

House District 42

Senate District 20

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

Log No:

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): **DOH/ALCOHOL AND DRUG ABUSE DIVISION**

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

1. APPLICANT INFORMATION:

Legal Name of Requesting Organization or Individual:
Coalition for a Drug-Free Hawaii
Dba:
Drug-Free Hawaii
Street Address:
1130 N. Nimitz Hwy., Ste. A259, Honolulu, HI 96817
Mailing Address:

Same as above

2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:

Name ALAN SHINN
Title Executive Director
Phone # (808) 545-3228 ext. 29
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3. TYPE OF BUSINESS ENTITY:

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

6. DESCRIPTIVE TITLE OF APPLICANT'S REQUEST:

KAPOLEI COMMUNITY SYSTEM OF CARE

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

7. AMOUNT OF STATE FUNDS REQUESTED:

FISCAL YEAR 2014: \$ 200,000

8. STATUS OF SERVICE DESCRIBED IN THIS REQUEST:

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

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

STATE \$ _____
FEDERAL \$ _____
COUNTY \$ _____
PRIVATE/OTHER \$ _____

TYPE NAME & TITLE OF AUTHORIZED REPRESENTATIVE:

[Redacted Signature]

ALAN SHINN, EXECUTIVE DIRECTOR
NAME & TITLE

1/28/2013
DATE SIGNED

Application for Grants and Subsidies

I. Background and Summary

1. A brief description of the applicant's background

The Coalition for a Drug-Free Hawaii (CDFH) is a private non-profit 501(c)(3) organization established in 1987 with the mission *to reduce and prevent drug abuse in Hawaii through awareness, education, and action*. A highly regarded leader in the substance abuse prevention field in Hawaii, CDFH has established a wide range of strategies and programs that serve to meet the needs and vision of communities throughout the State. CDFH provides innovative programs and services with expertise in designing and implementing effective prevention and intervention programs for youth; strengthening families; advancing gender specific programming for girls in Hawaii; building grassroots partnerships to create healthy, drug- and violence-free communities; providing excellence in training and technical assistance, and establishing collaborative relationships with public and private agencies. CDFH has an excellent history of accomplishments in providing evidence-based substance abuse prevention programs and services for youth, families, and communities in Hawaii.

2. The goals and objectives related to the request

CDFH is proposing this project to establish and demonstrate a comprehensive system of care for youth and families in the Kapolei community that addresses the critical need for increased access to substance abuse prevention, intervention and treatment.

Goal: To reduce and prevent substance abuse and related problems among youth and families by establishing a comprehensive system of care in Kapolei that includes community collaboration, prevention focused activities, and family intervention services.

Objective 1: Plan and implement awareness and education activities for youth, parents, school personnel, community members, and other stakeholders to increase their knowledge and understanding about the harm and risks of substance abuse.

Objective 2: Conduct community-wide events to promote healthy, drug-free lifestyles; strengthen collaboration among systems of care; and inform youth and families about resources in the community.

Objective 3: Provide family intervention services for youth and their families who are at high risk for substance abuse as part of a comprehensive system of care in the community.

Objective 4: Identify and engage partners to establish a system of care that is responsive to the immediate and ongoing needs of youth and families facing the challenges of substance abuse and related problems.

Objective 5: Provide training for systems of care providers and partners to strengthen their capacity to support youth.

Achievement of the objectives and outcomes of the proposed project will result in a system of care for youth and families that may be a model for other communities. This includes increased availability and access to activities to prevent substance abuse, quality services that provide intervention for youth and families, and resources that link together to provide effective treatment and support toward health and wellness.

3. The public purpose and need to be served

This project is proposed to address the urgent need for increased knowledge about substance abuse and accessibility to services for youth and families to reduce and prevent substance abuse. Findings of the latest studies show that **there is a great disparity between youth who need substance abuse intervention and treatment and those who actually receive services.** A call to action for families and communities to be more involved in identifying, referring, and supporting youth and families faced with substance abuse is a critical step toward making services available and accessible. The Kapolei community is committed to taking this step for its youth and families and has already begun to mobilize collaboration among sectors of the community to respond to rising incidents of substance abuse among youth.

The 2007-2008 Hawaii Student ATOD Study found that “Overall, nearly one in 13 students met criteria for substance abuse or dependence with the highest representation by females and 12th graders. Rates for 12th grade students in Hawaii (17.8%) that met criteria for substance abuse or dependence were much higher than national rates, which are approximately 10% of the adolescent population. Current intervention and treatment needs are not adequately addressed.

Adolescents who were using substances seemed to think they did not require treatment for substance use problems. This represents a gap in the treatment of adolescents who may be dependent upon or are abusing substances.

This disparity is also reflected in the 25.8% of students who met criteria for a substance use diagnosis and thought they needed treatment but did not receive it. An additional 8.4% of students who did not meet criteria for a diagnosis also indicated they needed help for their substance use problems but did not receive any assistance. **Clearly, there is a significant group of youth who are still in need of treatment services that have not been reached.”¹**

With regard to prevalence of substance abuse, the survey found that underage drinking continues to be the greatest problem among youth in Hawaii and identified marijuana use and prescription drug abuse as rising concerns. “The highest prevalence rates of substance use were reported for both lifetime and 30-day use of alcohol, followed by cigarettes, and marijuana.” “For past 30 day marijuana use, slightly higher rates were reported by students in

¹ 2007-2008 Hawaii Student ATOD Study (DOH, 2009)

Hawaii compared to the nation (8th grade: Hawaii 7.0%, nationwide 5.8%; 10th grade: Hawaii 13.7%, nationwide 13.6%; 12th grade: Hawaii 20.5%, nationwide 19.4%).... Given that national rates for prescription drug use has escalated, it will be important to continue to monitor the use of prescription drugs for youth in the state of Hawaii. This study found that the rate of prescription drug use more than doubled for 12th graders in comparison to the rates reported for 10th graders.”²

Data gathered from two major statewide student surveys are presented in the tables below to show prevalence of substance abuse across grade levels.

Grade:	6th	8th	10th	12th
Alcohol	15.6	36.2	56.5	72.4
Marijuana	2.4	12.0	25.6	42.2
Illicit Drug Use	1.8	3.5	4.4	11.4
Prescription Drug Use	1.1	3.2	5.9	13.6

Table 1: Statewide Lifetime Prevalence from the 2007-2008 Hawaii Student ATOD Use Study (DOH, 2009)

Grade:	6th	8th	10th	12th
Alcohol	7.8	18.4	28.3	40.8
Marijuana	1.8	7.0	13.7	20.5
Prescription Drug Use	1.1	2.1	3.6	5.5
Illicit Drugs	1.5	2.3	1.4	4.9

Table 2: Statewide Past 30-Day Use from the 2007-2008 Hawaii Student ATOD Use Study (DOH, 2009)

Grade:	6th	7th	8th	9th	10th	11th	12th
Alcohol use during past 30 days	--	--	--	21.5	28.2	30.2	38.4
Marijuana use during past 30 days				19.2	19.7	24.1	25.4
Prescription Drug use without a doctor’s prescription one or more times in lifetime	2.5	4.5	7.0	10.6	11.8	17.3	18.4
Sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high one or more times in lifetime	8.2	9.6	10.7	10.3	8.6	9.9	9.8
Ecstasy use one or more times in lifetime	--	--	--	7.2	6.5	12.1	10.5

Table 3: Results from the Hawaii High School Youth risk Behavior Survey (CDC, 2011)

Specific to the Kapolei community, school administrators have expressed their concerns about increased substance abuse by students including marijuana, prescription drugs, ecstasy, alcohol (hard liquor, beer, wine) possible ice, and tobacco. Administrators also know that youth are using off campus and before school and come to school under the influence. Some students are boldly smoking marijuana in the bathroom on campus. The increased drug use has resulted in increased thefts on campus involving cash, cell phones, iPods, etc. At Kapolei High School during the 2011 – 2012 school year, 209 students (10% of the student population) were responsible for 290 suspensions. These suspensions included serious offenses of 112 (39%) Class A: Burglary, robbery, sale of dangerous drugs; 116 (40%) Class B: disorderly conduct,

² 2007-2008 Hawaii Student ATOD Study (DOH, 2009)

trespassing; 56 (19%) Class C: Class cutting, insubordination, smoking; and 6 (2%) Class D: Contraband (e.g. possession of tobacco.)³

Identifying **risk and protective factors in the family and community** provide the context for youth substance abuse and related problems and are critical in developing effective prevention, intervention and treatment strategies. “Students who met criteria for substance dependence reported higher rates of family exposure to cigarettes, alcohol, and other drugs as well as unclear family rules related to substance use in comparison to students who met criteria for substance abuse or had no substance use disorder. These findings indicate that the family domain is an important factor to address when developing prevention and intervention programs for youth.” With respect to the community, “students reported that it would be easier to obtain the “gateway drugs” of cigarettes, alcohol, and marijuana, in comparison to illicit drugs (e.g., methamphetamine, hallucinogens, and ecstasy); with significantly more 10th and 12th grade students stating that it would be easy for them to obtain cigarettes or alcohol if they wanted some. Four out of five students who stated it would be easy for them to get cigarettes, alcohol, or marijuana met criteria for substance dependence and substance abuse. This finding emphasizes the importance of integrating community members and law enforcement to assist with age appropriate after school programs that would be beneficial in deterring access to substances in the community and aide in developing more prosocial community involvement by students.”⁴

While the study found that “further research is needed to determine the reasons why adolescents do not seek treatment for their substance abuse problems. It is critical that prevention efforts be aimed at younger adolescents to reinforce negative attitudes toward substance use so that as they get older they will be more aware of the dangers associated with substance use and therefore lessen the need to treat older adolescents.”⁵ On the intervention and treatment end, data from across the nation demonstrate that a system of care that includes and builds on collaboration with service providers and community resources better addresses the multiple needs of families and youth, reduces or prevents institutionalization (foster care, mental health or corrections), and improves clinical and functional outcomes for children and their families. It also reduces costs.⁶

The expected results of this project have far reaching potential as a model for establishing an effective system of care for youth from prevention to intervention and treatment to health and wellness. Effective programs to address substance abuse require community action and partnerships to educate, support, and provide resources for youth and families. The Kapolei Community Coalition is committed to sustained efforts to establish and strengthen a system of care for youth and families in their community.

³ School Status and Improvement Report – Kapolei High School (State of Hawaii DOE, 2012)

⁴ 2007-2008 Hawaii Student ATOD Study (DOH, 2009)

⁵ 2007-2008 Hawaii Student ATOD Study (DOH, 2009)

⁶ WRAP Hawai'i: Pilot Project Design. Paper presented at a meeting on August 2012, p. 1.

4. Describe the target population to be served

The target population to be served consists of youth and families in the Kapolei community. Kapolei's total population is 15,186 with 8% under 5 years of age, 31.2% under age 18, and 6.4% ages 65 and over. Demographics include: 34.4% Asian, 14.6% Native Hawaiian and Other Pacific Islander, 13% Caucasian, 1.8% African American, 35.1% reporting two or more races, and 11.2% Hispanic or Latino origin; 50.3% Females; 3,383 households with 3.56 persons per household; and 76.8% homeownership rate; median household income \$91,528; and 24.1% report language other than English spoken at home.⁷ Kapolei High School demographics provide a reflection of the youth population to be served in the community. With an enrollment of 2,054 students, ethnicities at Kapolei High School include primarily: 28.8% Native Hawaiian; 24.5% Filipino; 14.4% Caucasian; 6.8% Japanese; 5.1% Samoan; 5% African American; and a mix of others. Of students at Kapolei High School, 30.8% receive free/reduced lunch.⁸

5. Describe the geographic coverage

The proposed project will be implemented in the Kapolei community.

II. Service Summary and Outcomes

The Service Summary shall include a detailed discussion of the applicant's approach to the request. The applicant shall clearly and concisely specify the results, outcomes, and measures of effectiveness from this request.

1. Describe the scope of work, tasks and responsibilities

CDFH believes that effective prevention and intervention programs begin with community vision, respond to community needs, fill gaps in service, and build on community resources. Reflecting our mission, CDFH's approach to youth programs incorporates awareness, education, and action to provide youth and families with resources, supportive and helping relationships, opportunities for growth, and a path toward positive future potential. CDFH programs incorporate evidence-based curriculum adapted to local cultures and settings combined with community-based efforts. This request is made to support a comprehensive system of care for Kapolei youth and families that will decrease the disparity between youth who need help with substance abuse problems and those who actually receive services.

Scope of Work

The proposed service activities have been developed in response to the expressed needs of Kapolei community members including Kapolei residents and those who work with youth and families in the community. The newly established Kapolei Community Coalition offers a network of individuals and organizations committed to reducing and prevention substance abuse in Kapolei and fostering health and wellness through collaborative actions.

1. System of Care: CDFH will work with the Kapolei Community Coalition to develop a System of Care Advisory Committee consisting of members from youth serving

⁷ U.S. Census 2010

⁸ School Status and Improvement Report – Kapolei High School (State of Hawaii DOE, 2012)

agencies, judiciary, law enforcement, schools, health providers, and others who can support youth and families. This committee will work with project staff to establish a system of care for Kapolei that helps to identify youth and families in need of services, increases availability and access to services, and serves as an ongoing source of needs assessment and quality assurance to keep the system relevant and effective.

2. Prevention Component: Awareness and Education Activities will be conducted in the community. These activities include presentations for youth, parents, school personnel, and other community members to increase their knowledge about substance abuse and the harmfulness of specific drugs; family nights; youth activities, etc. Activities will also increase their understanding of strategies to prevent and reduce the problem in their homes, schools, and community. These prevention activities will provide the opportunity to make a call to action for families and community members to become involved in identifying, referring, and supporting youth and families faced with substance abuse. All activities will be accompanied by an information booth that provides written information and resources to facilitate helping someone in need.

A Community-Wide Event will be organized and held to promote healthy drug-free lifestyles and strengthen collaboration among partners in the community by providing a venue for gathering youth and families, working together to plan event activities, and outreaching to community resources to host information tables. These information tables will be staffed by youth services providers, health care organizations, law enforcement, and others stakeholders in the health and wellness of youth and families.

3. Family Intervention Component: An intervention and treatment service will be established to assist the Kapolei community to strengthen and expand services to youth at risk and their families in the community. Culturally sensitive, client informed, and outcome directed services will be initiated. The service will be established in a location that is easily accessible to the community and will be staffed by interns and a supervisor. The service will provide screening and assessment for treatment planning. The services might include individual adolescent counseling, group counseling, family counseling, multi-family group counseling, case management, and prosocial recreational activities. Culturally based activities are planned as part of group counseling sessions. Kupuna will be asked to assist and consult to the overall goal of the program. Treatment components have been designed to meet the individual and specific needs of the adolescent who may be experiencing difficulties in multiple areas of life: family and family relationships, peer relationships, health, legal, educational, medical, and psychological concerns such as impulsivity, mood, anxiety, trauma, learning disorders. Program staff will assess and treat substance abuse and mental health concerns, work with multi-problem individuals and families, and will assist families and youth with case management needs.

Data and experience suggest that when family members are actively involved in the intervention and treatment process, youth tend to do better⁹ Our intervention services will work in collaboration with the community to help develop a community-based system of care services to meet the challenges of children and youth with serious mental health and substance abuse needs and their families.

The FITS program evaluates its services through self-report measures of satisfaction with therapy sessions, and through surveys of degree of family cohesion and bonding, conflict, and communication. Semi-monthly meetings with the Community Coalition will help to further develop the system of care. An end of a year meeting with the Community Coalition will also occur to discuss whether this program was beneficial. A report about the strengths and challenges faced by the youth and families, and barriers to and gaps in services for these families will be submitted to the partners interested in expanding and strengthening a comprehensive system of care.

Ongoing training and forums for sharing of information among care providers will be provided for project staff, Systems of Care Advisory Committee members, partners, and others stakeholders to strengthen their understanding and capacity to support youth and families.

The attached **Program Logic Model** is the framework for program development based on the target population's needs in terms of risk and protective factors for substance abuse. This table presents the relationship between needs in the targeted community, proposed activities, project objectives, immediate outcomes, and the desired long term outcomes.

Tasks and Responsibilities

Please see attached **Timeline/Implementation Plan** for tasks and responsibilities.

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

Please see attached **Timeline/Implementation Plan**.

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

Quality Assurance Plan

CDFH has an existing Quality Assurance (QA) plan for its programs which covers the mission, the specific services and their delivery, staff qualifications, consumer eligibility, standards, and evaluation. The agency's core values include excellence and integrity which calls for quality staffing, programming, and service provision. The QA plan serves as a guide for managers, supervisors, and staff to monitor and improve the quality and excellence of CDFH services. This

⁹ U.S. Department of Health and Human Services, SAMHSA, Center for Mental Health. (2006). Children's mental health: FACTS. Systems of Care.

plan is composed of an agency overview, a quality assurance process for staff, a quality assurance process for program implementation; and a framework for quality assurance that includes QA components, key processes, and responsible staff.

CDFH provides supervision and support for staff seeking credentialing as Certified Prevention Specialist (CPS) and Certified Substance Abuse Counselor (CSAC). Currently CDFH staff include seven CPSs (Program Director, all three Program Managers, and three Project Coordinators) and two Licensed Marriage and Family Therapists. Certified staff will provide supervision and serve as preceptors for staff seeking to apply for certification. CDFH will engage project staff in further workforce development activities as approved and directed by ADAD including coursework required as a prerequisite for the CPS and CSAC certification.

With respect to fiscal and administrative QA, CDFH administrative and fiscal staff have the knowledge, experience and ability to provide administrative support to staff and manage government contracts having successfully received and administered numerous federal and state grants since 1988. These grants included those funded by ADAD, Office of Youth Services, DOE, State Judiciary, City and County of Honolulu, SAMHSA CSAP, CMHS, OJJDP, and USDOE.

Evaluation Plan.

The Program Director, Clinical Director, and Program Manager will provide oversight of the implementation process and quality assurance during delivery of the program to ensure excellence in service provision.

The evaluation plan includes process and outcome assessments. The assessments will: a) monitor and measure progress toward achieving program objectives and outcomes and b) provide the project with regular feedback necessary to guide informed decision-making, effective implementation, and ongoing modification and improvement of the program.

Process Evaluation. The purpose of the process evaluation is to monitor and assess prevention and treatment activities/services and obtain information that will guide effective program implementation. The process evaluation for the prevention component will document 1) the project activities/services that were implemented and if these activities/services correspond to the prescribed timeline and workplan; 2) who provided (e.g., program staff) what activities/services; 3) how many individuals participated in the program and how participants perceived and evaluated the program; and 4) what factors may have hindered as well as facilitated effectiveness of program implementation and how barriers were overcome. To answer these questions, data will be collected using the following proposed process evaluation measures.

- (1) Activity Log and Attendance Forms. To monitor project activities, timeline, and number of participants. The log will be completed by project staff.
- (2) Satisfaction Surveys. Program participants will be asked to evaluate program elements and implementation including suggestions for program improvement and other comments. Youth and families receiving intervention and treatment services

will be asked to evaluate the counseling experience including suggestions for improvements.

- (3) Project Reports. The staff will report their perceptions and evaluation of the project's progress, program elements, challenges, and program accomplishment.

Outcome Evaluation. The purpose of the outcome evaluation is to determine the effectiveness of the program in meeting the projected immediate outcomes as specified in the Program Logic Model. We anticipate that the program will be effective in: 1) increasing awareness and knowledge about substance abuse and associated risks; 2) increasing access to substance abuse prevention, intervention, and treatment resources in the community; 3) decreasing substance abuse and related problems among youth and their family; and 4) increasing collaboration to provide a system of care to support youth and families as they seek help to reduce and prevent substance abuse and regain health and wellness. Data will be collected using the following outcome evaluation measure. Standard protocols will be used to ensure quality control, confidentiality, and security of data.

- (1) Participant Survey. A sampling of participants (100) in activities and services will be surveyed to assess effectiveness of prevention activities and access to intervention/treatment services.
- (2) Participant Evaluation of Intervention Services: All youth and families participating in the Intervention program will complete an outcome evaluation. The evaluation will assess the involvement of youth and family in service planning, the time for youth and family to obtain mental health and substance abuse family therapy services and concerns of truancy, school under-performance, involvement with the law, and runaway behavior of the youth. A survey about family communication, bonding and conflict/management of differences will also be administered to assess for change. Our goals are to increase communication and bonding within the family, decrease conflicts/better management of differences within the family. Demographic information such as ethnicity, age of youth, number of people living in the family home, mental health and substance abuse issues among other family members, and medical/health insurance coverage.
- (3) System of Care Interviews. School administrators, other school personnel, juvenile justice personnel, law enforcement, service providers, and others who collaborated in the project will be interviewed to evaluate effectiveness of the system of care. Evaluations from uninvolved personnel will be obtained as much as possible to ascertain if and how we can better outreach and serve their needs to address substance abuse among youth and families.

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

Measures of Effectiveness

The project's effectiveness will be measured by progress toward fulfilling objectives and achievement of the proposed immediate outcomes. These immediate outcomes will also provide the results that demonstrate this program as a model that can be replicated in other communities to reinforce an effective system of care for youth and families. The project's immediate outcomes are detailed below:

- 1) 60% of the sampling of youth and families (100) who provide feedback on the program will indicate that it was effective in increasing awareness and knowledge about substance abuse and associated risks.**
- 2) 60% of youth and families surveyed indicate that the program reduced the time for youth and family to obtain mental health and substance abuse family therapy services.**
- 3) 60% of youth and their families that receive services indicate that the program was effective in increasing their involvement in service planning.**
- 4) 75% of partners will indicate that the program increased collaboration and the ability to provide a system of care for youth and families.**

The anticipated numbers of participants to be served are 1,000 community members (including youth, parents, employees, etc.) receiving prevention awareness and education activities and 20 youth and families receiving intervention and treatment services through the system of care.

III. Financial

Budget

- 1. The applicant shall submit a budget utilizing the enclosed budget forms as applicable, to detail the cost of the request.**

Please see attached budget forms.

- 2. The applicant shall provide its anticipated quarterly funding requests for the fiscal year 2014.**

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
\$50,000	\$50,000	\$50,000	\$50,000	\$200,000

3. The applicant shall provide a listing of all other sources of funding that they are seeking for fiscal year 2014.

DOH/ADAD School-based Youth Outpatient Treatment Services - \$360,000

4. The applicant shall provide a listing of all state and federal tax credits it has been granted within the prior three years. Additionally, the applicant shall provide a listing of all state and federal tax credits they have applied for or anticipate applying for pertaining to any capital project, if applicable.

Federal Health Care Premium tax credit for small businesses and non-profit organizations (fiscal year ending June 2011)

Also tax credits for any capital projects applied for or anticipate applying for – NOT APPLICABLE

IV. Experience and Capability

A. Necessary Skills and Experience

The applicant shall demonstrate that it has the necessary skills, abilities, knowledge of, and experience relating to the request. State your experience and appropriateness for providing the service proposed in this application. The applicant shall also provide a listing of verifiable experience of related projects or contracts for the most recent three years that are pertinent to the request.

Since 1987, Coalition for a Drug-Free Hawaii (CDFH) has been providing innovative programs and services with expertise in designing and implementing effective prevention and intervention programs for youth; strengthening families; advancing gender specific programming for girls in Hawaii; building grassroots partnerships to create healthy, drug- and violence-free communities; and establishing collaborative relationships with public and private agencies.

Experience in Prevention: CDFH has an excellent history of accomplishments in providing substance abuse prevention programs and services for universal, selective, and indicated populations in Hawaii. CDFH's initiatives, selected evidence-based programs, and project activities stem from expressed needs and identified risk and protective factors found in each population and community to be served. The success of CDFH in accessing effective programs for communities comes from researching substance abuse resources, evidence-based programs, and best practices; collaborating with existing community resources; and establishing new resources and partnerships. CDFH has been successful in achieving outstanding outcomes through its program and services as evidenced through formal independent evaluation as well as its internal evaluation process. Independent evaluations conducted by the University of Hawaii, Social Science Research Institute found successful outcomes for the Lifelines Hawaii

Alcohol and Suicide Prevention Project 2010 and Hawaii Girls Street Smart SA/HIV Prevention Project 2008 funded by SAMHSA, CSAP; the Second Step Hawaii Program 2005 funded by SAMHSA, CMHS; Social Norms Media Project – Ecstasy and Other Club Drugs 2004 funded by SAMHSA, CSAP; and the Strengthening Hawai'i Families Program (SHF) 1989 funded by SAMHSA, CSAP.

CDFH also possesses the skills and resources to provide quality awareness and educational programs to increase knowledge about substance abuse prevention, intervention and treatment among youth, parents, school personnel, community members, and others in the system of care. CDFH houses the state-designated Prevention Resource Center which provides easy access for staff and clients to the latest resources; referral sources; and current, accurate, research-based information on substance abuse prevention, treatment, and related issues. CDFH also provides access to quality training on current trends in youth substance abuse, brain research, treatment strategies, and critical issues impacting youth that are approved for CSAC and CPS hours. CDFH staff and consultants are well equipped with the knowledge and skills to provide program participants and clients with relevant education to support their efforts to reduce and prevent substance abuse.

Experience in Family Intervention: In line with its mission and programs, CDFH created its Family Intervention and Training Services (FITS) in 2003 to serve youth and families in need of help with substance abuse, mental health, and other family concerns. The FITS intervention model views the person within the context of their family and other systems: social, cultural, economic, health, and educational. Cultural beliefs and values of the individual and their family are significant factors in strengthening and supporting positive individual and family functioning, increasing resilience during life transitions, and stopping or altering current unhelpful patterns for future generations. Beginning with small contracts and having expanded to serve more youth, FITS provided services for over 170 youth ages 14 to 19 and 85 families who were primarily Native Hawaiian and also included Filipino, Vietnamese, Laotian, Japanese, Chinese, Hispanic, Samoan, Caucasian, African-American, and other mixed ethnicities. Translation through interpreters was used with Vietnamese, Laotian, and Japanese families.

The FITS program's quantitative outcomes continue to exceed goals for the number of youth and families served each year and feedback from FITS clients indicate positive qualitative outcomes. CDFH surveys youth and families in the FITS program to evaluate services and have found the program to be effective in helping improve communication as a family; helping to resolve conflicts better; helping families feel closer; and teaching them how to interact better with different organizations and people (i.e. courts, school, and others.) Youth and family members also shared comments that CDFH counselors were very helpful in that they pushed us past the surface issues and made us deal with core issues; were not afraid to confront even if there was anger and that's what we needed; included every family member to work as a team; always followed up on issues and also always gave us information we needed; helped to figure out how I would get

my diploma; taught how to control our attitudes like coping skills, etc.; and taught that individuals are responsible for their actions and that they have choices as well as the consequences that may go along with their decision.

Work with City and County of Honolulu's Youth Services Center (YSC): CDFH's FITS program provided individual, family and group substance abuse and anger management counseling services to youth and their families served by the YSC –Youth Services Program. CDFH staff worked with City case managers to serve youth ages 16 to 24 who were enrolled in educational and occupational readiness programs provided by this Department of Labor grant of \$15,000. Responsive and effective services were provided to 50 youth and eight families.

Farrington High School: CDFH's FITS program provided individual and family therapy to approximately 15 youth from February 2011 to May 2012 as part of a suicide prevention grant from SAMHSA. The school's social workers and nurse screened and referred students. Many of the referred students were truant, depressed, and came from families with substance abusing members. Overall, social workers and nurse and students were grateful for the services.

Fee-For-Service: CDFH created a Fee-For-Service program to accommodate requests from the community for individual, couple, and family therapy, in 2009. To date, FITS treated 35 individuals, couples, and families, of diverse ethnicities, ages, and socioeconomic backgrounds, many of whom were diagnosed with substance abuse/dependence. Billing procedures are established with HMSA, TriCare, HMSA QUEST, HMAA, and UHA.

Experience in Community Collaboration: CDFH has extensive experience working with schools and communities to provide responsive and accessible services as well as building coalitions to address ongoing needs through partnership and collaboration. The agency has coordinated and conducted community education and awareness meetings on substance abuse issues, provided legislative advocacy to expand substance abuse prevention, treatment and law enforcement resources, and consulted on long-term solutions with local, state, and federal agencies. For over 10 years, CDFH coordinated, mobilized, and implemented EWAlution, the Ewa Beach Drug-Free Communities coalition, bringing together 13 sectors of the community to reduce and prevent substance abuse. CDFH currently provides support and technical assistance to the newly established Kapolei Community Coalition formed in 2012 to address the problem of substance abuse among youth in Kapolei. Since 2003, FITS successfully worked within the Juvenile Drug Court - 1st Circuit to ensure that comprehensive treatment services were provided and coordinated for adjudicated youth and their families. JDC partners included the courts, probation, schools, and a diverse team of community service providers. In 2008-2009, FITS provided individual, group, and family therapy to young adults and their families under contract with the City and County of Honolulu's Youth Service Program (YSP), a one-stop employment and career training

center. FITS coordinated with the YSP case managers, probation, health and mental health providers, schools, and employers to coordinate services.

Overall, CDFH has well over 24 years of experience developing and implementing services related to the proposed program as well as partnering with collaborating agencies and key stakeholders to effectively manage and implement services for youth and families in communities throughout the State. A listing of verifiable experience pertinent to the proposed project includes:

1. **Drug-Free Communities Mentoring Project** for Kapolei Community Coalition and EWALution 96706 Coalition. (SAMHSA, CSAP 2011-2012)
2. **Social Norms Media Project “IM SO HI Above the Influence”** Campaign at Kapolei High School and Castle High School. (City and County of Honolulu 2010 – 2012)
3. **Lifelines Hawaii Suicide & Alcohol Prevention Project** at Kapolei High School and Farrington High School. (SAMHSA, CSAP 2010 – 2012)
4. **TeenLink Hawaii** – Statewide Youth Leadership and Information/Resource Services. (DHS, Office of Youth Services 2007 – 2012)
5. **Family Intervention Services:**

The Judiciary – State of Hawaii, Juvenile Drug Court, First Judicial Circuit

Competitive Purchase of Service Contract No. J12056 (7/1/2011-6/30/2013); J06024 (7/1/2005 - 6/30/2011); Small Purchase of Service Contract No. J05099 (10/01/2004 - 6/30/2005); Small Purchase of Service Contract No. J04188 (10/01/2003 - 9/30/2004); Contact: Adrian Abe, Family Court, First Circuit; Office of the Chief Court Administrator; P.O. Box 3498, Honolulu, HI 96811-3498; (808) 539-4408 Email: adrian.c.abe@courts.hawaii.gov

Youth Services Center – Youth Services Program, City and County of Honolulu

Service Contract Period: 8/1/08 – 7/31/09; Contact: Mary Lantano, Program Coordinator; 1505 Blvd., Suite 206, Honolulu, HI 96817; (808) 832-7960 x 25; mlantano@honolulu.gov

Farrington High School

Service Contract Period: 2/1/2011 – 5/8/2012; Contact: Alison Colby, LCSW; 1564 N. King St., Honolulu, HI 96817; (808) 832-3386 alison_colby/FARRINGTON/HIDOE@notes.K12.hi.us

B. Facilities

The applicant shall provide a description of its facilities and demonstrate its adequacy in relation to the request. If facilities are not presently available, describe plans to secure facilities. The applicant shall also describe how the facilities meet ADA requirements, as applicable.

CDFH’s main office is located at 1130 N. Nimitz Highway, Suite A259 which houses the central management, administrative, and fiscal functions of the agency as well as the Prevention

Resource Center. CDFH employs a smoke and drug-free workplace policy with all staff, volunteers, and visitors. This office site has adequate facilities that meet all administrative, program, and staff needs including necessary space (staff office areas and program areas), furniture (desks, chairs, filing cabinets, and tables), computer system including email and internet access, equipment (phone fax, copier, scanner printer), and storage area.

Prevention activities of this project will be implemented through facility space at Kapolei High School in a designated classroom and other campus venues (courtyard, cafeteria, field, and auditorium), partner venues (agency meeting rooms, conference facilities, school sites) which meets all the requirements as applicable to program participant's safety and well-being. Likewise intervention activities will be implemented through partner agency sites, counseling offices, meeting rooms, etc. Community activities will be implemented in partnership with sites/facilities determined as equipped and able to meet the needs of program participants and the requirements for a safe, accessible environment for participants. (e.g. Parks and Recreation facilities, outdoor venues, etc.) The Kapolei Community Coalition members will be consulted to identify and secure venues and facilities that best meet the needs of the program and participants.

ADA Requirements and Special Assistance

CDFH is in full compliance with all laws and regulations relating to the Americans with Disabilities Act (ADA) and has space that is handicapped accessible. CDFH and its partner organizations will also work to provide specific accommodations for program participants as needed and appropriate. CDFH has developed a plan for making services accessible to those with speech, hearing, psychological, and other conditions which may be handicapping. This plan incorporates accessing resources through the Hawaii Speech, Language, Hearing Association; Bilingual Access Line; Mental Health America of Hawaii, and CDFH's Family Intervention and Training Services which provides counseling, training, technical assistance, consultation, and referral.

V. Personnel: Project Organization and Staffing

A. Proposed Staffing, Staff Qualifications, Supervision and Training

The applicant shall describe the proposed staffing pattern and proposed service capacity appropriate for the viability of the request. The applicant shall provide the qualifications and experience of personnel for the request and shall describe its ability to supervise, train and provide administrative direction relative to the request.

Proposed Staffing

The proposed staffing pattern constitutes the most effective utilization of the service delivery team in implementing the program's scope of services. It is based on agency organizational structure and designating staff with the best pool of knowledge, experience with the program, and skills to provide excellence in program administration, management, and implementation. Staff have been implementing programs in the Kapolei community since 2010 and have

positive, healthy, caring, and lasting relationships with youth, school personnel, community members, juvenile justice personnel, and youth service providers. The staffing needed to coordinate and implement the project consists of:

- ♦ **Program Director (Cheryl Kameoka) .01FTE**, responsible for the project’s prevention component, contract and fiscal management, quality assurance, overall program and budgetary oversight, staff supervision, program effectiveness, and accountability.
- ♦ **Clinical Director (Dr. Ann Yabusaki) .20FTE**, responsible for the project’s intervention and treatment component, system of care, quality assurance, program and budgetary oversight, staff supervision, program effectiveness, and accountability.
- ♦ **Program Manager (Melissa-Kim Tom) .20FTE**, responsible for management of the project’s prevention component; supervision of the Project Coordinator; implementation of project goals; program evaluation and reporting; and providing direction and support for prevention activities.
- ♦ **Community Coordinator (To be hired) 1.0FTE**, responsible for coordination of services and daily operation of the program; oversight and implementation of direct services and program activities; work with counselors to establish and maintain collaborative relationships with partners in a system of care, and progress reporting and evaluation.
- ♦ **Family Counselor (To be hired) 1.0FTE**, responsible for implementation of youth and family intervention services, supervision of counselors, and establishing a resource network and system of care in the community.

The service capacity for the proposed project is presented in the chart below.

Service Activity	# of staff	FTE	Participant/Staff Ratio	Capacity
Prevention Activities (Awareness and Education)	2	1.20	20-50 participants/2 staff	6 activities
Community-Wide Events	5	2.41	200-500 participants/5 staff	1 event
Intervention Services	2	1.20	20 youth/1 staff	75 youth and family members
System of Care	2	2.00	10-12 partners/2 staff	40 linkages

Staff Qualifications

Please see attached **job descriptions** and **resumes** for specific responsibilities, qualifications, and experience of the proposed personnel.

Supervision and Training

Supervision and training of project staff will be provided by the Program Director, Clinical Director, and Program Manager.

Cheryl Kameoka, CPS will serve as the Program Director and supervise the Program Manager. She has over 23 years of experience in the substance abuse prevention field directing prevention programs in Hawaii and on the mainland serving Asian and Pacific Islander populations. Her expertise is in all aspects of prevention program development, implementation, and administration for numerous federal, state, and local grants. Ms. Kameoka has served as key personnel in initiating CDFH's work to adapt evidence-based programs for youth, families, and communities in Hawaii. She has been the Program Director at CDFH for over 20 years and oversees the administrative, fiscal, and program management of all CDFH programs.

Ann S. Yabusaki, Ph.D. who will serve as Clinical Director is a psychologist and marriage and family therapist with a certificate in the treatment of alcohol and other chemical dependencies. She has been in private practice for over 30 years in the SF Bay Area and Hawaii specializing in culture, family development, substance abuse, and the adolescent passage. Over the past 10 years, she developed and served as director of the Family Intervention and Training Services at the Coalition for a Drug-Free Hawaii working primarily with families from the Hawaii First Circuit Juvenile Drug Court. She served as faculty, dean and president of graduate schools of psychology and has published and lectured on topics such as culture and well-being, families, and clinical supervision.

Melissa-Kim Tom, CPS will serve as the Program Manager and supervise the Project Coordinator. She has over nine years of experience in managing, developing, and implementing prevention programs for youth, families, schools, and communities in Ewa Beach and Kapolei. She has extensive experience building community coalitions and currently manages contracts for the EWA'lution 96706 community coalition, Kapolei Community Coalition development, the Lei `Ilima girls program in Ewa Beach, and a statewide coalition that meets quarterly. Her expertise is in community coalition building, youth leadership, gender-specific programs, and working with youth-school-community partners to implement evidence-based programs.

CDFH is committed to providing quality services and recognizes that staff development and relevant training is essential in maintaining high standards of service provision. An initial orientation is conducted within 30 days of employment for all new employees for the purpose of acquainting staff with such information as its policies and procedures, expected codes of conduct, expected practices for prevention staff including use of current prevention concepts and program strategies, theory, research, and best practices findings upon which prevention services and

programs of the agency are based. In addition all CDFH staff receive orientation on the services provided through the Prevention Resource Center and all available resources on-site, through community partners, and online. CDFH has been providing training for its staff for over 24 years resulting in excellent services throughout the State.

Supervisors work with staff to identify training needs, develop a training plan and access ongoing training opportunities. Training plans directly relate to each staff's job description and job responsibilities and reflect the needs of specific programs and the agency as well as training to keep current in the field. All staff receive training on specific information about the types of drugs; their chemical makeup, physical harmfulness, psychological effects, and sociological impacts on families and communities; CSAP prevention strategies; Code of Ethical Conduct for Prevention; SAPST; and other topics relevant to their position. In addition they are trained in Client Confidentiality, HIV/AIDS, risk factors associated with TB, and CPR/First Aid. Each staff monitors the progress of staff development/ training plans with their supervisor.

In-service training, educational presentations, briefings, and information dissemination is provided each month at staff meetings. Other relevant training and educational opportunities throughout the year are approved through immediate supervisors, Program Director, Clinical Director, and/or the Executive Director. CDFH staff regularly attend trainings conducted through CDFH's Hawaii Pacific Center for Excellence (HPCE) which was established in 2010 to provide training and technical assistance for prevention and treatment practitioners throughout the State and the Pacific. HPCE works to ensure that practitioners in Hawaii are able to access quality training to support excellence in their programs and services.

Administrative support and direction is provided to all CDFH staff through the agency management team (Executive Director, Program Director, and Managers) and human resources functions of the agency including personnel policies and procedures, employee benefits, information/referral as needed, and other support services.

B. Organization Chart

The applicant shall illustrate the position of each staff and line of responsibility/supervision. If the request is part of a large, multi-purpose organization, include an organizational chart that illustrates the placement of this request.

The attached **Organization-wide Chart** and **Program Chart** illustrate the structure, lines of responsibility, supervision, and functions for key services and staff positions. The Program Chart also diagrams CDFH's relationship to partners in the community. These organizational charts are maintained and annually updated.

VI. OTHER

A. Litigation

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgment. If applicable, please explain.

CDFH has no pending litigation to which it is a party and no outstanding judgment.

B. Licensure or Accreditation

Specify any special qualifications, including but not limited to licensure or accreditation that applicant possesses relevant to this request.

CDFH's Program Director and Program Managers are Certified Prevention Specialists (CPS) in the State of Hawaii. The Clinical Director is a Ph.D. psychologist and LMFT. The Counselor to be hired will be a post-Masters Degree counselor working toward MFT licensure and credentialing as a Certified Substance Abuse Counselor (CSAC) in the State of Hawaii.

ATTACHMENTS

- A. Program Logic Model
- B. Timeline/Implementation Plan
- C. Budget Forms
 - i. Budget Request by Source of Funds
 - ii. Budget Justification: Personnel – Salaries and Wages
 - iii. Budget Justification: Equipment and Motor Vehicles
 - iv. Budget Justification: Capital Project Details
- D. Declaration Statement – Chapter 42F, Hawaii Revised Statutes
- E. Job Descriptions
- F. Resumes
- G. Program Organization Chart
- H. Organization-wide Chart

**Program Logic Model
Kapolei Community System of Care**

Goal: To reduce and prevent substance abuse and related problems among youth and families by establishing a comprehensive system of care in Kapolei that includes community collaboration, prevention focused activities, and family intervention services.

Needs: Reduce Risk & Strengthen Protective Factors	Activities	Objectives	Immediate Outcomes	Long Term Outcomes
Risk Factors to be Reduced through Awareness and Education				
<p><i>Individual/Peer Domain:</i> Favorable attitudes toward alcohol, tobacco, and other drugs</p> <p>Friends' alcohol and drug use</p>	<p>Prevention awareness and education presentations, activities and events.</p>	<p>Plan and implement awareness and education activities for youth, parents, school personnel, community members, and other stakeholders.</p> <p>Conduct community-wide events to promote healthy, drug-free lifestyles; strengthen collaboration among systems of care; and inform youth and families about resources in the community.</p>	<p>1) 60% of the sampling of youth and families (100) who provide feedback on the program will indicate that it was effective in increasing awareness and knowledge about substance abuse and associated risks.</p>	<p>Increased awareness and knowledge about substance abuse and associated risks.</p>
Risk Factors to be Reduced through Intervention and Treatment				
<p><i>Family Domain:</i> Poor family functioning including family conflict, communication problem, and low bonding.</p>	<p>Family Intervention Services</p>	<p>Provide family intervention and treatment services for youth and their families who are at high risk for substance abuse as part of a comprehensive system of care in the community.</p>	<p>2) 60% of youth and their families that receive services indicate that the program was effective in increasing their involvement in service planning.</p> <p>3) 60% of youth and their families that receive services indicate improved family functioning and decreased substance abuse and/or related problems.</p>	<p>Decreased substance abuse and related problems among youth and their family.</p>

Protective Factors to be Strengthened through a System of Care				
<p><i>Community Domain:</i> Accessible resources and supportive network of services</p>	<p>System of Care collaboration</p>	<p>Identify and engage partners to establish a system of care that is responsive to the immediate and ongoing needs of youth and families facing the challenges of substance abuse and related problems.</p> <p>Provide training for systems of care partners and networks to strengthen their capacity to support youth.</p>	<p>4) 60% of youth and families surveyed indicate that the program reduced the time for youth and family to obtain mental health and substance abuse family therapy services.</p> <p>5) 75% of partners will indicate that the program increased collaboration and the ability to provide a system of care for youth and families.</p>	<p>Increased access to substance abuse prevention, intervention, and treatment resources.</p> <p>Increased collaboration to provide a system of care to support youth and families as they seek help to reduce and prevent substance abuse and regain health and wellness.</p>

Action Steps/Activities	Responsible Staff	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
EVALUATION, REPORTING, AND SUSTAINABILITY													
Administer surveys to program participants, partners, KCC members.	PM/CC											X	
Share overall survey results and findings with KCC and other interested partners.	CC/CD											X	X
Submit required quarterly and year end reports.	PD/PM/CD				X			X			X		X
Develop, implement, and review plan for sustainability	PD/PM/CC/CD/FC								X	X	X	X	X

Key to abbreviations: CDFH - Coalition for a Drug-Free Hawaii; KCC - Kapolei Community Coalition; PD - Program Director; PM - Program Manager; CC - Community Coordinator; CD – Clinical Director; FC – Family Counselor

BUDGET REQUEST BY SOURCE OF FUNDS
(Period: July 1, 2013 to June 30, 2014)

Applicant: Coalition for a Drug-Free Hawaii

BUDGET CATEGORIES	Total State Funds Requested (a)	(b)	(c)	(d)
A. PERSONNEL COST				
1. Salaries	110,680			
2. Payroll Taxes & Assessments	12,285			
3. Fringe Benefits	15,385			
TOTAL PERSONNEL COST	138,350			
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island				
2. Insurance	300			
3. Lease/Rental of Equipment				
4. Lease/Rental of Space	9,200			
5. Staff Training	1,000			
6. Supplies	500			
7. Telecommunication	1,500			
8. Utilities	500			
9. Publication & Printing	600			
10. Postage	200			
11. Program Activities	3,000			
12. Mileage	2,145			
13. Audit	1,200			
14. Admin Indirect Cost Rate 26.2%	41,505			
15.				
16.				
17.				
18.				
19.				
20.				
TOTAL OTHER CURRENT EXPENSES	61,650			
C. EQUIPMENT PURCHASES				
D. MOTOR VEHICLE PURCHASES				
E. CAPITAL				
TOTAL (A+B+C+D+E)	200,000			
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested	200,000	Mary Navor, Accounting Manager 545-3228		
(b)		Name (Please type or print) Phone		
(c)		1/28/2013		
(d)		Signature of Authorized Official Date		
TOTAL BUDGET	200,000	Alan Shinn, Executive Director Name and Title (Please type or print)		

BUDGET JUSTIFICATION PERSONNEL - SALARIES AND WAGES

Applicant: Coalition for a Drug-Free Hawaii

Period: July 1, 2013 to June 30, 2014

POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
Program Director	100%	\$68,000	1%	\$ 680
Program Manager	100%	\$45,000	20%	\$ 9,000
Community Coordinator	100%	\$40,000	100%	\$ 40,000
Clinical Director LMFT	100%	\$80,000	20%	\$ 16,000
Family Counselor MFT	100%	\$45,000	100%	\$ 45,000
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
TOTAL:				110,680.00
JUSTIFICATION/COMMENTS:				
Personnel effort required to carryout contracted services.				

BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Applicant: Coalition for a Drug-Free Hawaii

Period: July 1, 2013 to June 30, 2014

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
NOT APPLICABLE			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:				
JUSTIFICATION/COMMENTS:				

DESCRIPTION OF MOTOR VEHICLE	NO. OF VEHICLES	COST PER VEHICLE	TOTAL COST	TOTAL BUDGETED
NOT APPLICABLE			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:				
JUSTIFICATION/COMMENTS:				

BUDGET JUSTIFICATION CAPITAL PROJECT DETAILS

Applicant: Coalition for a Drug-Free Hawaii

Period: July 1, 2013 to June 30, 2014

FUNDING AMOUNT REQUESTED						
TOTAL PROJECT COST	ALL SOURCES OF FUNDS RECEIVED IN PRIOR YEARS		STATE FUNDS REQUESTED	OF FUNDS	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:						
NOT APPLICABLE						

**DECLARATION STATEMENT OF
APPLICANTS FOR GRANTS AND SUBSIDIES PURSUANT TO
CHAPTER 42F, HAWAII REVISIED STATUTES**


The undersigned authorized representative of the applicant certifies the following:

- 1) The applicant meets and will comply with all of the following standards for the award of grants and subsidies pursuant to Section 42F-103, Hawaii Revised Statutes:
 - a) Is licensed or accredited, in accordance with federal, state, or county statutes, rules, or ordinances, to conduct the activities or provide the services for which a grant or subsidy is awarded;
 - b) Complies with all applicable federal and state laws prohibiting discrimination against any person on the basis of race, color, national origin, religion, creed, sex, age, sexual orientation, or disability;
 - c) Agrees not to use state funds for entertainment or lobbying activities; and
 - d) Allows the state agency to which funds for the grant 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.
- 2) The applicant meets the following requirements pursuant to Section 42F-103, Hawaii Revised Statutes:
 - a) Is incorporated under the laws of the State; and
 - b) Has bylaws or policies that describe the manner in which the activities or services for which a grant or subsidy is awarded shall be conducted or provided.
- 3) If the applicant is a non-profit organization, it meets the following requirements pursuant to Section 42F-103, Hawaii Revised Statutes:
 - a) Is determined and designated to be a non-profit organization by the Internal Revenue Service; and
 - b) Has a governing board whose members have no material conflict of interest and serve without compensation.

Pursuant to Section 42F-103, Hawaii Revised Statutes, for grants or subsidies 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.

Coalition for a Drug-Free Hawaii
(Typed Name of Individual or Organization)

 _____
(Signature) 1/28/2013
(Date)

Alan Shinn _____ Executive Director
(Typed Name) (Title)

COALITION FOR A DRUG-FREE HAWAII

=====

JOB DESCRIPTION

JOB TITLE: Program Director

SUPERVISOR: Executive Director

QUALIFICATIONS: Master's degree in human services, health, or related field or equivalent experience. Five years experience in prevention programming, program development, administration, and supervision. Demonstrated successful grant writing skills. Knowledge of substance abuse, related issues, and research-based prevention strategies. Working knowledge of outcome measures, milestones, benchmarks, and program evaluation. Excellent oral and written communication skills. Ability to lift and carry 25-30 lbs. Valid Hawai'i driver's license and access to automobile required.

TASKS AND RESPONSIBILITIES:

- 1) Plan, develop, coordinate, and evaluate new and existing programs and activities of the Coalition for a Drug-Free Hawaii in conjunction with the Executive Director.
- 2) Oversee recruitment, orientation, and supervision of qualified program staff.
- 3) Oversee the administrative, fiscal, and program management of all CDFH programs for quality assurance and contractual compliance.
- 4) Provide direct supervision of program managers and project managers/coordinator(s).
- 5) Serve on the CDFH management team to advance organizational development and research and development of programs and new initiatives.
- 6) Assist the Executive Director in the preparation of grant applications and legislative testimony, fundraising, and investigation of new sources of funding.
- 7) Serve as a representative of the Coalition; attend workshops, meetings, seminars, advisory board meetings, etc., as assigned, to maintain communication and program coordination with other agencies, groups, and individuals.
- 8) Assist the Executive Director in planning, developing, and coordinating public awareness initiatives.
- 9) Perform other related duties as assigned by the Executive Director.

COALITION FOR A DRUG-FREE HAWAII

JOB DESCRIPTION

JOB TITLE: Program Manager

SUPERVISOR: Program Director

QUALIFICATIONS: Master's degree in human services, health, or related field or equivalent experience. Two years experience in contract management and staff supervision. Experience in substance abuse prevention field and delivery of curricula-based knowledge. Program development, planning, and grant writing skills. Knowledge of current substance abuse prevention research-based strategies. Demonstrated ability to establish and maintain effective working relationships with diverse ethnic and socio-economic groups in Hawai'i. Effective oral and written communication skills. Ability to manage multiple priorities and diverse assignments. Ability to lift and carry 25-30 lbs. Valid Hawai'i driver's license and access to automobile required.

TASKS AND RESPONSIBILITIES:

- 1) Work with the Program Director to plan, develop, coordinate, and evaluate new and existing programs and activities of the Coalition for a Drug-Free Hawaii.
- 2) Provide day-to-day administration and direct supervision of program staff to ensure contractual compliance and high quality service provision.
- 3) Manage the fiscal and administrative operations of programs including budget preparation and monitoring; program documentation and reporting.
- 4) Work with the CDFH management team in the areas of: organizational development, research and development of programs and new initiatives, preparation of grant applications and legislative testimony, fundraising, and investigation of new sources of funding.
- 5) Serve as a representative of the Coalition; attend workshops, meetings, seminars, advisory board meetings, etc., as assigned, to maintain communication and program coordination with other agencies, groups, and individuals.
- 6) Assist in development of local and statewide public awareness initiatives.
- 7) Perform other related duties as assigned by the Program Director.

COALITION FOR A DRUG-FREE HAWAII



JOB DESCRIPTION

JOB TITLE: Community Coordinator – Kapolei Community Coalition

SUPERVISOR: Program Manager

QUALIFICATIONS: Bachelor's degree or equivalent experience in human services or related field. Three years experience working with communities, adolescents, and/or families. Experience facilitating groups, providing leadership, and fostering collaboration. Experience in staff or volunteer supervision. Demonstrated ability to establish and maintain effective working relationships with diverse ethnic and socio-economic groups in Hawaii. Effective written and oral communication skills. Weekend and evening hours required. Ability to lift and carry 25-30 lbs. Valid Hawaii driver's license and access to insured vehicle required.

DESIRABLE QUALIFICATIONS: Familiarity and experience in working with youth, families, and community organizations in Kapolei. Experience organizing and coordinating community meeting, activities, and events. Demonstrated community building experience.

TASKS AND RESPONSIBILITIES:

1. Establish and maintain the Kapolei Community Coalition’s (KCC) System of Care Advisory Committee composed of community partners including: schools, youth-serving organizations, healthcare, law enforcement, and other organization involved in supporting youth and families.
2. Work with CDFH prevention staff to organize and conduct prevention presentations, activities, and events in the Kapolei community to increase awareness, education, and collaboration.
3. Work with CDFH counseling staff to identify training and resource needs of the Advisory Committee to ensure understanding and effective implementation of the system of care.
4. Work collaboratively with the KCC System of Care Advisory Committee members to identify, refer and support youth and families in need of substance abuse intervention, treatment, and related services.
5. Facilitate a process for the Advisory Committee and KCC members to provide ongoing feedback on system of care services including strengths and impact of the system, areas for improvement, and additional service needs.
6. Prepare oral presentations, press releases, and other informational materials to increase awareness about the KCC and its activities.
7. Assist with coordination, data collection, and implementation of evaluation activities as required by the funding sources.
8. Perform other related duties as related to KCC development.

COALITION FOR A DRUG-FREE HAWAII

JOB DESCRIPTION

JOB TITLE: Clinical Director (.40 FTE)

SUPERVISOR: Executive Director

QUALIFICATIONS: Advanced degree in behavioral science: clinical psychology, marriage and family, therapy, social work, professional counseling. Minimum two years of experience in administration of substance abuse/mental health programming for adolescents and families. Minimum two years of clinical supervision of professionals in substance abuse/mental health programming. Minimum of two years of experience in treating families with substance abuse/mental health problems. Ability to lift and carry 25 to 30 lbs. Valid Hawai'i driver's license and access to insured vehicle required.

DESIRABLE QUALIFICATIONS: Knowledge of chemical dependency and its physical, psychological, and sociological impacts on the individual, families, workplaces, and communities. Experience in providing substance abuse treatment for youth and families. Familiarity with the local school system, family services agencies, substance abuse treatment and prevention agencies, and other health and human services providers.

TASKS AND RESPONSIBILITIES:

1. Provide clinical supervision, training and direction to staff responsible for delivering services to adolescents and their families with substance abuse/mental health problems.
2. Oversee the administrative, fiscal, and program management of the Project for quality assurance and contractual compliance.
3. Recruit, orient, train, schedule and evaluate the performance of program objectives and assigned staff. Serves as a resource and mentor staff in indentifying and resolving complex case problems.
4. Assume client caseload in response to work load or staffing shortages.
5. Document all significant client contacts utilizing established charting procedures in a timely manner.
6. Work with Community Coalition partners to facilitate the coordination and develop interagency service and community involvement in the Project.
7. Maintain client confidentiality in accordance with Federal Confidentiality Code 42 CFR Part 2, Educational Codes of Confidentiality, and abide by Professional Code of Ethics.
8. Assist with oversight of implementation of evaluation activities including data collection and documentation as required by the Project.
9. Serve as a representative of the Coalition for a Drug-Free Hawaii in providing informational materials and presentations to increase awareness and educate school personnel and community agencies about the programs/activities of the Project and CDFH.

COALITION FOR A DRUG-FREE HAWAII

JOB DESCRIPTION

JOB TITLE: Family Counselor (1.0 FTE)

SUPERVISOR: Clinical Director

QUALIFICATIONS: Advanced degree in behavioral science; clinical psychology, marriage and family therapy; social work; professional counseling. Demonstrate commitment to working toward state licensure in his/her discipline and/or CSAC certification. Minimum one year of experience in working in the field of substance abuse with adolescents. Ability to lift and carry 25 to 30 lbs. Valid Hawai'i driver's license and access to insured vehicle required.

DESIRABLE QUALIFICATIONS: Knowledge of chemical dependency and its physical, psychological, and sociological impacts on the individual, families, workplaces, and communities. Experience in providing substance abuse treatment for youth and families. Familiarity with the local school system, family services agencies, substance abuse treatment and prevention agencies, and other health and human services providers.

TASKS AND RESPONSIBILITIES:

1. Provide individual and family counseling with the understanding of the core functions of substance abuse counseling including screening, intake, assessment, treatment, discharge planning, continuing care treatment relapse prevention. Conduct group and multifamily group counseling and provide case management needs in collaboration with other staff and community coalition.
2. Provide substance abuse prevention services including screening, brief intervention, group and alternative activities.
3. Create a safe and therapeutic environment for clients through the establishment of healthy norms and positive expectations for clients.
4. Develop and maintain a positive working relationship with referral sources including school staff and a team of others concerned and involved with the care of the youth and families.
5. Work with Clinical Director to oversee standards and procedures of documentation, administration of policies and procedures, participate on Quality Assurance Reviews and serve as liaison to community.
6. Consult with CDFH Clinical Supervisor regarding case supervision, administration concerns and clinical issues.
7. Attend weekly supervision sessions with CDFH Clinical Director.
8. Participate in school and community events.
9. Work with Project partners and assist project staff to facilitate the coordination of interagency service provision through the Project.

10. Document all significant client contacts utilizing established charting procedures in a timely manner.
11. Maintain client confidentiality in accordance with Federal Confidentiality Code 42 CFR Part 2, Educational Codes of Confidentiality and abide by Professional Code of Ethics.
12. Serve as a representative of the Coalition for a Drug-Free Hawaii in providing informational materials and presentations to increase awareness and educate school personnel and community about the programs/activities of the Project and CDFH.
13. Perform other related duties as assigned.

Cheryl Kameoka, CPS, ICPS
98-903 `Ilie`e Street
Aiea, Hawaii 96701
(808) 485-0712

EDUCATION

Master of Arts in Clinical Art Therapy, 1985. Loyola Marymount University, Los Angeles, California.
Bachelor of Fine Arts, 1980. University of Hawaii at Manoa, Honolulu.
University of San Francisco, 1982. San Francisco, California.
Academy of Art University, 1982. San Francisco, California.

EXPERIENCE

Coalition for a Drug-Free Hawaii, Honolulu, HI

Program Director September 1990 - Present

Responsible for administering, developing, directing, and evaluating statewide prevention programs of the agency; grant writing for federal, state, and private funds securing over \$18 million to develop and implement effective prevention programs in Hawai'i; management staff supervision; and management team functions.

Asian American Drug Abuse Program, Los Angeles, CA

Director of Prevention April 1988 - August 1990

Responsible for developing, directing, and evaluating prevention and early intervention programs of the agency. Directed efforts to establish prevention initiatives in Asian and Pacific Islander communities in Los Angeles County.

Coastal Asian Pacific Mental Health Center, Los Angeles County Mental Health Department, CA

Marriage, Family and Child Counselor Intern June 1989 - August 1990

Provided individual and family therapy; conducted assessment, diagnosis, and referral.

Asian American Drug Abuse Program, Los Angeles, CA

Prevention Coordinator July 1986 - April 1988

Responsible for coordinating and supervising staff and daily activities of the prevention unit.

West Los Angeles Treatment Program, Health Care Delivery Services, Los Angeles, CA

Counselor/Art Therapist September 1985 - July 1986

Provided substance abuse counseling with primary focus on heroin addiction and methadone treatment.

AFFILIATIONS

Hawai'i Strategic Prevention Framework State Incentive Grant Advisory Committee, 2006 - 2012

Hawai'i Substance Abuse Prevention Advisory Committee (HSAPAC), 2001 - 2004.

Advisory Committee Member, The Federal Center for Substance Abuse Prevention's Western Center for the Application of Prevention Technologies (CAPT), 1999 - 2003.

Executive Board Member and Secretary, National Asian Pacific American Families Against Substance Abuse (NAPAFASA), 1999 - 2001; Board Member, 1992 - 2001.

Melissa-Kim Tom
94-221 Mahapili Street Mililani, HI 96789
(808) 623-9544 melkintom@yahoo.com

Education/Certifications

Certified Prevention Specialist-September 2011

Internationally Certified Prevention Specialist-September 2011

Bachelor of Science Degree in Family Resources University of Hawaii Manoa May 2001

High School Diploma Mililani High School May 1997

Trained facilitator in Street Smart, Girls Street Smart, SeedTech, Girls Circle, SafeTalk , Strengthening Hawaii Families

Affiliations

Hawaii Partnership to Prevent Underage Drinking Member (current)

Hawaii Community Coalitions Member (current)

Hawaii Girls Project Member (no longer convening)

Work Experience

Coalition for a Drug-Free Hawaii

Program Manager July 06'-Present

- Provide day-to-day administration and direct supervision of program staff to ensure contractual compliance and high quality service.
- Plan, develop, coordinate, report and evaluate programs and activities, specializing in girl-specific programming and community coalitions.
- Collaborate with community sectors, funding sources, evaluators and sub-contracts and maintain strong partnerships.
- Facilitate and lead community based groups and meetings.
- Provide regular service to agency's social media sites and agency website.

Prevention Specialist/Community Coordinator May 03'-July 06'

- Oversee coordination and implementation of school and community based programming for community coalition.
- Provide on-site supervision of project staff, subcontractors and volunteers
- Build, maintain and collaborate with community coalition
- Conduct and facilitate meetings as well as plan, organize and implement community events
- Prepare program reports and assist with the monitoring of program budgets

Facilitator September 99'- June 00'

- Plan and implement the Strengthening Hawai'i Families Program in the Kalihi Community
- Collaborate with team of facilitators

Child and Family Services

Intern December 2000

- Completion on a 25 hour Domestic Violence Counseling Program
- Provide assistance for patrons who called the Domestic Violence Shelter hotline
- Intake of clients and their families who came to stay at the shelter and provide resources and referrals
- Lead group activities and culturally appropriate activities to families

Cinnamon Girl Ward Warehouse

Sale Associate/Assistant Manager September 00'- May 03'; October 03'-December 06'

- Greeting of customers and assisting in a variety of their needs.
- Cashiering duties which included handling of transactions and reconciliation of sales for the day.
- Responsible for supervision, scheduling and training of sales staff.
- Maintain duty as part of the management team.
- Awarded the first certificate of achievement for "Cashier Excellence."
- Became Shift Leader after 6 months on the job, promoted to assistant manager after a year and a half.

References

Cheryl Kameoka

Kalei Kailihiwa

Joyce Berry

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Email: geckogroup@cs.com

EDUCATION

Ph.D., Psychology, Rosebridge Graduate School of Integrative Psychology, Concord, California, 1992.

M.A., Clinical Psychology & Certification in Treatment of Alcohol and other Chemical Dependencies, John F. Kennedy University, Orinda, California, 1984.

M.Ed., Counseling and Guidance, University of Arizona, Tucson, Arizona, 1973.

B.A., Major: Psychology, Minor: Far Eastern Studies. Kalamazoo College, Kalamazoo, Michigan. Foreign study, one year, Waseda University, Japan, 1968.

LICENSES AND CREDENTIALS

California Psychologist, PSY 14443 (1995)
California Marriage and Family Therapist, MFC 22558 (1986, Inactive)
Hawaii Marriage and Family Therapist, MFT-87 (2002)
Certificate in the Treatment of Alcoholism and other Chemical Dependencies,
JFK University (1984)
California Community College Counselor Credential, #99344 (1986)

ACADEMIC APPOINTMENTS

Consultant, University of Hawaii, Family Resources Program, Family Education and Training Center of Hawaii (FETCH), 2007-2009.

Dean, American School of Professional Psychology, San Francisco Bay Area Campus, Point Richmond, CA. 1998.

President and Dean, Rosebridge Graduate School of Integrative Psychology, Concord, CA, 1996-1998; **Core Faculty**, 1995-1996.

Core and Adjunct Faculty, John F. Kennedy University, Graduate School of Professional Psychology, Orinda, CA, 1993-2000. Develop a Doctor of Psychology program and curriculum emphasizing multicultural competencies. Teach and supervise students.

Adjunct Faculty, California Institute of Integral Studies, San Francisco, 1995-1996.

SELECTED CLINICAL EXPERIENCE

Private Practice, Honolulu, Hawai'i. (2012-present). Consultation, supervision and training, family, couples, individual therapy. Specializing in adolescence and families, substance abuse and mental health, with an emphasis on cultural sensitivity.

Family Therapist, Coalition for a Drug-Free Hawaii, Honolulu. 2012. Provide individual and family therapy, training and consultation as needed.

Director of Family Intervention and Training Services, Coalition for a Drug-Free Hawaii, Honolulu. 2002-2012. Develop and direct a culturally competent family therapy and training program for substance abuse and mental health; provide family, individual, group therapy services to Hawai'i State First Circuit Juvenile Drug Court; integrate prevention with intervention; liaison with the community to develop a continuum of services; provide psycho-educational groups for parents, young adults, and youth on substance abuse and mental health.

Principal Evaluator and Consultant, National Asian American and Pacific Islander Mental Health Association (NAAPIMHA), Denver, Colorado. 2003-present. Provide consultation to ongoing federal projects. Evaluated and wrote curricula for Workforce Training to Reduce Racial and Ethnic Disparities in Mental Health Services for providers working with Asian and Pacific Island communities.

Director of Substance Abuse Training and Services, Asian Community Mental Health Services, Oakland, CA. 1999-2002. Develop and integrate a substance abuse treatment program into existing mental health services for monolingual Asian clients; provide substance abuse and mental health training and supervision; assist with program sustainability. 1993-95.
Consultant/Trainer to "Recovery for East Bay Asian Youth," a substance abuse prevention project.

Advisory Panel Member, National Institutes of Drug and Alcohol (NIDA). 2002-2008. Advise on the evaluation/research protocols of NIDA publications for consumers.

Peer Grant Reviewer, Office of Juvenile Justice and Delinquency Prevention (OJJDP). 2002-2012. Provide technical assistance to youth programs.

Cultural Competence Network Member, U.S. Department of Health and Human Services), Substance Abuse and Mental Health Services Administration (SAMHSA, Center for Substance Abuse Treatment, 1999-2008. Edit and consult on cultural appropriateness of government publications such as *Treatment Improvement Protocols*, a series of publications on substance abuse treatment.

CA State Appointed Member, Department of Alcohol & Drug Programs, Asian/Pacific Islander Constituent Committee, 2000-2003. Advise and assist the California Dept. of Alcohol & Drug Programs to expand alcohol and drug services for Asian/Pacific Islanders in California.

Consultant/Broker, Safe School/Healthy Students Initiative, Safe Schools/Healthy Students Action Center, Alexandria, VA. 2000. Funded by the U.S. Departments of Education, Health and Human Services, and Justice and operated by the National Mental Health Association and National Association of School Psychologists. Provide technical assistance and consultation to school districts and agencies funded in California and Hawaii.

Private Practice, Albany, California. 1985-2003. Psychotherapy, supervision, training, and consultation with emphasis on culturally competent assessment and treatment, family development, and mental health and substance abuse. Dissertation chair or reader for students in doctoral programs in psychology.

Associate Member, Redwood Center Psychology Associates, Inc., 1996. Supervise interns, teach a seminar on multicultural and family therapy and assist with teaching interns through a one-way mirror during therapy.

Consultant, San Leandro Community Counseling, 1984-87. Develop and conduct parenting workshops with substance use focus; write grant applications to develop substance abuse treatment programs; develop alcohol and drug prevention, intervention, and treatment programs in junior and high schools; provide training and consultation to staff and interns on drug and alcohol assessment, diagnosis, and treatment.

Family Therapist and Substance Abuse Consultant, Youth Advocates, Inc., 1984-85. Provide treatment to couples, families, individuals, and students in junior high and high schools and consultation to the school district and other youth workers on substance abuse; design and implement curricula on substance abuse in the schools.

Educator, Parent Educators Program, 1984-88. Conduct support groups for parents; develop and present programs on substance abuse to the community.

Consultant, American Diabetes Association, 1983-87. Organize and conduct support groups for adults and teens; develop a summer day camp counseling program; consult to staff and lecture on the dynamics of chronic illness.

Counselor, Planned Parenthood, Inc., Tucson, Arizona. 1973-75. Counsel and instruct young women on contraception and parenting.

Private Practice, Tucson, Arizona, 1973-75. Teach parents about child development and Adlerian methods of parenting skills.

Substitute Teacher, Pope Air Force Base, North Carolina. 1969-1970.

PROFESSIONAL MEMBERSHIPS

American Psychological Association

American Counseling Association

American Association for Marriage and Family Therapy

Hawaii Association of Marriage and Family Therapy

COMMUNITY/PROFESSIONAL SERVICE

2010-Present. Member, Editorial Board for *Journal of Tropical Psychology*, a peer-review journal devoted to understanding the psychology of our planetary future, for psychologists of tropical climates who are successful in their adaptation to an environment that we all may share eventually. Cambridge University Press.

2007-Current. Member, Hawai`i Regulated Industries Complaints Office (RICO) Marriage and Family Therapy Advisory Committee. Review and consult on consumer complaints regarding the practice of Marriage and Family Therapy in Hawaii.

2010-2011. Member, Committee on the Needs of our Military. Convened by Mental Health America to provide civilian services and support for our returning soldiers.

2007-2011. Board of Directors, Youth2Youth, a youth mentoring program in Hawai`i.

2006-2008; 2009-2011. Board of Directors and Treasurer, Hawai`i Association of Marriage and Family Therapy.

1998-1999. President, California Association of Mediated Learning (CAAML), an educational organization dedicated to learning, empowerment, and identity through culture.

1996-1998. Board of Directors, Asian Community Mental Health Services, Oakland, CA.

1993-present. Advisory Board, Sansei Legacy Project, Alameda. Research and treatment project on the intergenerational effects of the incarceration of Japanese Americans.

1986-1997. Board of Directors, Japanese American Citizens League, Berkeley Chapter. 1991 and 1992, Co-president; 1991-2002, Co-chair of the Civil/Human Rights Committee.

1995-1997. Newsletter Editor of the Asian American Psychological Association.

1996 Workshop Co-chair of the Japanese American Citizens League National Convention, August 6-10, San Jose, California.

1995-1996. Board of Directors, Neuropsychological Institute, Concord, CA. A community based nonprofit counseling center serving a multicultural population.

1994-1996. Board of Directors, National Japanese American Historical Society.

1994-1996. Board of Directors, Multicultural Institute, Oakland, CA. An organization of priests working to establish health services within the immigrant and underserved populations

and provide training to ensure that future priests receive experiences and knowledge from multicultural perspectives.

- 1993-95. Board of Directors, Pacific Asian American Center for Theology and Strategies. A Christian grassroots organization whose mission is to empower the Asian population.
1994. Co-coordinator of Pacific Mountain Region of the American Friends Service Committee Conference on "Racism and Economic Justice," First Congregational Church, Oakland, CA April 15-16, 1994.

HONORS

- 2010 Pioneer Award, Japanese American Citizens League, Berkeley Chapter; a civil rights organization.
- 2004 Visionary Award from Women As Allies, a community leadership organization.
- 1987 Grant awarded by the Japanese American Citizens League, Berkeley Chapter for a study on oral history and family therapy.
- 1985 Mini-grant awarded by the Alameda County Drug and Alcohol Program for San Leandro Community Counseling.
- 1973 Elected to Pi Lambda Theta, National Honor and Professional Association in Education.

SELECTED PUBLICATIONS

- Yabusaki, A.S. (2010). Reflections on the importance of place. *Training and Education in Professional Psychology*, 4(1), 3-6. Washington, DC: American Psychological Association. DOI: 10.1037/a0016976.
- Yabusaki, A.S. (2010). Clinical supervision: Dialogues on diversity. *Training and Education in Professional Psychology*, 4(1), 55-61. Washington, DC: American Psychological Association. DOI: 10.1037/a0017378.
- Yabusaki, A.S. & Yabusaki, K.K. (2010). Colonialism revisited: The Hawaiian experience. Revised chapter. In Jean Lau Chin (Ed.), *The psychology of prejudice and discrimination*, 2nd edition. NY: Praeger Press.
- Yabusaki, A.S. (2007). Diverse communication styles: Challenges to feminist leadership. In Jean Lau Chin (Ed.), *Feminist leadership: Visions and diverse voices*. Boston: Blackwell Press, a subsidiary of Guilford Publishers.
- Yabusaki, A.S. & Yabusaki, K.K. (2004). Colonialism revisited: The Hawaiian experience. In Jean Lau Chin (Ed.), *The psychology of prejudice and discrimination*, Vol. 4. NY: Praeger Press.
- Yabusaki, A.S. (February 2005). "The unexpected gifts of bridging cultures." *Counseling Today*, pp. 32-33.
- Yabusaki, A.S. & Yabusaki, K.K. (2002). "On the importance of meaning". *The Oasis*, California Association for Mediated Learning, June 2002.
- Yabusaki, A. S. (2002). "Separateness in a world that is one." *Women As Allies Newsletter*, 3(1), February 28, 2002.
- Yabusaki, A. S. (1999) "Dancing and balancing in two cultures". *The Journal of the California Alliance for the Mentally Ill*, Vol. 10.

- Yabusaki, A. S. (1998) "Diversity and change: Is there room for all?". *The Oasis*, California Association for Mediated Learning, Volume VIII, No.1.
- Yabusaki, A. (1995). Beijing '95: Looking at the World Through Women's Eyes. *Rosebridge Quarterly*, V(4), 4-5.
- Yabusaki, A. S. (1995). Report From Beijing China (U.N. Fourth World Conference on Women an 1995 NGO Forum on Women). *Pacific People*, Fall 1995.
- Yabusaki, A., Word, C., Morgan, R. & Tong, B. (1995). Dynamic assessment of fifth grade children: ethnicity and learning style. *Journal of Cognitive Education*, 4(1).
- Yabusaki, A. (1995). Exploring the Individual through the Community: The Japanese American Internment Experience. *Proceedings of the Asian American Psychological Association*. Los Angeles, August 8, 1995.
- Yabusaki, A. (1995). The changing Asian American family in a multicultural society: An overview. *Proceedings of the Northern California Asian American Psychological Association Conference*. Northern California, July 1993.
- Yabusaki, A. (1995). "The Japanese American Experience: A model of the Asian American family in transition." Paper presented to the Asian-American Network, Ecumenical Association of Third World Theologians (EATWOT) March 26-28, 1993. Berkeley: Pacific & Asian American Center for Theology & Strategies.
- Yabusaki, A. (1993). Musings of an Asian American Woman Psychotherapist. *Pacific Islander and Asian American Ministries (PAAM) Newsletter*, II(24), Winter.

REFERENCES

Available on request.

Ann S. Yabusaki, Ph.D.

DISSERTATION COMMITTEES

1. Koestner, Patricia. Rosebridge Graduate School of Integrative Psychology. Dissertation Title: Marketing Psychotherapy to Lesbian Consumers: A Qualitative Investigation of Needs for Information, Services, and Advertising. June 1998
2. Bhat, Kusum. American School of Professional Psychology/Rosebridge Campus. Dissertation Title: The Role of Biofeedback in Anger Control in Reversing Heart Disease. September 1998.
3. Murphy, Francis. The Wright Institute, Berkeley, California. Dissertation Title: Is Bowen Theory Universal? Level of Differentiation of Self and Marital Adjustment among Asian-Americans. (Chair) June 1998
4. Hiraki, Susan. John F. Kennedy University, Orinda, California. Dissertation Title: Honor and Japanese Americans. June 1999.
5. Ko, Katherine Yi-Huei. California School of Professional Psychology at Alameda/Alliant University. Dissertation Title: Perception and Consumption of Alcohol among Taiwanese and Taiwanese-American College Students. October 2000.
6. Carlsen, Tesa. American School of Professional Psychology, San Francisco Bay Area Campus, Point Richmond, California. Dissertation Title: A Phenomenological Study of Ten Therapists' Experience of Responding to their Inner Guidance while in the Clinical Setting. December 2000.
7. Morgan, Nancy L. American School of Professional Psychology, San Francisco Bay Area Campus, Point Richmond, California. Dissertation Title: Defining Normal Gender Behavior: Therapeutic Implications Arising from Psychologists' Sex-Role Expectations and Attitudes Toward Lesbians and Gays. (Chair) January 2001.
8. Port, Bryan. J.F.K. University, Orinda, CA. Dissertation Title: A Phenomenological Study of Five African American Gay Men. (Chair) August 2001.
9. Kawaguchi, Robbyn. California School of Professional Psychology, Alliant University, Alameda, CA. Dissertation Title: Adult Children of Japanese American Internees and Intermarriage. August 2002.
10. Chou, Stephen. California School of Professional Psychology, Alliant University, Alameda, CA. Dissertation Title: Mentoring At-Risk Asian American Youth. September 2002.
11. Sugi, Kaho. J.F.K. University, Orinda, CA. Dissertation Title: "A Phenomenological Study of the Japanese Experience of Psychotherapy." (Chair) 2003.

PRESENTATIONS

2012

"The Art of Family Therapy," Half-day workshop on working with families with substance abuse. Presented for Hawaii Pacific Center for Excellence, Coalition for a Drug-Free Hawaii, Hale Koa Hotel, October 17, 2012.

"Substance Abusing Adolescence and Family Therapy," National Association for Alcohol and Drug Addiction Counselors (NAADAC), Prince Court Hotel, Waikiki, Hawaii, October 16, 2012.

"Kupuna Wisdom on Treatment," with Aunty Betty Jenkins, National Association for Alcohol and Drug Addiction Counselors, Prince Court Hotel, Waikiki, Hawaii, October 15, 2012.

"Bullying Prevention," Keiki Caucus, a committee formed by Senator Chun Oakland of the Hawaii Legislature, Honolulu, July 9, 2012.

"Culture and Experience with Kupuna," Lei `Ilima program for middle school girls, Waimea Valley, Hawaii, June 21, 2012.

"Bullying Prevention," Workshop for Community, Hawaii Youth Services Network on Maui, Hawaii, June 8, 2012.

"Working in groups with high risk youth," Suzannah Wesley Community Center. May 30-31, 2012.

"Diversity," Coalition for a Drug-Free Hawaii Staff Training, Honolulu, Hawaii, May 8, 2012.

"Talking About Difficult Topics with Parents," Peer Mediation State Conference, UH Manoa, February 24, 2012.

"Cross-Cultural Listening & Team Building," Critical Incident Stress Management (CISM) and Peer Assistance Workshop, Kaneohe Bay Yacht Club, February 14, 2012.

"Cultural Diversity: Engaging Others," Y2Y Cultural Diversity Conference, Papahana Kuaola, Kaneohe, February 11-12, 2012.

Moderator for "Substance Abuse, Suicide, and Cyberbullying," Hale Koa Hotel, January 18-19, 2012.

Training for Psychology Doctoral Interns on working with families and youth in Hawai`i First Circuit Juvenile Drug Court, September 2003-June 2012.

2005-2011

"Bullying: a Workshop," Office of Youth Services, Ohana Hotel, October 6, 2011.

"Risk Assessment," Hawaii-Rwandan Thought Field Therapy Training Project, September 19-20, 2011.

"Balancing therapeutic and judicial approaches with adolescent and adult substance abusing offenders," 8th annual IVAT Conference, Honolulu, Hawaii. March 2011.

"Violence Prevention." A 3-day summer continuing education class presented to teachers, counselors and administrators in the Department of Education, Honolulu, Hawaii. July 2008, 2009, 2010.

"Adolescent Development, Drug Use, and Family." Presented to DARE Police Officers of Honolulu County, 2008, 2009, 2010, 2011.

"Prevention through Heart and Culture," 7th annual IVAT Conference, Honolulu, Hawaii. March 29-April 1, 2010.

"Child Welfare Service and Juvenile Drug Court," School of Social Work, University of Hawaii, Manoa. April 2007, 2008, 2009, 2010.

"Juvenile Drug Court", 4th annual IVAT Conference, Honolulu, Hawaii. March 28-April 1, 2007.

2004 "The Use of Standardized Patients to Evaluate Cultural Competence in Working with Asian Americans/Pacific Islanders," Annual Meeting of the Association for Academic Psychiatry. Albuquerque, New Mexico. October 6-9, 2004.

"Even Tall Mountains Have Grass – The cultural language of Southeast Asian and Pacific Islanders," International Association for Cognitive Education, Annual Conference. Vancouver, British Columbia. October 1-2, 2004.

"Using Role Play in Teaching," Meeting of National Asian American and Pacific Islanders Mental Health Association, San Francisco, CA. September 28-29, 2004.

"Strengthening Hawa'i Families," Annual Convention of the Asian American Psychological Association. Honolulu, Hawaii, July 27, 2004.

"Panel discussion: Clinical treatment among culturally diverse populations," Women Across the Life Span: A National Conference on Women, Addiction and Recovery. Baltimore, Maryland. July 12-13, 2004.

"Call to Action: Women, Racism, and Activism," Women As Allies Conference invited address. Redwood City, CA, March 26-28, 2004.

- 2003 “A Matter of the Heart III, 2003 Cultural Competence Workshop Series: Pacific Islanders,” Santa Clara Valley Health and Hospital System, Departments of Alcohol & Drug and Mental Health Services. San Jose, California, October 28, 2003.
- “Culture and Substance Use: Southeast Asians,” California Society of Addiction Medicine, Addiction Medicine: State of the Art 2003, San Francisco, October 8-11, 2003.
- “Integrating Dual Diagnosis Services for Populations with Cultural and Linguistic Issues,” Sacramento County, Department of Health and Human Services, Mental Health Division Dual Diagnosis Demonstration Project, Sacramento, CA, May 13, 2003.
- “Adapting TIP #35 to Asian American Substance Abuse Providers,” Center for Substance Abuse Treatment, Hispano/Latino Workgroup, Washington D.C., February 6-7, 2003.
- 2002 “Returning to the Heart,” Second Conference by Women As Allies, Santa Clara, California, November 14-17, 2002.
- “Culturally Competent Care for Asian Americans with Dual Diagnoses,” University of California, Berkeley, Extension, October 22, 2002.
- “Adapting TIP 35: Enhancing Motivation to Change to Asian American Counselors and Clients,” Center for Substance Abuse Treatment, API Workgroup, Washington DC, September 17-18, 2002.
- “Dual Diagnoses: The combined treatment of substance abuse, mental illness and other medical conditions. An Asian panel,” 35th Anniversary Conference by the Haight Ashbury Free Clinics, San Francisco. May 29-30, 2002.
- “Dual Diagnosis and Cultural Competence,” Marin County Community Mental Health Services and Alcohol and Drugs Division, San Rafael, CA. May 21, 2002.
- “Even the Tallest Mountains Have Grass: Developing a Culturally Competent Program for Asian Americans,” North Pacific Rim 28th Annual School of Addictions, Anchorage, Alaska. May 6-8, 2002.
- “Caring for Dually Diagnosed Southeast Asians: A Mien Group,” University of California, Davis, Medical School, Grand Rounds and 2nd Annual Conference on Cultural Competence, Sacramento, CA. April 12-13, 2002.
- “Integrating Health, Mental Health, and Substance Abuse Programs,” National Asian Pacific American Families Against Substance Abuse (NAPAFASA), Washington DC. March 10-12, 2002.
- “Asian Pacific Islanders: Understanding the context of treatment,” United States Department of Justice, Bureau of Corrections, Federal Correctional Institution, Dublin, California. February 28, 2002.

“Assertiveness Training for Asian Pacific Islanders,” Asian Pacific Psychological Services, Oakland, CA. February 28, 2002.

2001

“Supporting our Child’s Learning,” Oakland Parents United, Oakland Parenting University, Oakland, CA. October 13, 2001. (Hispanic and Asian parents)

“Application of Cultural Competency Principles in Substance Abuse,” a panel presentation in collaboration with Marcus Red Thunder and Maxine Carpenter, for the Center for Substance Abuse, U.S. Dept. of Substance Abuse and Mental Health Services Administration, American Methadone Treatment Association, St. Louis, MO. October 10, 2001.

“Broadening the Lens of Psychology: Serving Asian Immigrants,” Asian American Psychological Association, University of San Francisco, San Francisco, CA. August 23, 2001.

“Cross-Cultural and Intergenerational Issues for Asian and Pacific Islanders,” Alameda County, Department of Children and Family Services, Oakland, CA. June 7, 2001.

“Ensuring the Cultural Competency of Treatment Practices,” a panel presentation in collaboration with Jacqueline P. Butler, Candace M. Shelton, and Harry Montoya for the Center for Substance Abuse, U.S. Dept. of Substance Abuse and Mental Health Services Administration. 25th Annual Conference on Addiction Treatment, Research to Practice, The Association for Addiction Professionals, Portland, Oregon. May 25, 2001.

“Learning to Learn: the Mediated Learning Experience,” 24-hour workshop to parents, Albany, California. October 2000-May 2001.

“Treatment Issues of Asian Americans,” United States Department of Justice, Federal Correctional Institution, Dublin, California. April 13.

“Child Development,” “Family Development,” “Counseling Skills” and other topics on mental health and substance abuse counseling theories and strategies for Asian American and Pacific Island populations, Oakland, CA. ACMHS, July 1999-present.

1987-present. Lectures, workshops and trainings on cross cultural assessment and treatment to graduate psychology interns and seminary students.

2000 “Dynamic facilitation and the Mediated Learning Experience,” 13th Annual Conference of the California Association for Mediated Learning, San Diego, California. October 20.

“Asian American Psychology,” United States Department of Justice, Federal Correctional Institution, Dublin, California. January 28.

"Asian American Values: Transference and Counter-transference," Continuing Education course given to the University of California, Berkeley, Counseling and Psychological Services & Health & Community Services. March 9.

1999 "Racism, Ethnicity, and Learning Style: Assessing the Learning Potential Assessment Device." 12th Annual Conference of The California Association for Mediated Learning., October 9., South San Francisco. Co-presentation with K. Ken Yabusaki, Ph.D.

"Psychotherapy and the Mediated Learning Experience". 12th Annual Conference of The California Association for Mediated Learning., October 8., South San Francisco. Co-presentation with Mary Ann Evans, Ph.D.

"Transference and Counter-transference Encounter: Asian Americans." Continuing Education course for The Psychotherapy Institute, Berkeley, California. September 25.
"Transference and Counter-transference in Asian Americans." United States Department of Justice, Federal Correctional Institution, Dublin, California. April 21.

"Stress Management for Asians," University of California, Berkeley, Tang Center. February 8 & 19.

"Asian Pacific Islanders: Understanding Context," United States Department of Justice, Federal Correctional Institution, Dublin, California. January 22, 1999.

1998 Keynote address: "Marriage and Sacred Union: Exploring Contemporary Issues of Faith and Culture in Love." Pacific Asian American Center for Theology and Strategies: October 31. Japanese Cultural and Community Center of Northern California. San Francisco, California.

"Empowering the Learner: transmitting culture and developing identity." California Association for Mediated Learning, 11th Annual Conference. October 9-11, 1998, Oxnard, California

"Amae and the Adult Child of Aging Japanese American Parents." 24th International Congress of Applied Psychology: Nations within Nations: Applied Gerontology in the 4th World Cultures of the United States: Asian-American. August 9-14. San Francisco, California

"Mediated Learning Experience for Classroom Management," Continuing education seminars for teachers. Oakland Unified School District, June 13-17 and July 17-21.

"The Color of Fear -- Presentation and Discussion," Japanese American Citizens League, Contra Costa Chapter. April 17. El Cerrito, CA.

1997 "Psychological Issues of Asian Pacific Americans and Immigrants," United States Department of Justice, Federal Correctional Institution, Dublin, California. December 17.

"Case Presentation and Discussion," Workshops presented at "People in Connection: the Stone Center Relational Theory--Applying Theory to Clinical Practice," November 8-9, Oakland, California.

"Racism on Campus," A roundtable discussion at the First Summit of the Asian Pacific Women's Leadership Institute, October 24-26, Washington, D.C.

"The Sandwich Generation: Caring for Aging Parents, Family, and Career," workshop presented at the First Summit of the Asian Pacific Women's Leadership Institute, October 24-26, Washington, D.C.

"Mediating Culture in Psychotherapy," Workshop presentation: 10th Annual Conference of the California Association for Mediated Learning, September 18-21, Sacramento, California.

"Mediated Learning Experience for Classroom Management," Continuing education seminar for teachers in the Oakland Unified School District. July 7-14, and July 21-25.

Training on Counseling Skills to women from a Women's Shelter program in Hokkaido, Japan. Presentation at Rosebridge Graduate School, June 18.

"Psychotherapy with Diverse Clients," Eden Medical Center, May 22, Castro Valley, California.

"Conflict Resolution Across Generations," Workshop for Ismali (Muslim) community, May 17, Milpitas, California.

Training on Diversity. Women's Rape Center, San Pablo, California.

Training on Diversity. Japanese American Network of Mental Health Workers. Oakland, California.

1996 "Women's Space ON" Conference. Panel presentation and workshop, sponsored by the Women's Space ON, Sapporo American Center (U.S. Embassy). Sapporo, Hokkaido, Japan October 10-16.

1995 "Views of the World Conference on Women--Beijing 1995." Panel presentation, sponsor by Japanese American Citizens League, Berkeley, Contra Costa and Diablo Valley Chapters. El Cerrito, CA. October 27.

"Report from Beijing: Women's Forum." Panel presentation sponsored by JFK University. November 3.

"Reflections of a Sansei on the Fourth International Women's Forum in Beijing." Sansei Legacy Project 5th Anniversary Dinner, Alameda, CA. November 18.

"Dynamic Assessment." Urban Indian Center, Oakland, CA. July 30.

"Psychological Impact of the Incarceration on Japanese Americans." National Conference for the Association for Asian American Studies: Identities, Politics, and Policies: Asian Americans in National and Transnational Contexts. Oakland, CA. June 1-4.

1994 "Exploring the Individual Through the Community," paper presented to the Asian American Psychological Association Conference, Los Angeles, August 11. Published in the Proceedings.

"Sexism from a Minority Experience," workshop presented to the National Board of Directors, United Church of Christ, Redwood City, California, February 2.

1993 "The Transitioning Asian American Family in a Multicultural society," paper and workshop presented at the Asian American Psychological Association, Northern California Conference, July 18-20. Published in the Proceedings.

1992 "Generational and Psychological Effects of the Internment on Japanese Americans," panel moderator at the University of California, Berkeley, February 19. Fiftieth anniversary commemoration of Executive Order 9066.

"Asian Americans: Cultural Awareness Training," panel moderator and presenter to the University of California Berkeley and City of Berkeley Police Departments.

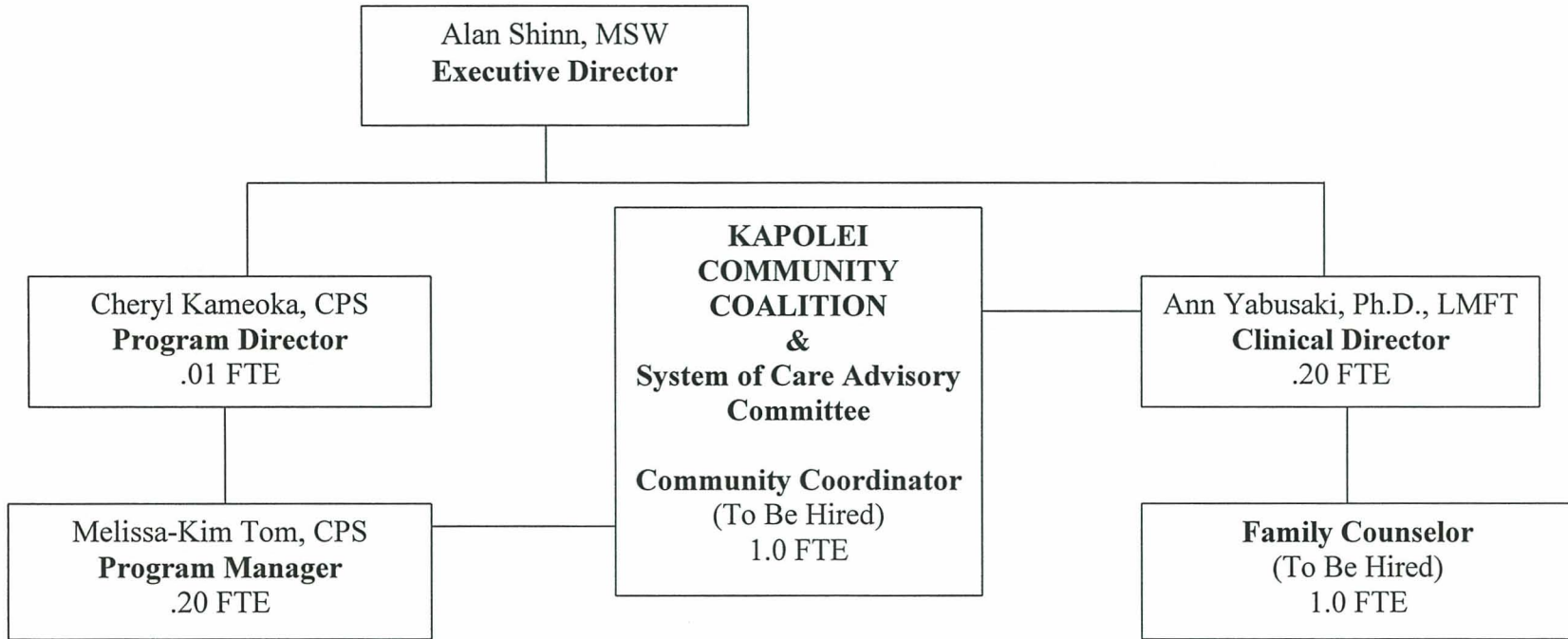
1988 "Oral History and the Family," workshop presented at the First Annual Conference on Geriatrics and Retirement for Japanese Americans, San Francisco, CA. April 1988.

1987 Poster session: "Model of a Drug and Alcohol Treatment Program for Adolescents." California Statewide Drug and Alcohol Prevention Conference, San Francisco, April 1987.

1985-88 Presentations to parents and children in the schools on drug and alcohol abuse.

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