

House District 8,9

Senate District 4

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

Log No: 13-0

For Legislature's Use Only

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):

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

Dbas:

Child and Family Service

Street Address:

305 E. Wakea Avenue

Kahului, HI 96732

Mailing Address:

91-1841 Fort Weaver Road

Ewa Beach, HI 96706

2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:

Name KAREN TAN

Title Vice President of Programs

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e-mail cfscontracts@cfs-hawaii.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:

FUNDING FOR CRITICAL SERVICES FOR SUBSTANCE ABUSE COUNSELING SERVICES ON THE ISLAND OF MAUI.

4. FEDERAL TAX ID #: _____

5. STATE TAX ID #: _____

7. AMOUNT OF STATE FUNDS REQUESTED:

FY 2012-2013: \$ 137,000.00

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 \$ _____ 0

FEDERAL \$ _____ 0

COUNTY \$ _____ 0

PRIVATE/OTHER \$ _____ 0

HOWARD S. GARVAL, PRESIDENT AND CEO
NAME & TITLE

1/31/12
DATE SIGNED

Application for Grants and Subsidies

I. BACKGROUND AND SUMMARY

In November of 2011, the Substance Abuse Counseling Services Program was eliminated from the Department of Human Services' budget. The program works with families who are actively using substances or have a history of substance abuse and are currently involved with Child Welfare Services. Many of the parents in the program are coming out of substance abuse treatment and are at-risk of relapse. Most of the children in these families are living in foster care as a result of abuse and/or neglect.

The goal of the program is to support the parents in providing a safe, permanent home for their child, ultimately regaining custody of their child. In order to meet this goal, case management is provided that addresses immediate barriers (such as food, housing, etc.) for each family. Therapy is also provided in order to support the parents toward positive change and reunification with their children.

Without the program, the families will be placed on a wait-list for services, delaying their movement towards reunification with their children and the length of stay for the children in foster care will be longer. The impact of trauma on children increases with factors such as length of stay in foster care, increased multiple placements, and lack of a permanent home environment. Research indicates that children with a history of trauma have difficulty connecting to others, feelings of worthlessness, and difficulty managing their feelings. In addition, the long-term lack of permanency for children results in highly problematic behaviors including aggression and drug and alcohol abuse.

CFS is requesting \$137,000.00 to continue the provision of these vital services and reduce the traumatization and long-term negative impact on these children and their families.

1. A brief description of the applicant's background

Child & Family Service (CFS) is a private nonprofit organization that has been serving Hawaii's families continuously since 1899 – more than a *century of caring*. We maintain a comprehensive integrated delivery system that encompasses a wide array of services provided to populations ranging from infants to elder adults, throughout the State, on the islands of Oahu, Hawaii, Kauai, Maui, Molokai, and Lanai. CFS has 37 programs, more than 400 employees and 100 volunteers that deliver services to fulfill our mission of **“Strengthening families and fostering the healthy development of children”**.

The broad spectrum of services provided by CFS include: domestic violence intervention and transition services, case management, foster and therapeutic foster care; adoption services; residential group homes, alternative education for alienated youth, prevention and treatment of child abuse, and family, school, and community-based counseling

services for children and their families. Infants, children, adolescents, young adults, older adults, individuals, and families in need benefit from these services.

CFS's programs are responsive, flexible, and focused on positive outcomes. Services are provided in homes, schools and in the community as well as 35 CFS offices and service sites throughout the State. CFS's strength lie 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.

The overall goals of CFS are to:

1. Improve an individual's functional and clinical status (emotional, psychological well-being, development and independent living skills);
2. Improve an individual or family system's ability to cope with stressors in their lives;
and
3. Improve the health, welfare, and safety of individuals so that they are safe from harm, abuse or neglect.

The outcomes CFS achieves demonstrate success in assisting clients to improve their personal circumstances. These changes lead to stronger individuals and families. CFS also measures client satisfaction as an indicator of success. Ninety-seven percent (97%) of our clients rate CFS services as good or excellent.

CFS demonstrates its commitment to service excellence and quality care through the provision of services that are responsive, effective and efficient. CFS establishes goals to achieve service excellence through its strategic planning process. This process involves all levels of the organization, including clients, community stakeholders, direct service staff, management and the Board of Directors. Current strategic initiatives include improving employee recruitment and retention mechanisms, achieving positive client outcomes, developing manager training and mentoring opportunities, increasing partnerships with other organizations, and increasing non-governmental revenue.

The administrative management and service delivery systems of CFS emphasize service excellence. The following components are woven into the day-to-day practices of the organization:

- Cultural competence
- Person and family centered approach
- Community and stakeholder partnerships
- Positive client outcomes
- Commitment to learning
- Quality monitoring
- Employee excellence
- Coordination of care

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. CFS has also been a member of the Alliance for Children and Families since 1986. Because of its accreditation status and membership in national organizations, CFS has access to current research data and best practice models.

The CFS Maui Office has been providing services to families on Maui since 1992. The programs have a strong community base and focus on strengthening families and helping them gain the skills they need to provide a safe and stable home for their children. The CFS Maui office's first program was an Employee Assistance program.

The partnership with Maui Child Welfare Services (CWS) was strengthened when CFS was awarded the Maui Comprehensive Counseling and Support Service (CCSS) in 1995-1999, ILP contracts in 1999-2003 and Molokai CCSS in 1999-2003. By providing these services, CFS Maui staff became much more knowledgeable about the CWS system and gained valuable experience in working together with the CWS social worker to help families and youth complete their treatment goals. Maui continues to work very closely with CWS especially in our programs that work with families referred from CSW: sexual abuse treatment services, comprehensive counseling and support services, and voluntary case management.

CFS Maui currently administers 10 separate programs with a staff of 45. Services are provided across the island in family homes, at our Kahului office location, in the Hana area and on Molokai and Lanai. In addition to the CCSS and VCM (Voluntary Case Management) program, our services include domestic violence advocacy; sexual assault prevention education; sexual assault crisis and clinical therapy services; crisis mobile outreach for youth; therapeutic foster homes; and Employee Assistant Program. The broad range of services and extensive training provided through CFS has created a staff rich in clinical experience and community knowledge, with expertise in a wide variety of family issues. Staff in the CFS Maui programs have an opportunity to learn from other staff members on our island as well across our statewide organization.

CFS understands and provides family-centered, culturally sensitive services that address the child's safety, emotional, and developmental needs. The needs of the child and family determine the type and mix of services. Families and children, to the extent possible, are full participants in planning, determining the delivery of services, and evaluating them. Services are designed around the inherent strengths of the youth, family and community with the goals of safety, permanency, and family well-being.

2. The goals and objectives related to the request

The goals of the service reflect the three broad outcome domains in the continuum of child welfare services: safety, permanency, and child and family well-being.

Objectives include:

- 1) Reduce the recurrence of child abuse and/or neglect
- 2) Reduce the incidence of child abuse and/or neglect in foster care
- 3) Increase permanency for children in foster care
- 4) Reduce time in foster care to reunification without increasing re-entry
- 5) Reduce time in foster care to adoption
- 6) Increase placement stability
- 7) Reduce placements of young children in group homes or institutions

The Substance Abuse Counseling Services (SACS) Program will implement the overall values and beliefs of CFS's service delivery with families in the program. This program's ultimate goal is to help families provide a safe home for their children while promoting positive parenting and helping prevent child abuse and neglect. The program is ultimately designed to meet the child safety goals of the Department of Human Services. The SACS Program will provide support to families, helping and guiding them towards positive change. Program staff will meet with each family in their home, listening to their concerns, drawing on their strengths, equipping them with information and presenting them with alternative ways to maintain a safe and healthy living environment for their children. Families will receive home visitation services for up to six months.

Experience with this population has found that many of these substance abuse families have multiple, chronic issues which do not readily respond to traditional substance abuse treatment. Many families do not admit to the tragic impact substance abuse is having on their family. Extended family has often "burned out" in helping the family cope, or supports the continued substance abuse. Issues such as a history of physical and/or sexual abuse, domestic violence, mental illness, and the severe economic impact of the substance abuse lifestyle (poverty, homelessness, unemployment) greatly hinders recovery. The program model will emphasize crisis intervention, service planning, case management, counseling, and parent education that recognizes the unique issues of substance abusers.

CFS provides a continuum of services that are targeted at safeguarding vulnerable children. The proposed Substance Abuse Counseling Services Program will continue to be an integral component of the CFS continuum of care on Maui, which is comprehensive, coordinated, and builds on collaborative partnerships in the community.

Crisis Intervention services are the most crucial aspect of this program. The Specialist IV, will be available 24 hours a day, 7 days a week. The intensity and flexibility of these services will far exceed those traditionally available from substance abuse providers. This culturally sensitive approach reaches out to the entire family system. The staff is there for the client in any crisis and yet sets clear expectations and boundaries.

3. *State public purpose and need to be served*

Statewide, reports of child abuse and neglect have remained constant at approximately 5,000 per year during the last several fiscal years. On the island of Maui, an average of 590 reports were assigned for investigation in each of fiscal years 1996 to 2001. Of the reports investigated, an average of 340 children were found to have confirmed reports of maltreatment each year. The Department anticipates at least 590 reports of child harm on Maui in each year of the next biennium.

Parental substance abuse, with its related health problems and social and economic impact, is a critical factor in many families who come to the attention of the child welfare service system. A study conducted by the Department found that of the cases reviewed, over 85% of the cases involved substance abuse as a safety issue in the home. These types of cases often involve multiple serious safety issues, are longer in duration, and require the expenditure of more resources to obtain resolution.

The Maui Regional Planning Committee for Title IV-B subpart 2 has identified the issue of substance abuse prevention and treatment as the most pressing issue facing children and families on the island of Maui.

According to the Hawaii State Department of Health, Alcohol and Drug Abuse Division (ADAD), 11% of the adult population on Maui needs treatment for alcohol and other drugs. That translates into approximately 8,000 adults who are abusing substances. Research conducted by ADAD of women in their childbearing years who used alcohol or drugs showed that approximately 18% of women on Maui in their childbearing years are using substances. Sixty-one percent of the women used marijuana; 31% had used cocaine or crack cocaine; 24% (the highest in the state) used methamphetamines; and, 85% used alcohol. 8.6% of the women who reported using alcohol said that they missed work or school or were unable to do their daily chores in the past year, while 4.7% of the women who used alcohol in the past year said they had faced problems with family, friends, work, school, or police because of their alcohol use.

There are currently only 9 licensed substance abuse counselors on Maui in private practice and a scarcity of programs – a number decreasing steadily as funding cuts by state government slash what few programs that exist.

Experience with the substance abusing population has found that many of these families have multiple, chronic issues which do not readily respond to traditional substance abuse treatment. Many families do not admit to the tragic impact substance abuse is having on their family. Extended family has often “burned out” in helping the family cope, or supports the continued substance abuse. Issues such as a history of physical and/or sexual abuse, domestic violence, mental illness, and the severe economic impact of the substance abuse lifestyle (poverty, homelessness, unemployment) greatly hinders recovery.

The program model will emphasize crisis intervention, service planning, case management, counseling, and parent education that recognizes the unique issues of substance abusers.

Aspects of the program will address concerns specifically related to the substance abuse issues. Major components include strengthening motivation to participate in substance abuse treatment if indicated; maintaining motivation for remaining substance free; and developing a relapse prevention plan if the client is in recovery, a safety plan, and a plan to involve the extended family.

Case management will focus on connecting the family with resources to reduce stress, (financial, family, and social) that may trigger relapse. Counseling services will be provided to focus on issues that present risk to the child(ren)'s safety. The educational component will help client and/or family members learn about the stages of recovery, addiction management and other pertinent issues. Parenting groups will enhance child management skills, provide information on child development, and help parents with substance abuse issues better understand the role substance abuse has on their children and family members. Services will be geared to breaking the cycle of addiction by using the stages of recovery.

4. Describe the target population to be served

The target population are those families and/or children who have issues related to child abuse neglect and/or threatened harm. The children may be in out-of-home placement with families working toward reunification, if appropriate. The services are available island-wide for Maui. The current demographics for the CCSS program indicates that 1) most clients served reside in the following areas: Kahului, Wailuku, Kihei, Upcountry and Lahaina; 2) more than 85% of those referred have substance abuse history; 3) cases where at least one parent is incarcerated; 4) many clients have history of domestic violence and 5) ethnicity most served are Caucasian (30%) and then Hawaiian/pt. Hawaiian (28%).

5. Describe the geographic coverage

The services will be available island-wide for Maui.

II. SERVICE SUMMARY AND OUTCOMES

1. Describe the scope of work, tasks and responsibilities

CFS's approach to service delivery encompasses a wide range of values, beliefs and practices that strive to empower and engage families to identify strengths and make

positive changes in their lives. Staff at CFS understand the value that each individual client brings with them as they struggle to address their personal challenges. Whether it be in the area of Child Abuse and Neglect or Elderly care, our service delivery process allows for staff to engage each client in conversation about where they are in their life, what struggles they are facing, what challenges lie ahead, and what strengths they bring with them to help them succeed.

Clients often feel incompetent and overwhelmed. Many of them live a life of poverty and as a result, feel disempowered to make positive change. CFS staff support each individual towards making positive change. In some cases, it is simply by sitting down with them and helping them to identify what strengths they have. Asking questions about past difficult situations and how they overcame challenges can help them to identify their own strengths. By doing so, a sense of hope and competence begins to emerge. CFS strongly believes that unless clients find their own sense of hope and competence, any work we do with the client is less likely to have any impact. We cannot make the changes for them, but we can guide and empower them towards success.

Cultural issues are also of key focus for CFS as each client can draw on their own cultural values and beliefs while making positive change. Talking with a client about their ancestors and lineage can often trigger a sense of connection with their past. And perhaps, this connection can contribute to their ability to create a more positive future for the next generation. This gives them hope and purpose.

In all the work CFS does, we also believe that positive change for Hawaii's families cannot be accomplished alone. CFS works closely with community partners and various State Departments (such as DHS) to ensure the best possible supports are provided to each client.

The Substance Abuse Counseling Services (SACS) Program will implement the overall values and beliefs of CFS's service delivery with families in the program. This program's ultimate goal is to help families provide a safe home for their children while promoting positive parenting and helping prevent child abuse and neglect. The program is ultimately designed to meet the child safety goals of the Department of Human Services. The SACS Program will provide support to families, helping and guiding them towards positive change. Program staff will meet with each family in their home, listening to their concerns, drawing on their strengths, equipping them with information and presenting them with alternative ways to maintain a safe and healthy living environment for their children. Families will receive home visitation services for up to six months.

An underlying program assumption is the likelihood of child abuse will be reduced with the improvement of family functioning, the promotion of positive parent-child interaction, and the enhancement of parental life skills and the reduction of family stress. Solution-focused interventions will be utilized for immediate short-term changes, a cognitive

behavioral approach is used for long-term changes in attitudes and behaviors and information and referral is used to link families with natural supports in the community.

The following section will provide an overview of five key areas of program service delivery for the FSS Program; (1) Referral and Intake, (2) Assessment and Service Planning, (3) Direct Service Provision, (4) Coordination with DHS, and (5) Quality Assurance, Grievance and Dispute Resolution Procedures. Each section will provide a general description with a further detailed description in the work plan.

A. REFERRAL AND INTAKE

Referrals will primarily come from the CWS Intake unit. Referrals will also come to the program from the Maui CWS unit. When the referral is received, it will be reviewed by the Program Secretary and Neighbor Island Administrator.

Intake will usually occur once the case is assigned to the program staff. During the intake process a home or off-site visit will be scheduled. Staff will provide an honest, non-threatening environment which helps families to engage openly and feel heard without judgment. The intake process will be reviewed in detail with the family and all paperwork will be signed and sets the tone for future visits.

B. ASSESSMENT AND SERVICE PLANNING WITH FAMILY

Within the first 30 days of services, an AAPI-2 assessment will be completed and sent to CWS for scoring. During the assessment process, the Specialist will approach the family with a non-judgmental demeanor, focusing on strengths and supports that the family possesses.

An Individual Program Plan (IPP) will be created with input from the family, family support systems, DHS/VCM, or any other community providers involved with the family. The IPP will focus on the reason for referral and will create obtainable, measurable and time limited goals/objectives with the primary focus on child safety. The SACS staff will ensure that the family agrees with the IPP and feels that it is reasonable.

C. DIRECT SERVICE PROVISION

Ongoing services for each family will occur over a period of time, not to exceed 15 months. During this timeframe, program staff may see the family daily, weekly, bi-weekly or monthly, depending on the family's needs. Ongoing engagement with the family will be essential in order to ensure that the IPP goals and objectives are met.

The essential component of successful interventions in this program is a judicious balance between building a strong alliance with the parents and reminding them of the natural consequences of their failure to successfully complete the program. Staff work

to engage parental cooperation, enhance their motivation to change, and to maintain those changes over time. CFS understands and provides family-centered, culturally sensitive services that address the child's safety, emotional, and developmental needs. The needs of the child and family determine the type and mix of services. Families and children, to the extent possible, are full participants in planning, determining the delivery of services, and evaluating them. Services are designed around the inherent strengths of the youth, family and community with the goals of safety, permanency, and family well-being.

The key to service delivery system for the SACS Program is understanding that a over 85% of these families are dealing with substance abuse issues and are in various levels of recovery. The level of recovery influences all interventions. Encouraging parents to acknowledge the effect substance abuse is having in their family, seek treatment, and remain motivated to stay in recovery permeates every aspect of this program. The stages of recovery framework is also a helpful tool for understanding other nonfunctional aspects of the family which have brought them to the attention of the child welfare system.

In families with substance abuse problems, it is especially challenging to engage the clients. Since relapse is considered a regular part of recovery, realistic safety plans for the children in times of relapse must be the first priority. Engaging the parents to the point that they will call for crisis intervention if they note their relapse patterns beginning to occur is the most hopeful outcome. If this is not possible for them, then engaging their safety net of relatives and friends to provide for the safety of the children is essential.

Staff must be aware of the cultural factors that influence how and when a parent is willing to engage. Cultural sanctions on sharing personal or family problems with strangers, threats of violence from a partner, and fear that their children may be taken away often work together to silence parents who are thinking of reaching out for help. Often there is too much shame in admitting a substance abuse problem directly. Acknowledging the impact of abuse or domestic violence where it is an intergenerational pattern can be difficult.

The protective factors framework will be very applicable to the Substance Abuse Counseling Services Program's work in helping parents identify and build on their own strengths and on empowering them to identify the best strategies to help them enhance their parenting capacity. The protective factors will give the staff members a foundation for working in partnership with the parent and family to explore opportunities for growth and support.

The following five protective factors will help to strengthen families:

- *Nurturing and Attachment/Social Emotional Development* which focuses on increasing parents' knowledge of their children's need for nurturing, emotional attachment and avoidance of community-based risk factors.
- *Knowledge of Child Development* where each parent increases their knowledge of child development and how to plan for each stage of development related to activity and play as well as appropriate discipline techniques.
- *Parental Resilience* which focuses on increasing parent knowledge of how their level of stress can impact their ability to parent and ways for parents to manage their stress.
- *Concrete Support for Parents* which helps to increase parents' knowledge of resources and support services in their community as well as how to increase parents' knowledge and understanding of how to create a safe environment for their children.
- *Social Connection* which focuses on increasing parents' emotional support system and how to access a formal support system in the community.

By incorporating the five protective factors in SACS Program, the approach and support for the family has a higher chance of success.

Work Plan

The following Work Plan details service activities and program requirements, specific tasks, responsible staff and backup staff, and the timeline/schedule.

	A. Service Activities & Program Requirements	B. Specific Tasks	C. Title Responsible Staff (& Backup)	D. Timeline/ Schedule
1	Contract specific policies and procedures for admission and discharge including:	<p>Program procedures for admission and discharge will be developed upon award of contract. They will be based on the information supplied in the proposal and work plan.</p> <p>CFS provides a number of Child Welfare Services as well as Substance Abuse Programs; staff from those programs can provide assistance in the development of these procedures.</p>	<p>Neighbor Island Administrator</p> <p>Back up: Clinical Coordinator</p>	At award of contract.
	<ul style="list-style-type: none"> Referral 	<p>Referral: Referrals will be received from Child Welfare Services (CWS) by fax or mail. The referrals will be collected and a confirmation of receipt will be faxed back to CWS. The Program Secretary will record the referrals on the program log and then give them to the Neighbor Island Administrator who will assign them to staff. Referrals will receive follow up within the next business day.</p> <p>DHS-CWS determines the criteria for referrals which may include but are not limited to:</p>	<p>Program Secretary</p> <p>Backup: Neighbor Island Administrator</p>	<p>Referrals will be accepted Monday through Friday 8:00AM – 5:00PM. Referrals by fax will be received at any time, but for those received after hours, the receipt of confirmation will be completed the following business day.</p>

	A. Service Activities & Program Requirements	B. Specific Tasks	C. Title Responsible Staff (& Backup)	D. Timeline/ Schedule
		<p>Families with children whose parents or other primary caregivers have substance abuse and/or other mental health needs that place children at risk of harm or result in child maltreatment.</p>		
	<ul style="list-style-type: none"> Intake and service initiation 	<p>Intake: Once the staff receives the referral, s/he will review it and contact the family within the next business day. If there is incomplete information on the referral, the staff will contact the referring CWS social worker to obtain the additional needed information/clarification.</p> <p>Service Initiation: The staff will attempt to contact the family by telephone to arrange an interview. If there is no telephone number listed on the referral or there is no answer after several attempts, the staff will do an un-announced visit to the address in order to contact the family.</p> <p>The first time that the staff meets with the family, s/he will explain the goals and objectives of the Substance Abuse Counseling services. If the family accepts services, then consent forms, client rights</p>	<p>Specialist IV, Case Manager</p> <p>Backup: Neighbor Island Administrator</p>	<p>Attempts will be made to contact the family within the next business day of the referral. Staff work evenings and weekends as needed in order to meet the needs of the families.</p> <p>Services are initiated with the referral.</p>

	A. Service Activities & Program Requirements	B. Specific Tasks	C. Title Responsible Staff (& Backup)	D. Timeline/ Schedule
		forms, and other intake documents are completed. The staff will arrive at the first meeting with educational materials on topics such as the effects of substance abuse on the family and relapse prevention, parenting and guidelines for limit-setting, and with a list of community resources that are relevant based on the referral. If the family refuses services, the Specialist will leave the information with the family. If the family accepts services, the Specialist will conduct an assessment and begin planning for the Individual Program Plan.		
	<ul style="list-style-type: none"> • Waiting lists or turn away policy 	When the request for service exceeds program capacity, the program will respond within 24 hours about the availability of services. If services are unavailable or cannot be provided within a designated period, the Neighbor Island Administrator will notify the referring CWS social worker of the waitlist status. The referrals will be serviced in the order received unless there is an urgent circumstance indicated by CWS.	Program Secretary Backup: Neighbor Island Administrator	Every attempt will be made to move a family off the waiting list within one week.
	<ul style="list-style-type: none"> • Discharge criteria and process 	Discharge will occur when the goals and objectives have been met. If the staff	Specialist IV, Case Manager	Discharge occurs upon completion of

	A. Service Activities & Program Requirements	B. Specific Tasks	C. Title Responsible Staff (& Backup)	D. Timeline/ Schedule
		<p>believes that the family needs additional assistance, the services may be extended. Any extension must be approved by the Neighbor Island Administrator pursuant to a DHS approved program procedure.</p> <p>Before the family is discharged, the staff will link the family to other community resources as needed. Discharge can also occur if the family refuses to participate in services or drops out, or if the staff determines that the family needs to be referred back to DHS-CWS.</p>	<p>Backup: Neighbor Island Administrator</p>	<p>services or at CWS social worker discretion. A discharge summary is completed within one week of discharge.</p>
2	<p>Assessments:</p>	<p>When a client has accepted services, the staff will conduct a psycho-social evaluation. The client will be asked about their perception of the problem, their strengths and needs. This comprehensive assessment tool covers areas including: mental health, health, education, vocational history, suicide/homicide lethality, family history, criminal justice involvement and recommendations.</p> <p>The Certified Substance Abuse Counselor (CSAC) will conduct the assessment administering the following standardized</p>	<p>Specialist IV, Case Manager</p> <p>Backup: Neighbor Island Administrator</p>	<p>Assessment will be completed during 1st visit, within 72 hours of receipt of referral.</p>

	A. Service Activities & Program Requirements	B. Specific Tasks	C. Title Responsible Staff (& Backup)	D. Timeline/ Schedule
		<p>tools: Family Areas of Competency (FAC), the CAGE Assessment (Alcohol Abuse) and Substance Abuse Subtle Screening Inventory (SASSI-3). The results from these specialized tools will be reviewed with the CSAC by the Neighbor Island Administrator, also a CSAC, to assist in the development of the IPP. The staff will review the assessment from any other providers, especially Comprehensive Counseling and Support Services if case is shared. Combining available information, the staff will determine the seriousness of the client's substance abuse/addiction and the motivation to change.</p>		
3	Crisis Intervention Services:	<p>Crisis Intervention services is the most significant aspect of this program. The Specialist IV will be available 24 hours a day, 7 days a week. The intensity and flexibility and direct home-based services will far exceed those traditionally available from substance abuse providers. Clients will be encouraged to call the Specialist IV when they recognize relapse trigger. This service will assist the families for up to 5 hours per week, up to 3 weeks in duration. Service components include:</p>	<p>Specialist IV Backup: Neighbor Island Administrator</p>	<p>Crisis Intervention services will be available on a 24 hour, 7 days a week basis.</p>

	A. Service Activities & Program Requirements	B. Specific Tasks	C. Title Responsible Staff (& Backup)	D. Timeline/ Schedule
	<ul style="list-style-type: none"> Assessment 	<p><i>Assessment:</i> A crisis assessment will occur immediately upon referral and will be concurrent to other service provisions. This assessment will determine immediate needs specific to de-escalating the situation and developing focused solutions.</p>	<p>Specialist IV, Case Manager Backup: Neighbor Island Administrator</p>	
	<ul style="list-style-type: none"> Counseling 	<p>A time-limited, solution focused service will be provided by the Specialist IV in a location easily accessible by clients. Mobile services will also be made available for clients with transportation difficulties. These services will address communication skills building, parental support and linking to appropriate community resources.</p>	<p>Specialist IV Backup: Neighbor Island Administrator</p>	
	<ul style="list-style-type: none"> Case Management 	<p><i>Case Management:</i> The Case Manager will provide referral and/or linkages to appropriate community agencies to assist the client and family in addressing identified needs. Staff will follow up with client through service provision to assist in meeting identified needs.</p>	<p>Case Manager Backup: Specialist IV</p>	
	<ul style="list-style-type: none"> Role Modeling/Mentoring 	<p><i>Role Modeling/Mentoring:</i> Staff will work closely with family to identify strengths in working with client and their child(ren) and teach client through modeling skills (i.e.</p>	<p>Specialist IV, Case Manager Backup: Neighbor</p>	

	A. Service Activities & Program Requirements	B. Specific Tasks	C. Title Responsible Staff (& Backup)	D. Timeline/ Schedule
		providing healthy snacks) to improve relationships.	Island Administrator	
	<ul style="list-style-type: none"> Education 	<i>Education:</i> Brief services and/or linkage to community agencies will be provided that can assist in providing support and services in the areas of substance abuse and improving parenting skills. Service may include group services to address pre-treatment issues/goals.	Case Manager, Backup: Specialist IV	
	<ul style="list-style-type: none"> Assistive Services 	<i>Assistive Services:</i> This will include assisting the client in coordinating services, appointments and provision of transportation if needed and CFS does have access to vehicles. These services will be provided based on funding availability.	Case Manager Backup: Specialist IV	
4	Individualized Program Planning:	<p>The program staff will make initial contact with referred clients to provide information on the program and to make an appointment to begin the intake process.</p> <p>The Individualized Program Plan (IPP) will serve as the blueprint for program activities designed to help the family be successful in achieving their goals. The staff will collaborate effectively with the client and CWS social worker to develop a</p>	Specialist IV, Case Manager Backup: Neighbor Island Administrator	<p>Initial consultation will be scheduled within one week of referral, either by telephone or face-to-face.</p> <p>Reviews/updates on the plan will occur at least every six months.</p>

A. Service Activities & Program Requirements	B. Specific Tasks	C. Title Responsible Staff (& Backup)	D. Timeline/ Schedule
	<p>written IPP to be signed by the client, CWS social worker and the Specialist IV. Treatment goals and objectives will be clearly written and measurable. The activities chosen to move toward the goals and objectives will be expressed as specific tasks assigned to the client, in order to promote the sense of team members working together as responsible partners. Target dates will be assigned to each activity to increase accountability.</p> <p>Other service providers involved with the client will be included in the development of the plan as deemed appropriate by the social worker and the staff.</p> <p>The IPP will address concerns specifically related to the substance abuse issues such as a plan to increase motivation to participate in substance abuse treatment if indicated, develop and remind the client of motivations for remaining substance free, a relapse prevention plan if in recovery, a safety plan, or a plan to involve the extended family in services.</p>		<p>Initiated based on referral received from CWS social worker.</p>

A. Service Activities & Program Requirements	B. Specific Tasks	C. Title Responsible Staff (& Backup)	D. Timeline/ Schedule
	<p>Services will be geared toward breaking the cycle of addiction by using the stages of recovery. Knowing where the client is in the process will impact the development of the IPP. The stages of recovery are as follows:</p> <ul style="list-style-type: none"> • Pre-contemplation – client has not yet thought about quitting and probably is not seeking services • Contemplation – client is starting to recognize the need to quit and may want assistance in quitting, but does not know where to go • Preparation – client developing plan to quit • Action – the client has begun taking necessary steps to change and often may be in this stage for a period of time • Maintenance – client works on maintaining sobriety through a variety of means (i.e. family support, continued treatment) <p>Even though the IPP may be developed based on one stage of recovery, it is conceivable that the client may regress a</p>	<p>CSAC</p> <p>Backup: Neighbor Island Administrator</p>	

	A. Service Activities & Program Requirements	B. Specific Tasks	C. Title Responsible Staff (& Backup)	D. Timeline/ Schedule
		<p>step if relapse should occur. By providing the intensive services, CFS will already be planning in case of relapse and would have steps in place to support and assist the client.</p> <p>The IPP will be reviewed quarterly and updated as needed by CFS program staff.</p>		
5	Case Management:	<p>The staff will meet with the client at a time and location agreeable to them and at which time the Specialist IV will:</p> <ul style="list-style-type: none"> • Connect the family with resources to reduce stress, (financial, family, and social) that may trigger relapse; • Clearly explain the services available; set-up and facilitation of meetings, coordination and management of client services to achieve goals, development and write up of IPP with the client, and arrangement of case conferences if needed; • Ascertain their understanding of the rights and responsibilities connected with participation in the program; • Explain CFS grievance procedures; and • Obtain signatures on the CFS Consent 	<p>Case Manager</p> <p>Backup: Neighbor Island Administrator</p>	Ongoing.

	A. Service Activities & Program Requirements	B. Specific Tasks	C. Title Responsible Staff (& Backup)	D. Timeline/ Schedule
		<p>to Service and Release of Confidential Information forms.</p> <p>The staff will obtain background information from the client, including demographic data, socio-economic status, and the social, criminal, psychiatric, medical, substance abuse, and educational history for the client.</p> <p>Any referrals for sexual abuse treatment will be coordinated with current POS provider and the IPP will reflect that service.</p>		
6	Counseling Services:	<p>Based on the IPP, counseling services will be provided to focus on issues that present a risk to the child(ren)'s safety. Services will be time-flexible to accommodate participants' schedules and at locations easily accessible.</p> <p>Services will be up to 2 hours per week or more depending on the individual family need. If family reunification is the goal, these services may be available for no more than 15 months.</p>	<p>Specialist IV, CSAC</p> <p>Backup: Neighbor Island Administrator</p>	<p>Services will begin when an identified need is placed on the IPP or at the CWS social worker's request.</p>

	A. Service Activities & Program Requirements	B. Specific Tasks	C. Title Responsible Staff (& Backup)	D. Timeline/ Schedule
		<p>Counseling for sexual abuse will be referred to the designated POS provider.</p> <p>Counseling Services to families will have a goal of family reunification. Service components will include, but are not limited to, the following:</p>		
	a. Clinical Therapy	<p><i>Clinical Therapy:</i> This component will utilize individual, family, group and didactic counseling sessions to process through identified issues to improve and understand relationships within the family dynamics.</p>	<p>Specialist IV</p> <p>Backup: Neighbor Island Administrator</p>	<p>At referral of case from CWS social worker.</p>
	b. Problem-solving skill building	<p><i>Problem-Solving Skill Building:</i> The goal of this component will be for clients to learn intervention strategies that will enhance ability to recognize and cope with difficult situations.</p>	<p>Specialist IV</p> <p>Backup: Neighbor Island Administrator</p>	<p>Ongoing based on IPP needs.</p>
	c. Communication skill building	<p><i>Communication Skill Building:</i> The goal will be to develop skills to better verbalize needs and understand non-verbal communication in order to manage relationships with child(ren) and other family members.</p>	<p>Specialist IV</p> <p>Backup: Neighbor Island Administrator</p>	<p>Ongoing.</p>
	d. Coping skill building	<p><i>Coping Skill Building:</i> The goal will be to</p>	<p>Specialist IV</p>	<p>Ongoing.</p>

	A. Service Activities & Program Requirements	B. Specific Tasks	C. Title Responsible Staff (& Backup)	D. Timeline/ Schedule
		learn skills and techniques to manage ineffective behaviors that may impact the relationships with child(ren) and/or other family members.	Backup: Neighbor Island Administrator	
	e. Behavior management training	<i>Behavior Management Training:</i> The goal will be for clients to develop skills and techniques to manage stressors that may lead to ineffective and/or negative behaviors. This will also include working with families addressing the management of children with challenging/different issues.	Specialist IV Backup: Neighbor Island Administrator	Ongoing.
	f. Education on child development	<i>Education on Child Development:</i> This component will provide psycho-educational sessions for clients to learn and understand the development stages of their child(ren) in order to assist them in improving their parenting skills.	Case Manager Backup: Neighbor Island Administrator	Ongoing.
7	Substance Abuse Education and/or Treatment:	<p>The provision of this service will be identified through the IPP. Services will include the development of a safety plan for the child(ren) within the family in case of substance abuse relapse. These services will be provided by CFS and shall include, but are not limited to the following:</p> <ul style="list-style-type: none"> • <i>Case Management:</i> Provides intensive 	<p>Specialist IV</p> <p>Backup: Neighbor Island Administrator.</p> <p>Case Manager</p>	Services will begin when an identified need is placed on the IPP or at the CWS social worker's request.

	A. Service Activities & Program Requirements	B. Specific Tasks	C. Title Responsible Staff (& Backup)	D. Timeline/ Schedule
		<p>monitoring of client progress and linkage to resources available within the community to maintain sobriety and improve relationships with child(ren) and other family members. Direct face-to-face contact will be provided at a minimum of once a week for the first 3 months which is often the time for greatest chance of relapse. Will also provide 24-hour hotline services to client and families to allow for a safe means of getting information or processing feelings or emotions.</p> <ul style="list-style-type: none"> • <i>Substance Abuse Education:</i> Conducted in either an informal or formal setting to help client and/or family members learn about the stages of recovery, addictions management and other pertinent issues. This component will provide additional support to the family members and child(ren) in having a venue for processing, if needed. • <i>Aftercare Services:</i> Weekly check-in services will be planned for the first 2 	<p>Back up: Specialist IV</p> <p>Specialist IV</p> <p>Back up: Neighbor Island Administrator</p> <p>Specialist IV</p>	

	A. Service Activities & Program Requirements	B. Specific Tasks	C. Title Responsible Staff (& Backup)	D. Timeline/ Schedule
		<p>months after the case is closed, as this is often the period of high relapse rates. Will also assist in the linkage and referral to agencies within the community that will address client needs as identified within the IPP.</p> <p>CFS will refer clients to programs to provide the following services and, with the client's consent, work closely to coordinate interventions for the client's benefit:</p> <ul style="list-style-type: none"> • <i>Medically Monitored Detoxification:</i> Assist client in linking to high-end services that may include hospitalization. • <i>Outpatient Treatment:</i> Assist in the linkage and referral to agencies within the community that will address client needs as identified in the IPP. • <i>Residential Treatment:</i> Assist in the linkage and referral to short & long-term agencies within the community that will address client needs as identified within the IPP. 	<p>Back up: Case Manager</p> <p>Specialist IV</p> <p>Back up: Case Manager</p> <p>Specialist IV</p> <p>Back up: Case Manager</p> <p>Specialist IV</p> <p>Back up: Case Manager</p> <p>Case Manager</p> <p>Back up: Case Manager</p>	

	A. Service Activities & Program Requirements	B. Specific Tasks	C. Title Responsible Staff (& Backup)	D. Timeline/ Schedule
		<ul style="list-style-type: none"> • <i>Therapeutic Living:</i> Assist in the linkage and referral to agencies within the community that will address client needs as identified within the IPP. 	Case Manager Back up: Specialist IV	
8	Parental Life Skills and Child Related Skill Building Services:	<p>These services are aimed at improving overall parenting skills for the clients, focused in, but not limited to the following areas:</p> <ul style="list-style-type: none"> • Parenting groups will be provided that focus on issues relating to power and control, understanding the dynamics of violence, assertiveness training and increased self-protection. • Parenting groups to enhance child management skills, skill-building exercises, and provide information on child development stages. • Parenting groups to help parents with substance abuse issues better understand the role substance abuse has on their children and family 	Specialist IV Backup: Neighbor Island Administrator Specialist IV Backup: Neighbor Island Administrator Specialist IV Back up: Neighbor	<p>Services will begin when an identified need is placed on the IPP or at the CWS social worker's request and when funds are available through DHS.</p> <p>This will occur weekly in the evening.</p> <p>This will occur weekly in the evening.</p>

A. Service Activities & Program Requirements	B. Specific Tasks	C. Title Responsible Staff (& Backup)	D. Timeline/ Schedule
	<p>members, and to encourage and facilitate parent participation in substance abuse treatment services.</p> <ul style="list-style-type: none"> • Socialization groups to develop concrete, problem solving skills and increase interaction with other people more productively. <p>The power of the group dynamic and peer support will be harnessed to:</p> <ul style="list-style-type: none"> • Increase investment in recovery and change on the part of the client. • Use “teaching moments” to learn new skills. • Practice social skills in a safe environment. • Clarify values and decision-making processes in a manner that is sensitive to the gender and culture of the client. <p>The program staff will work with other programs/agencies to broaden resources for the client. For example, utilizing the current CFS Developing Options to Violence program as a resource and</p>	<p>Island Administrator</p> <p>Specialist IV</p> <p>Backup: Neighbor Island Administrator</p>	<p>This will be available weekly and based on funding.</p>

	A. Service Activities & Program Requirements	B. Specific Tasks	C. Title Responsible Staff (& Backup)	D. Timeline/ Schedule
		model in developing group format since they have experience in serving adult, children and adolescent victims exposed to domestic violence.		
9	Childcare:	Childcare services will be made available to families for activities identified in the IPP. (If funds are made available)	Family Service Worker Backup: Case Manager	Available and ongoing during program for identified families.
10	Transportation:	Transportation will be made available for services indicated within this work plan through linking clients to community resources. CFS does have access to leased vehicles that could be used for this provision If funds are made available.	Family Service Worker Backup: Case Manager	Available as needed, ongoing.
11	Reporting and documentation of case status and client progress:	A written quarterly progress report will be provided to the CWS social worker. Additional information (such as court related reports) can be made available to the CWS social worker at their request. Regular telephone contact with CWS social workers will be maintained to keep them fully informed about client status. Any change in a case, such as a pattern of missed appointments, a family crisis, or a	Specialist IV Backup: Case Manager	Quarterly progress report is ongoing.

	A. Service Activities & Program Requirements	B. Specific Tasks	C. Title Responsible Staff (& Backup)	D. Timeline/ Schedule
		<p>failure to cooperate with the staff or the IPP will be reported to the CWS social worker immediately. All CFS staff will send emails (encrypted to meet privacy regulations) to CWS social workers after any contact or no-show with clients. Monthly face-to-face meetings are scheduled to allow for continued communication between CWS and CFS staff (Specialist IV and Case Manager).</p> <p>A discharge summary will also be provided to CWS to provide any recommendations or referral for additional services.</p> <p>Progress notes (documenting when and where service is delivered as well as a brief description of the service activity provided and the client's ability to benefit from it) will be maintained and placed in the case record. Progress notes will also document planning meetings and telephone discussions with CWS social workers and other collateral contacts. Case records are confidential and kept in a locked filing cabinet.</p>	<p>Specialist IV, Case Manager</p> <p>Back up: Neighbor Island Administrator</p>	<p>Discharge summary provided within 30 days of discharge.</p> <p>Progress notes are ongoing.</p>

A. Service Activities & Program Requirements	B. Specific Tasks	C. Title Responsible Staff (& Backup)	D. Timeline/ Schedule
	<p>Case conferences and other case planning activities will be scheduled at a time and place that is convenient to both CWS and the client. Consultation and collaboration with the CWS social worker will be stressed at every opportunity for optimum service delivery. CFS recognizes that we must support the CWS social worker in their role and that they have the ultimate decision making responsibility with their families.</p> <p>Each family will be assigned a CFS staff member to handle the implementation of their IPP and be the primary contact person to maintain frequent communication, from phone calls to case conferences, with the CWS social worker.</p> <p>An important part of coordination will be the quarterly progress reports provided to the CWS social worker. The report contains detailed information about the participation and cooperation of family members and recommendations for the next quarter. The report documents the competency of family members in five</p>		<p>Case conferences and IPP meetings are held as needed.</p>

	A. Service Activities & Program Requirements	B. Specific Tasks	C. Title Responsible Staff (& Backup)	D. Timeline/ Schedule
		<p>areas:</p> <ul style="list-style-type: none"> • Ability to protect the child from harm • Ability to meet the needs of the child • Ability to problem solve • Ability to maintain the safety of the child • Ability to maintain sobriety <p>Referrals will come to CFS either via telephone or fax. CFS staff will accept referrals, set up a case record and document the activity requested, receive information and documents from CWS staff, conduct comprehensive assessments, set up and facilitate the IPP meeting, record the meeting, and write up the IPP for signature. CFS staff will arrange for case conferences and meetings for revision of the IPP at the request of the CWS social worker. IPPs will be updated regularly (every 3 months). An IPP meeting will be held prior to discharge so that all team members can participate in discharge planning and the family's treatment services and progress can be reviewed.</p>		<p>Referrals are ongoing.</p>

A. Service Activities & Program Requirements	B. Specific Tasks	C. Title Responsible Staff (& Backup)	D. Timeline/ Schedule
	<p>Case conferences and the IPP meetings may be held by telephone or face-to-face meetings. Families will be included in these meetings whenever feasible and appropriate. Meetings will be scheduled at a time and place that accommodates the CWS staff and families.</p> <p>Crisis intervention service activities and visitation services can begin immediately once client consents to services and be provided prior to the IPP being developed. Any other service activities will begin prior to the IPP at the request of the CWS social worker.</p> <p>Services to individuals or families who are involved in, or in need of, interfamilial sex abuse treatment will be coordinated with the POS sex abuse treatment provider (currently CFS for Maui). This will ensure that that program planning activities are well coordinated and consistent with the sexual abuse treatment plan.</p> <p>CFS has a long history of working closely</p>		<p>Crisis intervention service activities and visitation services will be initiated any time after the case is assigned at the request of the CWS social worker.</p> <p>Service to individuals or families involved are provided as needed upon beginning of case planning.</p>

	A. Service Activities & Program Requirements	B. Specific Tasks	C. Title Responsible Staff (& Backup)	D. Timeline/ Schedule
		<p>with the Children’s Justice Centers, Neighborhood Place programs, public school systems, Family Courts, Family Guidance Centers, and other community agencies. This history of collaboration assures productive communication and coordination with other agencies when needed.</p> <p>Any non-compliance or lack of follow through by client will be reported immediately to CWS social worker via telephone and/or email contact.</p>		<p>Collaboration is ongoing.</p> <p>Regular updates occur at each contact or no-show with client.</p>
12	Connect and coordinate with CWS and other sources of support:	<p>If services are no longer required from this program, necessary steps will be taken to facilitate smooth and appropriate transition to other community agencies.</p> <p>CFS staff will continually update community resources information and maintain positive relationships with CWS social workers to meet the ongoing and potential changing needs of the clients.</p>	<p>Neighbor Island Administrator</p> <p>Backup: Neighbor Island Administrator</p>	Ongoing for service areas.
13	Evaluate program effectiveness:	CFS will assess families at intake, six months into the service and as the family	Specialist IV, Case Manager	Started at the 1 st visit.

	A. Service Activities & Program Requirements	B. Specific Tasks	C. Title Responsible Staff (& Backup)	D. Timeline/ Schedule
		<p>and CFS contemplates discharge. The tools to be used are:</p> <ul style="list-style-type: none"> • Adult Adolescent Parenting Inventory-2 (AAPI-2) • The CAGE Assessment (Alcohol Abuse), a four-question test that determines the likelihood of alcohol abuse issues. • The Substance Abuse Subtle Screening Inventory, a brief screening measure that helps identify individuals who may have a high probability of having a substance abuse disorder. This measuring tool is particularly useful in identifying persons experiencing difficulties with substance abuse, but who are unwilling to acknowledge it. • Any other appropriate inventories that are routinely used to access substance abuse related issues (i.e. MAST). 	<p>Backup: Neighbor Island Administrator</p>	
14	<p>Minimal English and physical limitations:</p>	<p>Minimal English: If a client has limited English speaking skills, attempts will be made to locate a family member or other client resource that can assist with translation. If the client does not have</p>	<p>Specialist IV, Case Manager</p> <p>Backup: Neighbor Island Administrator</p>	<p>Upon 1st contact with client.</p>

	A. Service Activities & Program Requirements	B. Specific Tasks	C. Title Responsible Staff (& Backup)	D. Timeline/ Schedule
		<p>access to someone who can translate, the Specialist IV will locate someone at CFS or within the community and/or via a contracted language interpreter service (Cyracom).</p> <p>Physical limitations: Program services will be provided to clients in their home or other place in the community that is convenient for the client and safe for both client and worker.</p>		<p>Assessed at first home visit.</p>

2. *The applicant shall provide a projected annual timeline for accomplishing the results or outcomes of the service*

See Work Plan above.

3. *The applicant shall describe its quality assurance and evaluation plans for the request. Specific how the applicant plans to monitor, evaluate, and improve their results.*

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 Executive Leadership Team and the Board of Directors.

Highlights of the PQI process include:

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 grievance
- 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.

The Substance Abuse Counseling Services Program will develop coordination with CWS staff at the initiation/referral of the family from CWS. The program staff will provide follow up with the referring CWS worker within 24 hours to obtain additional information about the family situation and to find out if there is a need for crisis intervention services. Once contact is made with the family, the CFS worker tries to schedule the initial meeting, within 48 hours, with the family at a time and place that is convenient for both the family and the CWS worker. The CWS worker is always invited to the first meeting with the family so that the expectations CWS has of the family is clear to all parties.

The quality assurance and evaluation process within the SACS Program will consist of several approaches to ensure consistent, thorough and high quality delivery of services to families, collaborating service providers and the Department. Satisfaction surveys will be sent to referral sources and families. The Neighbor Island Administrator will also contact families for quarterly telephone surveys. All surveys will be reviewed by the Neighbor Island Administrator and the information will be relayed to SACS Program staff and documented in CFS quarterly reports and DHS quarterly activity reports. The feedback received from these tools will allow the program to make changes that will improve overall service delivery.

Supervision with staff will be another means of quality assurance and evaluation. Staff will receive monthly supervision to review professional and personal goals as well as case supervision to review the status of referred families' goals and progress. Case files will be reviewed and the supervisor will document in detail the needs and status of progress for the family as well as the needs for the actual case file. Various tracking

methods will be utilized by staff, and reviewed by the supervisor in order to accurately track and supervise outputs, outcomes, client hours and meet documentation requirements.

The AAPI-2 pre-inventory will be completed by the family during the intake process and the AAPI-2 post-inventory will be completed at discharge. When a client has accepted services, the staff will conduct a psycho-social evaluation. The client will be asked about their perception of the problem, their strengths and needs. The Specialist IV will conduct the assessment administering the following standardized tools: Family Areas of Competency (FAC), the CAGE and SASSI-3. The staff will review the assessment from any other providers, especially the Comprehensive Counseling and Support Services and Voluntary Case Management programs if the case is shared. Combining available information, the staff will determine the seriousness of the client's substance abuse/addiction and the motivation to change. The results from the inventories will be compared which will show client indicators of change. Utilizing these tools will assist in reviewing program effectiveness.

Once the assessment is completed the Individual Program Plan (IPP) draft will be written, the CWS worker is asked to review and give input into the plan. As the IPP is being implemented with the family, CWS workers will be informed by phone or at meetings of the client's progress or any barriers to service. A quarterly report reviewing each family's participation and progress will be written and provided to the CWS worker. Critical incidents will be reported immediately by phone or via email to the CWS social worker.

The Neighbor Island Administrator will meet with the Maui CWS Branch Administrator whenever there are any programmatic concerns and will meet at least once a quarter with the area supervisors to obtain their feedback on the program.

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

Performance Outcomes/Output Measures

People to be Served

- 35 Families
- 65 Adults
- 75 Children

CFS has a strong monitoring system that will ensure adequate and accurate tracking of client contact and services for the SACS Program. The SACS Program will accurately track the number of referrals that it receives, including the service that the family is being referred to. Referrals will be sent to CFS by CWS and will be recorded on the SACS.

Service Activities

- 55 assessments will be completed
- 50 Individualized Program Plans will be completed
- 15 child safety plans will be implemented
- 50 individuals will receive case management
- 15 families will receive case management
- 30 individuals will be provided with individual counseling
- 15 families will be provided with family counseling
- 30 individuals will be provided with group counseling
- 50 CWS individuals will receive parental life skills and supports
- 10 non CWS individuals will receive parental life skills and supports

Tracking ongoing services will be an integral part of the quality assurance system for the SACS Program. Accurate tracking provides for an ongoing needs assessment of the clients being served. For example, by tracking the number of families being referred to housing support services, the program becomes aware if there is an increase in clients in need of housing. Various trainings for staff and supports to clients can be modified to ensure the most up-to-date information is available. In order to track accurately, all of these numbers will be recorded over time for each client utilizing a client database. A quarterly worksheet will also be utilized for tracking purposes. The client database will be reviewed during supervision and worksheets will be reviewed quarterly by the Neighbor Island Administrator and consolidated for inclusion in the quarterly report.

Outcomes

- 95% of families with no confirmed report of child abuse or neglect during program services
- 85% of families completing individualized program plan during the report period
- 100% of families completing individualized program plan that establish a child safety plan
- 80% of clients completing service plan that demonstrate improved functioning at case closure
- 90% of families completing service plan that have no confirmed report of child abuse or neglect at 3 month follow up
- 90% of families completing service plan that have no confirmed report of child abuse or neglect at 6 month follow up

Outcome data will provide information to understand the effectiveness of the program. For example, it speaks to whether or not the program is meeting programmatic goals for each client. Tracking of program outcomes will be accomplished at the program level. This information will be tracked through the program's client database as well as quarterly reports and various worksheets. The information will be reviewed as part of the organization's PQI process and trend data and recommended responses will be made to ensure the highest quality of program services possible.

The AAPI-2 pre-inventory will be completed by the family during the intake process and the AAPI-2 post-inventory will be completed at discharge. The results from the inventories (AAPI-2 and other substance abuse specific ones including the SASSI) will be compared which will show client indicators of change. Utilizing these tools will assist in reviewing program effectiveness.

III. FINANCIAL

Budget

1. *See attached budget forms.*
2. *Anticipated quarterly funding requests for the fiscal year 2012-2013.*

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
\$34,250.00	\$34,250.00	\$34,250.00	\$34,250.00	\$137,000.00

3. *The applicant shall provide a listing of all other sources of funding that they are trying to obtain for fiscal year 2012-2013.*

Not applicable.

4. *State and Federal tax credits.*

Not applicable.

IV. EXPERIENCE AND CAPABILITY

A. Necessary Skills and Experience

CFS has over 100 years of experience in providing quality services to the people of Hawaii. CFS currently provides services at 35 locations statewide, operating 36 programs 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.

CFS has taken an active role in the prevention, intervention and treatment of child abuse and neglect. Working with the Department of Human Services to increase the safety of children is a major commitment that CFS takes very seriously. As early as the 1940's, CFS provided advocacy for legislative change and counseling to families and children impacted by child abuse/neglect. CFS has implemented programs throughout the State in collaboration with DHS to provide quality services to the families and children impacted by child abuse/neglect.

Participation in collaborations and partnerships enables CFS to better serve its clients. CFS coordinates with more than 80 organizations statewide, and is able to maintain an up-to-date system of information and referral for clients. In addition, CFS is an active member of numerous community councils, committees, and coalitions. Through participation in these activities, CFS is able to work with other organizations to develop a system of care that is comprehensive, coordinated, effective and responsive. Participation in community organizations also provides CFS with valuable information on gaps in services and emerging community needs.

CFS is a member of the following community councils, committees and coalitions:

- Blue print for Change
- Children's Justice Committee Task Force
- Child Welfare Services Advisory Council
- Hawaii Adoption and Permanency Alliance
- Protecting Hawaii's, Ohana, Children, Underserved, Elderly and Disabled (PHOCUSED)
- Hawaii State Coalition Against Domestic Violence
- Hawaii Coalition Against Sexual Violence
- Hanai Coalition (Maui)
- Maui and Molokai Interagency Committees

CFS provides services through contracts with Catholic Charities and Kapiolani Medical Center for Women and Children. CFS maintains service agreements with numerous organizations; examples include Public Health Nursing, Bilingual Access Line, Helping Hands Hawaii, and Coalition for a Drug Free Hawaii. CFS also has memorandum of agreements for practicum placements with the University of Hawaii, Chaminade University of Honolulu, Argosy University and the University of Phoenix.

CFS has been an active partner with the Department of Human Services in providing these services and implementing new models of care as the needs of families change.

Over time, CFS has developed the most comprehensive array of services for child abuse/neglect in the State. Services today include:

- Family Strengthening Services – Oahu, Hilo and Kauai
- Comprehensive Counseling and Support Services - Oahu, Maui and Kauai
- Voluntary Case Management - Maui and Kauai
- Sex Abuse Treatment Services - Oahu, Maui, Hilo and Kona
- Independent Living Program – Kauai
- Family / Community Centers – Kauai
- Enhanced Healthy Start – Oahu and Kauai

In addition to its long history of providing services for child abuse and neglect, CFS has experience and expertise in critical areas such as domestic violence and mental health. Many families at risk of child abuse and neglect have difficulties in these areas. CFS has been involved in advocacy, prevention and intervention of domestic violence since 1971. Currently CFS administers four domestic abuse shelters, batterer intervention programs, victim support services and domestic violence advocacy services for TANF eligible individuals. CFS also provides clinical services to families and children impacted by emotional and behavioral difficulties. CFS administers residential programs in this area and serves high end clients who have DSM IV-R diagnoses. CFS staff members from both the domestic violence and mental health programs are accessible for consultation and training for those staff members working in child abuse and neglect programs. CFS also has numerous staff members who have worked in various programs throughout the organization. The child abuse and neglect programs have several staff members who have worked in other areas such as domestic violence and mental health. This cross fertilization of knowledge and training strengthens all staff members at CFS and better equips them to provide quality services.

In addition to its service delivery experience, CFS offers years of promoting a learning culture for its staff, working collaboratively in the community with numerous partners and agencies, developing in depth knowledge of the communities it serves, and strengthening its strong commitment to quality.

CFS understands and provides family-centered, culturally sensitive services that address the child's safety, emotional, and developmental needs. The needs of the child and family determine the type and mix of services. Families and children, to the extent possible, are full participants in planning, determining the delivery of services, and evaluating them. Services are designed around the inherent strengths of the youth, family and community with the goals of safety, permanency, and family well-being.

Through a similar program on Maui, the Comprehensive Counseling & Support Services (CCSS) and Voluntary Case Management (VCM), CFS has taken an active role in the

prevention and treatment of child abuse and neglect for the past seven years. Many families that have participated or are active with CWS have substance abuse histories.

CFS Maui staff have taken an integral part in developing the SACS Program. The expertise of the Maui staff includes a depth of skills, abilities and knowledge that will support the successful implementation and ongoing services of the SACS Program. CFS has successfully been providing services for at risk populations in child welfare for over 70 years. Over the past decade, our services for child abuse and neglect have expanded as has the staff's skills, abilities and knowledge in working with families at risk.

CFS Maui staff have learned how to engage and retain at risk families in services. They have learned to be creative, innovative and culturally responsive in their work with families. Program Specialist staff are skilled in parent education, monitoring risk, and strategizing positive outcomes for families. CFS Maui staff members provide these services in a responsive, flexible way, while focusing on positive outcomes.

CFS Maui staff have developed skills in their ability to engage and work with the various ethnic communities and work as partners in strengthening those communities. Program staff has learned how to be creative in their outreach in order to engage the "harder-to-reach" clients by going into the communities in which they live (i.e. into the public housing, rural areas) and using motivational strategies to develop rapport. They also provide additional support through referral linkages to other community resources. CFS is able to assist the whole family system which not only includes the family, but extended sources as well including parents, grandparents and other family members or friends.

CFS Maui staff has also developed a strong relationship with CWS in Maui County, including the offices on both Lanai and Molokai. Staff work in partnership with the department to ensure services are in line with CWS goals for each family referred. Staff have learned to work collaboratively and have skills in building and maintained trusting relationships with the families receiving services, CWS and other community partners.

Staff is also knowledgeable and trained in the areas of cultural sensitivity and competence. This allows staff members the ability to engage and work with the various ethnic communities on the island as partners in strengthening those communities. CFS has built a strong foundation of working with a various Hawaiian organizations (i.e. Queen Lili'uokalani Children's Center, Punana Leo, Kamehameha Schools) on Molokai that will allow program staff to be competent of the predominant culture on Molokai.

Coordination with other community programs will be a key component in the Substance Abuse Counseling Services Program. Ongoing communication and collaboration between other POS providers will occur to ensure effective tracking and monitoring of cases. These collaborations include the following:

- PARENTS (Family Strengthening Services) and the VCM program allows for tracking of cases that may be referred from either service;
- Neighborhood Place of Wailuku and both the CCSS and VCM programs refer clients to activities as well as a community resource upon discharge;
- Aloha House (Title IVB-2) and the CCSS and VCM programs refer clients for Substance Abuse services;
- Women Helping Women (Domestic Violence Services) and the CCSS and VCM programs refer clients for DV Shelter services.

Families come into both of these programs with multiple needs and CFS staff coordinates services with other community providers based on the family assessment, the Family Partnership Plan (FPP) and the Individual Program Plan (IPP). Discussion about potential referrals are included in the IPP and FPP process so that family members and CWS staff are actively involved in the decision. Many of these families participate in Ohana conferencing where service providers, extended family and other significant participants are invited by the family to collectively work on a coordinated case plan.

CFS strives to maintain strong community ties and relationships with other organizations that program staff can use as resources for clients to utilize. Here are some Maui agencies that we collaborate and partner with to increase available services in the community:

- Ka Hale a Ke Ola – housing
- Big Brothers Big Sisters – family support
- Queen Lili'uokalani Childrens Center – support for Native Hawaiian families
- PACT – domestic violence
- Childrens Justice Center – support to victims of child sexual abuse
- Malama Family Recovery Center – substance abuse
- Maui Youth and Family Service – substance abuse and mental health
- Maui Economic Opportunity – transportation, education
- Alu Like – services for Native Hawaiian families
- Maui Community College – education
- Kamehameha Schools – education support for Native Hawaiian families

Due to CFS's extensive array of services, program staff members are often able to refer and link their clients to other CFS programs. CFS staff members possess a wide range of knowledge and expertise. Being part of a larger organization allows programs access to others who can provide information, educational brochures or consultation on a variety of topics including domestic violence, substance abuse, and job preparation skills.

The Substance Abuse Counseling Services Program will coordinate, share information and resources with one another and with other Maui CFS programs including Sex Abuse Treatment Services, Comprehensive Counseling and Support Services and Voluntary Case Management and the Domestic Violence Advocacy program. These activities lead to better client referral and linkages as well as possible transition from program to program.

In addition, the Director of Program Services conducts program specific statewide meetings. The purpose of these meetings is to promote the program's quality of service delivery by disseminating consistent information on service delivery and Best Practices; standardizing tools for outcome measurement; reviewing compliance to contract and COA requirements; implementing new policies and procedures; sharing what is happening in different communities; and identifying service gaps. These meetings are held according to the needs of each program, which can range from once a month, quarterly to every six months.

Through participation in community committees and coalitions, CFS gains insight into community needs, gaps in services and family and community satisfaction with existing services. Families are also given frequent opportunities to express their opinions, satisfaction level, concerns, and questions.

CFS administers satisfaction surveys to clients and referral sources to obtain feedback on service coordination, as well as other quality measures. The Neighbor Island Administrator review survey results with program staff. If indicated, procedures are revised to appropriately address service coordination issues. The CFS Director of Quality Assurance and Training reviews the satisfaction surveys to identify organization wide service issues and to establish training priorities.

Projects and Contracts Pertinent to the Proposed Services

CFS's extensive experience working with families at-risk of child abuse over the past 15 years has helped to develop substantial skills and abilities to provide Substance Abuse Counseling services. Following is a comprehensive list of verifiable experience with projects and contracts pertinent to the proposed services for the most recent two years, including performance outcomes. It demonstrates CFS's breadth, experience, and institutional knowledge of issues impacting at-risk families in a community-based setting.

Title of Service/Brief Description of Service	Contracting Agency, Contact Person, Phone Number, Email Address, and Mailing Address	Contract/Project Identification Number	Service Period	Performance Outcomes
<p>Specialized Substance Abuse Treatment Services for Pregnant & Parenting Women & Children E Ala Hou provides specialized substance abuse treatment services for pregnant and parenting women and children.</p>	<p>Department of Health Alcohol and Drug Abuse Division Terri Nakano (808) 692-7511 terri.nakano@doh.hawaii.gov Kakuhihewa Building 601 Kamokila Blvd., Room 360 Kapolei, HI 96707</p>	<p>ASO Log No. 10-086</p>	<p>7/1/2009-6/30/2011</p>	<ul style="list-style-type: none"> • 18% of women enrolled have completed treatment. (Target: 75%) • 100% of pregnant women receiving services have continuous prenatal services (at least 6). (Target: 50%) • 100% of women enrolled have received case management services and are referred or linked to appropriate services. (Target: 100%)
<p>Baby S.A.F.E. – A Specialized Substance Abuse Outreach and Early Intervention Service for Pregnant Women on Kauai Provides substance using pregnant and parenting women with outreach, support case management, referrals to community resources, and drug and alcohol screening.</p>	<p>Department of Health Alcohol and Drug Abuse Division Terri Nakano (808) 692-7511 terri.nakano@doh.hawaii.gov Kakuhihewa Building 601 Kamokila Blvd., Room 360 Kapolei, HI 96707</p>	<p>ASO Log No. 04-038</p>	<p>7/1/2003-6/30/2009</p>	<ul style="list-style-type: none"> • 74% of clients reduced their use of alcohol or other substances or remained abstinent during their pregnancy and after. (Target: 80%) • 36% of clients participated in substance abuse treatment. (Target: 80%) • 57% of clients participated in early prenatal care. (Target: 80%) • 86% of newborns were born into a substance free environment. (Target: 80%)
<p>Independent Living Services for Youth Program Provides individual and group counseling to youth, ages 12-21 who are living in out-of-home-care on Kauai. The program provides learning opportunities to develop the skills needed to manage the transition to a productive and self-sufficient adult life.</p>	<p>Department of Human Services Clayton Higa (808) 586-5697 chiga@dhs.hawaii.gov 810 Richards Street, Suite 400 Honolulu, HI 96813</p>	<p>DHS-04-POS-1843</p>	<p>7/1/2003-6/30/2011</p>	<ul style="list-style-type: none"> • 100% of youths' emotions/mood have improved or remained unimpaired. (Target: 80%) • 100% of youth have reduced risk of alcohol/substance abuse or remain abstinent. (Target: 80%) • 97% of youth have demonstrated increased independent living. (Target: 75%)
<p>Permanency Support Services Provides adoptive, legal guardian and permanent custody families with supportive, therapeutic, prevention, and intervention service, which includes home based intervention, parent education, skill based workshops, counseling, therapy and advocacy.</p>	<p>Department of Human Services Clayton Higa (808) 586-5697 chiga@dhs.hawaii.gov 810 Richards Street, Suite 400 Honolulu, HI 96813</p>	<p>Oahu DHS-04-POS-1884 Kauai DHS-04-POS-1884</p>	<p>7/1/2003-6/30/2011 7/1/2003-6/30/2009</p>	<ul style="list-style-type: none"> • 100% of clients have learned new parenting strategies such as becoming more skilled at setting limits with their child(ren). (Target: 75%) • 100% of clients are more skilled at setting limits with their child(ren). (Target: 75%) • 100% of clients are more satisfied with their child-parent interactions. (Target: 75%)

Title of Service/Brief Description of Service	Contracting Agency, Contact Person, Phone Number, Email Address, and Mailing Address	Contract/Project Identification Number	Service Period	Performance Outcomes
<p>Comprehensive Counseling and Support Services and Voluntary Case Management Provides a broad array of services to meet the needs of children and their families including: counseling, outreach services, parenting education classes, supervised visitation and voluntary case management for families referred by the Department of Human Services.</p>	<p>Department of Human Services Rachel Thorburn (808) 586-5245 rthorburn@dhs.hawaii.gov 810 Richards Street, Suite 400 Honolulu, HI 96813</p>	<p>Maui DHS-04-POS-1855 Kauai DHS-04-POS-1855</p>	<p>7/1/2003-6/30/2011 7/1/2009-6/30/2011</p>	<ul style="list-style-type: none"> 85% of families have shown improvement in their ability to problem solve including meeting the needs of their child(ren). (Target: 80%) 90% of families with children under age 5 have not generated any substantiated report of harm/threatened harm while participating in the program. (Target: 90%) 92% of families have shown improvement in their ability to protect their children and not generate reports of harm/threatened harm while participating in the program. (Target 80%)
<p>Comprehensive Counseling and Support Services Provides a broad array of services to meet the needs of children and their families including: counseling, outreach services, parenting education classes, and supervised visitation for families referred by the Department of Human Services.</p>	<p>Catholic Charities Darlene Beatty (808) 524-4673 beattyd@catholiccharitieshawaii.org Clarence T.C. Ching Campus 1822 Keeaumoku Street Honolulu, HI 96822</p>	<p>Oahu DHS-04-POS-1889</p>	<p>7/1/2003-6/30/2011</p>	<p>Same as above.</p>
<p>Family Strengthening Services Provides short term outreach services to enhance coping, parenting skills, and prevent or reduce family stress to families that are referred by the Department of Human Services, Child Welfare Services (CWS) who are not active with CWS.</p>	<p>Department of Human Services Rachel Thorburn (808) 586-5245 rthorburn@dhs.hawaii.gov 810 Richards Street, Suite 400 Honolulu, HI 96813</p>	<p>Hilo DHS-04-POS-1845 Kauai DHS-04-POS-1846 Oahu DHS-04-POS-1848</p>	<p>7/1/2003-6/30/2011 7/1/2003-6/30/2011 7/1/2003-6/30/2010</p>	<ul style="list-style-type: none"> 98% of families have not generated any substantiated report of harm/threatened harm while participating in the program. (Target: 90%) 97% of families have shown improvement in their ability to maintain the safety of the home. (Target: 80%)
<p>Healthy Start Home Visiting Serves families with children prenatal to five years of age, with emphasis on children prenatal to three years of age, who have been assessed at-risk for child abuse and neglect.</p>	<p>Department of Health Maternal and Child Health Division Cindy Hirai (808) 733-9042 Cindy.Hirai@fhsd.health.state.hi.us 741-A Sunset Avenue, Room 204 Honolulu, HI 96816</p>	<p>Waianae DOH 94-02 Central DOH 96-085 Central and Waianae ASO Log # 02-071 Leeward ASO Log # 04-153</p>	<p>7/1/1988-8/15/2009 7/1/1989-8/15/2009 7/1/2003-8/15/2009 7/1/1989-6/30/2011</p>	<ul style="list-style-type: none"> 98% of all the target children of families engaged in the Healthy Start services achieved age-appropriate developmental milestones or are in process of referral for remedial service. (Target: 90%) 99% of participating families maintained a safe living environment for their child/children. (Target: 95%)

Title of Service/Brief Description of Service	Contracting Agency, Contact Person, Phone Number, Email Address, and Mailing Address	Contract/Project Identification Number	Service Period	Performance Outcomes
		Kauai – including EID ASO Log #06-118	7/1/1989-8/15/2009	
Enhanced Healthy Start Serves families with children prenatal to five years of age, with emphasis on children prenatal to three years of age, who have been referred to Child Welfare Services.	Department of Human Services Rex Shilo (808) 587-3168 rshilo@dhs.hawaii.gov 810 Richards Street, Suite 400 Honolulu, HI 96813	Oahu DHS-06-POS-3129 Kauai DHS-06-POS-3130	7/1/2005-6/30/2011 7/1/2005-6/30/2011	<ul style="list-style-type: none"> 100% of all the target children of families engaged in Healthy Start services achieved age-appropriate developmental milestones or are in process of referral for remedial service. (Target: 90%) 98% of participant families have no new confirmed report of child abuse. (Target: 95%)
Head Start Provides comprehensive services to low-income and age eligible children including pre-school education, health program, empowering families to be self-sufficient, and programming for children with severe special needs.	U.S. Department of Health and Human Services Laura Candeloro (415) 437-8653 Laura.candeloro@acf.hhs.gov 90 7 th Street, 9 th Floor San Francisco, CA 94103	09CH9054 Head Start Main Head Start Expansion	7/1/2000-6/30/2010 7/1/2010-6/30/2011 10/1/2010-9/30/2011	<ul style="list-style-type: none"> 83% of parents met their goal to assist their children with school readiness, such as reading, naming colors, etc. (Target 80%) 98% of families have a designated medical home. (Target: 95%) 98% of special needs children were referred and received services. (Target 90%)
Family Center Services Title IVB/2 Nana’s House and Hale Ho`omalulu offer family support centers with the primary goal of increasing availability and accessibility of services to reduce family violence, and child abuse and neglect.	Department of Human Services Clayton Higa (808) 586-5697 chiga@dhs.hawaii.gov 810 Richards Street, Suite 400 Honolulu, HI 96813	DHS-98-DDS-6326 Nana’s House Hale Ho`omalulu	7/1/1996-6/30/2011 7/1/2002-6/30/2011	<ul style="list-style-type: none"> 100% of client families have identified other resources outside the community center. (Target: 75%) 100% of client families have reduced the risk for child abuse and neglect. (Target: 75%)
Parenting Education and Support Through the Parent Line and Home Reach Provides phone support on parenting education, referrals and support services and a home visiting model to families of young children.	Department of Health Maternal & Child Health Branch Lyn Niitani (808) 733-4054 Lyn.Niitani@fhsd.health.state.hi.us 741-A Sunset Avenue, Room 204 Honolulu, HI 96816	Statewide ASO Log No.10-128	1/1/2010-6/30/2012	<ul style="list-style-type: none"> 100% of parents calling the Parent Line received information on child development relative to their age of their child. (Target: 80%) 100% of families served through Home Reach promoted nurturing and facilitated emotional attachments with their children. (Target: 90%) 100% of parent educational resources were updated and distributed throughout that included concrete information regarding parenting. (Target: 100%)
Domestic Abuse Shelters and Support Services Offers four domestic violence shelters and 24-hour crisis hotlines for victims of domestic violence and their children in Leeward Oahu,	Department of Human Services Clayton Higa (808) 586-5697 chiga@dhs.hawaii.gov 810 Richards Street, Suite 400 Honolulu, HI 96813	Oahu DHS-11-POS-415 DHS-04-POS-1850 Hilo DHS-11-POS-416	10/1/2010-6/30/2012 7/1/2003-9/30/2010 10/1/2010-6/30/2012	Oahu <ul style="list-style-type: none"> 81% of clients have an increased knowledge of community resources. (Target: 75%) 69% of single adults and families have moved from the shelter to a non-abusive home environment.

Title of Service/Brief Description of Service	Contracting Agency, Contact Person, Phone Number, Email Address, and Mailing Address	Contract/Project Identification Number	Service Period	Performance Outcomes
Honolulu, West Hawaii and East Hawaii.		DHS-04-POS-1900 Kona DHS-11-POS-417 DHS-04-POS-1844	7/1/2003-9/30/2010 10/1/2010-6/30/2012 7/1/2003-9/30/2010	(Target 60%) <ul style="list-style-type: none"> • 96% of clients in shelter have completed a Safety Plan for themselves and their children. (Target: 90%) Hilo <ul style="list-style-type: none"> • 98% of clients have an increased 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%) • 81% of clients in shelter have completed a Safety Plan for themselves and their children. (Target: 90%) Kona <ul style="list-style-type: none"> • 99% of clients have an increased knowledge of community resources. (Target: 75%) • 43% of single adults and families have moved from the shelter to a non-abusive home environment. (Target 60%) • 98% of clients in shelter have completed a Safety Plan for themselves and their children. (Target: 90%)

B. Facilities

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: Most of the sites meet accessibility requirements of the Americans with Disabilities Act (ADA). While CFS is in the process of ensuring that its sites are accessible, alternative arrangements are provided for those for whom it is needed.

Communication Accessibility: CFS maintains a wide area network to provide data connection between its nine major sites on five islands using frame relay technology. Currently 19 additional sites, as well as home and mobile users are connected either through remote dial-in or Internet access. Staff members are equipped with desktop or laptop computers furnished with current technology. The major application systems already in place include a windows-based accounting system, 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 records for use in clients' homes for the purpose of showing educational material and to record family interactions for playback to clients.
- 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.

The Substance Abuse Counseling Program Facility

This program will serve individuals and families throughout the Island of Maui, including outlying areas such as Hana.

The Maui office is located centrally in Kahului at 305 East Wakea Avenue and is ADA compliant. The location allows for easier access for clients when using the local bus system. Due to the need of having services accessible and convenient for families, most

services will be provided in the family home or at a location determined with the family and CFS staff with approval from CWS worker.

There are individual offices and visit rooms available for client sessions and group/classes.

V. PERSONNEL: PROJECT ORGANIZATION AND STAFFING

A. Proposed Staffing, Staff Qualifications, Supervision and Training

1. Proposed Staffing

The program will be sufficiently staffed to maintain the viability of the proposed program as well as provide the administrative infrastructure needed to support timely delivery of quality services. The Substance Abuse Counseling Services Program will receive oversight from the Neighbor Island Administrator. This program will serve a total of 130 individuals (60 adults and 70 children = approximately 30 families) the first year of the contract period with an increase of 5 per grouping each additional year of the contract. The Case Manager will provide case management and the Specialist IV will provide counseling services. The Family Service Worker will assist the Specialist IV with hands-on parenting skills, childcare and transportation. The Individual Program Plan will determine the mix and volume of services that each family needs.

CFS anticipates the average length of service for clients to be 8 to 10 months. Some services will be extended from 12 to 15 months to match the permanency planning for the children.

For this proposal CFS will assemble a highly qualified staff with the experience needed to deliver quality service and maintain these services at high standards. CFS does have staff in place in to reduce the likelihood of delayed program start-up.

The following is the client-to-staff ratio depending on position and hours worked:

- Neighbor Island Administrator – to provide program oversight and supervision and back up for CSAC and Specialist IV
- Specialist IV – 15-20 cases
- Case Manager – 10-15 cases
- Family Service Worker – 5 cases

When staff are on vacation or leave, cases are temporarily assigned to another staff in order to continue services without interruption. If positions are vacant, the cases will be distributed to other staff members on the team. For specialized services, such as the CSAC, the Neighbor Island Administrator will provide back up coverage.

The following chart depicts the staff and their responsibilities to successfully implement this program:

Position	Full Time Equivalency (FTE)	Program Specific Responsibility
Director of Program Services Angie Doi	0.010 FTE	Primary oversight responsibility for services and statewide programs. Provides supervision and consultation to the Program Administrators/Directors.
Clinical Coordinator Christie Onato	0.030 FTE	Assists in the planning and implementation of the organization's accreditation activities and assists the program staff in quality improvement and implementing program contract requirements.
Neighbor Island Administrator Sheri Daniels	0.050 FTE	Provides oversight and leadership for all programs on their assigned Neighbor Island. Plans, organizes, coordinates, monitors, and evaluates services. Represents CFS in the community. Acts as a liaison between their neighbor island and the organization as a whole.
Specialist IV Vacant (2 part-time)	0.775 FTE	Responsible for the implementation of program services, linking the assessment, design, implementation and evaluation of therapeutic interventions with the purpose of achieving successful case outcome. Provision of on-call crisis response with 24/7 availability.
Case Manager Vacant (one full-time and one part-time)	1.125 FTE	Responsible for providing case management, which includes pre-screening and intake, obtaining required admission documents, conducting in-person in-home assessments, developing service plans, coordinating and monitoring service implementation, and providing service linkages.
Family Service Worker	0.050 FTE	Responsible for providing assistance to the Specialist IV and Case Manager with parenting support, childcare and transportation.

Position	Full Time Equivalency (FTE)	Program Specific Responsibility
Program Secretary Joyce Natividad	0.001 FTE	Provide clerical support to the program.

2. Staff Qualifications

The following chart shows the position minimum qualifications for this proposal.

Position	Qualifications
Director of Program Services	Master's Degree in Human Services and six years post Master's experience in supervision and administration with strong leadership skills.
Clinical Coordinator	Master's Degree in Human Services from an accredited school. One year supervisory experience required. Knowledge of and experience with quality improvement activities required.
Neighbor Island Administrator	Master's Degree in Human Services and four years post Master's supervisory and administration experience in community or social services settings. Knowledge of area of program concentration.
Specialist IV	Masters' Degree from a school accredited by a recognized accrediting agency and over two years, up to and including four years of experience. License preferred. Experience in working with families with children who have been or are threatened with harm is strongly preferred.
Case Manager	Bachelor's Degree and over 2 years experience in working with families, up to and including four years. Experience with substance abuse preferred. Experience in working with families with children who have been or are threatened with harm is strongly preferred.
Program Secretary	High school and business training. Able to use computer with over two years experience, up to and including four years.

Criminal history background checks: Once an employment offer is tendered and accepted, a criminal history check is conducted via the Hawaii Criminal Justice Data Center for all new direct service employees. A printed report of each criminal conviction record check is maintained in the employee's personnel record. An offer of employment is withdrawn or the position of a direct service provider is terminated when a prospective or current direct service provider has a criminal conviction as indicated as follows:

- The criminal conviction occurred within the last 10 years; and
- The crime for which there is a conviction has a rational relationship to a direct service provider's position.

CPS Registry checks: Once an employment offer is tendered and accepted, a check is conducted via the Protective Services Central Registry for all new direct service employees. A printed report of each record check is maintained in the employee's personnel record. A check is completed upon initial hire, twelve months later, and thereafter, every two years.

Unfavorable findings do not necessarily result in the employee's dismissal and are reviewed on a case-by-case basis with the following criteria:

- The nature and gravity of the offense
- The amount of time that has passed since the offense
- The nature of the position in question

Driver's Abstract: Once an employment offer is tendered and accepted, a Driver's Abstract is requested from the new hire who is required to drive, as determined by their job description. A check is completed upon initial hire and annually upon anniversary date. The document obtained by the employee is maintained in the employee's personnel record. Employees are required to have a satisfactory Driver's Abstract. Satisfactory is described as:

- No more than one moving violation in the past three years, and
- No DUI convictions within the past three years.

3. Supervision

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, ensures 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.

The supervisory ratios do not exceed one direct service supervisor to seven full-time direct service staff. The supervisor determines how frequently supervision sessions need to occur based on accreditation and contract standards. The immediate supervisor is responsible for ongoing supervision of staff.

Supervisory sessions may be individual sessions or group sessions as defined by contract, accreditation standards and/or professional practice. All supervisory sessions are documented in an individual supervisory file, maintained by the supervisor. The supervision notes document the session dates, issues discussed, and related action plans. During the supervisory session, the supervisor reviews case record documentation to ensure that the documentation:

- Complies with the organization and program policies and procedures.
- Reflects implementation of direct practice principles within the scope of the program philosophy and/or method of service/treatment.

CFS provides client-centered supervision which enhances the quality of client services and provides a mechanism for professional development. Client-centered supervision occurs quarterly, at minimum, and includes the following:

- Evaluation of the client's progress toward achieving his/her service/treatment goals.
- Review of the appropriateness of the service/treatment plan.
- Review of case record documentation.

Accountability and Adherence to the Service Model and Performance Standards

A key factor in the success of service delivery is the extent to which management staff can effectively supervise and administer direction.

Staff are instructed in the basic requirements of the contract. The Neighbor Island Administrator will monitor service provision and documentation for compliance with the contract through quarterly record reviews and monthly staff supervision. Additionally, the Clinical Coordinator will assist with conducting random chart reviews of the program periodically.

The supervision process addresses staff accountability and close adherence to the service model. 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 clients. Staff receive regularly scheduled (monthly) supervision and case consultative experience to allow them to achieve the program goals of successfully engaging the families, plan achievable outcomes with the families based on good clinical assessments, work with families to help them reach goals and sustain them once CFS services end.

Monthly group meetings allow program staff to collaborate together, discuss the overall status of the program, share concerns and provide input, review policies and

procedures, case management issues, and community resources linkage. The Neighbor Island Administrator will supervise the CSAC, Specialist IV, Case Manager, and Program Secretary. Meetings will be held with each individual to discuss individual cases, program and personnel issues such as training, resources, documentation and client chart reviews. General personnel issues like standards of conduct and schedule for holidays and/or vacations, reviewing of agency code of ethics or program training requirements are also reviewed at these meetings. Specific individual supervisory disciplinary concerns including timeliness or adherence to attendance rules are conducted in one-on-one sessions and action plans with follow-up dates are documented and created with staff.

Additional meetings are scheduled as needed between supervisor and staff members. Individual and group supervisions which use a strengths-based positive approach to support the staff are utilized. Regular follow-up is done to ensure the Neighbor Island Administrator is providing the staff with the knowledge, skills, and tools they need to succeed. The Neighbor Island Administrator's experience as a supervisor and extensive training in supervisory skills is evident in her ability to supervise and train her team. The agency is committed to supporting staff success and assisting them with challenges.

The staff members in the program have clearly defined roles. However, the program has a tremendous amount of flexibility in meeting the needs of the participants. The Neighbor Island Administrator will work closely with the staff and provide support and resources in the delivery of services. Even though the program staff member has their area of focus, each one is able to step in and assist in a different area as needed. Each is cross trained to provide for the most thorough and efficient service delivery methods in meeting the needs of the participants and their families.

CFS already has written position descriptions and procedures for recruitment, selection, and training for qualified staff that help build dynamic and well-rounded teams to work with children, individuals and families. Procedures for clear communication and lines of authority are established along with guidelines and clear statements of responsibility for job functioning. Job performance/evaluation reviews are conducted annually. The reviews specify areas of strength and needs for improvement for individual staff. Professional Development Plans for each staff keep commitments to growth and skills improvement among staff from managers to direct service staff. Supervision procedures have been developed to maintain quality delivery of services and provide for systematic ongoing monitoring of staff.

4. Training – Enhancing Skills and Knowledge

CFS is committed to increasing staff knowledge and skill development through its training program. In a recent 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 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.

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 a CFS shared computer drive.

CFS's 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 Substance Abuse and Counseling Program will provide orientation to the program within 30 days of employment with the organization. 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 30 days of employment
• Review of job description
• Review of program training plans
• 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 data 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, g and y drives, timekeeping system, and databases

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
• 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	<ul style="list-style-type: none"> • DHS Guiding Principles • Protective Factors for families • Child Abuse and Neglect dynamics, prevention and intervention strategies
Risk, Legal and Regulatory Requirements	<ul style="list-style-type: none"> • Mandatory reporting • 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 • Adolescent and Adult Parenting Inventory (AAPI-2)
Service Delivery Basics	<ul style="list-style-type: none"> • Documentation • Client advocacy • New referral resources in the community • Case management/collaboration/ coordination • Child development • Basic health and medical needs of the service population to include special needs • Service provision through home visiting and community-based settings • 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

Training Focus	Trainings
Quality Assurance	<ul style="list-style-type: none"> • Program outcomes development and measurement • Integration, coordination and monitoring of service quality standards
Supervisory	<ol style="list-style-type: none"> 0. Tracking and Supervisory Tools 1. Supervisory training; administration, human resources, supervision and 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 Practice 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.

Program staff members will be required to attend Ohana Conferencing training.

Organization Charts

The Service team for this proposal consists of the Director of Program Services, Clinical Coordinator, Neighbor Island Administrator, Specialist IVs, Case Managers, Family Service Worker and Program Secretary. The Neighbor Island Administrator supervises the Specialist IVs, Case Managers, Family Service Worker and Program Secretary.

The Program will serve a total of 130 individuals (30 families, 60 adults and 70 children the first year with an increase in numbers in the following years of the contract. The Specialist IV will carry 15 to 20 cases at any one time; and the Case Manager 10 to 15 cases; and the Family Service Worker 5 cases.

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 Director of Program Services, Quality Assurance and Training Departments, strategic planning process, CFS communication plan, and senior management.

The statewide CFS organization chart and the Substance Abuse Counseling Services organization charts are attached to this proposal.

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 CFS, Jointly and Severally

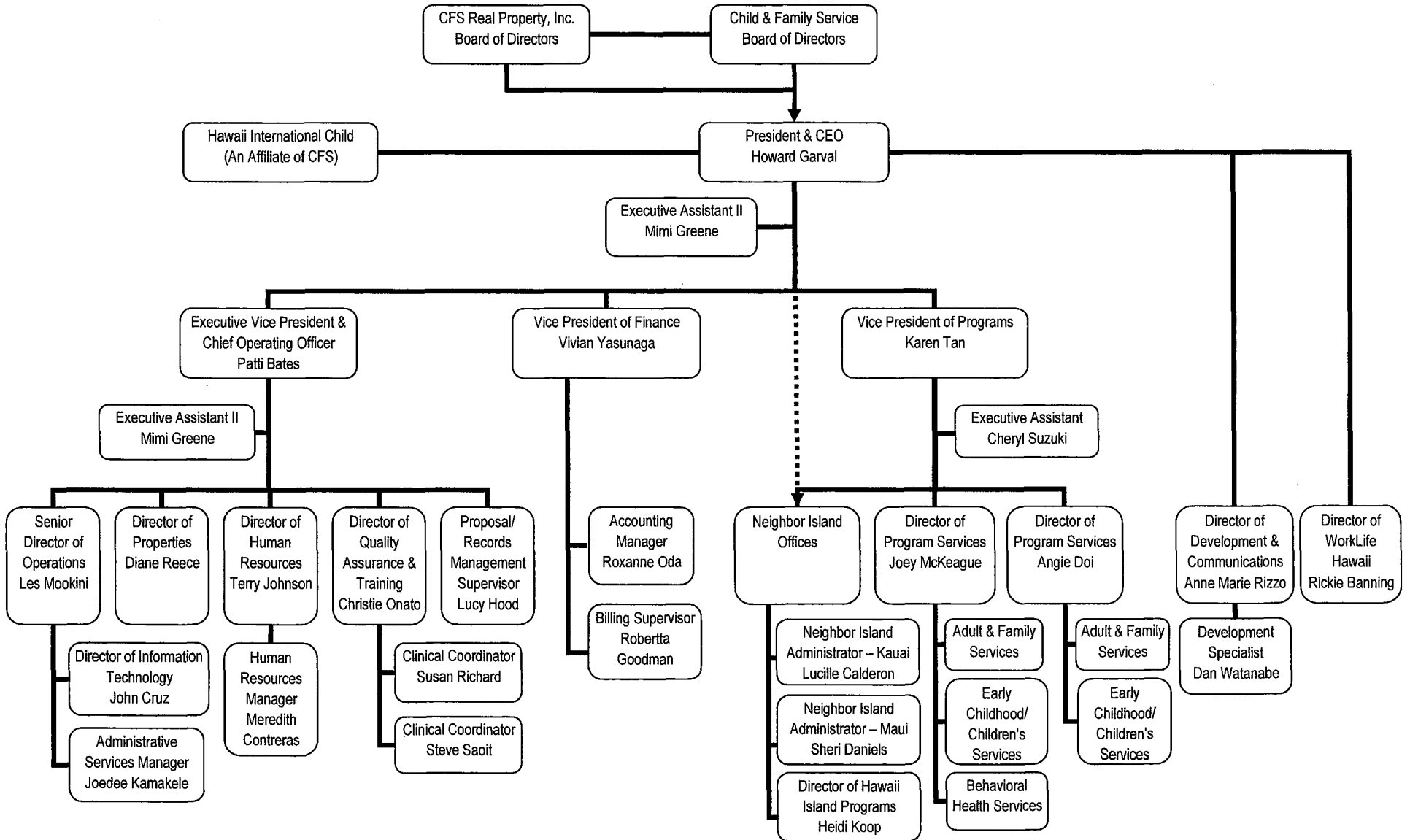
Case No. CV05-00810 DAE KSC, filed in the United States District Court for the District of Hawaii.

CFS 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.

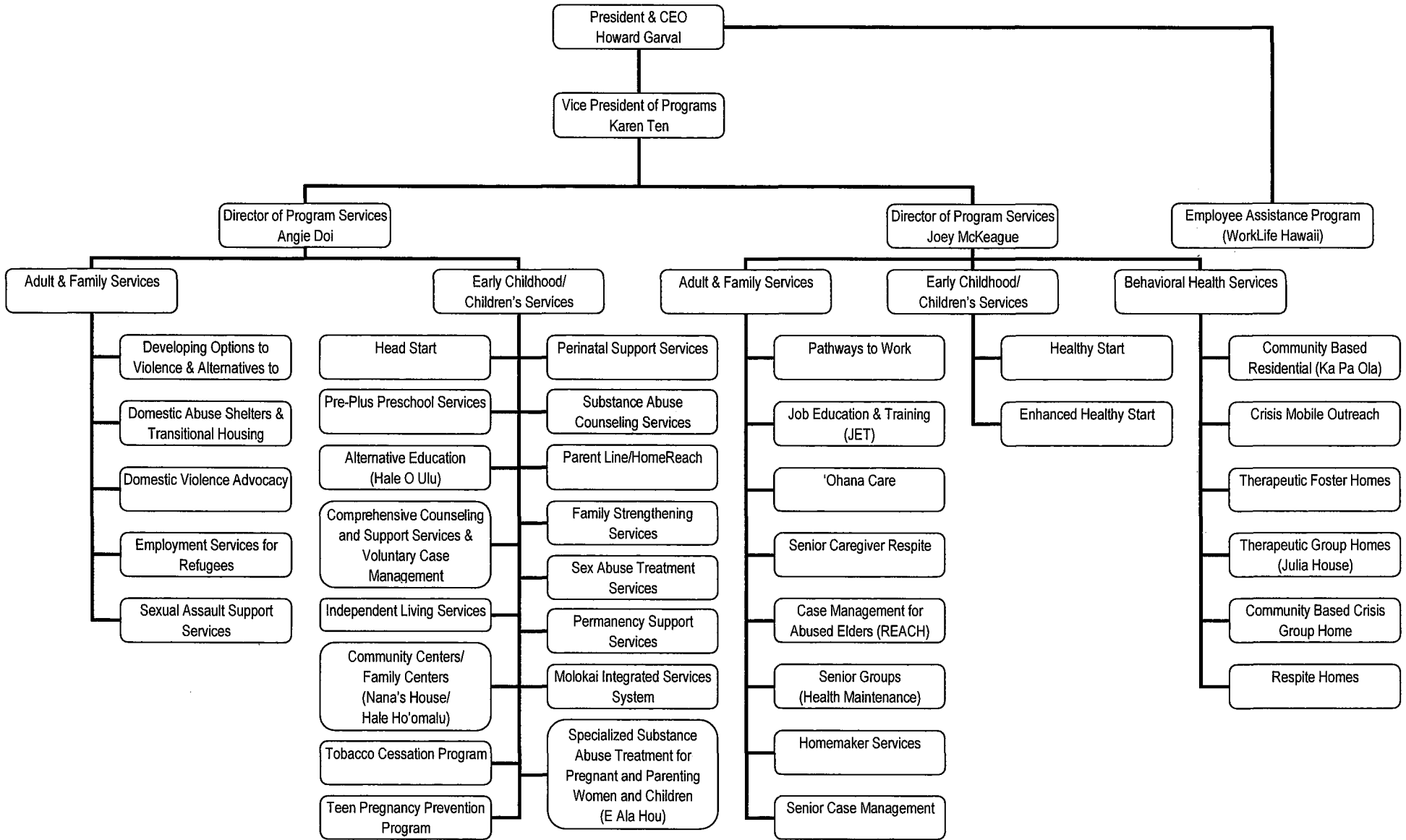
B. Licensure or Accreditation

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. CFS has also been a member of the Alliance for Children and Families since 1986. Because of its accreditation status and membership in national organizations, CFS has access to current research data and Best Practices models.

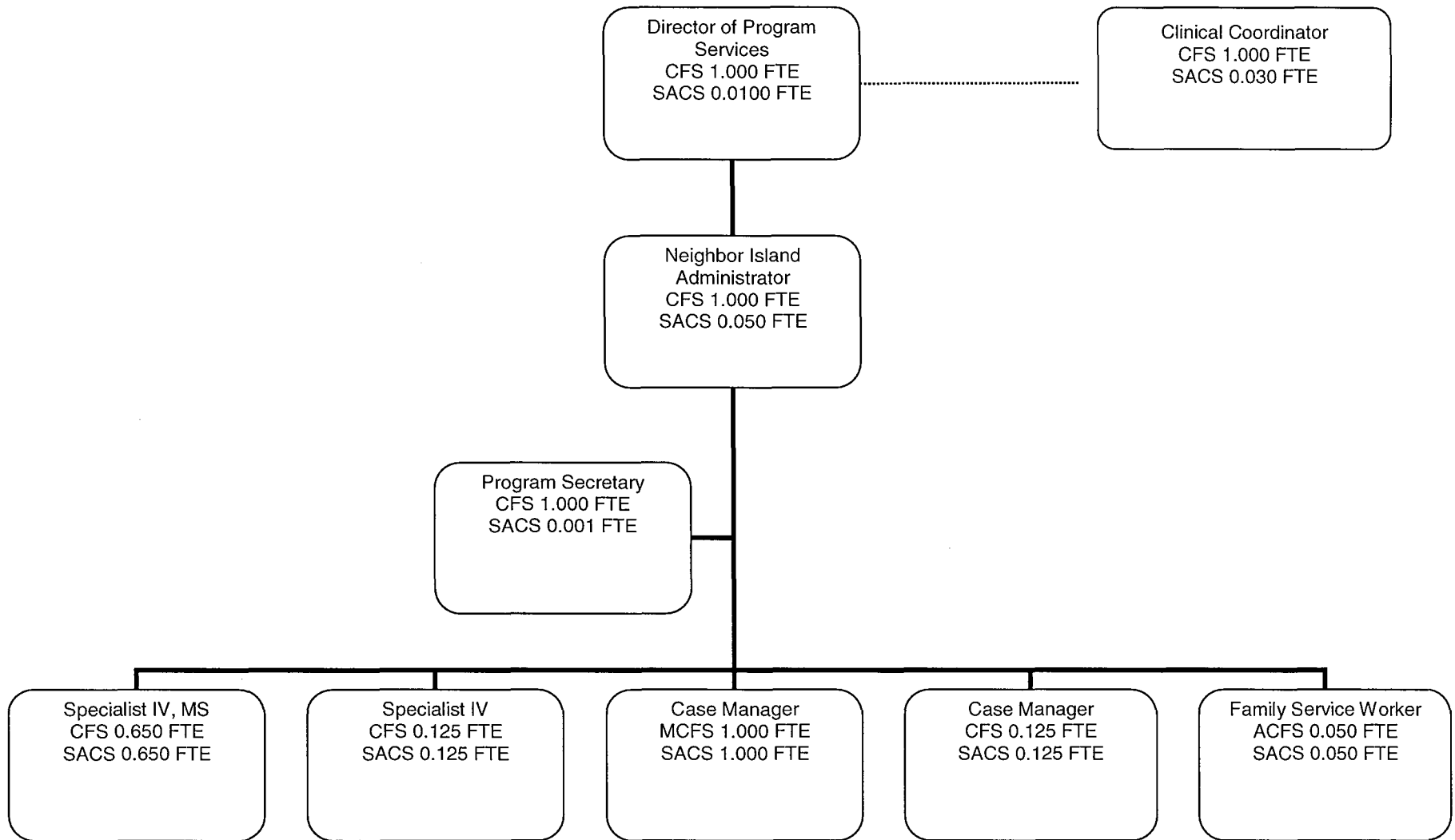
Child & Family Service Organization Chart



Child & Family Service Organization Chart



**Child & Family Service
Title IVB Substance Abuse Counseling Services
Organization Chart**



BUDGET REQUEST BY SOURCE OF FUNDS
(Period: July 1, 2012 to June 30, 2013)

Applicant: Child & Family Service- Substance Abuse Counseling Services

BUDGET CATEGORIES	Total State Funds Requested (a)	(b)	(c)	(d)
A. PERSONNEL COST				
1. Salaries	74,573			
2. Payroll Taxes & Assessments	10,272			
3. Fringe Benefits	10,528			
TOTAL PERSONNEL COST	95,373			
B. OTHER CURRENT EXPENSES				
1. Audit Services	317			
2. Insurance	2,110			
3. Lease/Rental of Equipment	850			
4. Lease/Rental of Space	10,000			
5. Mileage	500			
6. Postage Freight & Delivery	500			
7. Publication and Printing	500			
8. Repair & Maintenance	1,200			
9. Staff Training	25			
10. Supplies	4,255			
11. Telecommunication	516			
12. Utilities	1,500			
13. Other: Client Assistance	149			
14. Other: Membership	25			
15. Other: Administrative Support	19,180			
TOTAL OTHER CURRENT EXPENSES	41,627			
C. EQUIPMENT PURCHASES				
D. MOTOR VEHICLE PURCHASES				
E. CAPITAL				
TOTAL (A+B+C+D+E)	137,000			
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested	137,000	Rachel Desrochers, Budget Monitor II	808-681-1405	
(b)		Name (Please type or print)	Phone	
(c)			01/27/12	
(d)			Date	
TOTAL BUDGET	137,000	Vivian Yasunaga, VP of Finance		
		Name and Title (Please type or print)		

BUDGET JUSTIFICATION PERSONNEL - SALARIES AND WAGES

Applicant: Child & Family Service- Substance Abuse Counseling Services

Period: July 1, 2012 to June 30, 2013

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	\$78,030	1.00%	\$ 780
Neighbor Island Administrator	1	\$71,392	5.00%	\$ 3,570
Clinical Coordinator	1	\$55,841	3.00%	\$ 1,675
Program Secretary	1	\$27,263	0.10%	\$ 27
Specialist IV	1	\$40,268	65.00%	\$ 26,174
Specialist IV	1	\$46,590	12.50%	\$ 5,824
Case Manager	1	\$31,357	100.00%	\$ 31,357
Case Manager	1	\$31,357	12.50%	\$ 3,920
Family Service Worker	1	\$24,908	5.00%	\$ 1,246
TOTAL:				\$ 74,573
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- Substance Abuse Counseling Services

Period: July 1, 2012 to June 30, 2013

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

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

BUDGET JUSTIFICATION CAPITAL PROJECT DETAILS

Applicant: Child & Family Service- Substance Abuse Counseling Services

Period: July 1, 2012 to June 30, 2013

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: 2010-2011	FY: 2011-2012	FY:2012-2013	FY:2012-2013	FY:2013-2014	FY:2014-2015
PLANS						
LAND ACQUISITION						
DESIGN						
CONSTRUCTION						
EQUIPMENT						
TOTAL:						
JUSTIFICATION/COMMENTS:						
N/A						

**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 & Family Service



1/31/12
(Date)

Howard S. Garval, President and CEO
(Typed Name) (Title)