased to report that we did not have a single citation that needed a response! We are very proud of this result and it serves as a validation of the importance we place on being a high quality organization with high quality programs.

On behalf of our Board of Directors and all of the staff at Child & Family Service we look forward to working with you to provide services that will meet the needs of our community.

With Warm Aloha,



Howard S. Garval
President and CEO



Aloha United Way

Our Mission: Strengthening Families and Fostering the Healthy Development of Children

**Grants-in-Aid Application
Domestic Abuse Shelters (Island of Hawaii)
Proposal
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Application for Grants and Subsidies

I. BACKGROUND AND SUMMARY

1. Brief Description of Child & Family Service's Background

Since 1899, Child & Family Service (CFS) has dedicated its efforts to its mission of **“Strengthening families and fostering the healthy development of children.”** CFS has 37 programs statewide that offer an array of effective and culturally relevant services to Hawaii's residents in need. The broad spectrum of services provided by CFS include: domestic violence intervention, case management, residential group homes, alternative education for alienated youth, prevention and treatment of child abuse, and family, school, and community-based counseling related services for children and their families. Infants, children, adolescents, young adults, immigrants, older adults, individuals, and families in need benefit from these services. CFS' programs are responsive, flexible, and focused on positive outcomes. Services are provided in homes, schools and in the community as well as CFS' offices throughout the State. CFS provides services through 35 sites throughout the State, on the islands of Oahu, Hawaii, Kauai, Maui, Molokai, and Lanai. CFS' strength lies not only in its size and ability to share expertise and resources statewide, but also in its ability to adapt services so that they are unique and appropriate to the island and communities it serves.

CFS has over 100 years of experience in providing quality services to the people of Hawaii. CFS currently provides services in three major areas including: early childhood and children's services, behavioral health services, and adult and family services. The spectrum of CFS programs builds on the strengths of individuals and families to address the many human challenges. The organization's comprehensive array of services has allowed CFS to develop many areas of expertise. Cross-training and consultation strengthens all programs.

Emergency Domestic Abuse Shelters

CFS has been operating its Emergency Domestic Abuse Shelter Program on the Big Island since 1985. The Program provides a 24-hour domestic violence hotline that provides crisis intervention, information and referral, and a 24-hour Emergency Shelter, which offers safe shelter, food, and other necessities. Individual services include needs assessments, case management, goal planning, supportive counseling, information and referral (including legal and housing), and advocacy. Group services and activities are also provided and include support groups, life skills, and socialization activities. Children who enter the Shelter with their mothers are offered support, a children's room where they can do their homework, play, and participate in recreational activities.

When providing these services, the safety of the adult victims and their children is of primary importance. The Program also attempts to empower the individuals and families served to break the cycle of violence in their lives.

During the fiscal year ending June 30, 2010, the two CFS Emergency Domestic Abuse Shelters on the Island of Hawaii provided 10, 672 nights of safety for 405 domestic abuse victims and their children. The table below shows the numbers for the past four years:

| Fiscal Year (FY) | Number of Safe Nights | Number of Adults Served | Number of Children Served |
|-------------------------|------------------------------|--------------------------------|----------------------------------|
| FY 2007 | 15,461 | 223 | 184 |
| FY 2008 | 13,554 | 186 | 161 |
| FY 2009 | 6,904 | 136 | 139 |
| FY2010 | 10,672 | 224 | 182 |

2. Goals and Objectives Related to the Request

The overall goal of the Emergency Domestic Abuse Shelters is to provide safety and shelter for victims of domestic violence and prevent or decrease the incidence of family violence. This is accomplished through information, education, temporary shelter, support and counseling that assists these individuals to remain safer in the future.

3. Public Purpose and Need to be Served

Imagine having to choose between homelessness for you and your young children or staying in a household where you and your children are being abused. For hundreds of women in Hawaii, those are their only choices.

CFS has been committed to providing emergency shelter and support services to victims of domestic violence since 1981. Currently, CFS operates two Emergency Domestic Abuse Shelters on the Island of Hawaii, one in the Hilo and the other in the Kona. The number of victims in both of CFS' Emergency Domestic Abuse Shelter has increased in the past six months. On an average we provide shelter to seven families daily at each location and on some days it may be closer to ten families. The women are staying longer and staff members are noticing an increased report in depression and hopelessness. Staffing, supplies and other resources of the Program are stretched.

Domestic Violence Shelters and are a necessary element for the intervention and prevention of domestic and family violence. Without them, victims who need protection, counseling, and support would have no place to turn for help in dealing with their crisis. Children would learn to replicate the cycle of violence, and the community would suffer the consequence of these victims' continued malfunctioning and economic dependence.

Many women and children who flee an abusive relationship have nothing more than the clothing on their backs. These families also have limited resources as many batterers of domestic violence control their access to money, credit cards, and bank accounts. For parents and their children in an abusive situation, fleeing to an emergency shelter for safety is their initial step towards being safe.

In our efforts to reduce the number of women and children going back to an unsafe environment, the overall goal of the program is to provide safe emergency shelter and assist those fleeing domestic violence find safe affordable housing. This helps victims and their children establish financial independence and obtain permanent housing. This includes providing ongoing support through safety planning, supportive counseling and support groups for the adults and children. Since the economic crisis at the State and funding cuts to the shelters, these essential services have been reduced and, in some cases, eliminated.

Services for children are an integral part of the program. Children are in need of services to deal with the trauma of witnessing the violence or having to abruptly leave their home. Witnessing family violence teaches children to equate violence with love that in turn breeds the next generation of victims and abusers. To address these needs, the program needs additional positions to work with the family to develop goals related to the family's needs. Group and individual services need to be available to the children and their mothers. On-site services must include child parent interaction and bonding activities, parenting skills training and recreational activities. Since the economic crisis at the State and funding cuts to the Shelters, these essential services have been reduced and in some cases eliminated.

Every year, CFS continues to seek out a number of funding sources to ensure that program operations can be fully sustained. Residential programs frequently face ongoing difficulties regarding lack of adequate funding including our Domestic Abuse Shelters. In the past several years, we have begun with a "planned" deficit related to ongoing shortages in all areas of the budget, including innovative service delivery, salaries for professional staff, the increased cost of basic supplies and increased operating costs due to insurance, security needs, and facility upkeep. As operational costs increase over time, there is less funding available for direct services. By obtaining supplemental funding, CFS is able to maintain its direct services at a consistent level.

The emergency Domestic Abuse Shelters continue to see increases in the number of clients served each month. Currently the shelters operate many shifts with only one staff on site, often with a staff ratio of 1 to 20 or more. Unfortunately this is not adequate staffing to support all of the needs of the clients and their children. The shelter have one direct service staff that is attempting to work with all of the adults and children in developing service plan goals and provide supportive counseling, support groups as well as crisis counseling as needed.

This request for funding is to restore a full-time Domestic Violence Specialist (DVS) at each shelter to provide adults and the children supportive counseling. In addition, the DVS will make linkages and referrals to help the clients move from the shelter to a safer environment. The request would also support additional Shelter Worker positions for the evening and weekend shifts to assist with the increasing demands when the shelter census increases to 15 or more clients.

4. Target Population to be Served

The target population for services are those individuals who are fleeing their home due to a domestic violence situation, with no other place to go, and no resources or support networks. Domestic Abuse Shelters provides services to adults with or without children who have been physically or emotionally abused, or are at risk for being abused by a spouse, intimate partner, parent, adult sibling or adult child. The Shelters also accepts minors who have been emancipated and are seeking shelter from domestic violence. Services are also provided to men who are victims of domestic violence. The program recognizes there are men who are in need of a safe shelter for themselves and their children. Males, with their children, will be placed in a hotel and Shelter staff will meet with them to provide the same services that other Shelter residents receive.

5. Geographic Coverage

The Domestic Abuse Shelters serve all clients on the Island of Hawaii. In addition, the Shelters take clients from other neighboring islands that may need to flee to safety.

Most adults will be from the Island of Hawaii, however, some will be residents from other islands or the mainland that suffer from abuse or are in immediate danger.

II. SERVICE SUMMARY AND OUTCOMES

1. Scope of Work, Tasks and Responsibilities

Approach to Program

CFS is committed to the value of excellence, and to the process of continuous quality improvement. As part of this process, we keep abreast of Best Practices in the field and apply them in our work. As part of the ongoing process to improve our services, CFS has researched Best Practices models through sources such as the Report from the Housing Committee of the National Task Force to End Sexual and Domestic Violence. CFS is committed to the guiding principle of empowerment of women and children to live self-sufficient safer lives, to make informed decisions, and to undergo personal growth and healing. This message is reinforced by all staff and throughout all services.

Program Goals and Objectives

In our efforts to reduce the number of women and children going back to an unsafe environment, the overall goal of the program is to provide safe emergency shelter and assist in finding safe affordable housing to help victims and their children establish financial independence and obtain permanent housing.

The objectives include providing ongoing support through safety planning, supportive counseling, and support groups to all adults and children age four and up. In addition, the shelters offer goals setting and monitoring as well as linkage to employment services as appropriate.

Screening

CFS offers a Domestic Abuse hotline. The number is very publicized and is accessible 24 hours a day 7 days a week. The hotline is operated by the Domestic Abuse Shelters so the staff members are trained and skilled in domestic issues.

A client seeking emergency shelter will be screened and accepted by the hotline staff. The shelters are accessible 24 hours a day 7 days a week. A victim seeking immediate shelter will be accepted at the time of the call.

Intake

All CFS clients complete an intake to gather information about the family and the abuse. Client rights are reviewed and they are asked to sign a Consent to Services form. CFS complies with all confidentiality and privacy requirements of the Health Insurance Portability and Accountability Act (HIPAA). HIPAA is explained to a new client and she is asked to sign the form and is provided with a copy. If there is someone (person or agency) that the program needs to be in communication with about the resident, an authorization to Use and Disclose Confidential Information/Protected Health Information form is obtained. The Program procedures and guidelines are reviewed and signed by residents. At this time a preliminary safety plan is developed, a tour of the program is provided and the new residents are introduced to the other clients.

Assessment and Service Planning

CFS is committed to assessing the client's individual needs and developing a service plan based on her needs. Part of the process involves partnerships in working with the client through linkage and referrals. During the assessment and service plan process, the staff identifies and reviews the agency policy and procedure on sharing confidential information through the service delivery process. The client is then asked to sign an Authorization to Use and Disclose Confidential Information/Protected Health Information for any possible referrals or any current providers that may be involved in providing

services to her. Also during the assessment, client rights, right to privacy, right to resolve problems, and how to do this are explained to her. The following documents will be reviewed with the client and then she is asked to sign the verification of notification for:

- Consent for Service/Treatment/Evaluation;
- Notice of Privacy For the Use and Disclosure of Private Health Information;
- Clients' Rights Document;
- Client Complaint/Grievance Procedure, which provides the mechanism for the client to resolve any problems they may have with CFS staff;
- Authorization to Use and Disclose Confidential Information/Protected Health Information to obtain and release confidential information for the program.

The assessment is completed within 3 to 5 days. The client will meet with the Domestic Violence Specialist who assesses any needs and assists in developing a service plan. Assessment of each family unit's unique situation helps the program to provide information/referral and counseling that meets their needs. Strengths are identified and reinforced.

The CFS staff are sensitive to the ethnicity and culture of the residents. Throughout the delivery of services staff members focus on the residents' strengths and cultural background. Staff are trained to elicit cultural values, beliefs and practices during the initial resident assessment and include these components in developing the service plan with each resident. The Program also provides assistance to those residents with limited or minimal English speaking abilities by linking them with the Bilingual Access Line and Helping Hands Hawaii.

Program Services

Because victims of domestic violence may experience anxiety, stress, fear, or a sense of powerlessness they are often in need of someone to advocate for them. Within the program, the Domestic Violence Specialist meets with the residents individually as well as through group counseling. The program continues to work on obtaining private funding to provide counseling to the children and the family as well as parenting support for the mothers.

Safety issues are discussed further and a personalized safety plan is finalized if it had not already been completed. The client's progress is tracked on a regular basis throughout the stay at the shelter and additional referrals and support are provided as needed.

Clients may stay in the Emergency Shelter for up to 90 days depending on individual goals and needs and they may leave the program at any time on their own accord. Clients may receive an Administrative Discharge and be asked to leave the program if:

they compromise the safety of other residents and staff by disclosing the location of the facility to the abuser; they threaten or commit an act of violence toward themselves or others; they are using or in possession of drugs or alcohol; they are in possession of a weapon; they have such severe psychological problems that they cannot benefit from the program; they have chosen not to work on their service plan; or they have committed repeated infractions of the program and safety guidelines. These individuals will be provided with referrals for housing and other resources.

Employment support is provided through the program, either by CFS employment staff or in partnership with other organizations. Assessments are conducted of clients' aptitudes, skills and interests, and barriers to employment and job stability. Employment preparation activities are provided through individual services or through group classes. These classes will teach the client how to write a resume, how to participate in a job interview, and the behaviors/skills needed for maintaining employment.

CFS integrates the community into its programming whenever possible. There are a number of service organizations that already provide donations and monetary support to the shelter. CFS will also look at new innovative ways to involve the community. For example, women who own their own businesses in the community might come to the facility and provide sessions on how they became business owners. This will demonstrate to clients that they, too, can become self-sustaining.

2. Annual Timeline for Accomplishing the Results or Outcomes

Upon obtaining the additional funding CFS would recruit and hire additional staff within the following timelines:

| Task | Activity | Timeline |
|-----------------------|--------------------------------------|----------|
| Recruitment | Post positions | 2 weeks |
| | Gather applications | 2 weeks |
| | Conduct interviews | 1 month |
| | Hire staff | 45 days |
| Train staff | Develop Training Plan | 30 days |
| | Schedule training | 60 days |
| Implement of services | Offer additional services to clients | 90 days |

3. Quality Assurance and Evaluation Plan

CFS is dedicated to providing quality services to the individuals and families it serves, and to be accountable to those who fund the services. CFS has well established Performance and Quality Improvement (PQI) mechanisms. PQI is an ongoing process that occurs daily as staff members strive to improve the service they provide internally and externally. On a quarterly basis, the organization-wide committees meet to review

aggregate data, and program and administrative staff review their outcome data, identify their strengths, discuss compliance issues, and troubleshoot areas of concern.

The PQI structure is overseen by the Quality Assurance and Training Department and the PQI Committee. The committee receives and evaluates reports from the PQI Subcommittees, which includes departments and programs, for significant trends, and determines whether services meet pre-determined expectations of quality and outcomes. The PQI Subcommittees include Safety and Risk Management, Outcomes, Internal and External Reports, Case Record Review, Clinical Risk Management, and Training. Systematic evaluation of effectiveness and efficiency of services includes review of incident reports, client complaints and grievances, internal and external monitoring reports, client satisfaction surveys, outcomes, case record/utilization reviews, quarterly performance indicators and program accreditation review reports. Once a quarter the PQI Committee reports to management on the quality assurance activities, summarizing the important improvement areas identified in their data analysis, and identifying specific training areas needing emphasis. Quarterly, the Director of Quality Assurance and Training compiles a summary of the organization's strengths and areas for improvement, which is provided to the Executive Leadership Team and the Board of Directors.

Highlights of the PQI process include:

| | |
|--|---|
| <p>Cultural Diversity Task Force</p> | <p>A critical component of the PQI structure. Its goal is to strengthen cultural competency and develop awareness and an appreciation of cultural diversity. The task force is responsible for: reviewing compliance with the national standards on Culturally and Linguistically Appropriate Services in Health Care (CLAS), providing recommendations on cultural trainings and facilitating cultural events for the organization.</p> |
| <p>Clinical Coordinators</p> | <p>Provide support and guidance to program management to maintain accreditation standards, contract compliance, and use of Best Practices. The Clinical Coordinators conduct a review of client records, fiscal audits, clinical supervision notes, and program procedures in preparation for contract monitoring and reaccreditation. The Clinical Coordinators have developed a comprehensive chart compliance checklist to evaluate each program, identify areas of strengths and opportunities for improvement. The review tool is a combination of COA requirements and contractual requirements where applicable. To facilitate accreditation readiness, the Clinical Coordinators maintain program specific COA work plans which identify program related standards and evidence to meet the requirements.</p> |
| <p>Clinical Risk Management (CRM) Committee</p> | <p>Evaluates and reviews organizational practices with clients that involve risk or limit freedom of choice, issues related to medications, effectiveness of risk prevention measures trend analysis on manual restraints, crisis plans, and research involving clients. The CRM</p> |

| | |
|---|---|
| | <p>Committee may also review specific high-risk clients through an interdisciplinary approach to assure that service delivery utilizes the least restrictive interventions and adheres to best practice standards.</p> <p>Through the guidance of the CRM Committee, CFS has implemented statewide meetings for all CFS Registered Nurses to ensure consistency in following the policies and procedures and training for all staff who make medications available to clients. The CRM Committee was tasked with revising the Administrative Policies and Procedures and working with the Nurses to ensure compliance with State laws for delegation, and for COA and contract requirements.</p> <p>In 2008, the CRM Committee convened a subcommittee to compare Pro-ACT and CPI to identify a method that best suits CFS' programs and needs. The subcommittee which involved internal trainers of CPI and Pro-ACT, supervisors of different program areas and direct service staff recommended that CFS use only CPI methods for all programs. The Administrative policies and procedures on behavior management were revised and updated for COA standards.</p> <p>In addition the CRM Committee evaluates Administrative policies and procedures on clinical risk issues and makes recommendations on training and process implementation.</p> |
| <p>Quality Assurance and Training Department</p> | <p>Conducts quarterly trainings in the organization-wide COA required trainings. These trainings are geared for direct service staff and supervisors. The trainings cover documentation, client advocacy, therapeutic rapport, special needs, child abuse and neglect, needs of individuals and families in crisis, communication barriers and public assistance.</p> |
| <p>Council on Accreditation</p> | <p>In 2009, CFS successfully completed reaccreditation with the Council on Accreditation, and in that review, CFS did not have a single citation that needed a response. The reviewers commended CFS on having one of the best PQI systems in place with clear and precise reports and a strong PQI committee structure.</p> |

CFS has a Performance and Quality Improvement Plan and a Flow Chart of the PQI committee structure in place and is available upon request.

As part of the PQI process, programs are asked to identify how they monitor, measure and collect data on performance measures and outcomes. Each program completes the Quarterly Manager's Report (QMR) that identifies quality indicators which include:

- Number of clients served (unduplicated)
- Client outcomes
- Case record reviews
- Utilization review
- Client satisfaction

- Referral source satisfaction
- Client grievances
- Supervision
- Training
- Accomplishments and strengths
- Progress on any action plans

The data gathered for this report is reviewed with staff members by the supervisor during regular staff meetings. The trends identified are discussed and an action plan is developed. This process allows all staff to participate in the PQI process and provides accountability that the expected outcome is achieved.

The QMR is a tool for programs to track and validate effectiveness of the activities or services provided. The tool identifies trends, strengths and areas for improvement. It allows programs to identify and resolve problems, make improvements to the Program development plans, and identify staff roles and responsibilities.

Program Level Monitoring

At a program level, CFS has implemented several quality assurance and evaluation processes in order to monitor the quality of our service delivery on a consistent and comprehensive basis. The Program Director II and Clinical Coordinator along with the Program Supervisor II, play a key role in this process. The Program Director II is responsible for the development, implementation and monitoring of the gerontology programs' overall service quality. By combining the data from each program's reports, the Program Director II is responsible to identify common areas for improvement, trends and overall functioning of the Program. The Program Director II reviews the findings with all Program Supervisors at the Management Meeting and with all gerontology program staff at the All Staff Meeting. The Program Supervisor II is then responsible to make sure that resources are provided to address those areas. The table below describes the different PQI events that the Program conducts.

| PQI Event | Description | Responsible Staff | Frequency |
|---------------------------------|---|--|------------------|
| Quarterly Managers Report (QMR) | Identifies quality indicators and trends for the Program such as outcomes, clients served | Shelter Manager Director of Hawaii Island Programs | Quarterly |
| Outcomes | Data is collected on program and contract outcomes | Shelter Manager Director of Hawaii Island Programs | Quarterly |
| Peer Case Record Review (CRR) | Review of client case records | Shelter Manager CFS Peers | Quarterly |

| PQI Event | Description | Responsible Staff | Frequency |
|---|---|---|---|
| Staff Supervision | Supervision on cases, group and professional development. Review of case record. | Shelter Manager Director of Hawaii Island Programs | Bi-monthly or monthly depending on the staff's expertise and number of client contacts (groups and hours worked per week) |
| Annual Program Planning (APP) | Review and development of program goals | Shelter Manager | Annually |
| Client and referral surveys | Surveys are distributed | Shelter Manager Director of Hawaii Island Programs | Quarterly At Discharge |
| Monthly, Quarterly and Annual Reports to the Funder | Data collected on unduplicated clients served, outcomes, accomplishments, problems encountered. | Shelter Manager Director of Hawaii Island Programs | Quarterly and Annually |

Quarterly Manager's Report Checklist and Report

The Quarterly Manager's Checklist, ensures that managers have maintained performance and quality improvement in all managerial areas of the program. The checklist covers:

1. PQI Staff Meeting
2. Supervision
3. Training on policies and procedures
4. Identifying program training requirements for staff
5. Financial management

It is the Director of Hawaii Island Programs' and Shelter Manager's responsibility to complete the Quarterly Manager's Checklist and Report (QMR). These documents identify areas of strengths, opportunities for improvement, and action plans to address the areas for improvement.

PQI Staff Meeting Notes

At least quarterly all program and department staff meetings will focus specifically on PQI issues. Discussions for programs include a review of client demographics; satisfaction survey results; incident reports; client grievances; case record review findings; client demographics; expected vs. actual client and program outcomes; annual program goals; and achievements/ special projects. Results from such meetings will be forwarded to the PQI Committee for review and potential recommended action. The most important aspect of the monitoring and quality assurance is that it is an ongoing

process. Maintaining information regarding client issues, Best Practices and upcoming trends, we continually strive to offer the best program.

Client Outcomes and Performance Measures

Outcome and performance measures are determined by Best Practices, funder requirements, and accreditation standards. Outcome activities are documented at the program level and are used to evaluate client progress and program effectiveness. Outcome and performance measures are reported quarterly on the QMR described earlier.

Case Record Review (CRR)

Beginning with supervision, client charts are reviewed for documentation and appropriateness for the client to continue receiving services on a quarterly basis or more frequently if needed.

An internal peer review of randomly selected open and closed case records is conducted on a quarterly basis and carried out so that workers and supervisors do not review cases in which they have been directly involved. The case record review process is distinct from regular case review, which occurs with the supervisor and the direct service worker. Indicators utilized in the quarterly reviews are defined and measurable, and incorporate criteria for evaluation of the appropriateness of services.

The Shelter Manager reviews all CRR forms to determine the plan of correction for each chart. The completed CRR forms are then reviewed by the Director of Hawaii Island Programs. The Director of Hawaii Island Programs and Shelter Manager evaluate the CRR results to determine if there are training needs evident in the program or the department. Training is provided by the Director of Hawaii Island Programs and Shelter Manager or the QA and Training Department.

Incident Reports

The Incident Report is the tool for reporting safety/risk concerns and to document events that are at variance with policy, procedure, practice or usual procedure. These are filed by the staff observing or involved in the incident related to clients or staff. The form is then reviewed by the supervisor and faxed to Central Files where it is distributed to appropriate Senior Management. A copy is also given to the Shelter Manager. The Director of Hawaii Island Programs and the Shelter Manager review incident reports for trends, training issues and follow up.

Internal/ External Monitoring

As noted in the previous section, the Clinical Coordinators review client records. A report is provided that summarizes both the strengths of the records, as well as areas that need improvement. A corrective action plan is generated which details deficient areas, tasks to be completed and timelines. The completed checklist, narrative of findings and a corrective action plan is sent to the Director of Program Services, Director of Quality Assurance and Training, and Director of Hawaii Island Programs for review. The Clinical Coordinator provides follow up on the program's corrective action plan to monitor task completion by the designated timeline.

Client/Referral Satisfaction Survey Results

Supervisors conduct Telephone Satisfaction Surveys (or in person interviews) in order to monitor and evaluate the direct service staff's performance with clients. This is completed quarterly with at least 2 clients for each employee. The standardized form allows the supervisor to note any patterns for follow up with staff.

Client satisfaction surveys are completed at discharge and at least quarterly. Surveys are sent to referral sources and other collateral participants for all programs on an annual basis.

Client Grievance

Per our procedure, client grievances are documented and receive follow up and response according to organization timelines. The grievances are also reviewed for trends and training issues.

Grievances are forwarded to the DPS and the Quality Assurance and Training Department for review and response as appropriate.

4. Measures of Effectiveness

The Domestic Abuse Shelters measure their outcomes and outputs on a regular basis. Specific outcomes include:

- 90% of adult clients will have developed a personalized safety plan during their stay at the Shelter. Actual for 2010 is 96%
- 60% of families and single adults will move into a non-abusive living situation when they leave the Shelter. Actual for 2010 is 69%
- 75% of clients in the Emergency Domestic Abuse Shelters will increase their knowledge about the dynamics of domestic violence and community resources. Actual for 2010 is 81%.

Outputs include the numbers to be served. We are projecting serving 250 women and 190 children per fiscal year.

III. FINANCIAL

Budget

1. Submission of Budget Forms

The budget forms are attached to this proposal.

2. Anticipated Quarterly Funding Requests for FY 2011-2012

The anticipated quarterly funding for this request for Fiscal Year 2011-2012 is as follows:

| Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | TOTAL Grant |
|-------------|-------------|-------------|-------------|--------------|
| \$51,607.25 | \$51,607.25 | \$51,607.25 | \$51,607.25 | \$206,429.00 |

3. Listing of All Other Sources of Funding for FY 2011-2012

Other sources of funding that CFS has applied for for Fiscal Year 2011-2012 includes:

| Name of Funding Source | Amount Requested |
|--------------------------|------------------|
| County of Hawaii | \$35,000 |
| Hawaii Island United Way | \$35,000 |

Both applications are still pending.

IV. EXPERIENCE AND CAPABILITY

A. Necessary Skills and Experience

CFS' extensive experience working with victims/survivors of domestic abuse over the past 29 years has helped to develop substantial skills and abilities to provide domestic abuse shelter services. Following is a comprehensive list of verifiable experience with projects and contracts pertinent to the proposed services. It demonstrates CFS' breadth, experience, and institutional knowledge in the field of domestic abuse.

| Contracting Agency, Contact, Address, Email/Phone Description of Contract | Service Period | Contract Reference | Performance Outcomes |
|--|---|---|--|
| <p>Domestic Abuse Shelter and Support Services – Leeward, Honolulu, West Hawaii and East Hawaii</p> <p>Department of Human Services John Walters 810 Richards Street, Suite 400 Honolulu, HI 96813 <u>JWalters@dhs.hawaii.gov</u> (808) 586-5675</p> <p>CFS operates four domestic violence shelters and 24-hour crisis hotlines for victims of domestic violence and their children.</p> | <p>10/01/2010-09/30/2011 07/01/2003-09/30/2010</p> <p>10/01/2010-09/30/2011 07/01/2003-09/30/2010</p> <p>10/01/2010-09/30/2011 07/01/2003-09/30/2010</p> | <p>Oahu <i>Contract No. Pending</i> DHS-04-POS-1850</p> <p>Hilo <i>Contract No. Pending</i> DHS-04-POS-1900</p> <p>Kona <i>Contract No. Pending</i> DHS-04-POS-1844</p> | <p><u>Oahu</u></p> <ul style="list-style-type: none"> • 81% of the clients have an increase in knowledge of community resources. (Target: 75%) • 69% of single adults and families have moved from the shelter to a non-abusive home environment. (Target: 60%) • 96% of the clients in shelter have completed a Safety Plan for themselves and their children. (Target: 90%) <p><u>Hilo</u></p> <ul style="list-style-type: none"> • 100% of the clients have an increase in knowledge of community resources. (Target: 75%) • 71% of single adults and families have moved from the shelter to a non-abusive home environment. (Target: 60%) • 83% of the clients in shelter have completed a Safety Plan for themselves and their children. (Target: 90%) <p><u>Kona</u></p> <ul style="list-style-type: none"> • 99% of the clients have an increase in knowledge of community resources. (Target: 75%) • 47% of single adults and families have moved from the shelter to a non-abusive home environment. (Target: 60%) • 99% of the clients in shelter have completed a Safety Plan for themselves and their children. (Target: 90%) |

| Contracting Agency, Contact, Address, Email/Phone Description of Contract | Service Period | Contract Reference | Performance Outcomes |
|---|---|--|---|
| <p>U.S. Department of Housing and Urban Development Supportive Housing Program – Oahu</p> <p>Rebecca Borja 500 Ala Moana Blvd., Suite 3A Honolulu, HI 96813-4918 rebecca.c.borja@hud.gov (808) 522-8180 x265</p> <p>Supportive services and counseling are provided to the Domestic Abuse Shelters and Transitional Apartment program on Oahu.</p> | <p>10/01/2010-09/30/2011 10/01/2009-09/30/2010 10/01/2008-09/30/2009 10/01/2007-09/30/2008</p> | <p>HI0020B9C010802 HI0020B9C10801 HI08B70-1012 HI08B601-006</p> | <p><u>Domestic Abuse Shelters</u></p> <ul style="list-style-type: none"> 81% of the clients have an increase in knowledge of community resources. (Target: 75%) 69% of single adults and families have moved from the shelter to a non-abusive home environment. (Target: 60%) 96% of the clients in shelter have completed a Safety Plan for themselves and their children. (Target: 90%) <p><u>Transitional Apartments Program</u></p> <ul style="list-style-type: none"> 92% of the clients have reduced their level of stress. (Target: 70%) 92% of the clients have increased self-sufficiency. (Target: 70%) 100% of the clients have completed/have a Safety Plan for themselves and their children. (Target: 90%) |
| <p>Department of Human Services Benefit, Employment, Support Services Division Domestic Violence Advocacy Oahu, Hilo, Kona & Maui</p> <p>Ginet Hayes 820 Mililani Street, Suite 606 Honolulu, HI 96813 ghayes@dhs.hawaii.gov (808) 586-7088 (808) 586-5744 fax</p> | <p>07/01/2010-06/30/2011 07/01/2009-06/30/2010 07/01/2007-06/30/2009</p> | <p>DHS-08-BESSD-5048 DHS-08-BESSD-5048 DHS-08 BESSD-5048</p> | <p><u>Oahu</u></p> <ul style="list-style-type: none"> 27% of the clients have completed their goals within 6 months and moved into First to Work (FTW) or obtained employment. (Target: 10%) 83% of the clients have completed their goals within the 12-month period and move into FTW or obtained employment. (Target: 75%) 36% of the clients were able to simultaneously engage in employment activities and domestic violence counseling/services. (Target: 60%) |

| Contracting Agency, Contact, Address, Email/Phone Description of Contract | Service Period | Contract Reference | Performance Outcomes |
|---|----------------|--------------------|---|
| <p>Oahu, Hilo, Kona and Maui provide support, advocacy, and counseling for those who are receiving Temporary Assistance to Needy Families (TANF) and Temporary Assistance to Other Needy Families (TAONF) to overcome barriers to self-sufficiency.</p> | | | <p>Hilo</p> <ul style="list-style-type: none"> • 32% of the clients have completed their goals within 6 months and moved into FTW or obtained employment. (Target: 10%) • 77% of the clients have completed their goals within the 12-month period and move into FTW or obtained employment. (Target: 75%) • 53% of the clients were able to simultaneously engage in employment activities and domestic violence counseling/services. (Target: 60%) <p>Kona</p> <ul style="list-style-type: none"> • 32% of the clients have completed their goals within 6 months and moved into FTW or obtained employment. (Target: 10%) • 100% of the clients have completed their goals within the 12-month period and move into FTW or obtained employment. (Target: 75%) • 89% of the clients were able to simultaneously engage in employment activities and domestic violence counseling/services. (Target: 60%) <p>Maui</p> <ul style="list-style-type: none"> • 47% of the clients have completed their goals within 6 months and moved into FTW or obtained employment. (Target: 10%) • 85% of the clients have completed their goals within the 12-month period and move into FTW or obtained employment. (Target: 75%) • 83% of the clients were able to simultaneously engage in employment activities and domestic violence counseling/services. (Target: 60%) |

| Contracting Agency, Contact, Address, Email/Phone Description of Contract | Service Period | Contract Reference | Performance Outcomes |
|---|--|--|---|
| <p>Department of Attorney General Victims of Crime Act (VAWA) Oahu and Maui</p> <p>Kathy Mitchell 235 South Beretania St., Suite 401 Honolulu, HI 96813 kathleen.m.mitchell@hawaii.gov (808) 586-1389</p> <p>Oahu offers support and counseling to the Transitional Housing component of the House of Hope.</p> <p>Maui offers assistance in filing Temporary Restraining Orders.</p> | <p>10/01/2010-11/30/2010 07/01/2009-06/30/2010 07/01/2008-06/30/2009 07/01/2007-06/30/2008</p> | <p>06-WF-22 07-WF-16 07-WF-14 06-WF-08</p> | <p><u>Oahu</u></p> <ul style="list-style-type: none"> 92% of the clients have reduced their level of stress. (Target: 70%) 92% of the clients have increased self-sufficiency. (Target: 70%) 100% of the clients have completed/have a Safety Plan for themselves and their children. (Target: 90%) <p><u>Maui</u></p> <ul style="list-style-type: none"> 79% of victims participating in support services identified at least 3 personal safety skills. (Target: 80%) |
| <p>Housing and Community Development Corporation of Hawaii Emergency Shelter Grant Program East and West Hawaii</p> <p>Judy Ishida 1002 North School Street PO Box 17907 Honolulu, HI 96817 judy.y.ishida@hawaii.gov (808) 832-5930</p> <p>Supports operational costs (utilities, repairs and maintenance).</p> | <p>10/01/2008-09/30/2009 10/01/2007-09/30/2008</p> | <p>S-08-DC-15-0001 S-07-DC-15-0001</p> | <p><u>Hilo</u></p> <ul style="list-style-type: none"> 100% of the clients have an increase in knowledge of community resources. (Target: 75%) 71% of single adults and families have moved from the shelter to a non-abusive home environment. (Target: 60%) 83% of the clients in shelter have completed a Safety Plan for themselves and their children. (Target: 90%) <p><u>Kona</u></p> <ul style="list-style-type: none"> 99% of the clients have an increase in knowledge of community resources. (Target: 75%) |

| Contracting Agency, Contact, Address, Email/Phone Description of Contract | Service Period | Contract Reference | Performance Outcomes |
|--|---|---|---|
| | | | <ul style="list-style-type: none"> • 47% of single adults and families have moved from the shelter to a non-abusive home environment. (Target: 60%) • 99% of the clients in shelter have completed a Safety Plan for themselves and their children. (Target: 90%) |
| <p>City and County of Honolulu Department of Community Services Emergency Shelter Grant Program</p> <p>Gabe Naeole 715 South King Street, Suite 311 Honolulu, HI 96813 gnaeole@honolulu.gov (808) 768-7715 (808) 768-7793 fax</p> <p>Supports operational costs (utilities, repairs and maintenance).</p> | <p>04/01/2009-05/01/2010 04/01/2007-05/01/2008</p> | <p>CT-DCS-0900038 F61637</p> | <ul style="list-style-type: none"> • 81% of the clients have an increase in knowledge of community resources. (Target: 75%) • 69% of single adults and families have moved from the shelter to a non-abusive home environment. (Target: 60%) • 96% of the clients in shelter have completed a Safety Plan for themselves and their children. (Target: 90%) |

| Contracting Agency, Contact, Address, Email/Phone Description of Contract | Service Period | Contract Reference | Performance Outcomes |
|--|-----------------------|--------------------|--|
| <p>State of Hawaii Judiciary Family Court, First Circuit, Interventions</p> <p>Maureen Kiehm PO Box 3498 Honolulu, HI 96811-3498 maureen.n.kiehm@courts.state.hi.us (808) 539-4406</p> <p>Developing Options to Violence – Oahu provides domestic violence intervention services for batterers, teenagers and victim support groups.</p> | 07/01/2007-06/30/2012 | FCJ07-030 | <ul style="list-style-type: none"> • 77% of the clients completing batterer intervention services demonstrated the knowledge, skill and attitudes necessary for maintenance of non-abusive behavior, which includes learning non-violent conflict resolution and non-aggressive communication. (Target: 60%) • 77% of the clients completing batterer intervention services significantly increased their knowledge of the effects of domestic violence on children. (Target: 100%) • 84% of victims participating in support services identified at least 3 personal safety skills. (Target: 80%) |
| <p>State of Hawaii Judiciary Family Court, Second Circuit</p> <p>Kim Cuadro 2145 Main Street, Suite 206 Wailuku, HI 96793-1679 kim.s.cuadro@courts.state.hi.us (808) 244-2779</p> <p>Developing Options to Violence – Maui provides domestic violence intervention services for batterers, teenagers and victim support groups.</p> | 07/01/2007-02/28/2010 | FC J07-030 | <ul style="list-style-type: none"> • 89% of the clients completing batterer intervention services demonstrated the knowledge, skill and attitudes necessary for maintenance of non-abusive behavior, which includes learning non-violent conflict resolution and non-aggressive communication. (Target: 60%) • 100% of the clients completing batterer intervention services significantly increased their knowledge of the effects of domestic violence on children. (Target: 100%) • 79% of victims participating in support services identified at least 3 personal safety skills. (Target: 80%) |

| Contracting Agency, Contact, Address, Email/Phone Description of Contract | Service Period | Contract Reference | Performance Outcomes |
|---|------------------------------|------------------------------------|---|
| <p>State of Hawaii Judiciary Family Court, Third Circuit</p> <p>Zachary Higa Third Circuit Court 1045 Kilauea Avenue Hilo, HI 96720 Zachary.I.Higa@courts.state.hi.us (808) 961-7611</p> <p>Alternatives to Violence – Hilo and Kona provide domestic violence intervention services for batterers, teenagers and victim support groups.</p> | <p>07/01/1986-06/30/2011</p> | <p>J07-030 (Hilo and Kona)</p> | <p>Hilo</p> <ul style="list-style-type: none"> • 100% of the clients completing batterer intervention services demonstrated the knowledge, skill and attitudes necessary for maintenance of non-abusive behavior, which includes learning non-violent conflict resolution and non-aggressive communication. (Target: 60%) • 100% of the clients completing batterer intervention services significantly increased their knowledge of the effects of domestic violence on children. (Target: 100%) • 86% of the child and adolescent witnesses demonstrated knowledge of basic feelings such as anger, sadness, confusion, and happiness. (Target: 80%) • 88% of victims participating in support services identified at least 3 personal safety skills. (Target: 80%) <p>Kona</p> <ul style="list-style-type: none"> • 100% of the clients completing batterer intervention services demonstrated the knowledge, skill and attitudes necessary for maintenance of non-abusive behavior, which includes learning non-violent conflict resolution and non-aggressive communication. (Target: 60%) • 100% of the clients completing batterer intervention services significantly increased their knowledge of the effects of domestic violence on children. (Target: 100%) • 92% of victims participating in support services identified at least 3 personal safety skills. (Target: 80%) |

| Contracting Agency, Contact, Address, Email/Phone Description of Contract | Service Period | Contract Reference | Performance Outcomes |
|---|---|---|---|
| <p>Office on Violence Against Women U.S. Department of Justice</p> <p>Kristin Weschler 800 K Street NW, Suite 920 Washington, DC 20001 Kristin.Weschler@usdoj.gov (202) 305-2713</p> <p>Oahu and Hilo - Provides transitional housing for victims of domestic violence.</p> | <p>7/1/2005-6/30/2008</p> <p>7/1/2009-6/30/2012</p> <p>7/1/2008-6/30/2011</p> | <p>2005-WF-11</p> <p>Oahu 2009-EH-S6-0054</p> <p>Hilo 2008-WH-AX-0084</p> | <p><u>Oahu</u></p> <ul style="list-style-type: none"> • 92% of the clients reduced their level of stress. (Target: 70%) • 92% of the clients increased self-sufficiency. (Target: 70%) • 100% of the clients completed/have a Safety Plan for themselves and their children. (Target: 90%) <p><u>Hilo</u></p> <ul style="list-style-type: none"> • 100% of the clients reduced their level of stress. (Target: 70%) • 100% of the clients increased self-sufficiency. (Target: 70%) • 100% of the clients completed/have a Safety Plan for themselves and their children. (Target: 90%) |
| <p>State of Hawaii Department of the Attorney General Crime Prevention and Justice Assistance Division</p> <p>Helena Manzano 235 S Beretania Street, Suite 401 Honolulu, Hawaii 96813 (808) 586-1164</p> <p>Victim services for adult female victims of domestic violence, dating violence, sexual assault, and stalking at the transitional housing.</p> | <p>5/1/2010-3/31/2011</p> <p>5/1/2010-3/31/2011</p> | <p>House of Hope (Leeward Oahu) 09-EF-03</p> <p>Victim Support Services (Big Island) 09-EF-02</p> | <p>Same as above</p> |

B. Facilities

Child & Family Service is Accessible Statewide

CFS maintains facilities throughout the State which are equipped and appropriately furnished to deliver the full range of services.

Headquarters: The corporate office is located at 91-1841 Fort Weaver Road, Ewa Beach, Hawaii. CFS maintains 35 sites throughout the State, on the islands of Hawaii, Kauai, Maui, Molokai, and Oahu.

ADA Accessibility: CFS sites meet accessibility requirements of the Americans with Disabilities Act (ADA).

Communication Accessibility: Child & Family Service maintains a Wide Area Network (WAN) to provide data, resource sharing and connectivity between its' seven main offices and 27 satellite offices on five islands using frame relay technology. Home based and mobile staff are connected either through remote access (RAS) or web-based access (OWA). Staff members are issued desktop or laptop computers equipped with current, up to date technology. The application systems available to staff include a full suite of productivity tools, enterprise email, a windows-based accounting system, an applicant tracking system, a statewide correspondence tracking and records management system, a human resources/personnel system, a time and attendance system, and a client tracking system.

The organization is well equipped and resources are shared throughout. Resources include:

- Video monitors, DVD players and VCRs for showing educational tapes.
- Portable audio and video/DVD recorders for use in clients' homes for the purpose of showing educational material and to record family interactions for playback to clients. This helps them observe their interpersonal behavioral patterns.
- An extensive library of print and electronic material covering topics such as parenting skills, self-esteem, family systems, and family preservation.
- Videoconferencing capability is available at the Vineyard and Ewa sites on Oahu and at each neighbor island office. This facilitates communication between sites and creates more opportunities for training.

Domestic Abuse Shelters

The West Hawaii Domestic Abuse Shelter is located on a $\frac{3}{4}$ acre property in the North Kona district. It has three bedrooms with a family room and three full bathrooms. The downstairs rooms of the Shelter facility are used as donation areas that are accessible to the residents 24-hours a day. These donation rooms are for clothing and household

items. A comfortable-sized living room with an adjoining dining room is located at the main entry to the Shelter. There is a pantry which is also accessible via an entrance off the side of the kitchen that exits onto the lanai area. The lanai area is where residents have access to a secured phone line, a laundry facility, as well as additional freezer space. The Shelter facility is ADA compliant with an ADA compliant ramp, parking space which leads to the main entry of the Shelter as well as offices, bedrooms, living room, and kitchen and other common areas.

The East Hawaii Domestic Abuse Shelter is located in a two-story home on approximately three acres in an agricultural/residential area of East Hawaii and is set off from the roadway. It has three full bathrooms, four bedrooms and has a 24-person capacity. The downstairs of the shelter facility has a laundry room that is accessed through the covered double car garage entrance. A comfortable-sized living room with an adjoining bathroom is accessible via the laundry room and a short walkway connects into the spacious kitchen area. There is an adjoining dining room and pantry which is also accessible via an entrance off the side of the kitchen that exits into the side yard of the property. The shelter facility is ADA compliant with an ADA compliant ramp leading to the lower floor where an ADA compliant bedroom is located with access to a bathroom, living room and kitchen area.

The shelter has a no turn away policy. An overflow of clients will be housed on futons on the living room floor and often two small children may be able to sleep together.

V. PERSONNEL: PROJECT ORGANIZATION AND STAFFING

A. Proposed Staffing, Staff Qualifications, Supervision and Training

The Domestic Abuse Shelter Program (which includes the two Shelters) is overseen by the Director of Hawaii Island Programs, Heidi Koop, who has a Master's Degree in Social Work and is a Licensed Clinical Social Worker. She has nine years post Master's experience in management, supervision and administration and has been with CFS for over 10 years.

Each Shelter has a Shelter Manager who oversees the day-to-day operations, schedules staff, and provides assistance to the clients. Kelly Shaw is the Shelter Manager for West Hawaii and has a background in domestic violence and behavioral health. The East Hawaii Shelter Manager, Denby Toci, has an extensive background in domestic violence and child welfare. Ms. Toci has over ten years of experience in the human services field. The Shelter Workers' experience varies from six years to more recent hires as this is an essential position for day to day shift coverage. Since June 2009, DHS funding was reduced by 40% which led to reduction of staff. Despite the reduction of staff, the Domestic Abuse Shelter staff is dedicated to assisting the victims in the goal of living without domestic violence in their lives.

Each Shelter currently has a Client Advocate/Domestic Violence Specialist I position, to assist clients with reaching their goals. This is accomplished by helping them with understanding the dynamics of domestic abuse, guiding them through the civil legal system, providing them with referrals for their other needs and helping them to find reasonably priced housing.

The Grants-in-Aid funding would provide an additional Client Advocate/Domestic Violence Specialist I position for each shelter and an additional 2.75 FTE Shelter Workers. These positions are needed for the evening and weekend shifts when only one staff is scheduled and the number of clients in the shelter is above 15 clients. In addition, GIA funding would support the Director of Program Services, Director of Hawaii Island Programs, and Clinical Coordinator who provide administrative support for the Domestic Abuse Shelters.

The following chart indicates that DAS staffing. The shaded positions are those that would be covered by GIA funds.

| Position/FTE | Qualifications | Responsibility |
|--|--|---|
| Director of Program Services 0.01 FTE | Master's degree in Human Services area and six years post Master's experience in supervision and administration with strong leadership skills. | Primary oversight responsibility for services and statewide programs. Provides supervision and consultation to the Administrators. |
| Director of Hawaii Island Programs 0.01 FTE | Master's degree in Human Services area and six years post Master's experience in supervision and administration with strong leadership skills. | Provides oversight and leadership for all programs on the Island of Hawaii. Supervises the Program Supervisor I's at least bi-monthly with frequent check-ins. Provides clinical supervision to the Domestic Violence Specialists who facilitate groups at least monthly and as needed. |
| Shelter Manager | High School diploma with management experience. | Primarily responsible for planning, organizing day to day operations. Provide supervision to staff and coverage for shift/shelter workers. |
| Shelter Worker 2.75 FTE | High School Diploma | Provides day to day support to the families around community living, safety and life skills. |
| Domestic Violence Specialist I 2.00 FTE | Bachelor's degree in the Human Services area, with one to four years experience. | Provide intakes and assessments, assist client in developing individual service plan, provide case management supportive counseling and develop transition plans. |
| Clinical Coordinator 0.0271 FTE | Master's degree in the Human Services area, with two years experience. | Assist in the planning and implementation of the quality assurance and accreditation activities as well as contract compliance activity. |

Focus on Supervision Organization Wide

CFS has well established procedures and expectations for supervision. The process of supervision holds individual staff accountable for appropriate performance of their assigned duties and responsibilities, monitors the quality of client services, and provides a mechanism for professional development. One of the major goals of the supervisory process is to provide direct line staff with the knowledge and support to remove barriers to accessing services and achieving outcomes with their cases.

To promote excellence in supervision, CFS provides extensive supervisory training. New hires receive a supervisory orientation and within the first year of employment, supervisors attend training sessions in human resources, fiscal, and administration. In addition, CFS requires supervisors to attend a clinical supervision training module. This module covers topics such as assessing staff strengths, defining supervisory styles, core components of supervision, and understanding the dynamics of change.

Supervision of Program Staff

The Program Supervisor receives administrative supervision from the Director of Program Services. The Program Supervisor supervises the Domestic Violence Specialists. Direct service staff will receive individual and group supervision at least 2 times per month. Supervision will address case consultation, client progress, performance and training needs. A full time supervisor will be responsible for supervision to approximately 8 staff.

A key factor in the success of service delivery is the extent to which CFS management staff can effectively supervise and administer direction. The key features of the supervision plan include:

- Accountability to the requirements in the contract
- Accountability and adherence to the service model
- Continuous learning

Accountability to the Requirements in the Contract

Staff are instructed in the basic requirements of the contract. The supervisors verify that documentation and case services follow the contracted procedures through quarterly record reviews and weekly supervision.

Accountability and Adherence to the Service Model

The supervision process addresses staff accountability and close adherence to the service model and program principles. Integral to the success of the service program,

CFS staff engage in extensive individual and group supervision as well as in-house and external training.

The major goal of the supervisory process is to provide direct line staff with the knowledge and support to remove barriers to accessing services and achieving outcomes with their cases. Staff receive regular weekly supervision and case consultative experience to allow them to successfully engage families, plan achievable outcomes with the families based on good clinical assessments, work with families to help them reach and sustain goals.

Training – Enhancing Skills and Knowledge

CFS is committed to increasing staff knowledge and skill development through its training program. In a survey, CFS employees identified the ability to learn and develop their skills as an important reason they work for CFS. The organization has invested considerable resources in training and the development of training modules, as well as videoconferencing capacity. This enables CFS staff on all islands to receive standardized information.

To promote excellence in supervision, CFS provides extensive supervisory training. New hires receive a supervisory orientation that includes organization overview and structure, staff management, financial management, program development, risk management, and a communication overview. Supervisors are provided with the procedures and tools for each of these processes. Within the first year of employment, supervisors attend advanced sessions focusing on human resources, fiscal, and administration. In addition, CFS requires supervisors to attend a clinical supervision training module. This module covers topics such as assessing staff strengths, defining supervisory styles, core components of supervision, and understanding the dynamics of change.

CFS has developed internal training modules for direct service staff and supervisors on Child Abuse and Neglect, Substance Abuse, Engaging Challenging Families, Positive Behavior Supports, and Medication Management. In addition to these training modules, the CFS Quality Assurance and Training Department developed PowerPoint trainings on Case Management, Client Advocacy, Reportable Criminal Behavior, Stress Management, Case Documentation, Maintaining Professional Boundaries, Therapeutic Rapport, Communication Barriers, Family Violence, Emergency Response Practice and Safety in the Field, and Community Based Practice – Psychosocial Approach. These trainings are available and accessible to all staff via the CFS computer network.

CFS' Training Committee has established requirements for orientation and ongoing training at an organization wide level. These requirements include those topics that are mandated for the organization to meet accreditation standards. In addition, each program has identified specific requirements for orientation and training that meet contract requirements and accreditation standards. All CFS staff receive

announcements of upcoming training opportunities, both internal and external, through the Quality Assurance and Training Department.

Orientation to the Program and the Organization

CFS provides orientation for both the Program and the organization. The ATV Program will provide orientation to the Program within 60 days of an individual's employment. In addition, CFS requires all new hires to attend an organization wide orientation within 60 days of employment. The lists below highlight some of the topics covered in these orientations.

| Program Specific Orientation – within 60 days of employment |
|--|
| • Review of job description |
| • Review of program training plan |
| • Program service hours and work schedule, phone contact list, emergency contact form |
| • Review of program and ethical standards |
| • Review of documentation requirements, including client-related forms, client files, service provision records, quarterly report forms, and timelines for submission of reports |
| • Review of referral process and resources |
| • Review of administrative policies and procedures, confidentiality and HIPAA |
| • Review of program specific policies and procedures, COA and contract requirements |
| • Review of assessing risk and safety of persons served and mandated reporting |
| • Techniques for handling emergencies |
| • Orientation to the establishment of rapport and responsive behaviors |
| • Orientation of the collaboration with other disciplines and community services in meeting the needs of the persons served |
| • Review of appropriate coordination with mental health, law enforcement, and other professionals |
| • Orientation of the basic health and medical needs of the service population |
| • Orientation on the needs of families in crisis, including needs of victims of violence, child abuse and neglect, and family members |
| • Orientation on the procedures for working with foreign language speakers and persons with communication impairments and the use of interpreters |
| • Orientation on public assistance programs |
| • Review of personal and client safety issues |
| • Review of supervision procedure and schedule, program and department staff meetings, and training plan |
| • Orientation on email, CFS network, shared computer drives, timekeeping system, and databases |
| • Orientation on Hawaii Batterers Intervention Program Standards |

| Organization Orientation – within 60 days of employment |
|--|
| • Mission, vision and values of CFS |
| • Organization structure and overview, including communication plan and strategic planning |
| • Performance and Quality Improvement process |

| Organization Orientation – within 60 days of employment |
|---|
| • Safety program and purpose, including worker’s compensation overview |
| • Information technology, including computer network access and usage |
| • Overview of behavior management policy, State and Federal laws on confidentiality including HIPAA |
| • Overview of philosophy of person and family centered services, cultural competency, client participation in planning and delivery of services, strengths based client assessment and services, collaboration with other agencies/partners |
| • Client rights and responsibilities, client grievances and complaints process and client satisfaction |

By the end of the first quarter of employment, employees receive training in:

- Cultural competency/cultural approaches with various populations
- Personal safety and appropriate behavior management techniques
- Awareness of special needs populations
- HIPAA Policies and Procedures

Ongoing Training

Once an employee completes orientation, ongoing training opportunities are provided. An individualized training plan is developed between the supervisor and staff. The plan identifies areas that need further development. The supervisor tracks the staff development as an integral part of regular supervision.

Training topics for ongoing training include but are not limited to:

| Training Focus | Trainings |
|---|---|
| Program Philosophy/ Service Delivery Techniques | <ul style="list-style-type: none"> • Cognitive Behavioral Theory and Techniques • Trauma Informed Care • Power and Control • Cultural, societal and gender issues related to domestic violence • Motivational Interviewing |
| Group Training | <ul style="list-style-type: none"> • Dynamics of groups • Special consideration in working with domestic violence |
| Domestic Violence | <ul style="list-style-type: none"> • Overview of domestic violence • Dynamics of power and control • Impact of violence on victims • Effects on children and other household members • Cultural and gender issues • Victim safety and offender accountability |
| Risk, Legal and Regulatory Requirements | <ul style="list-style-type: none"> • Safety and rights of victims • Professionalism and ethics • Mandatory reporting |

| Training Focus | Trainings |
|---------------------------------|--|
| | <ul style="list-style-type: none"> • DHS statutory mandates under 45 CFR 1340; Hawaii Revised Statutes 346, 350, and 587; and Hawaii Administrative Rules and Departmental procedures • Reportable criminal behavior • Review of risk management/reporting standards • Behavior management (CFS policy and procedures) including nonviolent crisis intervention • CPR and First Aid |
| Assessment and Service Planning | <ul style="list-style-type: none"> • CFS Comprehensive Basic Assessment • Identifying family and individual strengths • Service planning |
| Service Delivery Basics | <ul style="list-style-type: none"> • Documentation • Client advocacy • Referral resources in the community • Case management/collaboration/coordination • Basic health and medical needs of the service population to include special needs • Working with clients with communication barriers |
| Clinical Knowledge and Skills | <ul style="list-style-type: none"> • Professionalism/boundaries • Mental health basics and common diagnoses • Building therapeutic rapport • Basic counseling skills • Needs of individual and families in crisis; to include suicide precautions • Substance use and abuse |
| Quality Assurance | <ul style="list-style-type: none"> • Program outcomes development and measurement • Integration, coordination and monitoring of service quality standards |
| Supervisory | <ul style="list-style-type: none"> • Tracking and supervisory tools • Supervisory training (Module 1-Administration; Module 2-Human Resources; Module 3-Supervision; and Module 4-Fiscal) |
| Cultural Competency | <ul style="list-style-type: none"> • Values and beliefs of the various cultures in Hawaii |

Additional training needs are determined through the quality improvement process, through information on Best Practices models or are identified by staff members and their supervisor during individual supervision. In order to be cost effective, CFS programs are able to utilize other programs within the organization for training on child development, domestic violence, mental health, and substance use and abuse. Details of all topics can be found in the Program Training Plan which is available upon request..

Commitment to Diversity

All CFS staff members are required to attend annual Cultural Competence training. The training is intended to increase knowledge of diverse cultural groups and develop skills

that result in positive client outcomes. Some of the topics covered in this training include understanding and being aware of one's own cultural values; being aware of, accepting and understanding cultural differences; understanding the client's culture; and respecting differences.

In October 2009 and again in August 2010, the CFS Cultural Diversity Taskforce hosted a showing of the video "Life in These Islands". This video speaks to the cultures, beliefs and values of the people in Hawaii, focusing on how we need to work together and take responsibility to make positive changes in our State. Staff watched this video and then participated in a "talk story" session which provided an opportunity to share their reactions to the video and focus on how CFS can move forward in this process.

CFS conducted a two-part cultural sensitivity training on February 2 & 8, 2010. Haunani Rae Kanaka`ole Joaquin, Program Supervisor I for our Hilo Alternatives to Violence Program, focused on understanding where you come from, what your name means and genealogy. The training involved hands-on activity, questions and answers, and an opportunity to work in groups on each island. Clients completed their own genealogy and shared together as a group. The training received positive feedback from the staff who attended.

On March 1, 2010, 'Ilokepa De Santos, Hawaiian Cultural Specialist with Partners in Development provided training on Hawaiian Culture for CFS. He shared about his cultural heritage, and what respect means. He provided staff with suggestions on how to provide culturally sensitive services to the individuals and families we serve.

In September and October 2010, CFS conducted a two-part videoconference training on the Lesbian, Bi-Sexual, Gay, Transgender, and Questioning (LBGTQ) population. Laura Acevedo, a Specialist with our Hilo Sex Abuse Program, and Flavia Francesquini, a Specialist with our Parentline Program, provided an overview of the LBGTQ population, how to respond to someone who could be questioning their sexuality, and resources for clients and families.

The Cultural Diversity Task Force continues to provide opportunities for staff to grow in the area of cultural competency. Every year this committee hosts a statewide Taste of Culture event, where staff members focus on specific cultures, learning about their roots, beliefs, languages and food. Overall it is a wonderful opportunity to learn and grow in the area of cultural competency.

Clinical Enhancement Program

CFS has developed a Clinical Enhancement Program for staff members who are interested in developing their clinical skills with clients. This program is mandatory for all licensed clinicians, but is also open to any CFS staff members that provide direct service and want to strengthen their clinical skills. Every month, the group meets to discuss difficult cases, brainstorm alternative approaches, and validate clinical responses. The

Clinical Enhancement Program is led by a Clinical Psychologist with over 30 years of clinical experience. The ultimate goal is to provide staff with an opportunity to learn evidenced-based clinical responses for working with children, youth, individuals and/or families. A secondary goal is to provide a safe, confidential environment where difficult cases can be discussed and alternative clinical responses explored. CFS staff members have reported that this program is very helpful in their day-to-day work with clients.

Videoconferencing

In August 2003, CFS launched the *Mehana Project*, a videoconferencing initiative that provides videoconferencing capability to CFS sites on Oahu, Kauai, Maui, Hilo and Kona. CFS was able to secure funding from private foundations to implement this project. Videoconferencing is an innovative and cost effective way to meet organization and community training needs throughout the State. It is also a significant tool in providing Best Practices service and clinical service delivery training to CFS staff and others in the nonprofit community. Some of the ways CFS utilizes videoconferencing technology include:

- Standardized training modules. In order to provide quality training, there is a need for standardization in course content, instructor delivery, visual aides and distributed materials (handouts). CFS has developed modules in substance abuse, domestic and family violence, child abuse and neglect, behavior modification, documentation/legal issues, and professional boundaries.
- Staff case-conferencing of complex family issues. Staff located at remote sites can work together to discuss issues and accomplish goals for families and children in treatment. This level of case-conferencing is applicable to any clinical issue, but is especially helpful for programs requiring specific clinical expertise.
- Best Practice discussions at the program level. Regular opportunities are provided for program standardization for similar services on different islands. Technology creates the opportunity to share common and unique approaches among geographically defined programs, discussing clinical care pathways (what works best for certain types of clients), and discussing emerging trends.
- Training opportunities for staff at the national and international level. Provides new opportunities to bring Mainland and global expertise to Hawaii's human service industry.

CFS is committed to providing additional educational opportunities for the community. The implementation of videoconferencing allows CFS to reach more individuals on the neighbor islands.

B. Organization Chart

CFS provides the infrastructure and support to manage programs effectively. This support is provided through a number of mechanisms including direct supervision and

guidance from the Vice President of Programs and the Director of Program Services, the Quality Assurance and Training Department, the strategic planning process, the CFS communication plan, and senior management.

The statewide CFS organization chart is attached. In addition, the **Domestic Abuse Shelters Program** organization chart is attached, which illustrates the positions and reporting structure.

VI. OTHER

A. Litigation

CFS is a party in the following lawsuit:

- Haldeman, et al. vs. University of Nations Pre-School; The University of Nations; Hawaii County Police Department; Child Protective Services; Department of Human Services; and Child & Family Service, Jointly and Severally

Case No. CV05-00810 DAE KSC, filed in the United States District Court for the District of Hawaii.

Child & Family Service was named in a complaint filed on December 28, 2005 with CFS filing an answer on June 2, 2006. On April 29, 2008 the Federal District Court granted CFS and Clark's Motion for Summary Judgment. Trial as to the remaining parties was stayed pending disposition of an appeal filed by the Karen Duty and Donald Cupp (State of Hawaii case workers) as to the Court's denial of their Motion for Summary Judgment. CFS is not a party to this appeal. The District Court denied Plaintiff's motion to enter final judgment on Plaintiffs' claims against CFS and other defendants who were dismissed upon motion for summary judgment. No trial date has been scheduled on the remaining claims.

B. Licensure or Accreditation

The Council on Accreditation (COA) has accredited CFS since 1980. As a member of COA, CFS maintains the highest standards in organization management and program delivery.

In 2009, CFS successfully completed reaccreditation with COA, and in that review, CFS did not have a single citation that needed a response. The reviewers commended CFS on having one of the best PQI systems in place with clear and precise reports and a strong PQI committee structure.

Attachment 1
PROPOSED BUDGET

BUDGET REQUEST BY SOURCE OF FUNDS
(Period: July 1, 2011 to June 30, 2012)

Applicant: **Child & Family Service Big Island Emergency Domestic Abuse Shelters**

| BUDGET CATEGORIES | Total State Funds Requested (a) | (b) | (c) | (d) |
|-------------------------------------|--|--|------------|------------|
| A. PERSONNEL COST | | | | |
| 1. Salaries | 136,162 | | | |
| 2. Payroll Taxes & Assessments | 19,131 | | | |
| 3. Fringe Benefits | 18,586 | | | |
| TOTAL PERSONNEL COST | 173,879 | | | |
| B. OTHER CURRENT EXPENSES | | | | |
| 1. Airfare, Inter-Island | | | | |
| 2. Insurance | 3,175 | | | |
| 3. Lease/Rental of Equipment | | | | |
| 4. Lease/Rental of Space | | | | |
| 5. Staff Training | | | | |
| 6. Supplies | | | | |
| 7. Telecommunication | | | | |
| 8. Utilities | | | | |
| 9. Audit | 516 | | | |
| 10. Administrative Support | 28,859 | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |
| 14 | | | | |
| 15 | | | | |
| 16 | | | | |
| 17 | | | | |
| 18 | | | | |
| 19 | | | | |
| 20 | | | | |
| TOTAL OTHER CURRENT EXPENSES | 32,550 | | | |
| C. EQUIPMENT PURCHASES | | | | |
| D. MOTOR VEHICLE PURCHASES | | | | |
| E. CAPITAL | | | | |
| TOTAL (A+B+C+D+E) | 206,429 | | | |
| SOURCES OF FUNDING | | Budget Prepared By: | | |
| (a) Total State Funds Requested | 206,429 | Bobbi Goodman 681-1441 | | |
| (b) | | Name (Please type or print) Phone | | |
| (c) | | [Redacted Signature] 1/27/11 | | |
| (d) | | Signature of Authorized Official Date | | |
| TOTAL BUDGET | 206,429 | Vivian Yasunaga, Vice President of Finance | | |
| | | Name and Title (Please type or print) | | |

BUDGET JUSTIFICATION PERSONNEL - SALARIES AND WAGES

Applicant: **Child & Family Service Big Island Emergency Domestic Abuse Shelters**

Period: July 1, 2011 to June 30, 2012

| POSITION TITLE | FULL TIME EQUIVALENT | ANNUAL SALARY A | % OF TIME ALLOCATED TO GRANT REQUEST B | TOTAL STATE FUNDS REQUESTED (A x B) |
|--|----------------------|--------------------|---|--|
| Director of Program Services | 1 | \$72,779 | 1.00% | \$ 728 |
| Director of Hawaii Island Programs | 1 | \$72,779 | 1.00% | \$ 728 |
| Clinical Coordinator | 1 | \$53,685 | 2.71% | \$ 1,456 |
| Shelter Worker | 1 | \$24,523 | 100.00% | \$ 24,523 |
| Shelter Worker | 1 | \$24,523 | 100.00% | \$ 24,523 |
| Shelter Worker | 1 | \$24,523 | 75.00% | \$ 18,392 |
| Domestic Violence Specialist I | 1 | \$32,906 | 100.00% | \$ 32,906 |
| Domestic Violence Specialist I | 1 | \$32,906 | 100.00% | \$ 32,906 |
| | | | | \$ - |
| | | | | \$ - |
| | | | | \$ - |
| | | | | \$ - |
| | | | | \$ - |
| | | | | \$ - |
| | | | | \$ - |
| TOTAL: | | | | 136,162 |
| JUSTIFICATION/COMMENTS: | | | | |
| Salaries are based on a Market median study to maximize recruitment and retention. | | | | |

BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Applicant: **Child & Family Service Big Island Emergency Domestic Abuse Shelters**

Period: July 1, 2011 to June 30, 2012

| DESCRIPTION EQUIPMENT | NO. OF ITEMS | COST PER ITEM | TOTAL COST | TOTAL BUDGETED |
|---|-----------------|------------------|---------------|-------------------|
| | | | \$ - | |
| | | | \$ - | |
| | | | \$ - | |
| | | | \$ - | |
| | | | \$ - | |
| TOTAL: | | | | |
| JUSTIFICATION/COMMENTS: No anticipated equipment purchases. | | | | |

| DESCRIPTION OF MOTOR VEHICLE | NO. OF VEHICLES | COST PER VEHICLE | TOTAL COST | TOTAL BUDGETED |
|---|--------------------|---------------------|---------------|-------------------|
| | | | \$ - | |
| | | | \$ - | |
| | | | \$ - | |
| | | | \$ - | |
| | | | \$ - | |
| TOTAL: | | | | |
| JUSTIFICATION/COMMENTS: No anticipated motor vehicle purchases. | | | | |

**BUDGET JUSTIFICATION
CAPITAL PROJECT DETAILS**

Applicant: **Child & Family Service Big Island Emergency Domestic Abuse Shelters**

Period: July 1, 2011 to June 30, 2012

| FUNDING AMOUNT REQUESTED | | | | | | |
|---|---|----------------------|------------------------------|---------------------------|---|---------------------|
| TOTAL PROJECT COST | ALL SOURCES OF FUNDS RECEIVED IN PRIOR YEARS | | STATE FUNDS REQUESTED | OF FUNDS REQUESTED | FUNDING REQUIRED IN SUCCEEDING YEARS | |
| | FY: 2009-2010 | FY: 2010-2011 | FY:2011-2012 | FY:2011-2012 | FY:2012-2013 | FY:2013-2014 |
| PLANS | | | | | | |
| LAND ACQUISITION | | | | | | |
| DESIGN | | | | | | |
| CONSTRUCTION | | | | | | |
| EQUIPMENT | | | | | | |
| TOTAL: | | | | | | |
| JUSTIFICATION/COMMENTS: Not applicable. | | | | | | |

Attachment 2
DECLARATION STATEMENT

**DECLARATION STATEMENT
APPLICANTS FOR GRANTS AND SUBSIDIES
CHAPTER 42F, HAWAI'I REVISED STATUTES**

The undersigned authorized representative of the applicant acknowledges that said applicant meets and will comply with all of the following standards for the award of grants and subsidies pursuant to section 42F-103, Hawai'i Revised Statutes:

- (1) 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 or subsidy is awarded;
- (2) Comply 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;
- (3) Agree not to use state funds for entertainment or lobbying activities; and
- (4) Allow the state agency to which funds for the grant or subsidy 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 or subsidy.

In addition, a grant or subsidy may be made to an organization only if the organization:

- (1) Is incorporated under the laws of the State; and
- (2) Has bylaws or policies that describe the manner in which the activities or services for which a grant or subsidy is awarded shall be conducted or provided.

Further, a grant or subsidy may be awarded to a non-profit organization only if the organization:

- (1) Has been determined and designated to be a non-profit organization by the Internal Revenue Service; and
- (2) Has a governing board whose members have no material conflict of interest and serve without compensation.

For a grant or subsidy used for the acquisition of land, when the organization discontinues the activities or services on the land acquired for which the grant or subsidy 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 or subsidy 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.

Child and Family Service

[Redacted Signature] (Signature)

1/27/11

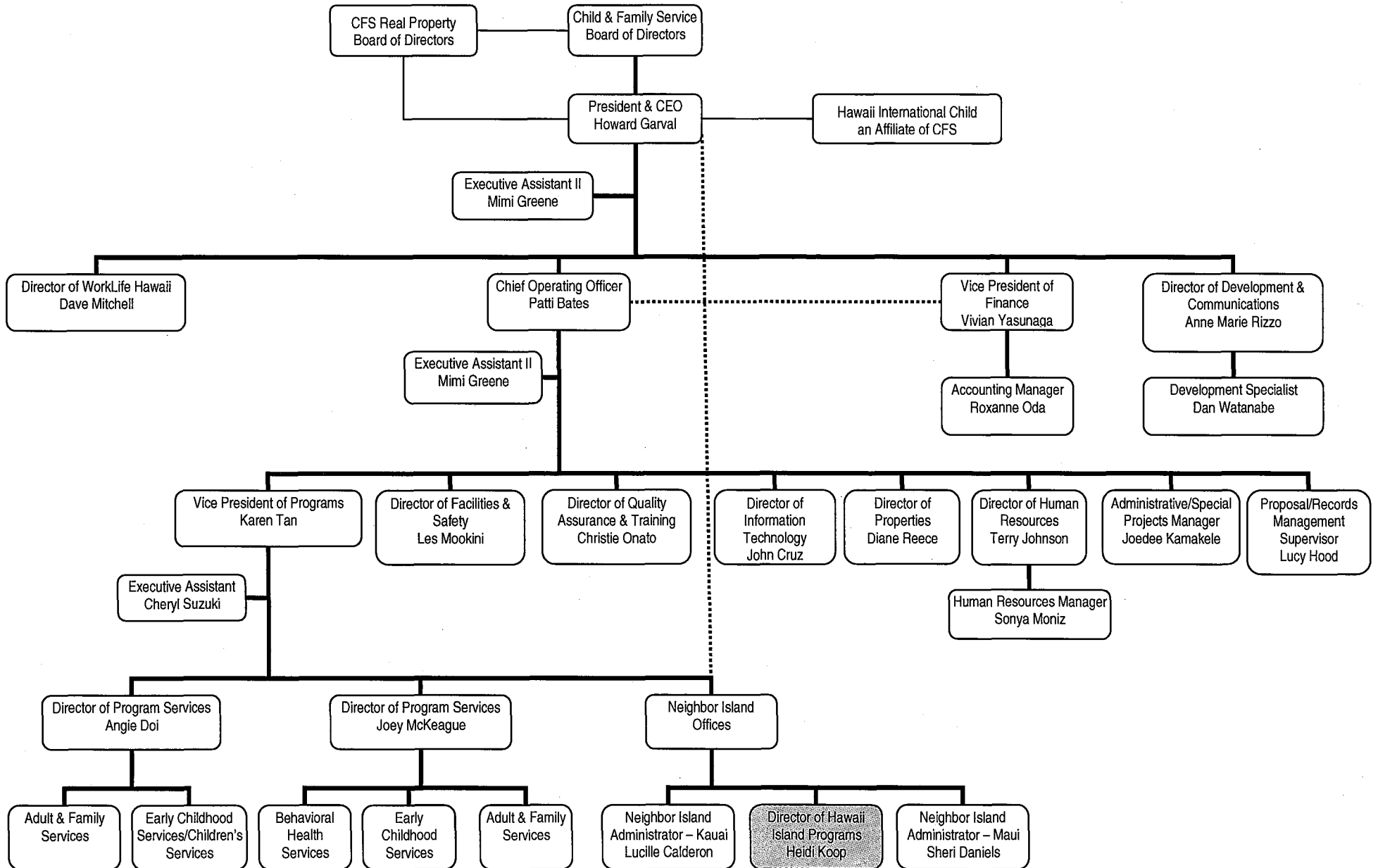
(Date)

Patti Bates
(Typed Name)

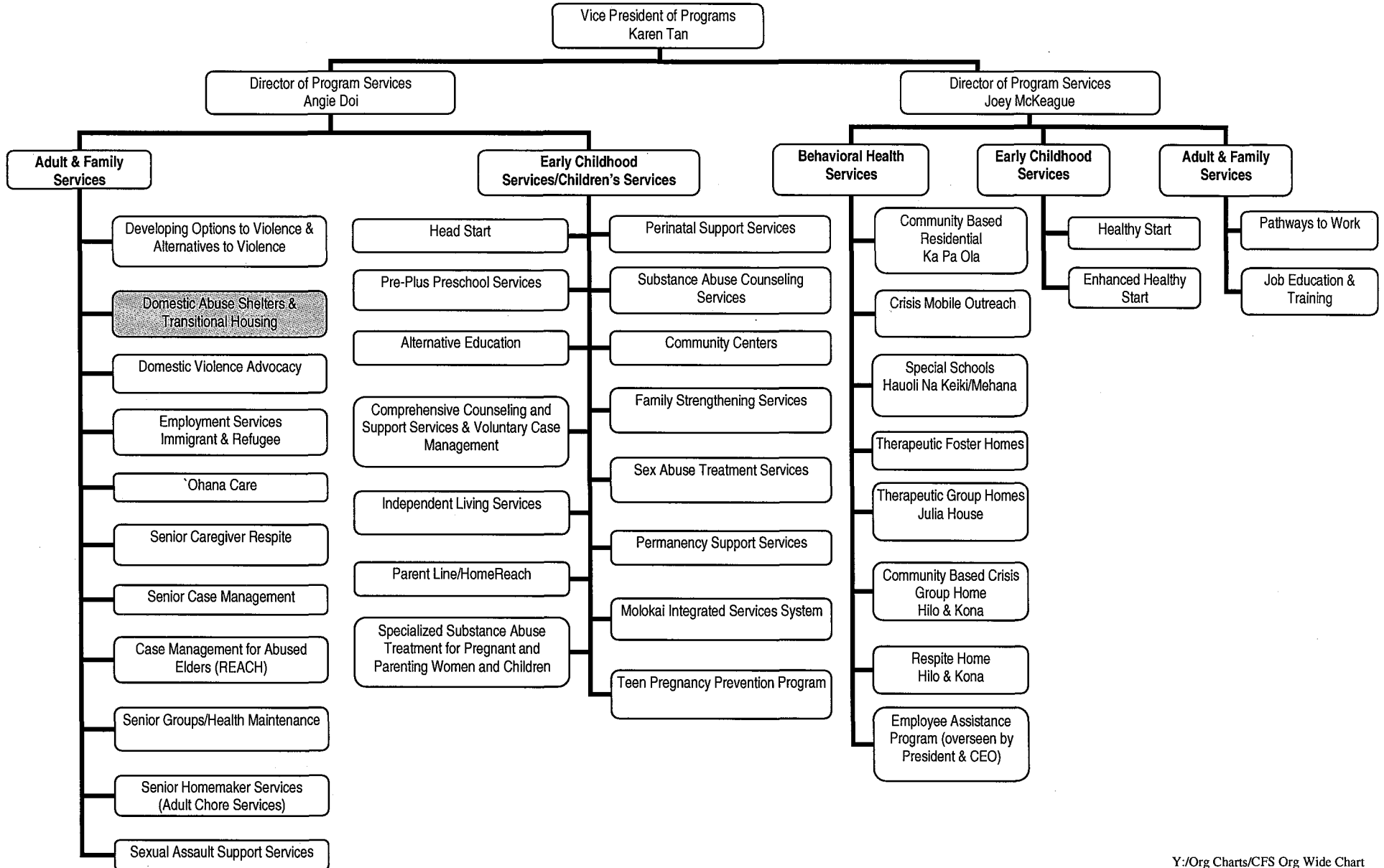
Chief Operating Officer
(Title)

Attachment 3
ORGANIZATION CHARTS

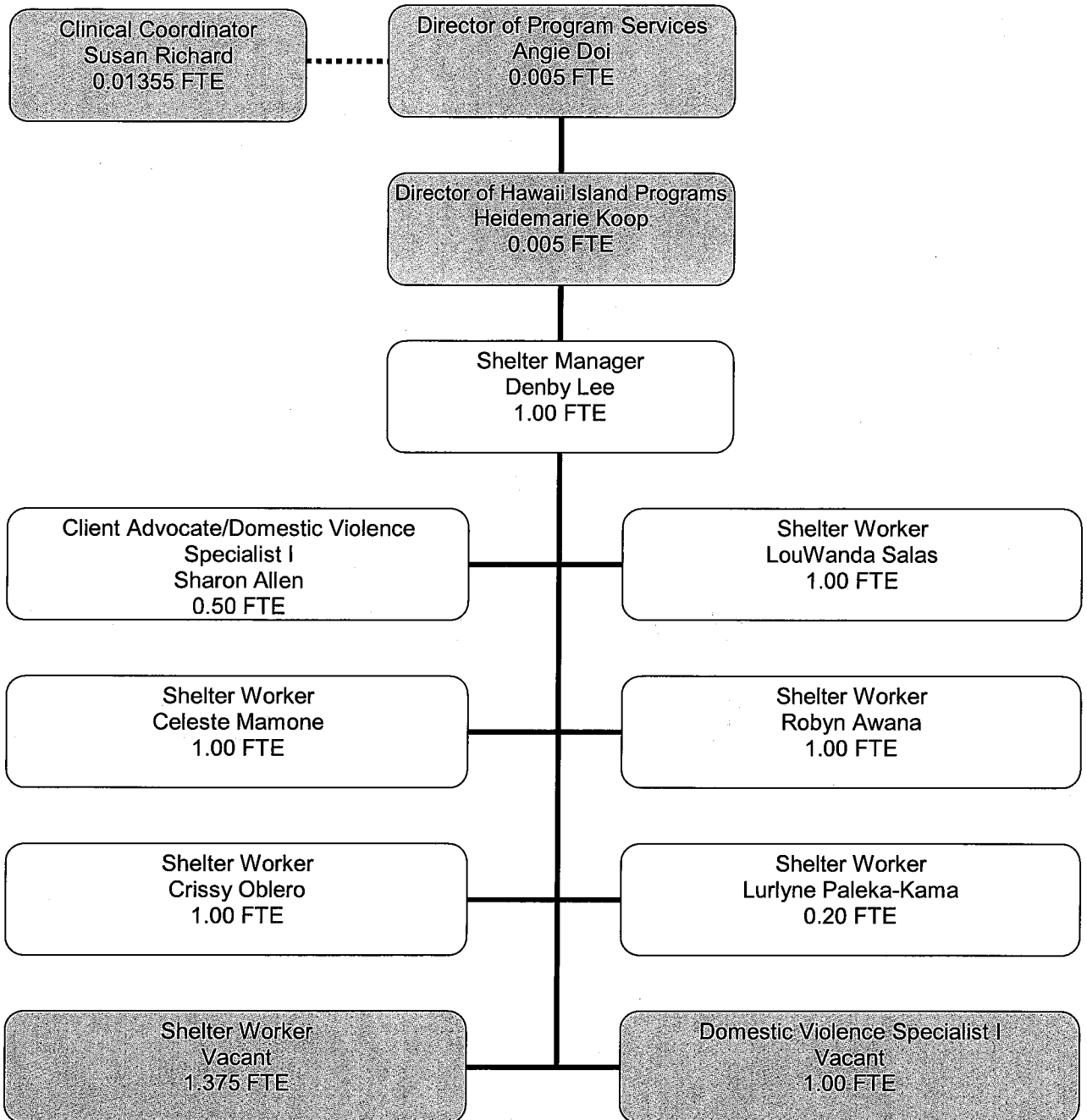
Child & Family Service Organization Chart



Child & Family Service Organization Chart

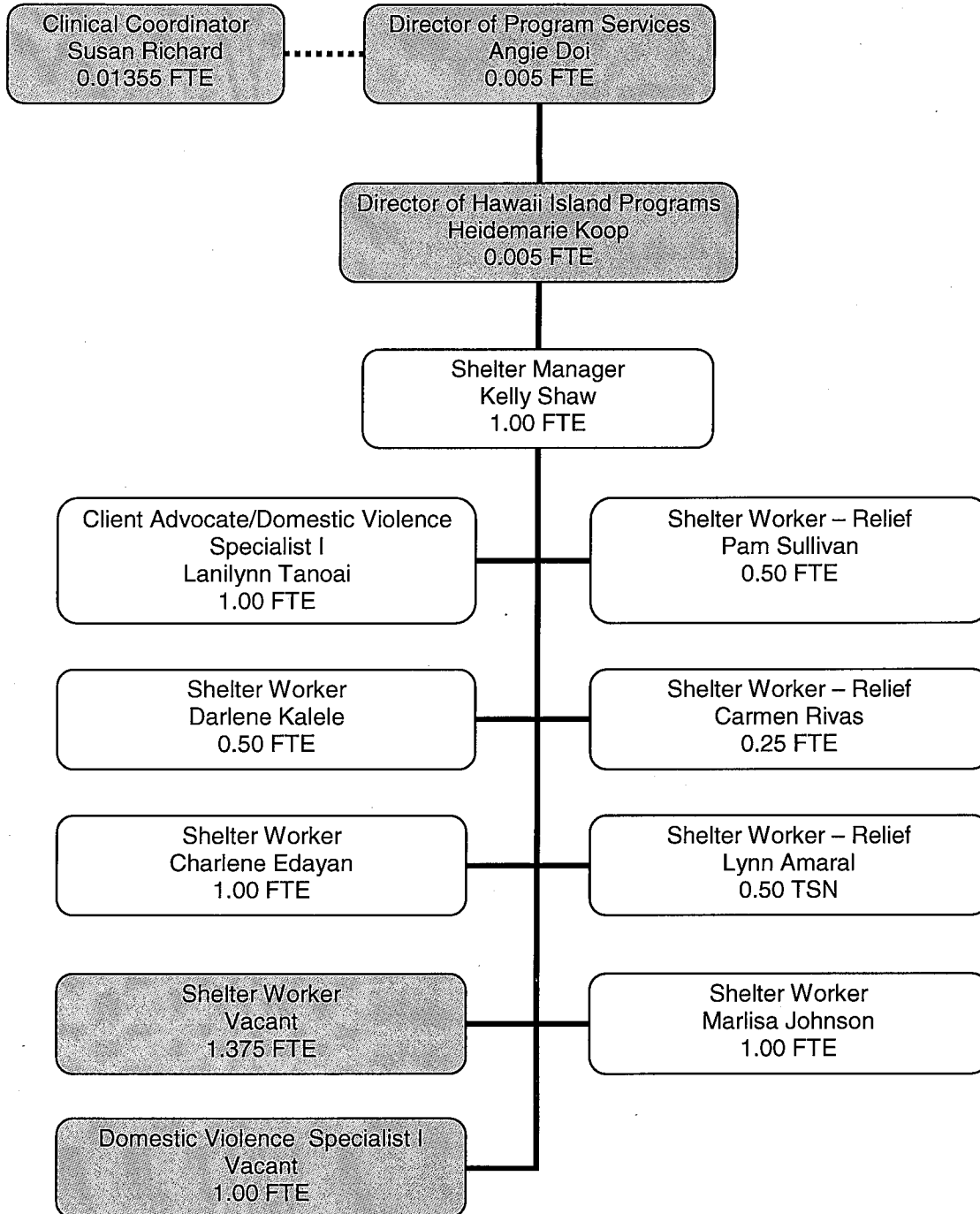


**Child & Family Service
Domestic Abuse Shelter – East Hawaii
Organization Chart**



*Shaded Boxes indicate positions to be added or funded by GIA funds.

**Child & Family Service
Domestic Abuse Shelter – West Hawaii
ORGANIZATION CHART**



*Shaded Boxes indicate positions to be added or funded by GIA funds.