

House District \_\_\_\_\_

Senate District X

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

Log No: 49-0

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): \_\_\_\_\_

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

1. APPLICANT INFORMATION:

Legal Name of Requesting Organization or Individual:  
Kapi'olani Medical Center for Women and Children (KMCWC)  
Db:

Street Address:  
1319 Punahou Street  
Honolulu, HI 96826  
Mailing Address:  
same

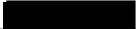
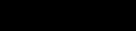
2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:

Name Adriana Ramelli  
Title Executive Director, Sex Abuse Treatment Center, KMCWC  
Phone # 535-7600  
Fax # 535-7630  
e-mail adrianar@kapiolani.org

3. TYPE OF BUSINESS ENTITY:

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

6. DESCRIPTIVE TITLE OF APPLICANT'S REQUEST:  
STATEWIDE SEXUAL ASSAULT SERVICES

4. FEDERAL TAX ID #:   
5. STATE TAX ID #: 

7. AMOUNT OF STATE FUNDS REQUESTED:

FY 2011-2012: \$ 466,000

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 \$ 513,625.00  
FEDERAL \$ 235,332.00  
COUNTY \$ \_\_\_\_\_  
PRIVATE/OTHER \$ \_\_\_\_\_

TYPE NAME & TITLE OF AUTHORIZED REPRESENTATIVE:

  
AUTHORIZED SIGNATURE

Martha B. Smith, Chief Operating Officer  
NAME & TITLE

1/21/11  
DATE SIGNED

**Application for Grant-In-Aid  
Fiscal Year 2011 – 2012  
Statewide Sexual Assault Crisis Services**

**I. Background and Summary**

**A. Description of Applicant Organization**

The Kapi'olani Medical Center for Women and Children (KMCWC) is a private, non-profit, teaching hospital affiliated with the University of Hawai'i's Schools of Medicine, Nursing, and Social Work. It is the only tertiary care obstetrics and children's hospital in the State and the Pacific Basin and is fully accredited by the Joint Commission on Accreditation of Hospitals and Healthcare Organizations (JCAHO). The Sex Abuse Treatment Center (SATC) is one of the community based treatment and prevention outreach programs of the KMCWC.

The SATC's mission is to support the emotional healing process for all children and adults sexually assaulted in Hawai'i, to increase community awareness about the needs and concerns of sexual assault victims and, ultimately, to eliminate sexual violence. Created in 1976 due to community concern about the lack of adequate and appropriate care for victims of sexual violence, the SATC has provided a comprehensive array of crisis intervention, treatment, and prevention education services for sexual assault victims, their families, and the general public for 35 years. The SATC also provides technical training, participates in research projects with public and private institutions, creates educational curricula and materials, and advocates for victims at the State Legislature.

In addition to the provision of direct services on Oahu, the SATC manages a statewide "mastercontract" for sexual assault services from the Department of the Attorney General. Present subcontractors are the Young Women's Christian Association's (YWCA) Sexual Assault Support Services (SASS) program serving Hawai'i County, the Young Women's Christian Association's (YWCA) Sexual Assault Treatment Program (SATP) serving the County of Kaua'i, and the Sexual Assault Support Services (SASS) program of Child and Family Services (CFS), serving Maui County.

**B. Goals and Objectives Related to the Request**

The SATC seeks to ensure that a comprehensive array of crisis intervention services is available statewide for sex assault victims, their families and support systems. Services must be delivered within a coordinated network at levels most appropriate for the victims' needs. Through the provision of services on Oahu and the neighbor islands, the SATC will assure that crisis services are comprehensive, confidential, standardized, available and accessible statewide to all victims of sexual assault and their significant others.

**1. Goal**

To meet the needs of sexual assault victims, their families and their support systems statewide through the availability of and access to the full array of

coordinated and standardized crisis services to include 24 hour coverage for crisis intervention and crisis outreach services, including a hotline.

## **2. Objective**

To maintain core crisis response services statewide, including 24-hour on-call coverage, crisis phone intakes, in-person crisis stabilization and counseling, legal systems advocacy, and crisis outreach services to victims of sexual assault, their families and support systems.

## **C. Public Purpose and Needs to be Served**

The need is to provide comprehensive and accessible crisis services to sexual assault victims, their families and their support systems throughout Hawai'i by delivering core crisis sexual assault services.

### **1. Need: Comprehensive Crisis Services**

#### **a) Prevalence/Incidence of Sexual Assault**

Data from the National Violence Against Women Survey revealed that 1.5 million women are raped and/or physically assaulted by a current or former spouse, co-habiting partner, or date at least once annually. However, because many victims are victimized repeatedly the more accurate count is 4.8 million. The authors of the survey conclude that "intimate partner violence is a serious criminal justice and public health concern". (Tjade and Thoennes, 2000, p. iii).

National data on the general prevalence and incidence of sex assault significantly underestimates the scope of the problem. Koss' (1992) research showed that women are raped 6-10 times more often than federal statistics suggest. While reporting of sexual assault has slowly increased over the past few years, it continues to be the violent crime least often reported to law enforcement. According to a 2005 U.S. Bureau of Justice Statistics report, only 30% of sex assaults are reported to the police.

According to the Crime in Hawai'i 2009 report by the Department of the Attorney General, forcible rapes increased 6.1% across the state relative to the previous year. Significant increases in the number of rapes reported to the police in Honolulu and Maui counties were offset by decreases in Hawai'i and Kauai counties. This figure, however, only includes rapes of females and does not include sexual violence against children, males or other types of sexual assaults.

#### **b) Psychosocial Consequences of Sexual Assault**

Immediately following a sexual assault, survivors often experience a sense of disorganization, drastic changes in mood and irritability with others. The acute reactions of the period immediately following the assault may last anywhere from a few days to a few weeks. Long-term effects of rape may

last for years, if not throughout the lifetime of the survivor and include increased drug and alcohol use, domestic violence, depression, suicide and teenage pregnancy (Seymour et al., 1992).

Adolescents are particularly at risk for sexual violence. The National Violence Against Women Survey (Tjades and Thoennes, 2000) revealed that more than half of the female rape victims identified by the survey were younger than age 18 when they experienced their first attempted or completed rape. The survey also found a relationship between victimization as a minor and subsequent victimization. Additionally, a background of child or adolescent sexual abuse is associated with a range of high-risk sexual behaviors. Regrettably, adolescents are the least likely to report the incident to a professional helper (Adams and Abarbanel 1988).

c) Economic Impact of Rape and Sex Assault

Aside from the personal costs to the victim, societal costs are extensive. Victims face loss of economic productivity through unemployment, underemployment, and absence from work. The U.S. Bureau of Justice Statistics (2000) reported that rape had the highest annual victim cost at \$127 billion per year and was found to be the most "expensive" crime per criminal victimization when compared to other crimes.

d) Services Needed

Providing and maintaining access to comprehensive services is the most effective community response to sexual assault (Rape in America: A Report to the Nation, National Victim Center, 1992). A coordinated, comprehensive system of care is especially important to the support of the sexual assault victim during the immediate period of crisis following the victimization.

Crisis intervention services need to be available 24 hours a day, 365 days a year. A 24-hour hotline is needed to provide the sexual assault victim and the community, immediate access to care both over the phone and in-person. In addition to the need for crisis counseling, victims are often in need of medical-legal care and assistance with reporting options. A Sexual Assault Response Team (SART), should be on call around the clock and staffed with personnel specially trained to provide the crisis support services specifically needed by the sexual assault victim. Such services include crisis stabilization and counseling, legal systems advocacy to inform the victim of legal rights and options, an acute forensic examination to provide the victim the necessary medical assessment and treatment, and the collection and preservation of forensic evidence should the victim decide to take criminal action. The full continuum of crisis services should be available statewide and services should be consistent and standardized so that the victim, regardless of the location of assault, may receive the same or similar level of care.

Specialized support at this time is critical as first responders have a lot to do with how the survivor copes and heals. Victims are often empowered as a result of crisis support services which allows them to take the steps necessary toward pursuing criminal justice. The availability of SART services is related to increased police reporting, more competent evidence collection and documentation that can withstand legal challenges and ultimately improve prosecution outcomes (e.g. Ledray, 1996).

Following the provision of immediate crisis support, the availability of ongoing care and support is a vital part of the healing process. It is well documented that untreated victims of sexual assault face serious long-term mental health problems. Further, while faced with their own emotional recovery, victims may be thrust into a world of complex, unfamiliar and confusing systems (e.g. criminal justice, social service, health etc.). Crisis support services help the victim to better understand and navigate these systems. Without the availability of ongoing support, victims are at increased risk for any number of psychosocial, emotional and substance abuse difficulties.

Thus, regardless of where in the State of Hawai'i a sexual assault takes place, comprehensive and standardized crisis services need to be available and accessible for an effective, initial response to sexual violence.

## **2. How the Community Will Benefit from Activities**

The community will directly and immediately benefit from the activities of the SATC and its neighbor island agencies through the availability of and access to sexual assault crisis services, regardless of the victim's lack of resources including:

- a) Availability of a comprehensive array of core crisis services across the state including access to a 24 hour hotline, crisis intervention, crisis outreach and legal systems advocacy to assist in police reporting and criminal prosecution.
- b) Increased reporting to police, which is related to increased public awareness and public safety and increased likelihood that the victim will receive appropriate services and/or be aware of appropriate resources to assist them. For Fiscal Year 2010, the sexual assault provider agencies had a 72% report rate to the police as opposed to the national average of approximately 30% - 35%.
- c) Standardization of crisis services statewide; regardless of where an assault occurs or resources available to victims, sexual assault crisis services will be within acceptable best-practice guidelines and meet legal requirements for prosecution if victims wish to pursue charges against their perpetrator.
- d) Ongoing collaboration and coordination with key stakeholders (e.g. medical, social services, police etc.) to improve systems' response to sexual assault victims which facilitates the willingness of victims to proceed through the criminal justice system.
- e) Continuous quality assurance and opportunities for technical assistance.
- f) Coordinated statewide program planning.

- g) Increased accountability for service delivery and public funds through regular program monitoring and fiscal audits.

In summary, sexual violence is a significant safety and public health issue in our community. The estimated prevalence rates show that a substantial number of Hawai'i residents are victims of sexual violence with many more who are undetected and untreated due to under-reporting. Sexual violence exacts an enormous cost in terms of medical, personal, social and economic problems and comprehensive crisis services delivered in coordinated fashion across stakeholders can alleviate and reduce the short and long term impact for victims.

#### **D. Target Population to be Served**

Sexual assault crisis services will be available to sexual assault survivors, their families and significant others across the four state counties: Honolulu, Kaua'i, Hawai'i, and Maui (including Molokai and Lanai). Survivors may be male or female, adult or minor with sex assaults occurring recently or in the past.

#### **E. Geographic Coverage**

Services will be delivered to survivors, their families and significant others residing in all counties of the state of Hawai'i (i.e. City and County of Honolulu, Kaua'i County, Hawai'i County and Maui County, including Moloka'i and Lana'i).

## **II. Service Summary and Outcomes**

### **A. Scope of Work, Tasks and Responsibilities**

This project will deliver core crisis services throughout the State of Hawai'i to sexual assault victims, their families and significant others. Project activities will enable 24-hour access to crisis intervention services for any sexual assault victim on a statewide basis. Services will include on-call coverage, crisis phone intakes (primary/initial and secondary), in-person crisis stabilization and counseling, crisis outreach, and legal systems advocacy. The project will also assure continued statewide coordination, planning and monitoring of sexual assault crisis services.

#### **1. On Call Coverage**

Core crisis response services will be available to the sexual assault victim at all times. The hotlines in all counties will enable victims access 24 hours, 365 days a year to personnel trained in crisis intervention strategies. These personnel will remain on-call, ready to assess and respond to crises over the phone as well as in-person when needed.

For victims assaulted within 72 hours and in need of medical-legal services, the Sexual Assault Response Team (SART) on each island will be available for dispatch. These teams are trained to provide the comprehensive services of crisis stabilization and counseling, legal systems advocacy to inform the victim of legal rights and options, and assistance with and support during the acute

forensic examination to provide the victim the necessary medical assessment, treatment, and collection of forensic evidence should the victim decide to pursue criminal action. Teams are typically comprised of at least one crisis worker and either a physician (on Oahu and Maui) or Sexual Assault Nurse Examiner (SANE) on Kaua'i and Hawai'i who perform the forensic medical examination.

## **2. Crisis Phone Intakes**

### **a) Primary/Initial Crisis Phone Intakes:**

Agency staff will be available to respond to incoming phone requests for information and/or services. Documentation of all phone intakes will occur on a standardized phone intake form and a systematic procedure will be utilized to identify and assess the caller's needs and concerns. During the phone intake, the agency worker will assist the caller in exploring the problem or concern at hand, identify what is needed, and arrive at a plan of action.

### **b) Secondary Phone Contacts**

Very frequently, additional follow-up from the initial phone intake is required to thoroughly address the needs of a caller (e.g. contacting Child Welfare Services in mandated reporting situations; responding to caller "resource" needs of shelter, financial assistance, food and/or clothes; and scheduling of ongoing clinical care). Agency staff in all counties will be available to respond to these needs, and to provide the ongoing crisis phone support needed while longer term counseling services are being arranged. Secondary phone contacts in essence reflect case management services provided to individuals who have not received in-person crisis support.

## **3. Crisis Stabilization/Counseling and Legal Systems Advocacy**

Any individual who survives a sexual assault has been through a trauma that has the potential of producing profound emotional consequences. It is therefore imperative that the psychological impact of the assault be addressed during the course of the crisis contact. The agency worker is trained to provide crisis counseling and emotional support to the sexual assault victim and to the victim's family. The role of the agency worker towards this end is diverse and requires him/her to act in various capacities; e.g., counselor, educator, facilitator, and advocate.

In-person crisis support and counseling may include listening and validation of feelings, normalization of trauma symptoms and resultant feelings, and the provision of information on sexual assault. Crisis counseling will also assist with problem solving including identification of coping strategies; safety issues; personal advocacy, services from other agencies, emergency assistance and provision of information and referrals to community resources.

Legal systems advocacy will be provided to support individuals as they face the criminal justice process. During the crisis counseling contact, agency staff will

provide legal systems advocacy to inform victims of their legal rights and options, and will be available to provide support during the police reporting process, if desired. As the case is pursued, agency staff will also be available to act as a liaison for the victim, assisting in accessing information from law enforcement personnel when requested, and in providing court testimony when subpoenaed.

When an acute forensic examination is needed, the agency worker and designated physician or SANE will be dispatched. The agency worker first meets the survivor to explain all service options available including the forensic examination, and to clarify any misconceptions. During this time, the agency worker will provide the needed counseling support to stabilize the individual. The agency worker and physician or SANE will provide the necessary information to make informed decisions and answer questions to alleviate concerns regarding a number of issues (e.g. pregnancy, sexually transmitted diseases, HIV/AIDS etc.). The agency worker will also interact with the victim's family, friends, and significant others; law enforcement, military investigators; hospital and other medical personnel; school authorities; Child Welfare Service (CWS) workers; and others who may be involved with the victim and are concerned or responsible for his/her welfare. Prior to ending the medical-legal contact, the agency worker will provide information about ongoing counseling services available and will access permission from the individual to enable the provision of crisis outreach services by an agency worker.

Similar crisis intervention services are available to victims and families seen at the Children's Justice Centers on each island. The crisis workers typically provide crisis counseling, educational information on sexual assault and legal systems advocacy, if appropriate, to the parents and families of minor victims who are being interviewed by the police or CWS workers.

#### **4. Crisis Outreach**

Each individual seen for medical-legal services will receive follow-up crisis services (e.g. an outreach phone call, during which a follow-up crisis counseling session will be offered or scheduled). When a victim first accesses crisis counseling services, an assessment of further needs of the family and individual will take place. If ongoing psychotherapy is warranted, the individual will be referred to the counseling program of the agency or to outside providers if more appropriate. The crisis worker will remain available to the individual until ongoing counseling services have been secured, providing crisis support and case management services as needed.

At times, victims of sexual assault are not ready to face the emotional and psychological effects of the trauma during the first few months following the assault. Follow-up calls will be made to the individual several months following the assault to offer any needed assistance. This call will provide the individual with another opportunity for support that may be needed.



## **B. Projected Timeline**

The timeline for project activities is July 1, 2011 to June 30, 2012. Services are currently being delivered by staff so funding will allow the sexual assault centers to maintain core service delivery for the 2011 - 2012 fiscal year. With funding, proposed services will be operational and accessible from July 1, 2011. Activities will be monitored on a semi-annual basis.

## **C. Quality Assurance and Evaluation**

Consistent with JCAHO requirements, the SATC regularly monitors and evaluates the quality of its various services through its annual performance improvement plan and quarterly activities. Each year SATC identifies activities that will enhance service delivery and these designated activities are monitored on a quarterly basis. Additionally, all complaints and critical incidents are tracked and followed through resolution. Proposed project activities will be regularly monitored and evaluated, as described below.

### **1. Crisis Services**

Crisis intervention services across all counties will be regularly monitored and evaluated in a number of ways. First, crisis phone intakes to the sexual assault centers will be documented on an intake form completed by the crisis staff. Each phone intake form will be reviewed by the supervisor of the crisis services program or designee so that identified problems can be addressed and rectified in a timely manner. For crisis staff working after business hours, holidays or on the weekends, situations requiring immediate follow-up will be called into the office at the start of the following business day and handled by the supervisor or designee on that day. For emergencies or more urgent matters, crisis staff will contact the on-call supervisor.

A case record will be opened for each client who receives an in-person crisis stabilization/counseling contact, which may take place at a medical center, the Children's Justice Center or other service venues. The crisis services supervisor or designee will review every case record for clinical care and administrative purposes and will assign cases as needed for appropriate follow-up. The record review will be conducted to ensure clinical issues were appropriately handled and to identify any systems issues that may impact delivery of care.

Crisis intervention services will also be evaluated through client satisfaction surveys. Following a victim's contact with crisis services staff, clients will be given the survey form to be completed and returned. The crisis services supervisor will review all completed client satisfaction surveys received, checking to see that at least 80% reflect client satisfaction. The survey will also have an area for client's written comments, which will be reviewed and evaluated by the supervisor. Findings and other feedback will be provided to appropriate Center staff. For Fiscal Year 2010, the statewide client

satisfaction rate for crisis intervention services was 98%.

Regular crisis staff team meetings will be held to review unusual, complex, or problematic cases, to disseminate new information, to address systems issues and to provide a forum for continuous quality improvement. In addition, individual and team supervision of crisis staff will be held on a regular basis. Supervision will provide an opportunity for crisis staff to enhance both professional and clinical skills and address questions or concerns that arise. Challenging cases will be presented and discussed, with areas needing improvement or support identified.

Crisis staff will be required to successfully complete a comprehensive training program prior to any service contacts. A standard manual for crisis worker training has been developed by SATC and is used statewide. Topics covered include, but are not limited to:

- The role of the Crisis Worker
- Personal Reactions
- Impact of Sexual Assault
- Crisis Intervention
- Phone Counseling and Role Plays
- Case Recording
- Emergency Department Policies and Procedures
- Special Needs of Children
- Criminal Justice System
- Vulnerable Populations
- Team Building

Crisis staff will also participate in periodic in-service trainings to strengthen and enhance their knowledge and skills.

## **2. Accountabilities for Subcontracted Services**

The SATC will subcontract for crisis services with agencies based in the counties of Hawai'i, Maui and Kaua'i. Subcontractors will be required to submit a standardized report to the SATC on a quarterly basis. Services will be monitored on a semi-annual basis through on-site visits. Elements that are typically reviewed include, but are not limited to, supervisory signature on phone reports, signed consents for services, signed consents for release of information, and evidence of supervisory sessions, particularly for cases deemed high risk. Each subcontracted agency will be required to provide documentation of satisfactory standards for service delivery. While a degree of flexibility in service delivery is extended to subcontractors given the unique needs of each community, minimum standards of care have been established for each service area and subcontractors will be required to adhere to these standards as follows:

### Crisis Intervention Services

- Training manual for crisis workers
- Documentation of crisis worker training (e.g. name, date, hours)
- Documentation of personnel completing the crisis worker training program with evaluations of training
- Documentation of training of personnel for hotline
- Supervision of crisis personnel
- Management of high risk cases
- Documentation of service delivery
- Policy and procedures for delivery of crisis services including informed consent and confidentiality
- Quality management plan
- Use of designated outcome and output measures

### Contracts Management

The SATC will provide fiscal and program management of the subcontracts. The SATC Business Manager will be responsible for fiscal oversight of the contracts and the SATC Associate Director will address service delivery compliance.

### Monitoring

Through semi-annual audits, the SATC will provide oversight of statewide sexual assault crisis services to assure to the extent possible that a standard level of quality care is being achieved. Subcontracted agencies will be required to submit semi-annual reports to the SATC no later than the middle of each month following the end of each six month period (e.g. January and July). Site visits will be scheduled to review documentation for quality assurance purposes. The monitoring of crisis services may include random reviews of the program's crisis phone intake forms, and documentation of crisis outreach contacts, crisis stabilization/counseling and legal systems advocacy. The majority of the time will be spent on brainstorming and trouble shooting systems issues that impact the effective and efficient delivery of crisis services.

After each site visit, written feedback on audit findings is submitted to each agency with recommendations. Deficiencies are tracked to determine if remediation has occurred. Written documentation of the monitoring and evaluation of service delivery will be provided to each agency and submitted as a part of this project's progress reports.

The SATC Business Manager will monitor the status of quarterly expenditures for each subcontract. The Associate Director and the Business Manager will work closely together, sharing information to assure that the level of program services is consistent with expenditures.

## **D. Output and Outcome Measures**

- 1. GOAL: To meet the comprehensive needs of sexual assault victims, their families and their support systems statewide through the availability of and access to the full array of coordinated and standardized services**

### **Objective**

Core crisis response services including 24-hour on-call coverage, crisis phone intakes, in-person crisis stabilization and counseling, including legal systems advocacy, and crisis outreach services will be provided to victims of sexual assault.

- a) Maintenance of a 24 hour hotline and 100% on call coverage statewide
- b) Output Measures
  - Number of primary phone intakes into the hotline
  - Number of secondary phone contacts from the hotline
  - Number of crisis outreach contacts
  - Number of victims receiving face-to-face crisis counseling and stabilization services
- c) Outcome Measures
  - Crime reporting percentage above the national average of 30% (current target is 40%)
  - 100% of crisis phone intake forms will be reviewed by a supervisor or designee for quality assurance purposes.
  - 80% of clients satisfied with crisis services

## **2. Expected Results**

### **Crisis Services**

Funding will permit all counties to maintain comprehensive crisis services to victims and their families as follows:

- On Oahu, funding will maintain the current crisis services capacity at SATC.
- On Kaua'i, crisis outreach services during holidays and on the weekends will continue. Without funding, victims on Kaua'i will not have access to a trained specialist to provide them support should they end up in the emergency room and/or choose to police report their assault on holidays or weekends (which comprise approximately a third of the year).
- On Maui, crisis outreach services to Molokai and Lana'i will continue. Without funding, any victim assaulted on Molokai or Lana'i will not have trained personnel to provide emotional support or critical information needed to assist them through their crisis.

- On Hawai'i, funding will maintain the current crisis services capacity at two sites, Hilo and Kona. Without funding, there is the possibility that only one office site can be sustained, which would leave victims in an untenable position.

### **III. FINANCIAL**

- A. The required budget sheets for SATC are enclosed following this page. Total funding amounts allocated per county are:
1. Honolulu County: \$265,620
  2. Kaua'i County: \$ 60,580
  3. Maui County: \$ 60,580
  4. Hawai'i County: \$ 79,220
- TOTAL AMOUNT: \$466,000
- B. Anticipated Quarterly Funding Requests
1. Quarter 1: \$116,500
  2. Quarter 2: \$116,500
  3. Quarter 3: \$116,500
  4. Quarter 4: \$116,500
- TOTAL AMOUNT: \$466,000
- C. Listing of Other Sources of Funding Being Sought for FY 2011 – 2012
1. Sex Assault Services Program (SASP)
  2. Victims of Crime Act (VOCA)

### **IV. Experience and Capability**

#### **A. Necessary Skills and Experience**

The SATC has coordinated with public and private organizations to provide services and programs for sexual assault victims for the past 35 years. The Center maintains active memberships in community organizations that seek to enhance the welfare of sexual assault victims and prevent sexual assault through education, community coalition building, and public policy and legal system reform [e.g. Hawai'i Coalition Against Sexual Assault (HCASA), the VAWA State Planning Committee, the Department of Health (Sexual Violence Prevention Plan), the Department of Education (Safe Schools Community Advisory Committee), the Children's Justice Center Interagency Advisory Committee, the Hawai'i Anti-Trafficking Task Force (HATTF)]. More recently, the SATC has worked with the Honolulu Police Department, the Pacific Survivor Center, the Pacific Alliance to Stop Slavery and other organizations in an effort to coordinate services to victims of human trafficking. The SATC also collaborates with the Missing Child Center/Hawai'i from the Department of the Attorney General.

The SATC actively seeks funding to maintain and improve victim services. Through collaboration with public funders, revenue for sexual assault victim services is received from all levels of government. The SATC also seeks private sector

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

Applicant: Kapi'olani Medical Center

<b>BUDGET CATEGORIES</b>	<b>Total State Funds Requested (a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>
<b>A. PERSONNEL COST</b>				
1. Salaries	173,260			
2. Payroll Taxes & Assessments	15,438			
3. Fringe Benefits	16,592			
<b>TOTAL PERSONNEL COST</b>	<b>205,290</b>			
<b>B. OTHER CURRENT EXPENSES</b>				
1. Airfare, Inter-Island				
2. Contractual Services - Subcontracts	200,380			
3. Insurance				
4. Lease/Rental of Equipment				
5. Lease/Rental of Space	25,684			
6. Staff Training				
7. Supplies				
8. Telecommunication				
9. Utilities				
10. Indirect Cost	34,646			
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
<b>TOTAL OTHER CURRENT EXPENSES</b>	<b>260,710</b>			
<b>C. EQUIPMENT PURCHASES</b>				
<b>D. MOTOR VEHICLE PURCHASES</b>				
<b>E. CAPITAL</b>				
<b>TOTAL (A+B+C+D+E)</b>	<b>466,000</b>			
<b>SOURCES OF FUNDING</b>		Budget Prepared By:		
(a) Total State Funds Requested		Penny Kamahai 535-7622		
(b)		Name (Please type or print) Phone		
(c)		Signature of Authorized Official Date		
(d)		Martha Smith, KMCWC COO		
<b>TOTAL BUDGET</b>		Name and Title (Please type or print) <span style="float: right;">1/27/11</span>		

Applicant: Kapi'olani Medical Center

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)
Crisis Intervention Therapist - Cece Fontaine	1.0000	\$51,562.58	75.00%	\$ 38,671.94
Crisis Intervention Therapist - Libby Botero	1.0000	\$51,562.58	75.00%	\$ 38,671.94
Crisis Intervention Therapist - Ana Bartelt	1.0000	\$48,172.80	80.00%	\$ 38,538.24
Crisis Worker/Community Liaison - Holly Bloom	1.0000	\$41,204.80	51.00%	\$ 21,014.45
Crisis Workers - Various Staff (FTE less than 0.50, 30.18% to contract)	0.3333	\$40,778.00	88.25%	\$ 36,363.90
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
<b>TOTAL:</b>				173,260.46
<b>JUSTIFICATION/COMMENTS:</b>				

## BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Applicant: Kapi'olani Medical Center

Period: July 1, 2011 to June 30, 2012

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

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



**BUDGET JUSTIFICATION  
CAPITAL PROJECT DETAILS**

Applicant: Kapi'olani Medical Center

Period: July 1, 2011 to June 30, 2012

<b>FUNDING AMOUNT REQUESTED</b>						
<b>TOTAL PROJECT COST</b>	<b>ALL SOURCES OF FUNDS RECEIVED IN PRIOR YEARS</b>		<b>STATE FUNDS REQUESTED</b>	<b>OTHER SOURCES OF FUNDS REQUESTED</b>	<b>FUNDING REQUIRED IN SUCCEEDING YEARS</b>	
	<b>FY: 2009-2010</b>	<b>FY: 2010-2011</b>	<b>FY:2011-2012</b>	<b>FY:2011-2012</b>	<b>FY:2012-2013</b>	<b>FY:2013-2014</b>
PLANS						
LAND ACQUISITION						
DESIGN						
CONSTRUCTION						
EQUIPMENT						
<b>TOTAL:</b>						
<b>JUSTIFICATION/COMMENTS:</b>						

support and has secured funding from foundations and trusts through competitive grants, charitable donations, health insurers and mutual benefit societies, and fees from professional trainings and consultation services. Center services are also reimbursed through the Crime Victim's Compensation Commission, with the Center assisting victims to file appropriate compensation claims. By developing, maintaining and creating partnerships, the SATC has leveraged public dollars for victim services, allowing them to be maintained.

As a provider of comprehensive services and advocate for sexual assault victims and their families for 35 years, the SATC is considered a technical expert in the field of sexual assault. The Center has proven expertise in negotiating, executing, and managing public and private contracts and maintaining programmatic, fiscal and legal accountabilities in accordance with contract specifications. Recent examples of SATC's skills and experience are provided below, but are not an inclusive listing:

#### **1. Medical-Legal Protocol**

With funding from the State Office of the Attorney General and the support of the Scientific Investigation Section of the Honolulu Police Department, all County Prosecutors and Police Chiefs, statewide service providers and medical personnel, SATC coordinated the development of and training for a standard medical-legal protocol for victims of sexual violence. These protocols were developed collaboratively by key stakeholders who participate in the care, treatment and protection of sexual assault victims.

The protocols were designed to heighten consistency in the investigation of sexual assault cases, increase credibility in the court system, and increase the overall quality and quantity of forensic evidence through improved and uniform specimen collection and preservation techniques. The success of this project is reflected in standardized sexual assault evidence collection and preservation protocols that are presently in use across the State of Hawai'i. This protocol was implemented statewide in August 2000 and assures, to the extent possible, that victims of sexual violence receive sensitive and appropriate care statewide, and enhances prosecution of sexual assault cases through comprehensive and standardized procedures for the collection and preservation of forensic evidentiary specimens.

The State Office of the Attorney General awarded SATC a VAWA Grant to establish the Hawai'i Sexual Assault Response and Training (HSART) Program, which enables the SATC to continue statewide collaboration to maintain the integrity of the evidence collection kit and medical-legal protocols that have been established, to identify needs and challenges of all counties in the provision of the acute forensic examination and in protocol implementation, and to develop strategies to remain dynamic and responsive to the ever-changing forensic environment. This last activity on developing strategies will include drafting

program standards for compliance of the protocols and conducting specialized training to ensure "best practices" are in place for victim services.

Law enforcement and prosecutor training manuals have been developed in response to high staff turnover across the counties; the manual will be used as a statewide resource for new detectives and prosecutors involved with sexual assault cases.

## **2. University of Hawai'i at Manoa**

The SATC has worked with Jennifer Rose of the University of Hawai'i's (UH) Gender Equity Program. SATC staff has met with Ms. Rose, the head of campus security, and the head of the UH Counseling Center, as well as other UH representatives to discuss challenges the UH is experiencing in providing support to victims of sexual assault. The need for staff training, assistance in working with the police, and assistance in better understanding victims' experience with the prosecutor's office were amongst the topics addressed. The SATC also collaborates on program evaluation and research projects with Charlene Baker, Ph.D. of the Department of Psychology and has entered into preliminary discussions on collaborative research with Carol Plummer, Ph.D. of the School of Social Work.

## **3. Hawai'i Immigrant Justice Center (HIJC)/Legal Aid**

The SATC partners with HIJC/Legal Aid, which provides free immigration legal services for eligible indigent abused immigrant victims in Honolulu and Hawai'i counties. Through this collaboration, the project provides civil and/or administrative legal services for victims, including public benefits, protection orders, contested divorces, and other legal matters arising out of the abuse. The SATC has an immigrant advocate, trained and available to provide crisis counseling and case management needed for immigrant sexual assault victims, and refers these victims to HIJC for legal services.

The SATC has worked together with the other partners of this project to develop a uniform screening, identification and referral process; uniform process for case intake, client status and follow-up information; and a community referral resource for these immigrant abuse victims. Training on sexual violence for staff and other project partners is also provided by the SATC on an annual basis. In addition, SATC service brochures have been translated into 8 different languages to reach immigrant sexual assault victims from the most prevalent cultures found in Hawai'i.

## **4. Mastercontract**

Since 1997, the SATC has managed the statewide "mastercontract," with current oversight provided through the State Department of the Attorney General. SATC provides fiscal management, clinical oversight, quality assurance and training. The first site visits to subcontracted agencies in the first quarter of Fiscal Year

1998 revealed a lack of a consistent framework to guide sexual assault treatment provision, either statewide or within agencies. General findings from those initial site visits revealed no systematic documentation or review of crisis services and wide variability in the tools and methodology to collect and report outcome data. Implementation of the mastercontract has resulted in increased consistency, stability, accountability and efficiency in the delivery of sexual assault services statewide

#### **5. Partnership with Legislative Policy Makers for Legal Reform**

The SATC has contributed to legal reform and changing legislation to enhance the welfare of sexual violence victims and to hold perpetrators accountable. Through SATC's advocacy and collaboration with key stakeholders, there are now laws in Hawai'i to protect confidential communications between a victim and counselor and a sex offender registry and laws that will not allow for the records of sex offenders to be expunged. There are also laws to enable victims of sexual violence to obtain court orders that mandate HIV testing of sexual offenders.

Thus, the SATC has a long history of building alliances that promote awareness of sexual violence, coordinate multidisciplinary victim services, and enhance system responsiveness. These efforts need to continue to adequately address sexual violence in our state.

#### **6. Technical Training**

The SATC is regularly contacted by professional groups and agencies to provide technical training on sexual assault, post-traumatic stress, and trauma counseling with adults, children, and families. It has also co-sponsored conferences on sexual violence and presented workshops on the treatment and prevention of sexual assault locally and nationally. The SATC responds to requests for training from social service agencies, medical and correctional facility staff, the Department of Education, the Honolulu Police Department, and the Office of the Prosecuting Attorney.

#### **7. Research**

The SATC has contributed to the knowledge base of sexual assault through its program research and development efforts. For example, an 11 year retrospective review of over 5,000 SATC cases was published as a technical report in February 2004 in conjunction with the Department of the Attorney General (Sexual Assault Victims in Honolulu: A Statistical Profile, 2004). SATC staff has also presented at national conferences (e.g. Choi-Misailidis et al., 2004; Yanagida et al., 2004) and co-authored several books (e.g. Hand in Hand – Helping Your Child Heal From Sexual Abuse; Heart to Heart). The SATC has written and published brochures and videos, and many of these endeavors have received national and local recognition, including awards through competitions.

In summary, the Center has both the experience and the proven capability to offer services to sexual assault victims. The SATC has a long standing history of successfully collaborating with various public and private agencies as well as other key stakeholders to bring needed services to victims and to increase community awareness about sexual assault. A listing of verifiable experience with projects and contracts for the most recent three years follows.

<u>Contract Title</u>	<u>Contract Number</u>	<u>FY</u>	<u>Contract Period</u>
<b><u>VOCA (2346)</u></b>			
C&C Victims of Crime Act	C 96723	08-09	10/01/08 - 09/30/09
C&C Victims of Crime Act	SC PAT 1000069	10	10/01/09 – 9/30/10
<i>HPHRI Contact: Allison Lopes, 535-7507</i>			
<i>Fundor Contact: Dennis Dunn, 523-4658</i>			
<b><u>AG Mastercontract (2360)</u></b>			
Statewide Sex Assault Services	06-HSA-01	07/08	6/01/06 – 6/30/08
Statewide Sex Assault Services	09-HSA-01	09/10	7/01/08 - 6/30/10
Statewide Sex Assault Services	11-HAS-01	11	7/01/10 – 6/30/11
<i>HPHRI Contact: Allison Lopes, 535-7507</i>			
<i>Fundor Contact: Julie Ebato, 587-7442</i>			
<b><u>VAWA (2413)</u></b>			
Sex Assault Victim Services	08-WF-06	10	8/1/09 – 7/31/10
Sex Assault Victim Services	09-WF-02	11	8/1/10 – 7/31/11
<i>HPHRI Contact: Allison Lopes, 535-7507</i>			
<i>Fundor Contact: Julie Ebato, 587-7442</i>			

## **C. Facilities**

### **1. SATC**

Crisis services will be provided to any individual appropriate for and seeking assistance directly from the SATC through its 24-hour telephone hotline (524-7273) and, if appropriate, through the KMCWC, also 24 hours a day. Walk-in appointments will be served from the Center's office on the 22<sup>nd</sup> floor of the Harbor Court building at 55 Merchant Street in downtown Honolulu from 8:00 a.m. through 4:30 p.m., and by appointment, Monday through Friday. Both the Merchant Street location and the KMCWC conform to requirements for accessibility to persons with disabilities, as required by the Americans with Disabilities Act. Crisis services may also be delivered off site such as the Honolulu Police Department, the juvenile detention facility, the Hawai'i Youth Correctional Facility.

Victims of sexual assault who have special needs will be identified and provided appropriate access to care and treatment. A Teletype writer is available at the SATC and KMCWC to enable communications with hearing impaired individuals,

and the services of certified sign language interpreters can also be arranged for clients requiring such service in face-to-face contacts. The SATC also contracts with Cyracom, a leading provider of language services, to provide over-the-phone interpretation for clients accessing the hotline and/or crisis services who have limited English proficiency. Bilingual interpreters will be arranged for clients seeking services in person who do not speak English as a first language.

**2. Kaua'i YWCA**

The YWCA of Kaua'i offices, located at 3094 and 3093 Elua Street, Lihue, house the administration, Sex Abuse Treatment Services, Sex Assault Treatment Program, Juvenile Sex Offender Treatment Program and Alternatives to Violence Program. Housing all treatment services within the one agency has allowed staff expertise to be allocated among programs in such a manner as to best serve the clients and the community, in addition to providing the opportunity to place clients, regardless of their referral source, in the most clinically appropriate groups. All YWCA facilities meet current American with Disabilities Act requirements.

**3. Maui CFS**

The Maui office is centrally located in Kahului at 305 E. Wakea Avenue and is easily accessible from any island location. The facility is ADA compliant and office hours are Monday to Friday from 8:00 am to 5:00 pm. Crisis services are also provided off-site at locations including a medical facility and the Children's Justice Center interviewing office.

**4. Hawai'i YWCA**

In East Hawai'i, the SASS office is located at 1382 Kilauea Avenue and is housed with several other YWCA of Hawai'i programs. The crisis coordinator occupies a small cubicle for use but offices are available for use when privacy is required. In West Hawai'i, the SASS office is located at 75-5706 Hanama Pl. Suite 102.

Subcontractors will be required to comply with all laws, ordinances, rules and regulations of the federal, state, county and municipal governments.

**V. Personnel: Project Organization and Staffing**

**A. Proposed Staffing, Staff Qualifications, Service Capacity and Supervision and Training**

**1. SATC Proposed Staffing Pattern**

**Position: Crisis Intervention Therapist**

**Names: Cece Fontaine (FTE 1.0, 75 % to contract)**

**Libby Botero (FTE 1.0, 75% to contract)**

**Ana Bartelt (FTE 1.0, 80% to contract)**

Three Crisis Intervention Therapists, under the supervision of the Associate Director, will provide core crisis response services including on-call coverage,

crisis phone intakes, in-person crisis stabilization and counseling, including legal systems advocacy, and crisis outreach from 8 a.m. - 4:30 p.m., Monday – Friday. These therapists will also carry a caseload of individuals needing crisis support during the transition to ongoing clinical services at the SATC or in the community.

**Position: Crisis Worker/Community Liaison**

**Name:** Holly Bloom (FTE 1.0, 51% to contract)

This individual will provide crisis intervention counseling to sexual assault victims and their families and coordinate the medical-legal process (e.g. proper collection and transfer of medical-legal evidence, preparing written reports, and maintaining up-to-date knowledge of any changes in protocol). The worker will also provide information to victims about the legal system and options for police reporting, provide assistance and emotional support and work with community groups to resolve issues that impact sexual assault service provision.

**Position: Crisis Worker**

**Name:** Various staff (FTE 0.33, 88.25% to contract)

A portion of requested funding will cover 88.25 % of the total costs associated with crisis intervention services, including on-call coverage, crisis phone intakes, and in-person crisis stabilization and counseling and legal systems advocacy, provided by the crisis workers from 4:30 p.m. to 8 a.m., Monday - Friday, and on holidays and weekends.

**2. Staff Qualifications**

**Crisis Intervention Therapist:** Master's Degree: Degree in Social Work, Psychology or counseling related field. Two year's post-Master' counseling or behavioral health related experience preferred. Supervisory experience preferred. ACSW and Hawai'i Social Work license preferred.

**Crisis Worker/Community Liaison:** High School or equivalent; associate degree in social science related field preferred. Successful completion of Crisis Worker training. On year of experience in counseling and delivery of community presentations.

**Crisis Worker:** High school degree or equivalent. Successful completion of Crisis Worker training. Associate's Degree in Social Science or related field preferred.

**3. Neighbor Island Staffing**

The SATC will oversee, through its subcontracts, staffing levels and credentials for crisis service delivery on the neighbor islands. Since the SATC is currently subcontracting for crisis services on the neighbor islands, crisis staffing patterns and qualifications have already been approved as they are similar to those outlined above for SATC. Any deviation from staffing patterns or requirements as

outlined in the subcontract must have prior approval from the SATC.

Under this proposal, funding for subcontractors will support personnel specific to crisis services delivery. Funding will allow programs to restore existing crisis staff to previous FTE levels prior to budget cuts. An overview of the staffing structure for the sex assault programs of Kaua'i, Hawai'i and Maui can be found in the organizational charts of subcontractors in the appended Attachment.

#### **4. Supervision and Training**

##### **a) SATC**

Supervision of the SATC staff funded by this project will be provided by the Associate Director who is available 24 hours a day, 7 days a week to consult with staff on urgent care issues. Supervision will include individual monthly one-hour meetings to develop and monitor goals and objectives, enhance clinical skills, and address questions or concerns that arise. Challenging cases will be presented and discussed, with areas needing improvement or support identified. In addition, weekly crisis services meetings are held to review unusual, complex, or problematic cases or issues.

##### **b) Staffing and Supervision for Subcontractors**

Subcontractors will be allowed to adhere to their own administrative guidelines and policies and procedures regarding hiring and subsequent supervision of personnel. However, all crisis workers will complete their training utilizing the Statewide Sexual Assault Crisis Worker training manual developed by the SATC in 2008. This manual is regularly updated by the SATC crisis staff and any changes are discussed with subcontractors. Upon request, subcontractors will provide documentation of satisfactory supervisory standards for service delivery. Staffing and supervisory issues may also be addressed during site monitoring visits. A brief summary of each subcontractor's supervisory practices for crisis services is described below:

##### Kaua'i YWCA

The crisis staff has worked in their capacity for the YWCA for more than 5 years. Supervision is done by the Sexual Assault Treatment Services Program Manager who has extensive clinical background and experience. The Program Manager meets regularly with the crisis staff to review cases and services provided. Immediate supervision by the Program Manager is also available as needed on a case by case basis, especially for the most serious cases. Crisis staff meet with the Program Manager as a group once a quarter to review and discuss cases and documentation. The Program Manager also meets regularly with the therapists in supervision and does case reviews as well.

##### Hawai'i YWCA

Crisis workers receive supervision in a variety of ways. The Crisis Coordinator



provides immediate feedback regarding paperwork and supervision for difficult cases and if there is a learning opportunity, provides information to the rest of the crisis team. The Crisis Coordinator also provides a check-in for crisis worker "decompression" and may refer the staff to the therapist for assistance in working through emotional and difficult cases.

On a monthly basis, the entire team meets to discuss problems, challenges, successes, lessons-learned, and also receives training on topics related to sexual assault. At these meetings, masters prepared therapists provide supervision style feedback to crisis workers. Within a calendar year two of the meetings are full day sessions for the purpose of strengthening the team, addressing issues and conducting training.

### Maui CFS

All crisis cases serviced by the crisis staff are reviewed and signed off quarterly by the Psychologist and by the Neighbor Island Administrator for cases conducted by the Psychologist. Supervision with staff is another means of quality assurance and evaluation. Crisis staff receives monthly supervision to review professional and personal goals as well as case supervision to review the status of referred client goals and progress. This monthly supervision occurs both individually and as a team. Case files are reviewed and the supervisor documents in detail the needs and status of progress for the client as well as the needs for the actual case file. Various monitoring methods are utilized by staff, and reviewed by the supervisor in order to accurately track and supervise outputs, outcomes, client hours and documentation requirements.

#### c) Training

Training for staff delivering crisis services has been standardized statewide. All crisis staff will be required to successfully complete a comprehensive training utilizing the Statewide Sexual Assault Crisis Worker training manual developed by the SATC. This was reviewed in Section II under Quality Assurance.

The Crisis Worker training manual is regularly updated by the SATC and any changes are discussed with subcontractors. Crisis workers may participate in periodic in-service trainings to strengthen and enhance their knowledge and skills. Crisis staff are also required to participate in annual or semi-annual statewide crisis services meetings convened by the SATC, during which time new or revised information about crisis services protocols and procedures may be reviewed. Additionally, didactic clinical information is often presented at these meetings.

## **B. Organization Charts**

Organizational charts for all agencies are appended in the Attachment

## **VI. OTHER MATTERS**

### **A. Litigation**

The SATC is not aware of being named as a defendant in any current or pending litigation.

### **B. Licensure or Accreditation**

The SATC, as a program of KMCWC, holds accreditation by the Joint Commission. KMCWC is also Medicare certified and laboratory accredited by the College of American Pathologists.

## REFERENCES

Adams, A. and G. Abarbanel. (1988). Sexual Assault on Campus: What Colleges Can Do. Santa Monica Rape Treatment Center.

Choi-Misailidis, SJ, Yanagida, E., Chang, S. and Hamada, R. (2004) The Child Recovery Index (CRI): Assessing Symptomatology in Sexually Abused Youth. Poster presented at the American Psychological Association Convention.

Koss, M.P. (1992). The underdetection of rape: Methodological choices influence incidence estimates. *Journal of Social Issues*, 48(1), 61-75.

Ledray, Linda E. (1996). The Sexual Assault Resource Service: A new Model of Care. *Minnesota Medicine: A Journal of Clinical and Health Affairs*. Volume 79, Number 3, pp. 43-45.

Sexual Assault Victims in Honolulu: A Statistical Profile (2004). A report by the Department of the Attorney General, Crime Prevention & Justice Assistance Division and the Sex Abuse Treatment Center.

Seymour, A., D. Kilpatrick, and C. Edmunds (1992). Rape In America: A Report to the Nation. Arlington, VA.: National Center for Victims of Crime.

State of Hawai'i Semi-Annual Crime Summary (2009). Department of the Attorney General Crime Prevention and Justice Assistance Division.

Tjaden, P., and N. Thoennes. (2000). Extent, nature and consequences of intimate partner violence: Findings from the National Violence Against Women survey (online). Available: <http://www.ncjrs.org/pdffiles1/nij/181867.pdf>

United States Bureau of Justice Statistics. (2000). National Crime Victimization Survey, Criminal Victimization 1999, Changes 1998-1999 with Trends 1993-1999, U.S. Department of Justice, 1999. NCJ 182734

United States Bureau of Justice Statistics. (2005). Table 91: Percent distribution of victimizations, by type of crime and whether or not reported to the police Available: [http://www.ojp.usdoj.gov/bjs/abstract/cvus/reporting\\_to\\_police759.htm](http://www.ojp.usdoj.gov/bjs/abstract/cvus/reporting_to_police759.htm).

Yanagida, E., Choi-Misailidis, SJ, Davidson, MA and Perrone, P. (2004) Sex Assault in Hawai'i: An Evaluation of Patterns and Trends. Poster presented at the American Psychological Association Convention.

**ATTACHMENT**

**ORGANIZATIONAL CHARTS**

**SATC**

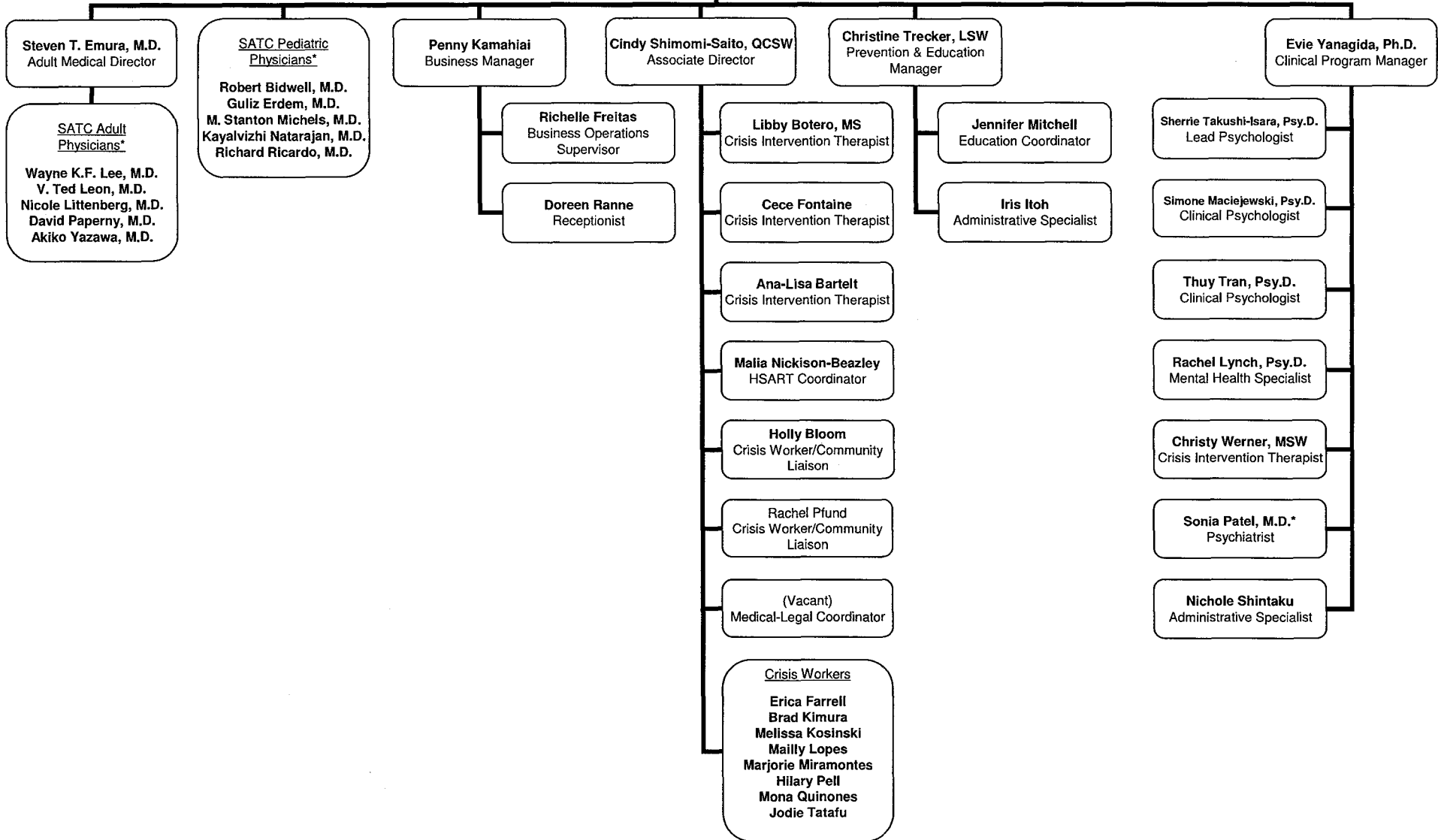
**YWCA OF Kaua'i**

**YWCA OF Hawai'i**

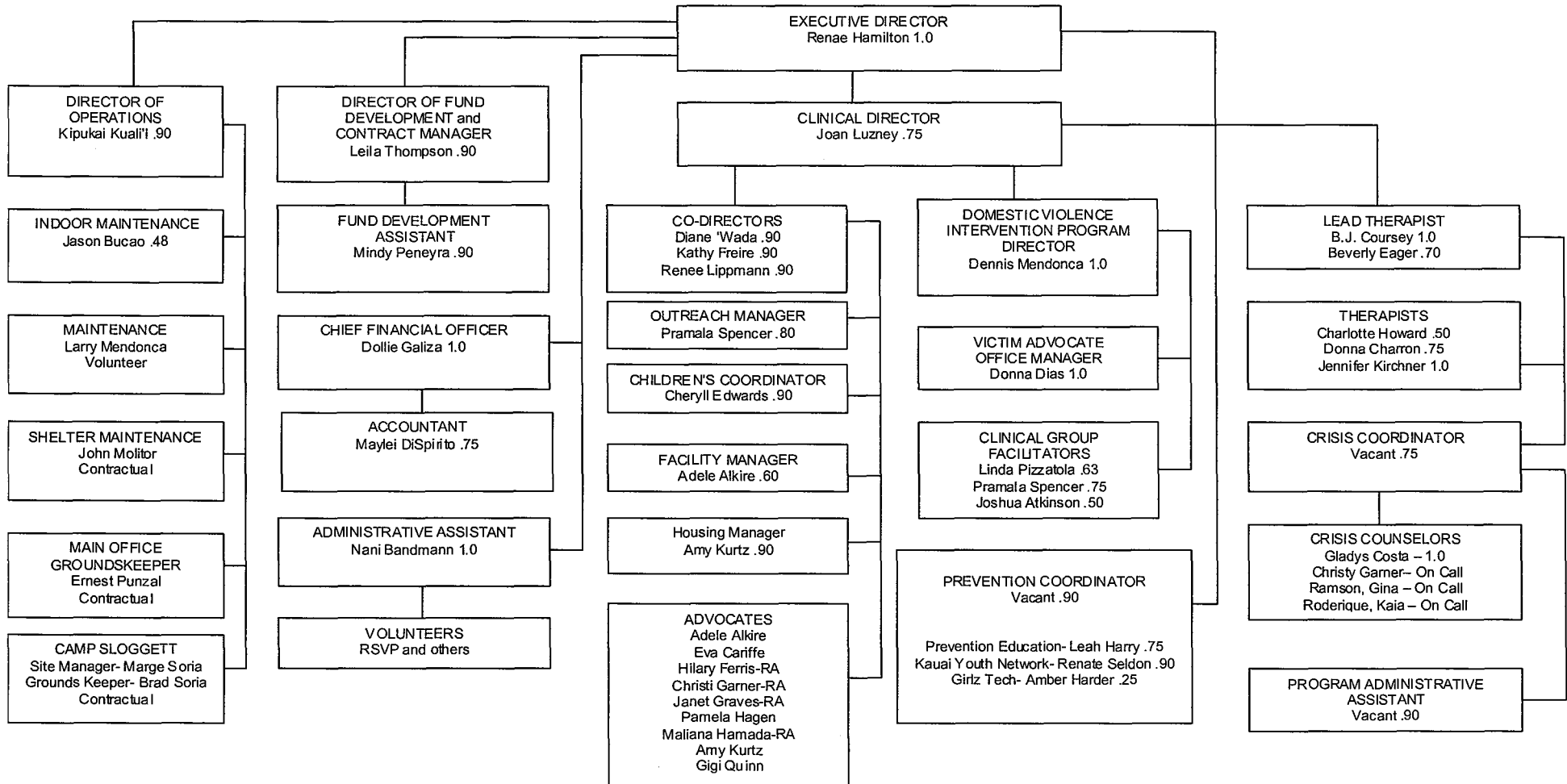
**CHILD AND FAMILY SERVICES**

**Martha Smith**  
Kapi'olani Medical Center for Women & Children  
Chief Operating Officer

**Adriana Ramelli, LSW**  
Executive Director

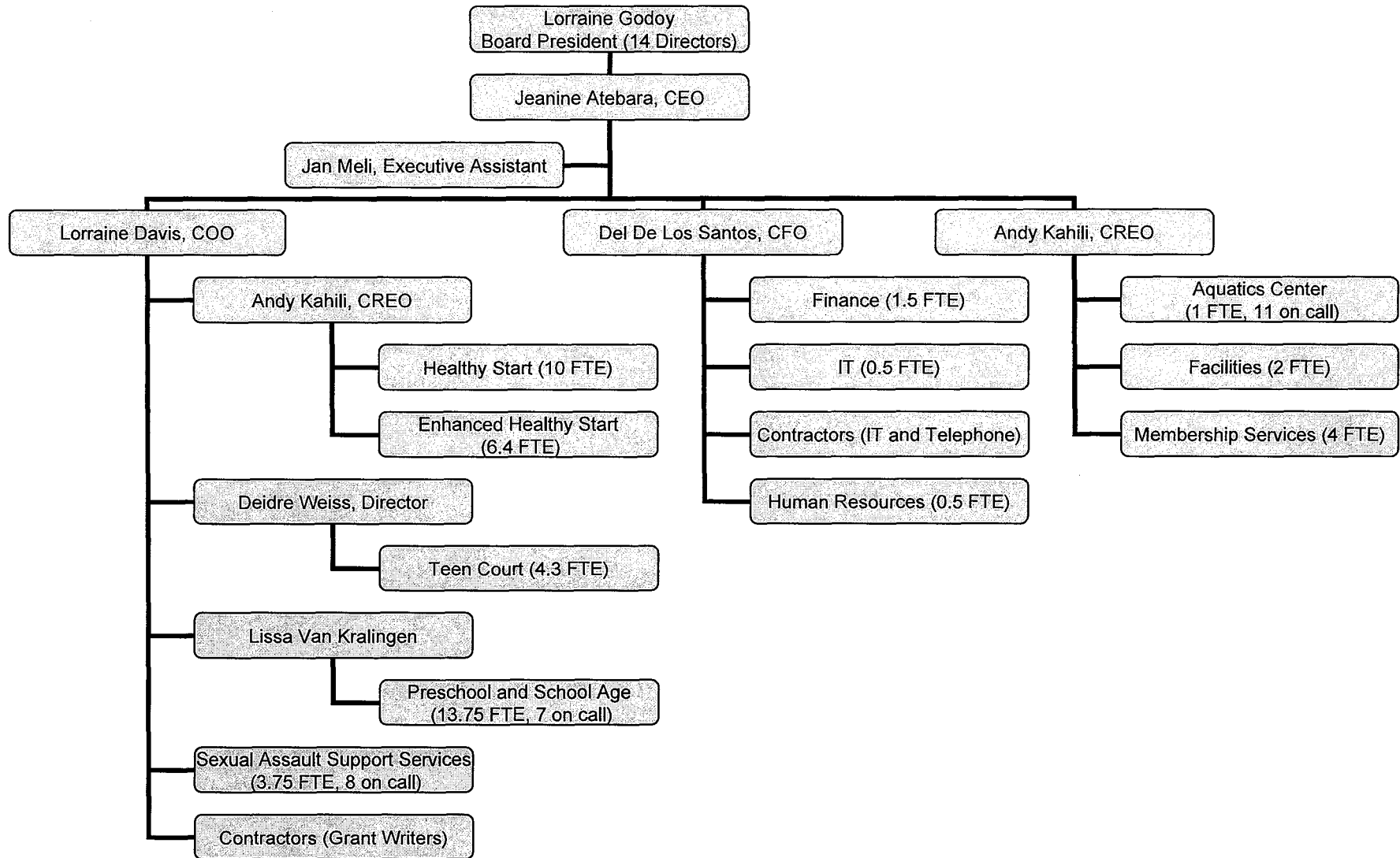


# YWCA of Kauai ORGANIZATIONAL CHART



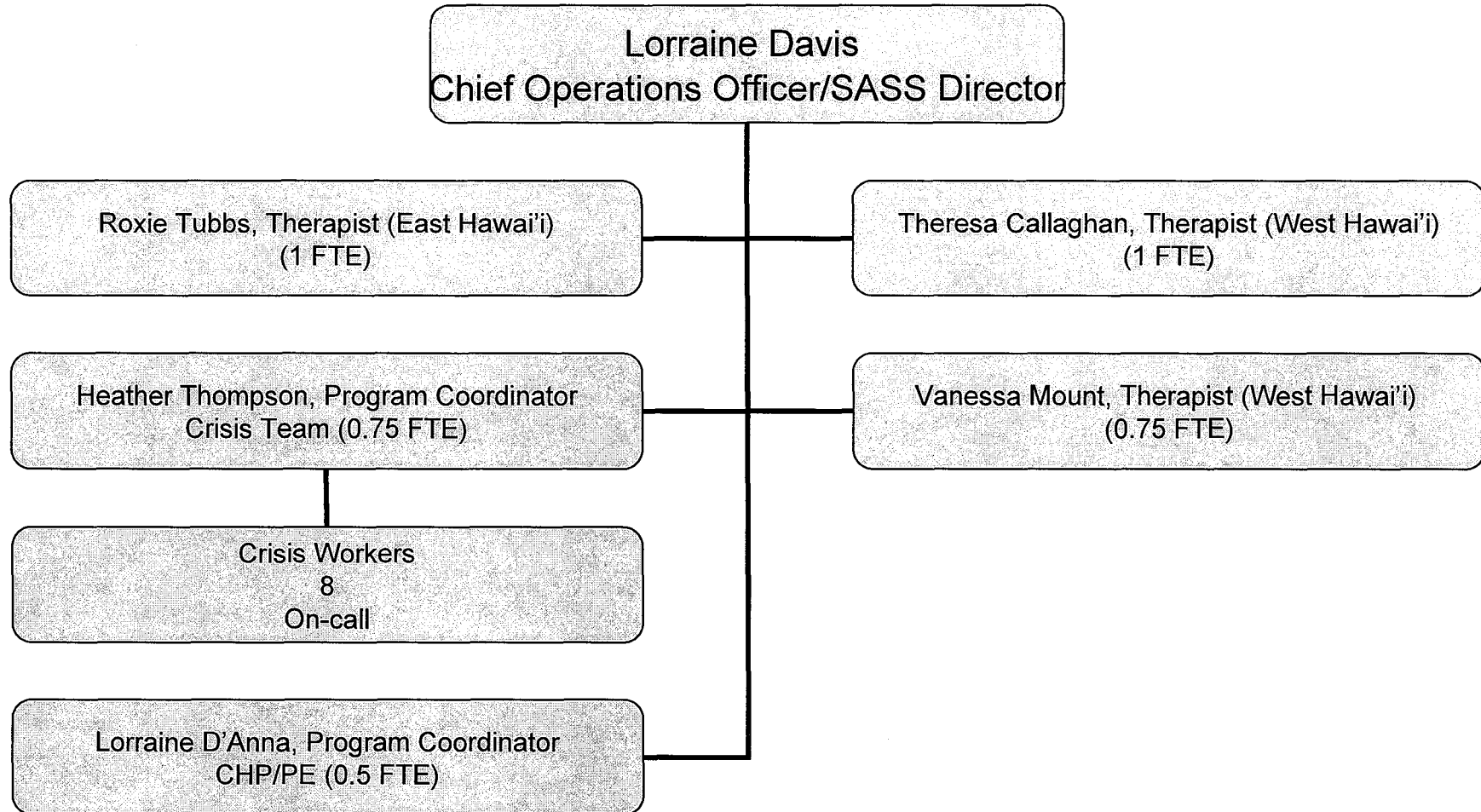
# YWCA Hawaii Island

January 26, 2011



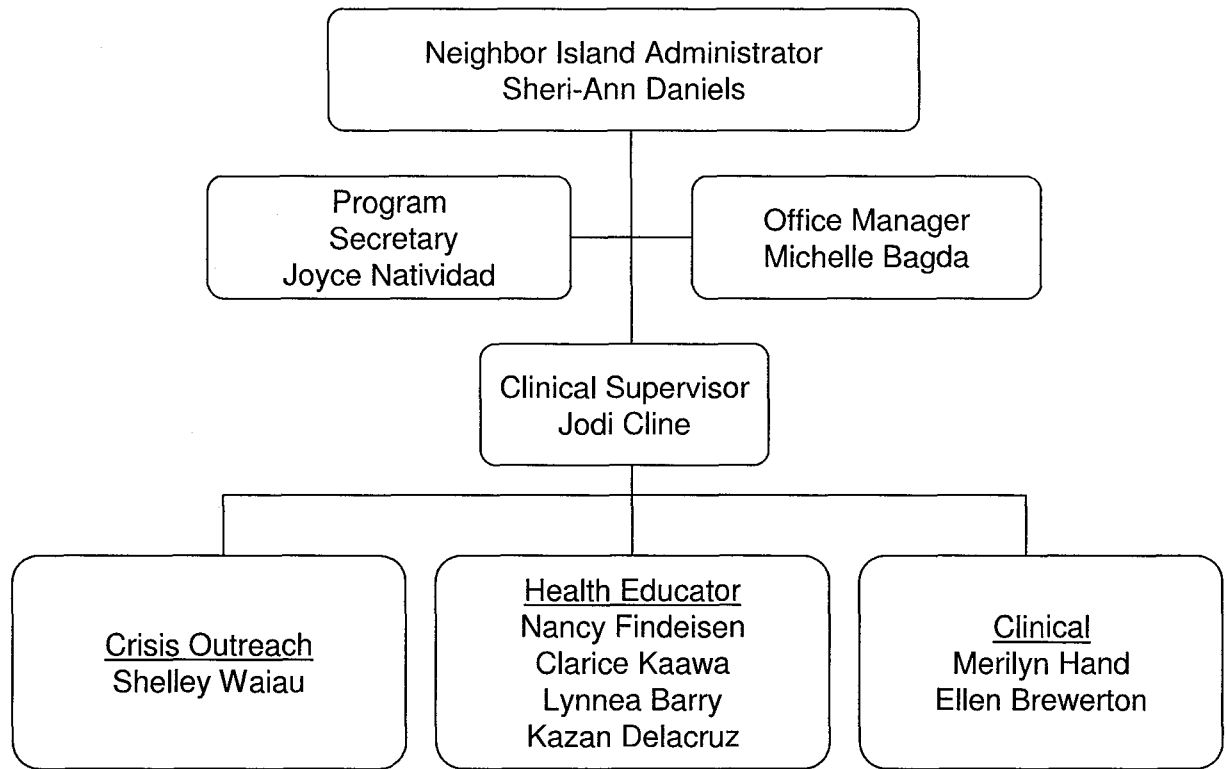
# YWCA Hawaii Island Sexual Assault Support Services

January 26, 2011





Child and Family Service, Maui  
Sexual Assault Support Services – Prevention and Education Services  
Proposed Organization Chart



**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.

Kapi'olani Medical Center for Women and Children  
(Typed Name of Individual or Organization)



1/27/4  
(Date)

Martha B. Smith  
(Typed Name)

Chief Operating Officer  
(Title)