

**THE THIRTIETH LEGISLATURE
APPLICATION FOR GRANTS
CHAPTER 42F, HAWAII REVISED STATUTES**

Type of Grant Request:

Operating Capital

Legal Name of Requesting Organization or Individual: Db: FASD Communities FASD Communities

Amount of State Funds Requested: \$ 217,059

Brief Description of Request (Please attach word document to back of page if extra space is needed):

Community awareness building and screening of Fetal Alcohol Spectrum Disorder (FASD)

Amount of Other Funds Available:

State: \$ 0
Federal: \$ 0
County: \$ 0
Private/Other: \$ 0

Total amount of State Grants Received in the Past 5 Fiscal Years:

\$ 0

Unrestricted Assets:

\$ _____

New Service (Presently Does Not Exist): Existing Service (Presently in Operation):

Type of Business Entity:

501(C)(3) Non Profit Corporation
 Other Non Profit
 Other

Mailing Address:

1516 Avon Way
City: State: Zip:
Honolulu HI 96822

Contact Person for Matters Involving this Application

Name: Gigi Davidson	Title: President
Email: fasdcommunities@gmail.com	Phone: 808-523-8191

Federal Tax ID#: [REDACTED]	State Tax ID# [REDACTED]
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Gigi Davidson
Authorized Signature

Gigi Davidson, President
Name and Title

Jan. 17, 2019
Date Signed

received
1/18/19 10:30am [Signature]

Application Submittal Checklist

The following items are required for submittal of the grant application. Please verify and check off that the items have been included in the application packet.

- 1) Certificate of Good Standing (If the Applicant is an Organization)
- 2) Declaration Statement
- 3) Verify that grant shall be used for a public purpose
- 4) Background and Summary
- 5) Service Summary and Outcomes
- 6) Budget
 - a) Budget request by source of funds ([Link](#))
 - b) Personnel salaries and wages ([Link](#))
 - c) Equipment and motor vehicles ([Link](#))
 - d) Capital project details ([Link](#))
 - e) Government contracts, grants, and grants in aid ([Link](#))
- 7) Experience and Capability
- 8) Personnel: Project Organization and Staffing



GIGI DAVIDSON, PRESIDENT

JANUARY 17, 2019

AUTHORIZED SIGNATURE

PRINT NAME AND TITLE

DATE



**STATE OF HAWAII
STATE PROCUREMENT OFFICE**

CERTIFICATE OF VENDOR COMPLIANCE

This document presents the compliance status of the vendor identified below on the issue date with respect to certificates required from the Hawaii Department of Taxation (DOTAX), the Internal Revenue Service, the Hawaii Department of Labor and Industrial Relations (DLIR), and the Hawaii Department of Commerce and Consumer Affairs

Vendor Name: **FASD Communities**

DBA/Trade Name: **FASD Communities**

Issue Date: **12/24/2018**

Status: **Compliant**

Hawaii Tax#:

New Hawaii Tax#:

FEIN/SSN#: XX-XXX9858

UI#: No record

DCCA FILE#:

Status of Compliance for this Vendor on issue date:

Form	Department(s)	Status
A-6	Hawaii Department of Taxation	Compliant
	Internal Revenue Service (Compliant for Gov. Contract)	Compliant
COGS	Hawaii Department of Commerce & Consumer Affairs	Exempt
LIR27	Hawaii Department of Labor & Industrial Relations	Compliant

Status Legend:

Status	Description
Exempt	The entity is exempt from this requirement
Compliant	The entity is compliant with this requirement or the entity is in agreement with agency and actively working towards compliance
Pending	The entity is compliant with DLIR requirement
Submitted	The entity has applied for the certificate but it is awaiting approval
Not Compliant	The entity is not in compliance with the requirement and should contact the issuing agency for more information

Application for Grants

If any item is not applicable to the request, the applicant should enter "not applicable".

I. Certification – Please attach immediately after cover page

1. Certificate of Good Standing (If the Applicant is an Organization)

If the applicant is an organization, the applicant shall submit one (1) copy of a certificate of good standing from the Director of Commerce and Consumer Affairs that is dated no earlier than December 1, 2018.

ATTACHED

2. Declaration Statement

The applicant shall submit a declaration statement affirming its compliance with Section 42F-103, Hawaii Revised Statutes. ([Link](#))

ATTACHED

3. Public Purpose

The applicant shall specify whether the grant will be used for a public purpose pursuant to Section 42F-102, Hawaii Revised Statutes. ([Link](#))

The public purpose of this proposal is to create a sustainable infrastructure within FASD Communities to increase awareness and train the people of Hawaii on Fetal Alcohol Spectrum Disorders (FASD) and its informed services. Building awareness of this mostly invisible and undiagnosed lifelong disability will ultimately help improve the systems of care in Hawaii and lend support to the families/caregivers of those affected by FASD. This project aims to mobilize supportive services such as supported employment, substance use disorder and mental health treatment, and suicide prevention to improve outcomes for people with FASD and their families, and thereby decrease monetary costs to the many systems of care in Hawaii and the human costs of living with FASD.

II. Background and Summary

This section shall clearly and concisely summarize and highlight the contents of the request in such a way as to provide the State Legislature with a broad understanding of the request. Please include the following:

1. A brief description of the applicant's background;

FASD Communities was founded in 2010 out of a need for continued support and structure for individuals with FASD who age out of pediatric services. A registered 501(c) 3 not-for-profit organization, FASD Communities is dedicated to providing supportive housing, vocational opportunities and life skills to young adults across the U.S. affected by FASD. The team of volunteers at FASD Communities is unparalleled in its expertise in education, business, finance, communications and healthcare, but their real credentials are as parents or close friends of this population. In addition to President and Founder Gigi Davidson, FASD Communities is governed by a six-person Board of Directors. A 25-member Advisory Committee comprised of national FASD experts with specialties in psychology, psychiatry, the judicial system, non-profit agencies, research, pediatrics, policy advocacy, and counseling provides additional support. Another part of FASD Communities mission is to build awareness of FASD.

In May of 2018, a five-bedroom home was opened in Platteville, WI where young adults can live in a structured, caring environment with 24-hour staff oversight. The families upon which FASD Communities was founded watched children, once protected with safety and stability at home, struggle in their transition to adulthood and end up homeless, chronically unemployed, in trouble with the law, and victimized.

The Hawaii FASD Action Group (HFASDAG) is a new program under FASD Communities. HFASDAG is a grassroots endeavor by a group of volunteer educators, clinicians, researchers, and FASD family members concerned about the lack of services and treatment for individuals with FASD and support to their caregivers within the State of Hawaii. Formed in 2016, HFASDAG merged with FASD Communities in 2018 in order to leverage the broad base of FASD Communities' expertise and to extend FASD Communities' reach into Hawaii. Additional guidance is provided by a steering committee that includes FASD Communities President and Founder, Gigi Davidson as well as multiple community-based partners. HFASDAG aims to advocate for and advance diagnosis, treatment, and services for individuals living with FASD and their families through research, advocacy, provider and educator education, and policy change. Dr. Kau'i Baumhofer, a member of the HFASDAG steering committee and epidemiological researcher, will be leading the LHS evaluation activities. The purpose of the Hawaii FASD Action Group (HFASDAG) is to advocate for awareness of services for individuals with FASD in Hawaii. HFASDAG is the only organization that provides education and training programs on FASD in Hawaii. The effects of education and awareness include:

- Increasing early identification and early intervention
- Developing of FASD-informed services and lifelong support for people with or at high risk for FASD and their families

- Providing lifelong support so that individuals with FASD become contributing citizens with pride, and experience a quality of life and a sense of overall well-being.
- Reducing state costs in several ways: criminal justice, prison, social service, mental health and substance use treatment, homelessness, and education for our children.

In 2017 the HFASDAG organized a conference in Honolulu, Hawaii titled: "*FASD: Interventions for an Invisible Disability.*" Over 200 people participated the one-day conference while 30 providers from across the state attended a second-day special training on assessment of FASD. In 2018, the HFASDAG officially partnered with FASD Communities as its program and fiscal agent.

Accomplishments of HFASDAG in 2018 include:

- a. Developed and maintained HFASDAG voluntary efforts
- b. Through Speakers Bureau, made 15 presentations to over 160 people including neighbor Island presentations in Hilo and Hana, Maui
- c. Solicited support from the Office of Youth Services to fund trainers' travel to neighbor islands for training sessions
- d. Formed a caregivers information and support group that meets monthly and continues to recruit new caregivers
- e. Gained support of Representative John Mizuno and Senator Roz Baker to help sponsor three FASD bills, collaborated with Keiki Caucus, Hawaii Children's Advocacy Network, Keli'i Foundation (on autism), and others; distributed FASD educational flyers to over 60+ legislators
- f. Began discussions with substance use treatment programs to start a pilot project on FASD screening in Hawaii
- g. Submitted proposal to HMSA for implementation of an FASD screening project
- h. Partnered with the Coalition for a Drug-Free Hawaii and Department of Health to sponsor meetings and training
- i. Received support from Lili'uokalani Trust to lend expertise in developing a survey on FASD awareness
- j. Planning in progress for a 2019 FASD statewide conference

2. The goals and objectives related to the request;

FASD Communities proposes to:

- a. Develop and sustain a program infrastructure that includes hiring a full-time Program Coordinator, utilizing consultants and volunteers to increase awareness and to train the people of Hawaii on FASD and FASD informed services. Training projects include a statewide conference on FASD, presentations to providers, demonstration of efficacy of a training program for substance use treatment providers on FASD informed treatment plans and collecting preliminary data on the prevalence of individuals with or at high risk for FASD. Continue to provide a caregivers information and support group.

- b. Implement a study that will train providers to screen and develop treatment plans for individuals with or at risk for FASD. The program will partner with organizations serving populations with and at risk of having brain-based disabilities such as FASD. A nationally recognized expert on FASD agreed to provide training and one-year of coaching on treatment modifications.
- c. Provide on-going FASD training and technical assistance to constituents on all islands. Examples of training topics include: basic overview of FASD with caregivers' perspective, targeted interventions for children and youth with FASD, assessment and diagnosis of FASD, and innovative approaches to dealing with individuals with FASD in the judicial system. A statewide annual conference will be planned and implemented to accommodate about 200 participants at a convenient and cost-effective venue. Some of the objectives will be to train families, mental health and substance abuse providers, medical personnel, law enforcement officers, judiciary personnel, educators and other community members to assess and effectively intervene with individuals with FASD and their families. Others are to continue the efforts in Hawaii to meet the lifespan needs of those affected by FASD, and serve as a catalyst to generate community awareness and to mobilize community institutions to address FASD issues. Out-of-state expert presenters will be utilized as appropriate.

3. The public purpose and need to be served;

FASD is a developmental disability that is under identified and/ or misdiagnosed due to the lack of awareness and resources in Hawaii. Individuals with FASD have a major impact on the family, community and all systems of care. FASD is an umbrella term describing a range of effects that can occur from prenatal alcohol exposure. The effects are incurable, lifelong brain disorders leading to physical, mental, behavioral and/or learning disabilities.

FASD is a preventable major worldwide public health concern.¹ Recent conservative estimates² show that one in 20 first grade children have FASD. The number of people with FASD exceeds those with autism, cerebral palsy, spina bifida, and Down's Syndrome combined. In 2002, the lifetime cost for one individual with FAS was estimated at \$2 million with estimated annual costs to the U.S. at \$4-6 billion.³

In Hawaii:

- a. There are no active surveillance systems that capture FASD prevalence⁴

¹ National Organization for Fetal Alcohol Syndrome. www.nofas.org

² May, P.A., Chambers, C.D., Kalberg, W.O, Zellner, J., Feldman, H., et al. (2018). Prevalence of Fetal Alcohol Spectrum Disorders in 4 US Communities, 319(5):474-482. doi:10.1001/jama.2017.21896

³ <https://www.cdc.gov/ncbddd/fasd/data-maps-2016.html>

⁴ Onoye, J. and Thompson, M.D. (2017). Challenges and progress in building a comprehensive statewide system for fetal alcohol spectrum disorders prevention in Hawai'i. *Maternal Child Health Journal*, 21(5), 1002-1009. DOI 10.1007/s10995-017-2270-7

- b. Approximately 18,900 live births occur each year⁵ , and 46.1% (~8,700/year) are from unintended pregnancies.⁶
- c. Of women who reported, 51.5% drank alcohol three months before pregnancy, and 24.1% binge-drank (4 or more drinks on one occasion).⁷
- d. From a sample, 12.0% drank in their first trimester; 6.5% in their second trimester; and 5.2% in their third trimester.⁸
- e. In 2015, 7,400 people were incarcerated in state and federal prisons. The average yearly cost/detainee was \$50,405, resulting in an estimated annual cost of \$372,997,000.⁹ Many may have untreated FASD.

In the United States:

- a. Small research studies identified several promising interventions for FASD. These studies note that the low number of healthcare professionals appropriately trained on FASDs, however, hinder the development of interventions.¹⁰
- b. Impact of FASD on systems of care:
 - Over 60% of people with FAS (a category of FASD) 12 years or older have been charged with a crime;
 - 55% of people with ARND (a type of FASD) will be confined to a prison, psychiatric institution or drug/alcohol treatment center;
 - 95% of people with FAS also have a mental illness;
 - ~70% of children in foster care are affected by FASD.¹¹
 - Direct annual costs of FAS, is estimated at \$3.9 billion and includes healthcare, social services, and incarceration.¹²

Our central hypothesis is that by improving the quality of life through awareness, education, developing early identification and FASD informed interventions, and creating lifelong support services for individuals with FASD and their families, we can significantly reduce costs to the many systems of care in Hawaii and the human costs of those impacted by FASD.

4. Describe the target population to be served; and

The target population is all the constituents of Hawaii. FASD impacts everyone. Targeted education and awareness will be provided to the community: educators, employers, probation officers, judges, mental health and substance abuse

⁵ 2010-2013 Office of Health Status and Monitoring (HHDW)

⁶ PRAMS 2009-2013 data

⁷ CDC. Perinatal Risk Assessment Monitoring Systems (PRAMS) 2009-2013 data

⁸ PSS 2007-2012 data.

⁹ <https://www.prisonpolicy.org/>

¹⁰ Wheeler, J.A., Kenney, K.A.m Temple, V. (2013) Journal of Developmental Disabilities, 19(3): 62-75.

¹¹ NOFAS.org

¹² NOFAS.org

providers, personnel at correctional facilities, providers of care to the homeless, clergy, and individuals and families living with FASD.

5. Describe the geographic coverage.

The geographic area we will address is the State of Hawaii.

III. 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. The applicant shall:

1. Describe the scope of work, tasks and responsibilities;

FASDC and the HFASDAG will identify the key personnel to lead the proposed project. The Executive Director, Gigi Davidson will manage all aspects of FASDC including personnel, marketing, financial, planning, reporting and supervise and work closely with the Program Coordinator. See attached resume.

The Program Coordinator, to be hired, will be responsible for the administration of the training and coordination of implementing another FASD Conference. Responsibilities will include scheduling, providing pre and post assessments, data collection, procuring appropriate venues for training, implementation of community events and work with the research evaluators for this project. See attached job description.

Training and Implementation of the Life History Screening tool

Five community-based substance use treatment programs at the Waianae Coast Comprehensive Health Center (WCCHC), Kū Aloha Ola Mau (KAOM), Hina Mauka (HM), the Women's Way Family Support Treatment program at the Salvation Army, and Habilitat Inc have expressed interest in partnering with us. See attached letters of support.

Per the University of Hawai'i Institutional Review Board, these activities were determined as agency training and quality improvement and are not considered Human Subjects Research.

Community partners will identify intake staff who will be trained in implementing the LHS. A clinical expert in FASD (Dan Dubovsky, LSW) will complete a 12-hour training (over 2 to 2.5 days) on FASD and the development and implementation of the LHS survey with identified intake staff members. Individuals with FASD may have difficulty understanding abstract ideas, processing verbal language, short-term memories, and respond in ways that they think the intake staff member would like them to. Training will focus on how and when to screen individuals with the LHS in a way that will be sensitive to an individual with a

possible FASD. In addition to making the screening and intake process more efficient for clients with a possible FASD, these techniques will be generalizable to all clients. To further facilitate the implementation process and troubleshoot any issues that may arise for agency staff, Mr. Dubovsky will continue monthly telephone consultations with agency staff for 12 months following the initial training period. Dan will be contracted at \$7,345 for to include all of his services regarding the LHS screen tool and travel expenses for Dan are included in our travel budget. See attached resume and See Dan's attached letter of support.

LHS Implementation:

We anticipate that 25 intake counselors from 4 substance abuse treatment agencies will be trained and then implement the LHS on 250 clients over the course of 12 months. The Life History Screen (LHS) for Identifying Adults with a Possible FASD is a validated, 28-item screening tool used to identify individuals who are at high risk for FASD [6]. The LHS collects data in nine demographic and socioeconomic domains and identifies three key life history domains (LHD) (Table 1) that can be used by substance abuse treatment centers to tailor treatment to individuals screened using the LHS.

Table 1. List of Life History Domains in the LHS

Life History Domain	Identified as Key LHD
Childhood History	X
Maternal Alcohol Use	X
Day-to-Day Behaviors	X
Education	
Criminal History	
Substance Use	
Employment and Income	
Living Situation	
Mental Health	

Following the initial training, agency intake staff will integrate the LHS into standard intake procedures. Once the LHS has been administered to the client, the intake staff member will take an inventory of "red flags" identified in each of the nine LHDs. A positive LHS is defined as "red flags" in each of the three Key LDS or "red flags" in two of the Key LHDs and a "red flag" in two or more of the remaining six LHDs. If a client receives a positive screen they will be eligible for modifications for treatment. Included in the LHS are 55 potential modifications to treatment that address seven types of impairments that occur with individuals who have a possible FASD (Table 2). A significant goal of the proposed project is to empower agency staff to modify existing treatment procedures to better accommodate challenges facing clients identified at risk for a possible FASD. The suggested treatment modifications will not only help clients make the most of their

treatment, but will also educate agency staff in how to better engage clients with possible FASD.

Table 2. Types of impairments and potential modifications included in the LHS

Impairment	Number of potential modifications
Executive functioning	14
Ability to think abstractly	9
Verbal receptive language processing	10
Social impairments	5
Working, short-term memory	6
Coping ability	6
Sensory integration	5

The proposed training, implementation, and evaluation activities will occur over 12 months as summarized in Table 3. Evaluation activities will be discussed in further detail in the following section.

Table 3. Activity Timeline over 12-months

Activity	1	2	3	4	5	6	7	8	9	10	11	12
<i>LHS Training</i>												
In-person training with agency staff	X											
Telephone consultation with agency staff	X	X	X	X	X	X	X	X	X	X	X	X
<i>LHS Implementation</i>												
Agency intake counselors screen clients with LHS		X	X	X	X	X	X	X	X	X	X	X
Agency staff implements treatment modifications		X	X	X	X	X	X	X	X	X	X	X
<i>Evaluation</i>												
Training evaluation	X					X						X
LHS implementation and outcomes evaluation						X						X
LHS implementation process evaluation						X						X

Nicole Kau'i Baumhofer, ScD, MPH, MA, Evaluation lead, will have primary responsibility for overseeing the evaluation of the LHS training and implementation. She will be the primary point of contact between FASD Communities, the Hawai'i FASD Action Group, and the community partners in matters relating to the evaluation. Cherry Yamane, BSPH, Evaluation coordinator, will assist Dr. Baumhofer in conducting the LHS evaluation. She will be responsible for assisting with data collection, coordination of intake counselor focus groups, and the organization and cleaning of data collected as a part of the

evaluation. She will also assist with the analysis of qualitative and quantitative data under the supervision of Dr. Baumhofer. Support for the evaluation team is requested at 520 at \$67.31 per hour for a total of \$35,000 over the project period. See attached resume.

The four participating agencies will each be compensated \$2,500 total for realignment purposes to offset lost revenue while their staff is training in this project. These are the very people that need our training the most to better serve their clientele and their families.

The Coalition for a Drug-Free Hawaii (CDFH) subcontractor, will be responsible to assist the Program Coordinator with all aspects of training and conference logistics. Additionally CDFH has the technology capacity and expertise to handle online registrations. CDFH has a successful history of planning, coordinating, and implementing substance abuse and mental health related trainings and conferences for professionals, advocates, and other community members in collaboration with the Alcohol and Drug Abuse Division/ Department of Health as well as the Office of Youth Services/ Department of Human Services. Susan Oka, CDFH Event Planner, will devote approximately .20 FTE of her time to these tasks. Ms. Oka has over eight years of experience in this position.

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

The key personnel will be identified and ready to start immediately upon receipt of funding for this project (estimated start date of September 2019). We anticipate monthly FASD awareness training beginning in September 2019 and one quarterly on an outer island. Also, there will be an initial two-day training, and ongoing monthly training with our identified community partners on the FASD screening tool, its implementation, and monthly sessions for one year. All training will include pre and post assessments, and this data will be compiled to document effectiveness and increase in the understanding of FASD.

Table 3. Activity Timeline over 12-months

Activity	1	2	3	4	5	6	7	8	9	10	11	12
Recruit and Hire FASD Coordinator	x											
Process Evaluation Meetings			x			x			x			x
Monthly Community FASD Awareness Trainings	x	x	x	x	x	x	x	x	x	x	x	x
Quarterly Outer Island FASD Community Awareness Trainings			x			x			x			x
Off Island Conference							x					
<i>LHS Training</i>												
In-person training with agency staff	X											
Telephone consultation with agency staff	X	X	X	X	X	X	X	X	X	X	X	X
<i>LHS Implementation</i>												
Agency intake counselors screen clients with LHS		X	X	X	X	X	X	X	X	X	X	X
Agency staff implements treatment modifications		X	X	X	X	X	X	X	X	X	X	X

<i>Evaluation</i>													
Training evaluation	X					X							X
LHS implementation and outcomes evaluation						X							X
LHS implementation process evaluation						X							X

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

A process evaluation of the development of the program’s infrastructure will be coordinated by the Executive Director. Ongoing progress, both positive and negative will be documented by the Executive Director, Program Coordinator, and at least two members of the FASD Action Group’s Steering Committee. Regular meetings on a quarterly basis will be held to review inputs, celebrate successes, and take corrective actions as necessary. A final evaluation report will be prepared and shared with the FASD Action Group and contracting agency.

All trainings will include pre and post assessments to gauge the participant’s knowledge before and the progress in their understanding of this disability. There will also be a questionnaire on the quality of the presents. This will enable us to make adaptations to ensure top quality presentations and learning. This data will be collected and assimilated for continuous quality improvement.

The LHS training and implementation will be evaluated to determine staff satisfaction with the training procedures, ease of implementation, and effectiveness of using the LHS to identify clients at risk of a possible FASD and to suggest client-sensitive treatment modifications. Evaluation activities will primarily occur using short surveys and focus groups with agency intake staff.

LHS Training: Immediately prior to and following the in-person LHS training session, agency intake staff will be asked to complete a short survey to evaluate FASD knowledge. Agency staff will also be asked to complete a short training evaluation survey following the in-person LHS training session. At the 6- and 12-month follow-up periods agency staff will be asked to complete a short survey asking about how useful the initial in-person training session has been over the long-term and their satisfaction with the on-going monthly telephone training consultations with the FASD expert.

LHS Implementation: The extent of LHS implementation in each community partner will be measured by the total number of clients screened using the LHS compared to the total number of clients entering treatment programs at the 6- and 12-month follow-up period. The total number of clients identified at high-risk of having a possible FASD will be measured at the 6- and 12-month follow-up periods by the number of clients with “red flags” in either three of the Key Life History Domains or two “red flags” in the three Key Life History Domains and at least two “red flags” in the remaining six Life History Domains.

Treatment modifications and Outcomes: The impact of screening clients with the LHS will be measured by reviewing the results of the completed LHS screening forms from each community partner. The number of impairments and suggested treatment modifications for each client screened will be recorded along with demographic data (age, gender, assigned intake counselor) for each client screened using the LHS. A 1-2 hour focus group with the agency staff responsible for implementing the LHS from each community partner will be conducted. During the focus groups, trained focus group leaders will ask open-ended questions regarding staff satisfaction with the LHS training and implementation processes as well as the perceived usefulness of the suggested treatment modifications in the LHS.

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.

The measures of effectiveness used routinely in current, and future training projects appear in attachments hereto. These measures provide a standard and objective way to assess whether the goals of the training were achieved and provide information for future training. These measures are modified to fit the audience. Amended measures will be provided to the expending agency.

- A. Measures of Effectiveness for General Training on FASD
 1. Pre-post questions before and after the training
 2. Take Ten FASD Survey Questions and Answers presented before and after the training
 3. Evaluation of presentations
 4. Sample 2017 Conference evaluation to be amended in future conferences
- B. Measures of Effectiveness for Training on Screening and Treatment of Adults for high-risk of FASD
 1. Take Ten FASD Knowledge Questions
 2. Take Ten FASD Knowledge Answers
 3. Life History Screen Training Evaluation
 4. Life History Screen & 12-month Training and Implementation Evaluation
 5. Focus Group Guide & Field Notes & Seating Chart
 6. Focus Group Interview Guide
 7. Life History Screen Group Debriefing Form

Survey of Awareness of FASD among Service Providers:

A survey to providers and the public is designed to increase public awareness and help us plan future training on FASD. A draft of the survey is attached

hereto. There will be an initial two day training (12 hours over two days) to familiarize intake and substance abuse counselors with monthly follow-up calls on the development and implementation of the LHS survey with identified staff members. Because individuals with FASD may have difficulty understanding abstract ideas, and processing verbal language, they have difficulty with short term memory, and may answer intake questions in a way they think the intake staff would like them to answer. The intake staff will be trained to ask the questions in a way that will be sensitive to an individual with a possible FASD. In order to further facilitate the implementation process and trouble shoot any issues that may arise, Mr. Dubovsky will continue monthly telephone consultations with agency staff for a 12 month period.

The HIFASDAG will do 12 FASD awareness trainings throughout the year to community groups touched by FASD to at least 240 people.

The HIFASDAG will host an FASD specific full day conference with continuing education units offered to 200 participants.

IV. Financial

Budget

1. The applicant shall submit a budget utilizing the enclosed budget forms as applicable, to detail the cost of the request.
 - a. Budget request by source of funds ([Link](#))
 - b. Personnel salaries and wages ([Link](#))
 - c. Equipment and motor vehicles ([Link](#))
 - d. Capital project details ([Link](#))
 - e. Government contracts, grants, and grants in aid ([Link](#))

Budget detail:

Contracted services \$52,345 - data and surveillance evaluation expert (\$35,000), Dan Dubvosky FASD Specialist and LHS developer (\$73,45), Four Community Agencies Realignment stipends (\$10,000), CDFH subcontractor (\$10,000).

Travel \$22,500 – 18 round trip inter-island airfare for trainings and scholarships for 10 parents to conference, seven round trips airfare to/from mainland for conference speakers and Dan Dubovsky, including hotel, car and per diem.

Operating expenses include (\$23,695) include Audit \$500, office rent \$400 per month, insurance costs \$750, utilities \$150, postage \$200, educational materials, \$1,000 graphic design for conference program \$600, printing & copying for conference and evaluation forms \$3,000, Telecommunications \$6,600 includes video conferencing for follow-up LHS training and technology needed for

conference, local mileage for LHS trainings \$990, maintenance & repairs \$300, office supplies paper, ink ect. \$1,700, ten parent scholarships for conference \$750, 2 laptops, 2 printers and one back up drive \$2,350 and indirect costs of \$26,269.

2. The applicant shall provide its anticipated quarterly funding requests for the fiscal year 2020.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
\$100,000	\$75,000	\$25,000	\$17,059	\$217,059

3. The applicant shall provide a listing of all other sources of funding that they are seeking for fiscal year 2020.

We plan to submit proposals to the local healthcare foundations such as HMSA, Kaiser, Kapiolani Medical Center, Queens Medical Center and also foundations that cater to the needs of Hawaiians such as Liliuokalani Trust and Office of Hawaiian Affairs.

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.

N/A

5. The applicant shall provide a listing of all federal, state, and county government contracts, grants, and grants in aid it has been granted within the prior three years and will be receiving for fiscal year 2020 for program funding.

N/A

6. The applicant shall provide the balance of its unrestricted current assets as of December 31, 2018.

ATTACHED

V. Experience and Capability

1. 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.

The Hawaii FASD Action Group has monthly meetings. The group is comprised of a steering committee of 15 people, a speaker's bureau committee, a fundraising committee, a conference planning group, and a parent group.

See attached roster of Action Group.

2. 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.

FASDC's home office is located in Honolulu Hawaii and is sufficient for the administration of this project. It has its own entrance and can easily accommodate the Program Coordinator and is equipped with two computers and two printers. All training will be held in community settings in appropriate facilities for people we will train. For example, we have taught in agency, school, and University settings. Each setting provides a laptop, projector, handouts, and other equipment necessary.

VI. Personnel: Project Organization and Staffing

1. 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.

Gigi Davidson, the President of FASD Communities, has extensive experience having run a successful nonprofit organization in Hawaii for the past 24 years. She has a strong financial background in international banking and has the experience and capacity to oversee this project. Furthermore, she is the adoptive parent of a now 30-year-old FASD son thus giving her vast knowledge and understanding of FASD and the needs of families living with this travesty. She has vast knowledge on FASD and is passionate about building awareness of this disability and helping those families living with an FASD affected person. She has built many important relationships across the country with the experts in this field. See attached resume.

The Program Coordinator, to be hired, will be responsible for the administration of the training and coordination of implementing another FASD Conference. Responsibilities will include scheduling, providing pre and post assessments, data collection, procuring

appropriate venues for training, implementation of community events and work with the research evaluators for this project. See attached Job Description.

Our Lead Evaluator Kau'i Baumhofer will be responsible for conducting a training and evaluation to screen using a Life History Screen (LHS) survey for risk of FASD by partnering with organizations serving populations at risk for brain-based disabilities such as FASD. See attached resume.

2. 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 organization chart that illustrates the placement of this request.

SEE ATTACHED

3. Compensation

The applicant shall provide an annual salary range paid by the applicant to the three highest paid officers, directors, or employees of the organization by position title, not employee name.

FASD Communities is unique as it has been an all-volunteer organization up until opening its first residence in Wisconsin in May of 2018. This is a testament to the need and dedication of parents from across the United States to make this happen.

At this point, the only paid staff is managing the Wisconsin residence. Those three highest paid employees are:

Manager in Wisconsin - \$40,000

Two assistant direct care managers - \$30,000 each

VII. Other

1. Litigation

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

NONE

2. Licensure or Accreditation

The applicant shall specify any special qualifications, including but not limited to licensure or accreditation that the applicant possesses relevant to this request.

FASD Communities is licensed to operate an Adult Family Home in Wisconsin. For the proposed project there are no licensing requirements.

3. Private Educational Institutions

The applicant shall specify whether the grant will be used to support or benefit a sectarian or non-sectarian private educational institution. Please see [Article X, Section 1, of the State Constitution](#) for the relevance of this question.

N/A

4. Future Sustainability Plan

The applicant shall provide a plan for sustaining after fiscal year 2019-20 the activity funded by the grant if the grant of this application is:

- (a) Received by the applicant for fiscal year 2019-20, but
- (b) Not received by the applicant thereafter.

FASDC and HFASDAG will continue to pursue other grant opportunities with other agencies and foundations both in Hawaii and on the mainland to continue its operation and future training. FASDC will continue to expand its fundraising efforts. FASDC and HFASDAG will also seek out meaningful collaborations with HMSA, Kaiser, Kapiolani Medical Center, Queens Medical Center and Milestones.

**DECLARATION STATEMENT OF
APPLICANTS FOR GRANTS PURSUANT TO
CHAPTER 42F, HAWAI'I REVISED 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 pursuant to Section 42F-103, Hawai'i 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 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 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.
- 2) If the applicant is an organization, the applicant meets the following requirements pursuant to Section 42F-103, Hawai'i 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 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, Hawai'i 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, Hawai'i Revised Statutes, for grants used for the acquisition of land, when the organization discontinues the activities or services on the land acquired for which the grant 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 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.

FASD Communities

(Typed Name of Individual or Organization)

Gigi Davidson

(Signature)
Gigi Davidson

Jan. 17, 2019

(Date)
President

(Typed Name)

(Title)

BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2019 to June 30, 2020

Applicant: FASD Communities

BUDGET CATEGORIES	Total State Funds Requested (a)	Total Federal Funds Requested (b)	Total County Funds Requested (c)	Total Private/Other Funds Requested (d)
A. PERSONNEL COST				
1. Salaries	75,000			
2. Payroll Taxes & Assessments				
3. Fringe Benefits	17,250			
TOTAL PERSONNEL COST	92,250			
B. OTHER CURRENT EXPENSES				
1. Airfare/Hotel Interisland & Mainland	22,500			
2. Insurance	750			
3. Lease/Rental of Equipment	0			
4. Lease/Rental of Space	4,800			
5. Staff Training	0			
6. Supplies	1,705			
7. Telecommunication/AV Conference	6,600			
8. Utilities	150			
9. Audit	500			
10. Postage	200			
11. Educational Materials	1,000			
12. Graphic Design Conference	600			
13. Printing & Copying	3,000			
14. Mileage	990			
15. Maintenance & Repairs	300			
16. Parent Scholarships conference	750			
17. Contracted Services	52,345			
18. Indirect Costs 15%	26,269			
19.				
20.				
TOTAL OTHER CURRENT EXPENSES	122,459			
C. EQUIPMENT PURCHASES	2,350			
D. MOTOR VEHICLE PURCHASES	0			
E. CAPITAL	0			
TOTAL (A+B+C+D+E)	217,059			
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested	217,059	Gigi Davidson		808 523-8191
(b) Total Federal Funds Requested	0	Name (Please type or print)		Phone
(c) Total County Funds Requested	0			1/17/2019
(d) Total Private/Other Funds Requested	0	Signature of Authorized Official		Date
TOTAL BUDGET	217,059	Gigi Davidson, President FASD Communities		
		Name and Title (Please type or print)		

BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Period: July 1, 2019 to June 30, 2020

Applicant: FASD Communities

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
2 laptop computers	2	\$750.00	\$ 1,500.00	\$1,500
1 all in one printer	2	\$350.00	\$ 700.00	\$700
1 back up drive	1	\$150.00	\$ 150.00	\$150
			\$ -	
			\$ -	
TOTAL:	5		\$ 2,350.00	\$2,350

JUSTIFICATION/COMMENTS:

Need a dedicated laptop and printer for this project and for evaluation component and a backup drive

DESCRIPTION OF MOTOR VEHICLE	NO. OF VEHICLES	COST PER VEHICLE	TOTAL COST	TOTAL BUDGETED
NA			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:				0

JUSTIFICATION/COMMENTS:

BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS

Period: July 1, 2019 to June 30, 2020

Applicant: FASD Communities

FUNDING AMOUNT REQUESTED						
TOTAL PROJECT COST	ALL SOURCES OF FUNDS RECEIVED IN PRIOR YEARS		STATE FUNDS REQUESTED	OTHER SOURCES OF FUNDS REQUESTED	FUNDING REQUIRED IN SUCCEEDING YEARS	
	FY: 2017-2018	FY: 2018-2019	FY:2019-2020	FY:2019-2020	FY:2020-2021	FY:2021-2022
PLANS			0			
LAND ACQUISITION			0			
DESIGN			0			
CONSTRUCTION			0			
EQUIPMENT			0			
TOTAL:			0			
JUSTIFICATION/COMMENTS:						

GOVERNMENT CONTRACTS, GRANTS, AND / OR GRANTS IN AID

Applicant: FASD Communities

Contracts Total: -

	CONTRACT DESCRIPTION	EFFECTIVE DATES	AGENCY	GOVERNMENT ENTITY (U.S. / State / Haw / Hon / Kau / Mau)	CONTRACT VALUE
1	NA				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
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27					
28					
29					
30					

FASD Communitas
Balance Sheet
 As of December 31, 2018

	Dec 31, 18
ASSETS	
Current Assets	
Checking/Savings	
10000 · Cash-Rollup	
10100 · ASB Checking #2991	30,043.64
10200 · Clare Bank Checking #0140	16,219.63
10500 · ASB Savings #6351	5,480.41
Total 10000 · Cash-Rollup	51,743.68
Total Checking/Savings	51,743.68
Other Current Assets	
12000 · Other Current Assets-Rollup	
12500 · Even exchange	125.56
Total 12000 · Other Current Assets-Rollup	125.56
Total Other Current Assets	125.56
Total Current Assets	51,869.24
Fixed Assets	
15000 · Fixed Asset-Rollup	
15100 · Aloha Community Plattevill-Home	203,905.47
15110 · Aloha Comm Platt-Accum Depr	-11,121.74
Total 15000 · Fixed Asset-Rollup	192,783.73
Total Fixed Assets	192,783.73
TOTAL ASSETS	244,652.97
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
21000 · Loan Payable Rollup	
21100 · Loan Payable-0% Int-W Miller	20,000.00
Total 21000 · Loan Payable Rollup	20,000.00
22100 · Payroll Tax Payable-EE Rollup	
22110 · FICA SS EE WH	937.58
22120 · Medicare EE WH	192.29
22130 · Federal EE WH	1,841.62
22140 · Wisc EE WH	2,047.80
Total 22100 · Payroll Tax Payable-EE Rollup	5,019.29
Total Other Current Liabilities	25,019.29
Total Current Liabilities	25,019.29
Total Liabilities	25,019.29
Equity	
30000 · Opening Balance Equity	129,497.63
32000 · Equity Prior Periods Net Income	148,862.53
Net Income	-58,726.48
Total Equity	219,633.68
TOTAL LIABILITIES & EQUITY	244,652.97

FASD Communitas
Profit & Loss
 January through December 2018

	Jan - Dec 18
Ordinary Income/Expense	
Income	
43100 · Donation/Contrib Unrestr-Rollup	
43130 · Donation/Contrib Unrestr-Indiv	15,884.18
Total 43100 · Donation/Contrib Unrestr-Rollup	15,884.18
43200 · Grants-Rollup	
43220 · Grants-Restricted non-Indiv	75.00
43230 · HI FASD Action Grp Rev/Exp	526.11
Total 43200 · Grants-Rollup	601.11
43470 · Amazon Smile Donations	435.56
43500 · Program Service Revenue	
43510 · Amanda Mohawk	
43511 · CW Supervision-Amanda Mohawk	46,920.27
43512 · CW R&B-Amanda Mohawk	9,820.65
Total 43510 · Amanda Mohawk	56,740.92
43520 · Monica Mueller	
43521 · CW Supervision-Monica Mueller	31,499.81
43522 · CW R&B-Monica Mueller	5,460.21
Total 43520 · Monica Mueller	36,960.02
43530 · Alyona Seifert	
43531 · MC Supervision-Alyona Seifert	16,450.63
43532 · MC R&B-Alyona Seifert	10,322.07
Total 43530 · Alyona Seifert	26,772.70
Total 43500 · Program Service Revenue	120,473.64
43700 · Other Income Rollup	
43710 · Application Fee	150.00
43740 · Misc Program Revenue	2.33
43750 · Interest-Savings, Short-term CD	33.80
Total 43700 · Other Income Rollup	186.13
Total Income	137,580.62
Gross Profit	137,580.62
Expense	
60000 · Payroll Expenses Rollup	
60100 · Gross Wages/Salaries- Rollup	
60110 · Gross Reg Wages	104,443.07
60120 · Gross OT Wages	11,100.82
Total 60100 · Gross Wages/Salaries- Rollup	115,543.89
60210 · Payroll Tax SS FICA-ER	6,226.17
60220 · Payroll Tax Medicare-ER	1,456.15
60250 · Payroll Tax WI UC-ER	1,448.50
Total 60000 · Payroll Expenses Rollup	124,674.71
61000 · Contract Labor Form 1099 Rollup	
61100 · Contractor Labor-Jamie-Form1099	15,616.82
61300 · Contract Labor-Lawyer	8,847.00
61400 · Contract service-FASD Trainer	300.00
61500 · Contract service-other laborers	777.65
Total 61000 · Contract Labor Form 1099 Rollup	25,541.47
61050 · Outside Contract Services-Jamie	0.00
61810 · Background checks	130.00
63730 · HI FASD Action Grp Conf-Expense	300.00

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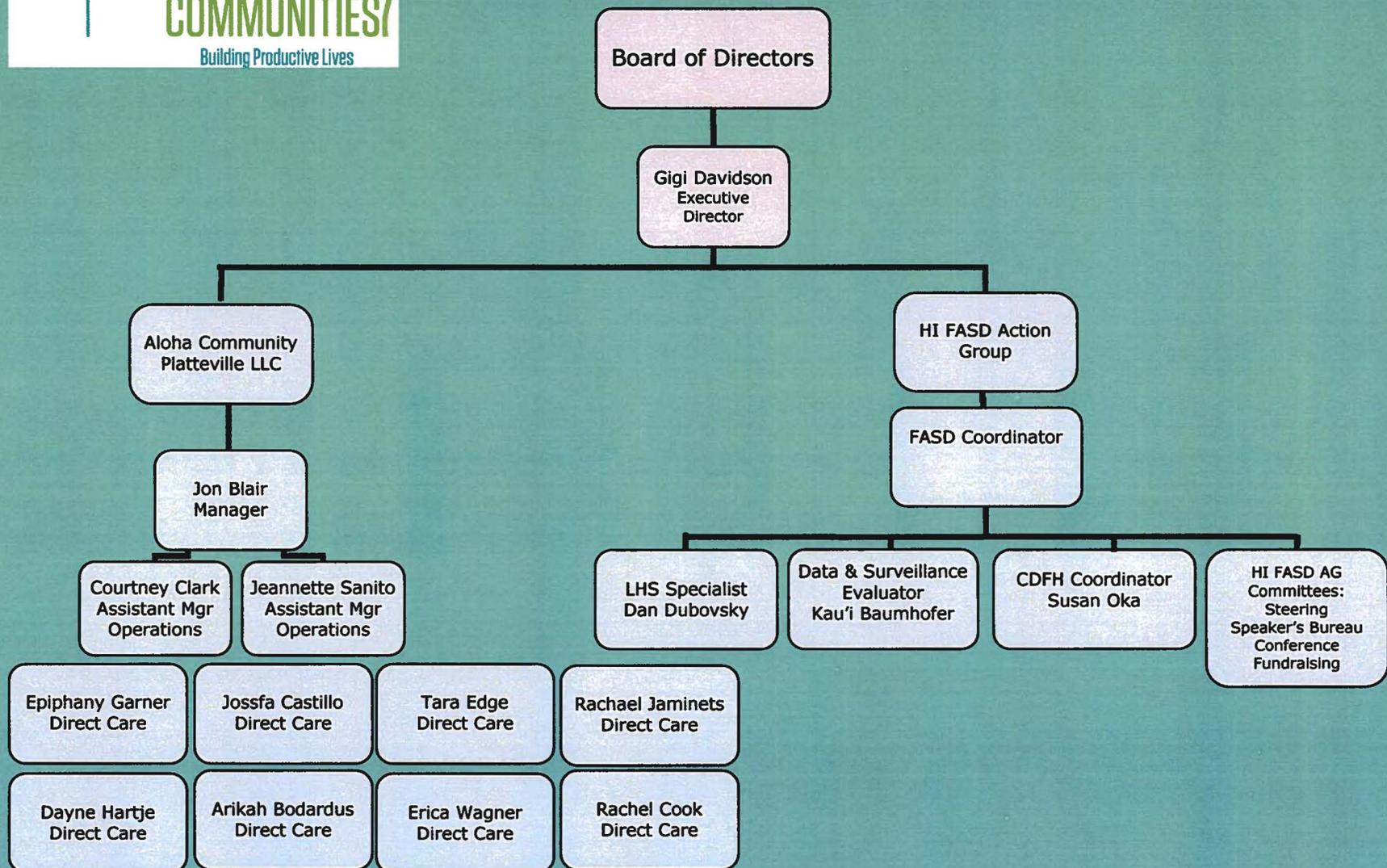
Accrual Basis

FASD Communitas
Profit & Loss
 January through December 2018

	Jan - Dec 18
64000 · Program Expense-Aloha Rollup	
64050 · Employee Training/Certification	900.00
64100 · Food Expense	7,588.37
64200 · Farm Equipment	175.00
64300 · Technology Equipment	745.75
64400 · Farm Animals	1,482.89
64500 · Resident Actility Expense	404.91
64550 · Resident Medications	48.47
64600 · Aloha House Move -In Ready Exp	102.20
64700 · Lawncare, Snow Removal-Aloha	1,525.00
64710 · Supplies-Program expense	3,294.93
64720 · Telephone & TV Expense	894.94
64730 · Internet	855.91
64740 · Electric Expense	2,351.91
64750 · Propane Gas Expense	2,844.23
64760 · Auto Gas, Oil, Maintenance	
64770 · Mileage Reimbursement-Employees	94.76
64760 · Auto Gas, Oil, Maintenance - Other	1,439.91
Total 64760 · Auto Gas, Oil, Maintenance	1,534.67
64000 · Program Expense-Aloha Rollup - Other	30.30
Total 64000 · Program Expense-Aloha Rollup	24,779.48
65000 · Admin/Overhead Indir Exp-Rollup	
65005 · Bank Fees	68.00
65006 · Service Fees Paypal	23.45
65010 · Books, Subscriptions, Reference	175.00
65020 · Postage, Mailing Service	730.79
65060 · Online Data Collection	257.85
65080 · Marketing	549.77
65101 · Business Registration fee	23.50
65110 · Accounting Fees	329.18
65130 · Advertising	95.45
65140 · Filing fees	251.00
65190 · Repairs/Maintenance	2,073.86
65200 · Insurance Expense Rollup	
65210 · Insurance - Liability, D & O	2,198.88
65220 · Insurance-Workman's Comp	7,153.00
65230 · Home Owners Insurance	899.09
Total 65200 · Insurance Expense Rollup	10,250.97
65300 · Travel and Meetings-Rollup	
65310 · Conference, Convention, Meeting	256.45
65320 · Airfare	1,939.64
65325 · Hotel	645.33
65330 · Meals & Entertainment	234.67
65340 · Mileage, car rental, parking	2.00
Total 65300 · Travel and Meetings-Rollup	3,078.09
Total 65000 · Admin/Overhead Indir Exp-Rollup	17,906.91
66900 · Reconciliation Discrepancies	-61.87
69000 · Property Taxes	3,036.40
Total Expense	196,307.10
Net Ordinary Income	-58,726.48
Net Income	-58,726.48



Organizational Chart January 2019



GIGI VAN ALLEN DAVIDSON

1516 Avon Way

Honolulu, HI 96822

(808) 523-8191

email gigid@hawaiiantel.net

PROFILE

Proven leader, global perspective, strong communication skills, proven fundraiser, solid financial abilities including budgeting, advanced technology skills, creative, lots of initiative, board of director experience, self starter, strong multitasker, and very strong business acumen

WORK EXPERIENCE

FASD Communities, (National Organization) Honolulu, HI 2010 - Present

President and founder of this non-profit organization comprised of parents and professionals from across the U.S. Formed to establish communities for young adults with FASD across the U.S. to help them become contributing members of society.

- Initiated and continues to lead the national task force (ten committees) and the FASD Communities Board via monthly conference calls
- Prepared initial business proposal and budgets
- Developed many collaborative relationships to support the mission and funding sources
- Initiated annual funds development campaign which includes direct mailing
- Developed marketing materials including website and brochure
- Responsible for board meetings, development and reporting elements
- Initiated all paper work to incorporate business and obtain non-profit status
- Contracted and participated in community development training with 12 other task force members in Evanston, Illinois.
- Led campaign which succeeded in raising funds to purchase first property in WI to establish FASD Communities first community from the ground up
- Developed collaborations with WI community and did the same with Farm in the Dell Butte, MT that now manages and exclusive FASD community in MT
- Hired Program Manager for WI residence
- Opened WI FASD group home in May of 2018 which currently has three residents as 11 direct care staff.

Ohana Komputer, Honolulu, Hawaii

2000 - Present

Executive Director and founder of this non-profit organization that provides computer literacy skills to economically disadvantaged students of all ages.

- Manages, markets, develops and plans all business activities.
- Hires recruits, trains, evaluates and supervises staff.
- Implements computer literacy training programs at as many as 15 locations thousands of students simultaneously servicing throughout the years on Oahu and Maui.
- Develops many collaborative relationships and funding sources.

- Raised \$2 million from grants funding which enabled the launch of successful collaborations.
- Maintains \$250,000 budget and prepare financial reports for board of directors.
- Initiated ongoing annual development campaigns including direct mailing.
- Developed several community technology centers from the ground up
- Initiated successful senior citizen's programs that are now over subscribed
- Responsible for board meetings, development and reporting elements

Futurekids Manoa, Honolulu, Hawaii 1995 - 2003
Owner and Manager for this world-wide franchise business that provides computer literacy curricula to schools and teaches both children and adults computer skills.

- Established this as a new business in Hawaii.
- Managed, marketed, planned and developed staff of ten to operate the business.
- Maintain an annual budget of \$250,000

Bank of Honolulu, Honolulu, Hawaii 1991 - 1997
Investment Manager for community bank with assets of \$112 million.

- Managed the Bank's investment portfolio, including asset and liability management.
- Established the Bank's deposit rates, solicited funding for the Bank and settled the daily cash position.

National Securities Corporation, Honolulu, Hawaii 1990 - 1997
Account Executive with full service, publicly owned, regional stock brokerage.

- Researched and analyzed company financials, made investment recommendations to clients and develop new business.
- Still possess active Series 7 and 63 licenses.

Eastwest Bank, Honolulu, Hawaii 1989 - 1990
Marketing Consultant for start-up bank.

- Developed marketing survey and strategy to promote new bank in Honolulu.

Maggie Parkes and Associates 1988 - 1989
Real Estate Sales Agent
 Listed and sold and marketed real estate in Hawaii.

First Hawaiian Bank, Honolulu, Hawaii 1982 - 1988
Assistant Vice President/Deputy Manager, International Banking Division

- Managed assets and liabilities of international portfolio in excess of \$1 billion, and managed foreign exchange activities.
- Served as bank calling officer; oversaw international operations with staff of 15 employees, hiring of staff and performance management.

- Instrumental in establishing the Bank's trading appraisals.
- Played a key role in establishing the Bank's trading activities and procedures, controls and training of staff.
- During this period, the department had steady growth and profitability (assets grew from \$30 million to over \$1 billion).
- Supervised the international operations and trading staff of 25 employees.

Bank of Hawaii, Honolulu, Hawaii 1978 – 1982
 Hawaii Financial Corporation, Hong Kong (wholly-owned subsidiary of BOH)
Assistant Cashier/Deputy Manager based in Hong Kong 1980 – 1982

- Responsible for asset and liability management with a portfolio of \$600 million.
- Performed as a calling officer in that market.
- Supervised a staff of 15 employees.

Assistant Cashier, International Division 1978 – 1980

- Responsible for all aspects of international operations including collections, cash letters, draft settlement, letters of credit, foreign payments. Managed Bank's foreign exchange activities.

EDUCATION

Weinberg Fellows Leadership Program

- Nonprofit leadership program for Executive Directors

Kapiolani Community College

- Nonprofit Management Certification Course

American Graduate School of International Management (Thunderbird)

- Masters in International Business

Rollins College

- Bachelor of Arts in Business/Economics
- Bachelor of Arts in French

University of Fribourg, Fribourg, Switzerland

- Junior year abroad, all courses were taught in French

COMMUNITY INVOLVEMENT

- Rotary Club of Honolulu
- Hawaii International Child Board Member
- Hawaii Job Corps Council member
- Community Advisory Committee provides consultation regarding the development and implementation of major training, service and research activities of the University Center for Excellence in Developmental Disabilities, Center on Disability Studies, at the University of

Hawaii...in order to ensure that [CDS] activities are responsive to statewide and regional needs

- One of the founding members of the HI FASD Action Group.

INTERESTS

Surfing, hiking, Tap Dancing, Capoeira, travel and international service projects

Baumhofer, N. Kau'i

Curriculum Vitae
Nicole Kau'i Hong Baumhofer, ScD, MPH, MA

Assistant Professor
Department of Native Hawaiian Health
John A. Burns School of Medicine
University of Hawai'i at Mānoa

677 Ala Moana Blvd. #1016B
Honolulu, HI 96813
Telephone: 808-692-1016
Fax: 808-692-1255
Email: kauli.baumhofer@gmail.com

Career Objective

E lawe i ka a'o a mālama, a e 'oi mau ka na'auao.
He who take his teachings and applies them increases his knowledge.
-Ōlelo No'eau

My long-term career objective is to improve develop sustainable community food systems and improve dietary-related health outcomes among Native Hawaiians and other Pacific Islanders. Recognizing that I am not only Native Hawaiian and a scientist, but rather a Native Hawaiian-scientist, I aim to achieve these outcomes through culturally-grounded epidemiology and health interventions using both indigenous and Western scientific knowledge.

Education & Training

ScD in Society, Human Development & Health, 2016

- Harvard University, School of Public Health, Department of Social & Behavioral Sciences in Boston, MA
- Academic Advisor: David R. Williams, PhD, Florence Sprague Norman and Laura Smart Norman Professor of Public Health, Department of Social & Behavioral Sciences
- Thesis title: Sociodemographic factors influencing island foods consumption in the Pacific Islander Health Study

MPH in Health Behavior and Health Education, 2012

- University of Michigan, School of Public Health, Department of Health Education and Health Behavior in Ann Arbor, MI
- Academic Advisor: Amy Jo Schulz, PhD, Professor, Department of Health Behavior & Health Education

MA in Pacific Islands Studies, 2007

- University of Hawai'i at Mānoa in Honolulu, HI
- Academic Advisor: Terence Wesley-Smith, PhD, Professor, Department of Pacific Island Studies
- Thesis title: Jumping through hoops: Barriers faced by Native Hawaiian students navigating medical school

BA in Ethnic Studies, 2004

- Mills College in Oakland, CA
- Academic Advisor: Vivian Chin, Associate Professor, Ethnic Studies
- Thesis title: Separate and superior: The fight to keep Kamehameha Schools for Hawaiians only

Research Experience

Assistant Professor, John A. Burns School of Medicine in Kaka'ako, HI

- January 2017 to Present
- Supervisor: J. Keawe'aimoku Kaholokula, PhD, Department Chair, Native Hawaiian Health

Baumhofer, N. Kau'i

Special Appointment Faculty, Adjunct – Acting, Hawai'i Pacific University in Honolulu, HI

- January 2017 to Present
- Supervisor: Lyndall Ellingson, CHES, PhD, Department Chair, Public Health

Assistant Researcher, John A. Burns School of Medicine in Kaka'ako, HI

- September 2016 to January 2017
- Supervisor: J. Keawe'aimoku Kaholokula, PhD, Department Chair, Native Hawaiian Health

Needs Assessment Coordinator, Coalition for a Drug-Free Hawaii in Honolulu, HI

- September 2016 to December 2016
- Supervisor: Renee Peiler, Program Manager

Research Assistant, Harvard School of Public Health in Boston, MA

- November 2014 to October 2015
- Supervisor: David R. Williams, PhD, Florence Sprague Norman and Laura Smart Norman Professor of Public Health, Department of Social & Behavioral Sciences, Harvard School of Public Health

Research Assistant, Harvard School of Public Health Prevention Research Center in Boston, MA

- June 2013 to January 2015
- Supervisors: Steven Gortmaker, PhD, Professor of the Practice of Health Sociology, Department of Social & Behavioral Sciences, Harvard School of Public Health; Director, Harvard School of Public Health Prevention Research Center and Cathryn Giles, Project Manager

Research Assistant, Center on Men's Health Disparities in Ann Arbor, MI

- January 2011 to August 2012
- Supervisor: Derek Griffith, Assistant Professor, Department of Health Behavior & Health Education; Director, Center on Men's Health Disparities

Research Coordinator, Hina Mauka in Kāne'ōhe and Waipahu, HI

- August 2008 to June 2010
- Supervisor: Marie Hughes, Chief Administrative Officer

Research Assistant, Department of Native Hawaiian Health, John A. Burns School of Medicine in Kaka'ako, HI

- May to July 2008
- Supervisor: Marjorie Mau, MD, Department Chair

Research Assistant, Department of Native Hawaiian Health, John A. Burns School of Medicine in Kaka'ako, HI

- November 2005 to June 2007
- Supervisor: Mele Look, Director of Community Engagement

Honors

Public Health Education and Health Promotion Section, American Public Health Association Student Research Award for "Historical and Spatial Relations as Fundamental Determinants of American Indian Infant Mortality in Michigan," 2012

- Awarded to students for excellence in research projects by the APHA Public Health Education and Health Promotion Section at the annual APHA meeting.

Baumhofer, N. Kau'i

Certificate of Distinction in Teaching, Derek Bok Center for Teaching and Learning, Harvard University, 2016

- Awarded to Harvard College Teaching Fellows with student assessments that average at least 4.5 out of 5.0.

Dr. Fang-Ching Sun Memorial Award for work with Vulnerable Populations, Harvard T.H. Chan School of Public Health, 2016

- Awarded to one graduating Harvard T.H. Chan School of Public Health student who is nominated by faculty or peers for their outstanding work with vulnerable populations

Fellowships & Scholarships

NIDDK NMRI West Regional Meeting Travel Award, 2017

- Awarded \$500 to attend 2-day regional meeting at Stanford University.

NHLBI PRIDE (Programs to Increase Diversity among Individuals Engaged in Health-Related Research) at the University of Arizona, 2017 to 2018

- Competitively-awarded year-long training program for under-represented minority faculty researchers to develop NIH award proposals.
- Supervisor: Douglas Taren, PhD, Associate Dean for Academic Affairs, Professor, Health Promotion Sciences Department

Queen's Health System Health Equity Fellowship, 2017 to 2019

- Awarded to one Native Hawaiian, post-doctoral researcher for a period of two years to build professional capacity to address health disparities among Native Hawaiians and other Pacific Islanders.
- Supervisor: J. Keawe'aimoku Kaholokula, PhD, Department Chair, Native Hawaiian Health

1665 Caleb Cheeshahteumuck Pre-Doctoral Fellowship, Harvard University Native American Program, Harvard University, 2015 to 2016

- Awarded \$10,000 per year to Harvard University doctoral candidates whose work is related to the indigenous peoples of the Americas and demonstrates scholastic excellence.

Conference Attendance Grant, Harvard University Native American Program, Harvard University, 2014

- Awarded \$500 to attend and present original research ("Differences in leisure, transportation, and total walking by gender and educational attainment among Pacific Islanders and non-Pacific Islanders" at the International Pacific Health Conference in Auckland, New Zealand.

Travel Award, Department of Social and Behavioral Sciences, Harvard University, 2014

- Awarded \$500 to attend and present original research ("Differences in leisure, transportation, and total walking by gender and educational attainment among Pacific Islanders and non-Pacific Islanders" at the International Pacific Health Conference in Auckland, New Zealand.

Initiative for Maximizing Student Diversity Training Grant, Department of Social & Behavioral Sciences, Harvard School of Public Health (NIH #5R25GM055353-11), 2012 to 2014

- Two-year mentored training grant with tuition assistance and living stipend awarded to 15 doctoral students at the Harvard T.H. Chan School of Public Health from underrepresented minority groups.

Health Behavior & Health Education Departmental Tuition Waiver (50%), University of Michigan, 2011 to 2012

Baumhofer, N. Kau'i

- Competitively awarded to students pursuing an MPH in Health Behavior & Health Education.

Health Behavior & Health Education Departmental Tuition Waiver (25%), University of Michigan, 2010 to 2011

- Competitively awarded to students pursuing an MPH in Health Behavior and Health Education.

Center for Pacific Island Studies Departmental Tuition Waiver, University of Hawai'i at Manoa, 2005 to 2007

- Competitively awarded to students pursuing a Master's of Pacific Island Studies.

Liko A'e Native Hawaiian Leadership Program, University of Hawai'i at Mānoa, 2005 to 2007

- Competitively awarded to Native Hawaiian students showing financial need.

Ke Ali'i Pauahi Foundation Scholarship, University of Hawai'i at Mānoa, 2005 to 2007

- Competitively awarded to Native Hawaiian students showing financial need.

Betty Wo Scholarship, Mills College, 2000 to 2004

- Competitive scholarship awarded to undergraduate students from Hawai'i.

Peer-Reviewed Publications

Baumhofer, NK & Yamane, C. (2018). Multilevel Racism and Native Hawaiian Health. In Marino, BA, Ford, CL, Griffith, DM (Eds.) *Is it Race or Racism?: State of the Evidence and Tools for the Public Health Professional*. Washington DC, APHA Press. (In press).

Baumhofer, NK, Panapasa, SV, Cook, EF, Roberto, CA, Williams, DR. (2018). Association of cultural affinity and island foods consumption in the Pacific Islander Health Study. *Ethnicity & Health*. (Epub ahead of print: <https://doi.org/10.1080/13557858.2018.1547815>).

Baumhofer, NK, Panapasa, SV, Cook, EF, Roberto, CA, Williams, DR. (2017). Sociodemographic factors influencing island food consumption in the Pacific Islander Health Study. *Ethnicity & Health*, 1-18, (Epub ahead of print: <https://doi.org/10.1080/13557858.2017.1418300>).

Baumhofer, NK, Rothfus, N, Yoshimura, S, Quensell, ML, Look, MA. (Epub 2014 March 14). Developing a Multicultural Nutrition Education Tool: Pacific Island Food Models. *Journal of Nutrition Education & Behavior*, 46(5), 451. PMID: 24637064.

Donovan DM, Daley DC, Brigham GS, Hodgkins CC, Perl HI, Garrett SB, Doyle SR, Floyd AS, Knox PC, Botero C, Kelly TM, Killeen TK, Hayes C, **Baumhofer NK**, Seamans C, Zammarelli L. (2013). Stimulant abuser groups to engage in 12-step: a multisite trial in the National Institute on Drug Abuse Clinical Trials Network. *Journal of Substance Abuse Treatment*, 44(1):103-14. PMID: 22657748.

Look, MA, **Baumhofer NK**, Ng-Osorio J, Furubayashi JK, Kimata C. (2008). Diabetes Training of Community Health Workers serving Native Hawaiians and Pacific People. *Diabetes Educator*, 34(5):834-40. PMID: 18832288.

Mau MK, Sinclair K, Saito EP, **Baumhofer NK**, Kaholokula JK. (2009) Cardiometabolic Health Disparities in Native Hawaiians and Other Pacific Islanders. *Epidemiologic Reviews*, 31:113-29. PMID: 19531765.

Publications under review & in-preparation

Baumhofer, N. Kau‘i

Baumhofer, NK & Chang, ML. (2018). Globalization and dietary shift in the Pacific region. (In preparation).

Baumhofer, NK, Panapasa, SV, Cook, EF, Roberto, CA, Williams, DR. (2018). Association of island food consumption and cardiovascular risk in the Pacific Islander Health Study. *Journal of Racial and Ethnic Health Disparities*. (Under review).

Van Dyke, M, **Baumhofer, NK, Williams, DR, Clark, CR, Lewis, TT.** (2018). Experience of discrimination and increasing allostatic load score among Midlife in the United States participants. (Under review).

Baumhofer, NK, Griffith, DM. (2018). Development and practice implications of using mapping technology to understand historical determinants of infant mortality disparities in Michigan. (In preparation).

Baumhofer, NK, Griffith, DM. (2018). Historical and spatial relations as fundamental factors in Michigan’s American Indian-White infant mortality disparity. (In preparation).

Refereed Oral Presentations

Baumhofer, NK, Ford, CL, Gee, GC, Jones, CP, Jones, L. (2018). What do public health professionals need to know about racism? Moderated by Derek M. Griffith. Panel discussion. 2018 Annual Meeting of the American Public Health Association. San Diego, CA.

Baumhofer, NK, Bradford, N, Hudson, D, & Schoenbach, V. (2018). Navigating Racism in Public Health Spaces and Places. Moderated by Marino Bruce & Keon Gilbert. Panel discussion at the Society for the Analysis of African-American Public Health Issues Pre-Conference Symposium. 2018 Annual Meeting of the American Public Health Association. San Diego, CA.

Mau, MKLM, Oneha, MF, Werner, K, **Baumhofer, NK.** (2018). The Waimanalo Health Legacy Project: Community Perspectives on “Generational Research” to Understand Root Causes of Diabetes and Obesity among Native Hawaiian People. 2018 Pacific Regional Indigenous Doctor’s Congress. Hilo, HI.

Baumhofer, NK, Panapasa, SV, Roberto, CA, Cook, EF, Williams, DR. (2017, November). “Association of cultural affinity and island foods consumption in the Pacific Islander Health Study.” 2017 American Public Health Association Conference. Atlanta, GA.

Baumhofer, NK, Soong, S, Look, MA. (2017, September). “The Pacific Island Food Model Toolkit: Ten Years of a Community-Developed Multicultural Nutrition Education Tool.” Seeds of Native Health: Native American Nutrition Conference. Prior Lake, MN.

Baumhofer, NK, Williams, DR. (2014, November). “Differences in leisure, transportation, and total walking by gender and educational attainment among Pacific Islanders and non-Pacific Islanders.” International Pacific Health Conference. Auckland, New Zealand.

Baumhofer, NK, Lee, MP. (2013, July). “The Power of our Stories: Names, Communities, and Gifts.” The Power of our Stories: A participatory conference on culture. Kāne‘ohe, HI.

Look, MA, Rothfus, N, **Baumhofer, NK, Yoshimura, S.** (2010, September). “Island Food Models for Culture-Based Nutrition Education.” Healing Our Spirit Worldwide. Honolulu, HI.

Baumhofer, N. Kau‘i

Baumhofer, NK, Look, MA, Quensell, ML, Rothfus, N, Yoshimura, S. (2009, April) “Island Food Models for Nutrition Education: Developing a Multi-cultural Education Tool.” CDC Diabetes Translation Conference. April 24, 2009. Long Beach, CA.

Baumhofer, NK. (2007, March). “Developing a Pacific Food Model Kit for Nutrition Education.” Hawai‘i Diabetes Coalition Meeting. Honolulu, HI.

Invited Oral Presentations

Baumhofer, NK. (2018, October). “Community Health.” University of Hawai‘i West O‘ahu HLTH 117 Survey of Health Professions. Instructor: Dr. Garry Roy. Kapolei, HI.

Baumhofer, NK. (2018, October). “Continuing our Traditional Food Practices.” I Maui Ola: A Papa Ola Lōkahi Production highlighting Hawaiian health and well-being. ‘Ōlelo. Honolulu, HI.

Baumhofer, NK. (2018, July). “Health Disparities and Career Paths.” University of Hawai‘i West O‘ahu PUBA 104 Introduction to Community Health. Instructor: Dr. Camonia Graham-Tutt. Kapolei, HI.

Baumhofer, NK. (2018, July). “Health Disparities and Career Paths.” University of Hawai‘i West O‘ahu HLTH 117 Survey of Health Professions. Instructor: Dr. Ric Custodio. Waipahu, HI.

Baumhofer, NK, Delafield, Rebecca. (2018, July). “Community Collaborations.” University of Hawai‘i John A. Burns School of Medicine Department of Native Hawaiian Health Summer Research Internship Program. Honolulu, HI.

Baumhofer, NK. (2018, June). “Health Disparities.” University of Hawai‘i John A. Burns School of Medicine Department of Native Hawaiian Health Summer Research Internship Program. Honolulu, HI.

Baumhofer, NK. (2018, April). “Health Disparities and Vulnerable Populations.” University of Hawai‘i West O‘ahu PUBA 104 Introduction to Community Health. Instructor: Dr. Camonia Graham-Tutt. Waipahu, HI.

Baumhofer, NK, Delafield, Rebecca. (2017, July). “Community Collaborations.” University of Hawai‘i John A. Burns School of Medicine Department of Native Hawaiian Health Summer Research Internship Program. Honolulu, HI.

Baumhofer, NK. (2017, June). “Health Disparities.” University of Hawai‘i John A. Burns School of Medicine Department of Native Hawaiian Health Summer Research Internship Program. Honolulu, HI.

Baumhofer, NK. (2014, November). “The Path to Kanaka Maoli Well-being.” Oral presentation at Te Whare Wananga a Awanuiarangi. Whakatane, New Zealand.

Baumhofer, NK, Griffith, DM. (2011, June). “Geographic Determinants of American Indian Infant Mortality in Michigan.” Oral presentation for PRIME Intervention Team Meeting. Lansing, MI.

Baumhofer, NK. (2006, December). “Island Food Models for Community Health Agencies.” Oral presentation for HMSA Foundation Board of Trustees. Honolulu, HI.

Poster Presentations & Abstracts

Baumhofer, N. Kau‘i

Baumhofer, NK, Panapasa, SV, Roberto, CA, Cook, EF, Williams, DR. (2017, November). “Sociodemographic factors influencing island foods consumption in the Pacific Islander Health Study.” Poster presentation for the 2017 American Public Health Association Conference. Atlanta, GA.

Baumhofer, NK, Soong, S, Look, MA. (2017, September). “The Pacific Island Food Model Toolkit: Ten Years of a Community-Developed Multicultural Nutrition Education Tool.” Poster presentation for Seeds of Native Health: Native American Nutrition Conference. Prior Lake, MN.

Karagenova, R, Mau, MK, Baumhofer, NK, Choi, SY, Wassman, A. (2017, July). “Patient-Provider Relationship in Type 2 Diabetes Patients in Hawai‘i and Association to Glycemic Control. University of Hawai‘i Department of Native Hawaiian Health Summer Research Internship Poster Session. Honolulu, HI.

Baumhofer, NK, Panapasa, SV, Cook, EF, Roberto, CA, Williams, DR. (2016, October). “Association of island food consumption and cardiovascular risk in the Pacific Islander Health Study.” He Huliau: A Turning Point-Health Disparities Conference. Honolulu, HI.

Baumhofer, NK, Griffith, DM, Allen, JO. (2012, October). “Historical and spatial relations as fundamental determinants of American Indian infant mortality in Michigan.” American Public Health Association 140th Annual Meeting and Exposition, Public Health Education and Health Promotion Student Award Winning Posters. San Francisco, CA.

Grants and Projects

Grants Awarded, Internal

Gut Microbiome Changes in Infants Fed Hand-pounded poi, Commercially-milled poi, and Fortified Rice Cereal, 2018-2019

- Funding mechanism: C-MAIKI (Center for Microbiome Analysis through Island Knowledge and Investigation)
- Award amount: \$12,000
- Role: Co-Principal Investigator

Grants in Preparation

Food environment and food price as a determinant of childhood overweight and obesity in the Children’s Health Living Project

- Funding mechanism: NIH NHLBI K01 Mentored Research Scientist Development Award (PA-18-369)
- Amount requested: TBA over 5 years
- Role: Principal Investigator/Mentored Scientist (Mentor: Dr. Rachel Novotny, Interim Dean and Director for Research Cooperative Extension, College of Tropical Agriculture and Human Resources – University of Hawai‘i at Mānoa)

Grants Not Awarded

Social and behavioral characteristics of long-term glucose regulation in the Diabetes Prevention Program Outcomes Study

- Funding mechanism: NIH Loan Repayment Program in Health Disparities Research
- Amount requested: \$70,000 over two years
- Role: Principal Investigator

Evaluation of Traditional Fermentation of Kalo Poi on Human Nutrition

- Funding mechanism: Ola HAWAII Team-Science Pilot Projects Program

Baumhofer, N. Kau‘i

- Award amount: \$50,000
- Role: Co-Principal Investigator

Associations of weight-loss self-efficacy and long-term dietary change on Type 2 diabetes development in a multiethnic population

- Funding mechanism: NIH NIDDK PA-16-288 Research Supplements to Promote Diversity in Health-Related Research
- Amount requested: \$272,580 over two years
- Role: Diversity candidate

ONOCam: A mobile device camera diet planning and nutrition assessment tool for Pacific Islanders

- Funding mechanism: NIH NLM RFA-LM-17-002 Information Resource Grants to Reduce Health Disparities
- Amount requested: \$300,000 over three years
- Role: Co-Investigator

Projects

Waimānalo Health Legacy Project: Exploring Pathways to a Native Hawaiian Diabetes Cohort, 2017 to present

- Funding source: NIH NIMHD P20GM103466
- Role: Co-Investigator

Pacific Island Food Model Kit Evaluation, 2006-2008 & 2017 to present

- Funding source: HMSA Foundation Grant #NH-031601
- Role: Research Assistant, 2006-2008; Principle-Investigator 2017 to present

Instruction (by institution and first semester taught)

Hawai‘i Pacific University

PH6120 Biostatistics

Department of Public Health, Hawai‘i Pacific University

- Instructor – Fall 2017

PH2020 Human Disease

Department of Public Health, Hawai‘i Pacific University

- Instructor – Spring 2017

PH6240 Multicultural Health

Department of Public Health, Hawai‘i Pacific University

- Instructor – Spring 2017

Harvard University

Introduction to Biostatistics, Summer Program in Epidemiology

Department of Epidemiology, Harvard T.H. Chan School of Public Health

- Instructor – Summer 2016

GHP523 Paradigms of Social Theory

Department of Global Health & Population, Harvard T.H. Chan School of Public Health

- Teaching Assistant – Spring 2016
- Primary Instructor: Peter Berman, Professor of the Practice of Global Health Systems and Economics, Faculty Director Harvard DrPH

Baumhofer, N. Kau'i

Co-Instructors: Bridget Hanna, Post-doctoral Research Associate, Social Science Environmental Health Research Institute at Northeastern University
Jason Silverstein, Doctoral candidate, Department of Anthropology at Harvard University

Societies of the World 25 Case Studies in Global Health

Department of Anthropology, Harvard University

- Teaching Fellow – Fall 2015
- Head Teaching Fellow: Jason Silverstein
Lead Instructors: Arthur Kleinman, Esther and Sidney Rabb Professor of Anthropology, Professor of Medical Anthropology in Social Medicine, Professor of Psychiatry, Harvard Medical School, Director of the Asia Center
Paul Farmer, Kolokotronis University Professor of Global Health and Social Medicine
Ann Becker, Maude and Lillian Presley Professor of Global Health and Social Medicine
Salmaan Keshavjee, Associate Professor of Global Health and Social Medicine

SBS 250 Research on Social and Behavioral Health: A Practical Guide to Clinical Effectiveness Program

Department of Social & Behavioral Sciences, Harvard School of Public Health

- Teaching Assistant – Summer 2015
- Lead Instructor: Jennifer Haas, Professor of Medicine, Harvard Medical School and Brigham & Women's Hospital, and Department of Social & Behavioral Sciences, Harvard School of Public Health

AAAS 197 Poverty, Race, & Health

Department of African and African American Studies, Harvard University

- Teaching Fellow - Spring 2013
- Lead Instructor: David Williams, Florence Sprague Norman and Laura Smart Norman Professor of Public Health, Department of Social & Behavioral Sciences, Harvard School of Public Health and Professor of African and African American Studies, Harvard Faculty of Arts and Sciences

SBS 201 Society, Human Development & Health

Department of Social & Behavioral Sciences, Harvard School of Public Health

- Head Teaching Assistant – Fall 2015
- Co-Head Teaching Assistant – Summer 2014; Fall 2014; Summer 2015
- Teaching Assistant – Fall 2013
- Lead Instructor: Ichiro Kawachi, John L. Loeb and Frances Professor of Social Epidemiology; Chair, Department of Social & Behavioral Sciences, Harvard School of Public Health

Service

Journal Reviewer

- Progress in Community Health Partnerships: Research, Education, and Action, The Johns Hopkins University Press, 2009
- Journal of Indigenous Voices in Social Work, University of Hawai'i's Myron B. Thompson School of Social Work in Honolulu, HI, 2009
- Journal of Nutrition Education and Behavior, Elsevier, 2014
- Journal of Racial & Ethnic Health Disparities, Springer, 2017-2018
- Social Science & Medicine, 2017-2018

Conference Reviewer

- Reviewer, Food & Nutrition Section, American Public Health Association, 2014, 2017, 2018

Baumhofer, N. Kau'i

- Reviewer, American Indian, Alaska Native, and Native Hawaiian Caucus, American Public Health Association, 2013, 2018

Community Grant Reviewer

- Community grant reviewer, Office of Hawaiian Affairs in Honolulu, HI, 2006 to 2007 & 2009
- Grant reviewer, Susan G. Komen Breast Cancer Foundation in Honolulu, HI, 2006 to 2007

Memberships

- American Public Health Association: Food & Nutrition Section, American Indian, Alaska Native, Native Hawaiian Caucus
- Prince Kuhio Hawaiian Civic Club, member since 2018

Committees

- Fetal Alcohol Spectrum Disorder Advisory Committee, Scientific & Research Advisor, Coalition for a Drug Free Hawaii, 2017 to present

Mentoring

Mona Lelia Chang, Spring 2017 to present

- Pursuing Bachelor's Degree in Public Health at the University of Hawai'i at Mānoa
- Build EXITO Scholar
- Research and Career Mentor
- Ms. Chang is currently working on a systematic review of globalization, dietary shift, and CVD-related health outcomes among Native Hawaiians and Pacific Islanders for her Senior Capstone Project and Build EXITO Research Project.

Ralina Karagenova, Summer 2017

- Pursuing Bachelor's Degree in Biochemistry at Boston University
- Department of Native Hawaiian Health Summer Research Intern
- Research Mentor
- Ms. Karagenova completed a secondary analysis exploring the association between Patient-Provider relationships among Type 2 Diabetes Patients in Hawai'i and glycemic control using data from the Hanapu Study.

Cherry Yamane, Fall 2017 to present

- Pursuing Bachelor's Degree in Public Health at the University of Hawai'i at Mānoa
- Informal mentor
- Ms. Yamane is currently working with me on the FASD Action Group, Coalition for Drug Free Hawai'i, and is specifically assisting me with an FASD research plan and Public Service Announcement development.

Shaena Randles, Summer 2018

- Pursuing Bachelor's Degree in Kinesiology at University of British Columbia – Vancouver
- Department of Native Hawaiian Health Summer Research Intern
- Research Mentor
- Ms. Randles completed a secondary analysis using the 2017 Pacific Island Food Model Kits evaluation data.

Professional & Academic References

Mele Look, MBA

Baumhofer, N. Kau'i

Director of Community Engagement
Center for Native and Pacific Health Disparities Research
Department of Native Hawaiian Health
University of Hawai'i John A. Burns School of Medicine
(808) 692-1051
mele@hawaii.edu

Ann Yabusaki, PhD
Psychologist/Fetal Alcohol Spectrum Disorder Action Group
(808) 754-0091
geckogroup@cs.com

David R. Williams, PhD, MPH
Florence Sprague Norman and Laura Smart Norman Professor of Public Health
Department of Social & Behavioral Sciences
677 Huntington Ave.
Kresge Building, Room 615
Boston MA, 02115
(617) 432-6807
dwillam@hsph.harvard.edu

CURRICULUM VITAE

Daniel Dubovsky
801 Foster St.
Philadelphia, Pa. 19116
Home: (215) 677-4718
Cell: (215) 694-8450
E-mail: ddubovksy@verizon.net

WORK EXPERIENCE

April 2016-Present: Independent Contractor

Provide training and technical assistance to families, agencies, systems of care, and states to address the prevention and treatment of fetal alcohol spectrum disorders (FASD). Participate as a member of the Pennsylvania FASD Task Force Executive and Medical Committees.

June 2015-April 2016: SAMHSA Fetal Alcohol Spectrum Disorders (FASD) Center for Excellence - Northrop Grumman Corporation, Rockville MD

Part-time work as a Behavioral Research Scientist and Fetal Alcohol Spectrum Disorders Specialist. Provide content expertise to the Center and to the Substance Abuse and Mental Health Services Administration (SAMHSA), including materials development and review and support to the Information Resource Center. Work with national partner organizations to implement activities to improve the prevention and treatment of fetal alcohol spectrum disorders. Develop and present webinars for these organizations as requested.

January 2015-July 2015: Children and Families First of Delaware, Wilmington DE

Co-Facilitator for a pilot project of three Six-Week Educational Programs for Non-offending caregivers of children who have been sexually abused. Presented a curriculum developed by the Children's Advocacy Center of Delaware with information regarding child sexual abuse, the effects on the child and the caregiver, and self care as well as providing support and guidance to caregivers.

November 2014-Present: Private Consulting, Philadelphia PA

Provide training and technical assistance on a wide variety of issues including fetal alcohol spectrum disorders, mental illness, co-occurring issues, anger management, person first language, and modifying interventions to improve outcomes, to a wide variety of audiences.

December 2001-November 2014: SAMHSA Fetal Alcohol Spectrum Disorders (FASD) Center for Excellence - Northrop Grumman Information Technology Health Solutions, Rockville MD

Behavioral Research Scientist, Fetal Alcohol Spectrum Disorders Specialist, and Senior Trainer. Provide content expertise to the Center and to the Substance Abuse and Mental Health Services Administration (SAMHSA), including materials development and review and support to the Information Resource Center. Develop presentations and evaluation criteria and provide training and technical assistance to individuals, families, agencies, systems of care, communities, states,

and Center personnel to improve the prevention and treatment of FASD. Work with state and local personnel to develop coordinated approaches to address a condition that is costly both financially and in terms of people's lives. Develop and implement a SCOT (strengths, challenges, opportunities, and threats) approach to state and provider personnel. Support the Center's Expert Panels and the Center Project Director. Respond to requests from the SAMHSA Project Officer. Responsibilities also include the development of a consultant database, review of policy initiatives for the field of FASD, and present at local, regional, national, and international events. Contributed to a Report to Congress on Co-occurring Disorders which was delivered in 2002, and a government report on Homelessness and Individuals with Cognitive Impairments.

July 1993-December 2001: MCP Hahnemann University-Behavioral Healthcare Education, Philadelphia PA

Instructor, Department of Psychiatry. Developed and presented behavioral healthcare education courses for those who work in public and private agencies in the fields of mental health, mental retardation, and substance abuse. Attendees included psychiatrists, psychiatric aides, psychologists, social workers, nurses, child care workers, case managers, family members, consumers of services, program administrators, regional and state personnel, and hospital staff. Developed curriculum in the following areas: Fetal Alcohol Syndrome, Loss and Grieving, Child and Adolescent Development, Disturbances in Development, Child Sexual Abuse, Impulse Control Disorders, Psychopharmacology, Attention Deficit Disorders, Stress and Burnout, Team Building, and Youth and Violence. Training responsibilities also included state-approved regional training for new Adult and Children's Intensive Case Managers, Resource Coordinators and Supervisors, the development and presentation of a new 10-day Team Case Management curriculum for the City of Philadelphia, and agency-specific technical assistance to implement optimal case management programs. Chair of a work group charged with the development and implementation of a behavioral health training series throughout the tri-state area. Participated on a Statewide Office of Mental Health and Substance Abuse Services workgroup to address the integration of Mental Health and Substance Abuse services for children and adolescents in the State of Pennsylvania. Additional responsibilities encompassed the provision of consultative and technical assistance services to agencies, organizations, and counties throughout the United States as requested and developing and presenting institutes and workshops at international, national, regional, state, and local conferences.

March 1988-April 1993: Albert Einstein Medical Center, Philadelphia PA

Clinical Manager in the Department of Social Work Services at a 640-bed tertiary care facility. Served as the social worker for AEMC's Hemophilia Center, incorporating ongoing counseling and providing concrete services to children, adolescents, and adults with hemophilia and their families around issues of chronic illness, hepatitis, and AIDS. Wrote the annual federal grant to fund the Hemophilia Center. Developed and implemented conferences and support groups for these patients and families. Collaborated on a multi-disciplinary regional committee on the development and successful presentation of a grant proposal to the Centers for Disease Control and Prevention for two Regional Couples Retreats. Served on the Federal Region III Executive Committee. Frequent collaborator with nurses and social workers of the other hemophilia centers in the Delaware Valley; co-facilitation of a monthly men's support group; member of the Outreach Demonstration Project Advisory Committee; and participated in local, state, regional,

and national hemophilia meetings and activities. Work also encompassed direct service to patients and families on pediatric oncology, medical-surgical, and psychiatric units. Administrative work included the coordination of the Quality Assurance Program for the Department; collaboration with the director and the other clinical manager (the department's administrative team) on program development and implementation; development of a high risk screening tool; preparation for JCAHO surveys; coordination and presentation of information at a weekly hospital-wide interdisciplinary length of stay meeting; attendance at hospital Quality Assurance Panel and Utilization Review Quality Assurance Group meetings; participation on the Medical Staff's Ethics Consultation Panel; participation in interdisciplinary ethics rounds for residents; development and implementation of a series of in-service programs for nurses on the oncology floor; supervision of nine M.S.W. social workers and two community mental health center case managers; supervision of social work students; presentations to new residents.

January 1986-March 1988: Hospital of the University of Pennsylvania, Philadelphia PA
Clinical social worker in a 700-bed University hospital to cover the Orthopedic, Urology, Dermatology, and Dental Medicine Services. Developed and implemented a counseling/discharge planning role for the social worker in the newly established Bone Tumor Service and became an integral member of the treatment team. Implemented an ongoing in-service/support program for nurses working with bone tumor patients. Supervised masters level social work students.

June 1984-January 1986: Albert Einstein Medical Center Mt. Sinai-Daroff Division, Philadelphia PA
First Oncology social worker in this 250-bed community-based teaching hospital. Provided ongoing counseling and concrete services for oncology patients and their families. Developed and initiated an annual innovative anti-smoking program for school children throughout the South Philadelphia area. Provided in-service training for nursing and social work staffs. Participated in interdisciplinary conferences. Initiated group programs for cancer patients and their families. Participated on the Board of Directors of the South Philadelphia Unit of the American Cancer Society.

January 1979-June 1984: Jewish Family Service of the Delaware Valley, Bristol PA
Family counselor. Work included individual, marital, and family counseling; supervision of MSW and BSW students. Developed and presented Jewish Family Life Education programs to the Bucks County community. Served as liaison to schools, social service agencies, community groups, and funding sources. Consultant to the Information and Referral Network of Bucks County, the Adoptive Grandparents Program, and the Rabbinic Cabinet of Bucks County. Participated in the Council of Executives. Collaborated with the United Way of Bucks County in the development of the first telephone book Blue Pages in the area.

CONSULTANT WORK

May 2017-Present: Massachusetts Bureau of Substance Abuse Services
Work as an independent contractor with the Institute for Health and Recovery and an independent contractor who utilizes a process improvement approach, to implement a six-month

project for four residential substance use treatment agencies to screen older adolescents and adults for a possible FASD and modify approaches. This has included training staff of each agency, attending and presenting at meetings of the change teams of the four agencies, providing site visits for each of the eight programs participating in this project, and providing regular coaching calls to support the integration of this approach into their work.

April 2017-Present: Michigan Department of Health and Human Services, Mental Health Services to Children and Families

Work as an independent contractor to develop and implement a screening and assessment protocol for children and adolescents ages birth to eighteen to identify those with a possible FASD, implement modifications to approaches, and refer those appropriate to a specialized FASD program for parents. This approach is initially piloted in three counties. The implementation includes providing training, follow up, and ongoing coaching to staff at agencies implementing this program.

April 2016-Present: University of Missouri CDC Practice and Implementation Center
Provide content expertise in the development and implementation of online and in person trainings on FASD prevention and intervention for social work.

January-August 2015: Texas Department of State Health Services
Provide training for residential substance use treatment centers on recognizing FASD, implementing treatment modifications, and FASD prevention throughout the state of Texas.

EDUCATION

New York State Certification	C.S.W. - February 1975
Wurzweiler School of Social Work	M.S.W. - June 1974
University of Rochester	B.A. - June 1969

PUBLICATIONS

January 2016: "FASD and Shootings: What's Fair" Response to Commentary by Dr. Bell, Clinical Psychiatry News, P. 12.

2015: "Screening für Fetale Alkoholspektrumstörungen: Ein entscheidender Schritt zur Verbesserung der Versorgung" Grant TM, Novick Brown N, Dubovsky D, Chapter 3 in Becker G, Hennicke K, Klein M eds. "Suchtgefährdete Erwachsene mit Fetalen Alkoholspektrum-störungen" 51-62.

November 2013: "Screening in treatment programs for Fetal Alcohol Spectrum Disorders that could affect therapeutic progress" Grant TM, Novick Brown N, Graham C, Whitney N, Dubovsky D, Nelson L, International Journal of Alcohol and Drug Research 2013 2(3): 37-49

- March-April 2013: "The Impact of Prenatal Alcohol Exposure on Addiction Treatment" Grant TM, Novick Brown N, Dubovsky D, Sparrow J, Ries R, *Journal of Addiction Medicine* 7(2): 87-95
- Spring 2011: "Legal and psychological implications of nondisclosure in the adoption of a child with Fetal Alcohol Spectrum Disorder" Williams SJ, Dubovsky D, Merritt J, *Journal of Psychiatry and Law* 39: 193-214
- March 2005: "It's Been a Year Already... You Mean It's Only Been a Year?" *Journal of FAS International*, Vol. 3, Toronto Canada
- Winter 02/Spring 03: "My Son Could Have Been Saved" *FAS Times*, Published by FAS Family Resource Institute, Lynwood WA
- Fall 2000: "Working with or Parenting an Individual with Fetal Alcohol Syndrome" *FAS: A Resource Guide*, Published by Children Awaiting Parents Inc., Rochester NY
- August 1999: "Living and/or Working with an Angry Child" *Perspectives on Adoption Newsletter*
- Spring 1999 "Alcoholism & Substance Abuse: Better Treatments for Recovery" Audiotape Home Study Program, Continuing Medical Education Inc.
- November 1997 "Therapeutic Alliances: What Helps and What Hinders From a Consumer and Family Perspective," Video and Audio Tape, 14th Annual NADD Conference
- November 1997 "Fetal Alcohol Syndrome Through the Life Span: Etiology and Diagnosis" Congress Syllabus, U.S. Psychiatric and Mental Health Congress
- November 1997 "Fetal Alcohol Syndrome Through the Life Span: Clinical Sequelae" Congress Syllabus, U.S. Psychiatric and Mental Health Congress
- November 1997 "Fetal Alcohol Syndrome Through the Life Span: Treatment" Congress Syllabus, U.S. Psychiatric and Mental Health Congress
- April 1997 "Fetal Alcohol Syndrome: A Non-Psychiatric Diagnosis with Significant Psychological Sequelae" Congress Proceedings of International Congress III of the National Association for the Dually Diagnosed (NADD)
- April 1997 "Loss and Grieving: A Lifelong Process for People with Disabilities and Their Families," Congress Proceedings of International Congress III of NADD
- November 1996 "Ethical and Boundary Issues in Working with People with Dual Diagnosis and Their Families," Conference Proceedings of NADD
- November 1995 "Loss and Grieving: A Lifelong Process for Consumers and Families," Conference Proceedings of the National Association for the Dually Diagnosed
- November 1995 "Loss and Grieving: A Lifelong Process for Consumers and Families," Video Tape, 11th Annual Conference of the National Association for the Dually Diagnosed
- December 1994 "Loss and Grieving: A Lifelong Process for Consumers and Families" Conference Proceedings of the National Association for the Dually Diagnosed

September 1992-Contributor to Booklet entitled "Coping & Caring: Cancer Questions"
Published by U.S. Bioscience

SELECTED PRESENTATIONS

- "Improving Outcomes for Persons with Intellectual Disabilities and Mental Health/Substance Use Issues by Recognizing Fetal Alcohol Spectrum Disorders and Modifying Approaches," PA Department of Human Services Office of Developmental Programs Professional Education Series, Mechanicsburg PA, July 2018
- "Raising the Focus on, and Funding for, FASD in Hawaii," Hawaii FASD Action Group, Honolulu HI, June 2018
- "Fetal Alcohol Spectrum Disorders (FASD) Four Session Workshop Series," Delaware Post Adoption Connections, Dover DE, May 2018
- "Addiction in Adults with FASD," 8th International Research Conference on Adolescents and Adults with FASD, Vancouver BC, April 2018
- "Creating and Maintaining a Positive Focused System of Care," 8th International Research Conference on Adolescents and Adults with FASD, Vancouver BC, April 2018
- "Setting Children and Families Up to Succeed by Recognizing Neurocognitive Impairments such as FASD and Modifying Approaches," Department of Behavioral Health and Intellectual Disability Services, Philadelphia PA, March 2018
- "Improving Outcomes in Treatment for Individuals with Fetal Alcohol Spectrum Disorders (FASD)," Brook Lane Health Services, Frederick MD, March 2018
- "Setting Children and Families Up to Succeed by Recognizing Neurocognitive Impairments such as FASD and Modifying Approaches," The Early Head Start Program at Children's Hospital of Philadelphia, Philadelphia, PA February 2018
- "Reducing Childhood Trauma by Recognizing Fetal Alcohol Spectrum Disorders (FASD)," Transformational Collaborative Outcomes Management Conference, San Antonio TX, October 2017
- "The Complexities of FASD: Working Towards Successful Outcomes," The Norwest Community Health Centres and the Fetal Alcohol Spectrum Awareness Committee, Thunder Bay, Ontario, September 2017
- "Improving Retention and Success in Treatment Settings: Making Needed Modifications," 2017 KITS Conference, Houston TX, June 2017
- "Improving Retention and Success in Treatment Settings: Making Needed Modifications," 2017 Childhood Trauma and Injury Prevention Conference, Harrisburg PA, April 2017
- "Addressing Issues to Improve Outcomes for Individuals with Fetal Alcohol Spectrum Disorders (FASD) and Others," Saginaw County Community Mental Health Authority, Saginaw MI, March 2017
- "Setting Youth Up to Succeed by Adjusting Our Approaches," Children and Families First, Dover DE, March 2017
- "PA MHI FASD Webinar Series Part 1: The Essential Role of the Medical Home," January 2017
- "Improving Outcomes by Successfully Preventing, Recognizing, and Intervening with Individuals with an FASD or Other Issues that Impact Success," South Carolina FASD Collaborative Fall Forum, Columbia SC, January 2017
- "Improving Outcomes in All Settings by Recognizing and Responding to Fetal Alcohol Spectrum Disorders (FASD)," BHSSBC-Health Choices, Somerset PA, October 2016

- “Effects of Substance Exposure on Children and Families: Why Are Behaviors that Appear Willful Often Not and Why We Need to Modify Our Approaches,” 2016 Substance Use and Pregnancy Conference, Waterville ME, September 2016
- “Improving Outcomes in Psychiatric Treatment by Recognizing the Impact of Fetal Alcohol Spectrum Disorders and Modifying Approaches,” Grand Rounds State University of New York at Buffalo, September 2016
- “Addressing FASD in Child Welfare,” Child Welfare League of America Annual Conference, Orange County CA, August 2016
- “Preventing Fetal Alcohol Spectrum Disorders (FASD) and Recognizing Those with an FASD to Improve Outcomes,” Holcomb Behavioral Health Systems, Morton PA, June 2016
- “Improving Outcomes in All Settings by Recognizing and Responding to Fetal Alcohol Spectrum Disorders (FASD),” Community Care Behavioral Health, Tannersville PA, June 2016
- “Fetal Alcohol Spectrum Disorders and Addiction Treatment: Improving Outcomes,” MOFAS, Minneapolis and Duluth MN, April 2016
- ”How to Survive and Thrive Raising a Person With FASD,” MOFAS Spring Conference, Minneapolis MN, April 2016
- “Success: How Do We Define It? Is It the Same for Everyone? How Do We Help People Achieve It?” University of British Columbia Biennial Conference on Adolescents and Adults with FASD, Vancouver BC, April 2016
- “Non-compliant, Unmotivated, Treatment Resistant? Perhaps Not. Recognizing Underlying Issues that Impact Treatment Approaches,” Grand Rounds, Drexel University Department of Psychiatry, Philadelphia PA, March 2016
- “Working with Caregivers Who May Have a Fetal Alcohol Spectrum Disorder,” Office of Child Development and Early Learning, Harrisburg PA, March 2016
- “How Fetal Alcohol Spectrum Disorders Impact the Justice System,” Delaware Office of Defense Services, Wilmington DE, March 2016
- “Improving Outcomes for Children and Adolescents and Their Families by Identifying Underlying Issues Such as Fetal Alcohol Spectrum Disorder,” Leading the Way B & L Resources for Children, Youth and Families 9th Annual Conference Winnipeg Manitoba, November 2015
- “Supporting Families Raising Individuals with an FASD,” Family Programs Hawaii, Kapolei Hawaii, April 2014
- “Improving Outcomes in Treatment Settings by Identifying Unrecognized Disorders that Affect Brain Functioning and Modifying Treatment,” Resources for Human Development, Philadelphia PA, April 2014
- “Improving Outcomes in Programs for Those Often Seen as Non-Compliant or Unmotivated by Recognizing Fetal Alcohol Spectrum Disorders or Other Subtle Cognitive Issues,” HealthRIGHT360, San Francisco and Los Angeles CA, February 2014
- “Reducing the Risk of Alcohol Exposed Pregnancies Through Fetal Alcohol Spectrum Disorders (FASD) Prevention and Intervention Strategies,” 21st Oklahoma Conference on Child Abuse and Neglect in collaboration with the 10th National Alliance for Drug Endangered Children Conference, Oklahoma City OK, November 2013
- “The Interface of Fetal Alcohol Spectrum Disorders with Behavioral Health and Developmental Disabilities,” National Association of County Behavioral Health & Developmental Disability Directors, Webinar, October 2013

- “Improving Outcomes in Treatment by Screening Women for a Possible Fetal Alcohol Spectrum Disorder and Modifying Interventions,” Pregnant and Parenting Women Subcommittee of the Women’s Services Network of the National Association of State Alcohol and Drug Abuse Directors, Webinar, September 2013**
- “Taking a Positive Approach to Improving the Lives of Individuals with an FASD and Their Families,” Ann Arbor MI, September 2013**
- “Strategies to Help Adolescents and Adults Succeed,” Massachusetts Department of Public Health, Worcester MA, April 2013**
- “The Interface of Fetal Alcohol Spectrum Disorders and the Addiction Treatment System,” St. Christopher’s Hospital for Children Grand Rounds, Philadelphia PA, March 2013**
- “FASD Training of Trainers,” Minnesota Department of Human Services and MOFAS, Minneapolis MN, January 2013**
- “Improving Outcomes in Systems of Care by Addressing the Prevention and Treatment of Fetal Alcohol Spectrum Disorders,” Kern County Mental Health Association, Bakersfield CA, December 2012**
- “Strategies for Improving Outcomes for Individuals with FASD: Role of Enforcement, Corrections and Social Services,” South Carolina Drugs of Abuse Conference, Columbia SC, December 2012**
- “Raising a Person with an FASD: Supporting Positive Outcomes,” NOFAS Virginia, Fairfax VA, November 2012**
- “Fetal Alcohol Spectrum Disorders (FASD): Preventable...Treatable...Or Both?” Erie County Council for the Prevention of Alcohol and Substance Abuse Annual Meeting, Buffalo NY, October 2012**
- “An Evidence-Based Model for Preventing FASD among Women at Risk of Alcohol-Exposed Pregnancies,” 25th Annual National Prevention Network Research Conference, Pittsburgh PA, September 2012**
- “Recognizing and Responding to Fetal Alcohol Spectrum Disorders (FASD): A Key to Achieving Positive Outcomes for Individuals and Their Families,” Hawaii Department of Human Services, Child Welfare Services, Honolulu, Kapolei, Wailuku, Kona, Hilo, and Lihue HI, March and June 2012**
- “How Did the Corrections System Become our Primary Method of Providing Care: Is This Social Justice?” Keynote Presentation, 5th National Biennial Conference on Adolescents and Adults with FASD: It’s a Matter of Justice, Vancouver BC, April 2012**
- “It Is a Matter of Justice!” Closing Keynote Presentation, 5th National Biennial Conference on Adolescents and Adults with FASD: It’s a Matter of Justice, Vancouver BC, April 2012**
- “Towards Developing a Manual for Residential Treatment Centers to Support Individuals with an FASD and Their Families,” 5th National Biennial Conference on Adolescents and Adults with FASD: It’s a Matter of Justice, Vancouver BC, April 2012**
- “Identification and Utilization of Strengths and Abilities: Key to Successful Outcomes,” 5th National Biennial Conference on Adolescents and Adults with FASD: It’s a Matter of Justice, Vancouver BC, April 2012**
- “Optimizing Success in Education by Recognizing a Possible Fetal Alcohol Spectrum Disorder,”**

Gwynedd Mercy College School of Education, Gwynedd Valley PA, April 2012

- ‘Improving Outcomes by Identifying a Hidden Disability that is 100% Preventable: Fetal Alcohol Spectrum Disorders,’ Cumberland-Perry Drug & Alcohol Commission and the Substance Abuse Prevention Coalition, Camp Hill PA, March 2012
- “Improving Outcomes in Treatment by Recognizing Possible Fetal Alcohol Spectrum Disorders,” Hawaii Island Psychological Association, Waimea HI, March 2012
- “Optimizing Success at Home and School for Youth with a Fetal Alcohol Spectrum Disorder,” Leeward Department of Education, Pearl City HI, March 2012
- “Recognizing and Responding to Fetal Alcohol Spectrum Disorders (FASD): A Key to Achieving Positive Outcomes for Individuals and Their Families,” Teleconference, Aetna Behavioral Health University, Blue Bell PA, February 2012
- “Improving Outcomes in the Treatment of Mental Health Disorders by Recognizing Fetal Alcohol Spectrum Disorders,” Psychiatry Grand Rounds, The Queen’s Medical Center, Honolulu HI, October 2011
- “Fetal Alcohol Spectrum Disorders: A Key Role for Obstetricians and Gynecologists,” Grand Rounds, Kapiolani Women and Children’s Medical Center, Honolulu HI, October 2011
- “Optimizing Success at Home and School for Youth with a Fetal Alcohol Spectrum Disorder,” State of Hawaii Department of Education, Kaneohe HI, October 2011
- “Recognizing and Responding to Fetal Alcohol Spectrum Disorders (FASD): A Key Role for Pediatrics,” Pediatric Grand Rounds Kapiolani Women and Children’s Medical Center, Honolulu HI, October 2011
- “The Impact of Unrecognized Fetal Alcohol Spectrum Disorders (FASD) on Outcomes for Persons in Systems of Care,” Iowa Statewide Case Management Conference, Des Moines IA, August 2011
- “Fetal Alcohol Spectrum Disorders: Impact of Disruptions in Affect Regulation and Practice Modifications,” Montgomery County PA Office of Drug and Alcohol and Magellan Behavioral Health, Montgomery County Department of Health and Montgomery County Community College, Blue Bell PA, June 2011
- “A Matter of Life or Death: Therapeutic Alliances is Not Just a “Nice” Thing to Do,” Laurel Ridge Treatment Center, San Antonio TX, May 2011
- “Raising a Person with an FASD: Supporting Positive Outcomes,” Upper Bay Adoption and Counseling Services, Milford DE, March 2011
- “Improving Outcomes for Individuals, Families, and Service Providers,” Mississippi Department of Mental Health, Jackson MS, February 2011
- “Understanding Issues in Affect Regulation for Youth with Disabilities,” Upper Peninsula Special Education Conference, Marquette MI, February 2011
- “FASD and Co-occurring Disorders: Treatment Strategies for Adolescents and Adults,” 4th Annual Houston FASD Consortium Conference, Houston TX, October 2010
- “Modifying Treatment Approaches to Improve Outcomes for Individuals with an FASD or Other Cognitive Deficits,” National Conference on Addiction Disorders, Washington DC, September 2010
- “Recognizing and Responding to Students and Families with Possible Fetal Alcohol Spectrum

- Disorders (FASD),” Early Childhood Institute ESC XIII, Austin Texas, July 2010
- “Modifying Approaches to Improve Outcomes for Women in Treatment Who Have Fetal Alcohol Spectrum Disorder,” The Fourth National Conference on Women, Addiction and Recovery: Thriving in Changing Times, Chicago IL, July 2010
- “Improving Outcomes for People with an Unrecognized Co-occurring Disorder,” 41st New England School of Addiction Studies and 10th New England School of Prevention Studies, Colchester VT, June 2010
- “We’ve Come a Long Way... Where Do We Go From Here?” Closing Plenary Session, Fourth National Biennial Conference on Adolescents and Adults with Fetal Alcohol Spectrum Disorder, Vancouver BC Canada, April 2010
- “Working with Individuals with an FASD and Mental Health Concerns,” National Conference on FASD, Sault Ste-Marie MI, April 2010
- “Fetal Alcohol Spectrum Disorder (FASD): Intervening Successfully with Youth and Families,” Children and Families First, Dover DE, April 2010
- “FASD Prevention and Treatment for Substance Abuse Professionals,” Arctic FASD Regional Training Center, Anchorage AK, March 2010
- “Accurately Recognizing All Co-occurring Disorders as a Key to Improving Outcomes in Treatment,” Psychiatry Residency Program at Queen’s Medical Center, Honolulu Hawaii, January 2010
- “Working with Adolescents and Adults Receiving Social Services Who May be Affected by an FASD or Other Cognitive Disorders,” State Agency Personnel, Worcester MA, October 2009
- “Adapting Motivational Interviewing and Other Approaches for Individuals with an FASD and Other Cognitive Limitations,” Department of Professional Development and Applied Studies, University of Wisconsin, Madison WI, October 2009
- “Fetal Alcohol Spectrum Disorder Across the Life Span,” Institute for Health Economics Province of Alberta FASD Consensus Development Conference, Edmonton Alberta, October 2009
- “Working with Individuals with Do Not Respond to Typical Approaches: Who Are They? What Can We Do to Improve Outcomes?” State of Delaware Department of Children, Youth, and Families, Division of Child Mental Health Services, Stanton DE, September 2009
- “How FASD Impacts Mental Health and Substance Abuse Treatment and Prevention,” SAMHSA Headquarters, Rockville MD, September 2009
- “Understanding and Addressing the Complex Needs of People with FASD,” Sioux Lookout Community Action Partnership for FASD, Sioux Lookout ON, September 2009
- “Two Sides of the Prevention Coin: Addressing Fetal Alcohol Spectrum Disorders,” Commonwealth Prevention Alliance 19th Annual Prevention Conference, State College PA, June 2009

- “Tools for Success: Working with Youth with a Fetal Alcohol Spectrum Disorder in the Juvenile Justice System,” Preconference Training, National FASD Conference, Madison WI, April 2009
- “Optimizing Success at School and Home for Youth with an FASD,” National Youth at Risk Conference, Savannah GA, March 2009
- “Stopping the Revolving Door,” Public Health Agency of Canada, Toronto ON, November 2008
- “Reducing Adoption and Foster Care Disruptions by Recognizing Prenatal Alcohol Exposure,” SCDSS Adoption Conference, Columbia SC, November 2008
- “Anger and Affect Regulation in Children and Adolescents: Understanding and Addressing the Issues,” Bucks County Intermediate Unit, Doylestown PA, November 2008
- “Optimizing Outcomes for Individuals and Families Involved in the Justice System: The Importance of Recognizing FASD,” Alaska Judges and Magistrates, Anchorage AK, October 2008
- “Recognition of Misdiagnosis and Co-occurrence of Mental Health Disorders with FASD: Key to Positive Outcomes,” International Conference on FASD, Banff AB, May 2008
- “Medication Use for Children and Adolescents with FASD: Implications for Individuals, Families, and Providers,” Third National Biennial Conference on Adolescents and Adults with FASD, Vancouver BC, April 2008
- “Global Assessment of Functioning (GAF) Training,” CUMFI Wellness Centre, Saskatoon SK, March 2008
- “Stress and Burnout: Maintaining a Semblance of Reason,” Children and Families First, Dover DE, September 2007
- “Why Does This Youngster Keep Getting Into Trouble? What Do I Do?” Virginia Juvenile Justice Conference, Hampton VA, June 2007
- “The Rewards and Challenges of Living and Working with an Individual with an FASD,” Southeast Alaska Regional FASD Conference, Juneau AK and FASD Summit, Dillingham AK, January 2007
- “Why Isn’t This Person Responding to Treatment? Is There Something Else I Need to Know?” NADD 23rd Annual Conference, San Diego CA, October 2006
- “A Matter of Life or Death: A Family’s Story of the Importance of Recognizing Underlying Disorders,” Fetal Alcohol Spectrum Disorders Summit, Salt Lake City UT, October 2006
- “Normal Development: What Is It, Why Do We Need to Know About It, How Do We Help People Transition Through These Developmental Stages,” The First Fraser Regional Conference on Fetal Alcohol Spectrum Disorder, Maple Ridge BC, September 2006
- “Improving Outcomes by Identifying a Hidden Disability That is 100% Preventable,” Keynote address, 17th Annual Kansas School Nurses Conference, Wichita KS, July 2006
- “Families Living with FASD,” Inaugural Minnesota FASD Conference, St Paul MN, June 2006

- “New Beginnings, Better Endings: Adapting Practice and Programs and Promoting Collaboration to Improve Outcomes for Adolescents with FASD,” Coalition on Alcohol and Pregnancy, Winnipeg MB, June 2006
- “Improving Outcomes for Individuals in the Justice System,” District of Columbia University Legal Services, Washington DC, May 2006
- “Grief, Loss, and Recovery,” Pre-conference presentation with Brenda Knight, 2nd Biennial Conference on Late Adolescents and Adults with FASD, Vancouver BC, May 2006
- “Balancing Freedoms and Protection for Persons with Disabilities,” 2nd Biennial Conference on Late Adolescents and Adults with FASD, Vancouver BC, May 2006
- “Supporting Intergenerational Wellness by Recognizing and Preventing Prenatal Alcohol Exposure,” 8th Annual Dr. Lonnie E. Mitchell National HBCU Substance Abuse and Mental Health Conference, Washington DC, April 2006
- “Improving Outcomes in Residential Care for Individuals with an FASD,” North Star Behavioral Health Services, Anchorage AK, April 2006
- “Individualizing Treatment Planning for Individuals with an FASD,” Family Centered Services of Alaska, Fairbanks AK, April 2006
- “Examining the Impact of FASD on Early Development,” Partnerships in Early Childhood Conference, Anchorage AK, April 2006
- “FASD: A Message of Hope,” Alberta FASD Conference, Calgary AB, March 2006
- “Growing Stronger Communities by Addressing Spirituality and the Effects of Alcohol Use on The Next Generation,” Native Women and Men’s Wellness Conference, San Diego CA, March 2006
- “Effective Mental Health and Addictions Interventions for Persons with FASD,” 2-day training for the Supported Housing Project for Persons with FASD, Saskatoon SK, January 2006
- “Hidden Disability: FASD among Youth in the Juvenile Justice System,” 2006 National Office of Juvenile Justice and Delinquency Prevention Conference, Washington DC, January 2006
- “Raising a Child with an FASD: A Family Story,” 2005 Zero Exposure Statewide Conference, Tampa FL, November 2005
- “Fetal Alcohol Spectrum Disorders: A Personal Account of Recognizing and Intervening with Individuals Affected by Prenatal Alcohol Exposure,” Nebraska Prevention Leadership Institute, Lincoln NE, November 2005
- “Transitioning from Residential Settings to the Community: Enhancing Success,” Alaska FASD Summit, Anchorage AK, November 2005
- “Improving Outcomes in Health Care by Recognizing and Treating Fetal Alcohol Spectrum Disorders,” National Indian Health Board 22nd Annual Consumer Conference, Phoenix AZ, October 2005

- “Strategies for Working with People Who Are Homeless and Have Developmental Disabilities,” National Training Conference Addressing Homelessness for People with Mental Illness and/or Substance Use Disorders, Washington DC, October 2005
- “Supporting the Growth of Adolescents by Recognizing Underlying FASD, Sherman Indian High School, Riverside CA, August 2005
- “Foster Care and Adoption Disruptions: Improving Outcomes by Recognizing Underlying Prenatal Alcohol Exposure,” 17th Lookin’ to the Future Conference, Natchez MS, July 2005
- “The Impact of FASD on Everyday Life,” Keynote address, FAS Conference, Glasgow Scotland, July 2005
- ““FASD: What Is It and How Can We Improve Outcomes by Recognizing It?” Keynote address, 2nd FAS Conference, Wigan England, July 2005
- “Hidden Harm: The Impact of Foetal Alcohol Spectrum Disorders,” British Association for Adoption and Fostering Annual Health Group Seminar, Birmingham England, July 2005
- “Improving Outcomes for People Who “Fail” in Treatment: Recognizing FASD as Co-occurring Disorders,” 6th Annual Arizona Practice Improvement Collaborative Summer Institute, Sedona Arizona, July 2005
- “Being a Dad: The Joy of My Life and the Bane of My Existence,” 2nd Mississippi FASD Symposium, Jackson MS, May 2005
- “Living with FASD: A Family’s Story,” Minnesota Organization on FAS Annual Meeting, Minneapolis MN, April 2005
- “Supporting Intergenerational Wellness by Recognizing and Preventing Fetal Alcohol Spectrum Disorders,” Annual Native Wellness and Women Conference, San Diego CA, April 2005
- “Socialization Coaching: An Essential Component to Successful Interactions,” Pre-conference Presentation, Western Canadian Adults with FASD Conference, Winnipeg Manitoba, March 2005
- “It Ought to be Safe to have a Disability” FASD National Conference, Equality of Access: Rights and the Right Thing to Do, Victoria, British Columbia, Canada, February 2005
- “Developing and Utilizing a Process for Examining Behaviors: Creating Strategies for Successful Interventions” 28th Annual Indian School on Alcohol and Other Drug Related Issues, Albuquerque New Mexico, February 2005
- “Accurately Recognizing All co-occurring disorders as Key to Improving Treatment Outcomes,” National System of Care conference, Dallas TX, February 2005
- “Case Management for Individuals with FASD,” Keynote address, NJ FAS Education and Prevention Conference, Newark NJ, October 2004
- “Foetal Alcohol Syndrome: Why Is It Relevant to Me and What Do I Need to Know,” Presentation to Medical Staff, Springfield Hospital, London England, September 2004
- “The Impact of FASD on Every Day Life: What Are the Struggles,” Keynote address, FASawareUK Inaugural Conference, Wigan England, September 2004

- “Building a Circle of Support for Families Affected by Addictions and FASD: Behavioral Aspects, Women Across the Life Span: A National Conference on Women, Addiction, and Recovery, July 2004**
- “Improving Community Life by Addressing Risks of Alcohol Use for Current and Future Generations,” 2004 National UNITY Youth Leadership Conference, June 2004**
- “Working with Individuals Who “Just Don’t Get It”: The Impact of Fetal Alcohol Spectrum Disorders in Corrections,” State of Delaware Public Defenders, Wilmington DE, April 2004**
- “All Quiet on the Home Front...NOT!” closing keynote presentation, Adults with FASD: Swimming Upstream-A Reality Check Conference, Vancouver BC, March 2004**
- “The Revolving Door: Why Standard Treatment Doesn’t Work,” Adults with FASD: Swimming Upstream-A Reality Check Conference, Vancouver BC, March 2004**
- “Fetal Alcohol Spectrum Disorders: Identification, Linkages, and Advocacy,” 18th Annual Maternal and Child Health Coordinating Conference, February 2004**
- “Treatment of Women with Substance Use Disorders as Primary Prevention of Fetal Alcohol Spectrum Disorders,” Alcoholism and Substance Abuse Providers of New York State Conference, New York NY, January 2004**
- “Behavioral Manifestations of FASD,” The Institute for Psychiatric Services,” Atlanta GA, December 2003**
- “Tools for Improving Outcomes in School: Recognizing Fetal Alcohol Spectrum Disorders as a Key to Success for “Difficult” Children in the Classroom,” Keynote address, Louisiana Safe and Drug Free Schools Conference, Alexandria LA, November 2003**
- “Utilizing a Socialization Coach: The Whys and Hows,” Keynote address, Iowa State Association of Counties/County Case Management Services Annual Conference, Des Moines IA, August 2003**
- “Research Trends on American Indian and Alaska Native Substance Abuse,” IHS/CSAT National Behavioral Health Conference, San Diego CA, June 2003**
- “FASD and Employment,” Keynote address, Ottawa Canada FAS Conference, March 2003**
- “Schizophrenia: What Does It Look Like? Why Is It Possible in Those With FASD? How Do We Treat It?” FAS and Other Drug Related Effects: Doing What Works-The University of British Columbia FAS Conference, Vancouver BC, February 2003**
- “Motivational Interviewing: Can a Motivational Interviewing Strategy be Used with Individuals With FAS/FAE?” FAS and Other Drug Related Effects: Doing What Works-The University of British Columbia FAS Conference, Vancouver BC, February 2003**
- “The Changing World of Psychotropic Medication,” FAS and Other Drug Related Effects: Doing What Works-The University of British Columbia FAS Conference, Vancouver BC, February 2003**

- “Anger in Children and Adolescents: Understanding and Addressing the Needs,” Pre-conference Presentation, FAS and Other Drug Related Effects: Doing What Works-The University of British Columbia FAS Conference, Vancouver BC, February 2003
- “Therapeutic Alliances: What Helps and What Hinders from a Consumer and Family Perspective,” Alaska’s FAS Summit 2002, Anchorage AK, November 2002
- “FAS is Not for Children Only: Strategies for Adolescents and Adults with FASD,” Alaska’s FAS Summit, Anchorage AK, November 2002
- “The Use of Medication for the Treatment of Mental Health Difficulties: An Overview,” Alaska’s FAS Summit, Anchorage AK, November 2002
- “Therapeutic Alliances: What Helps and What Hinders from a Consumer and Family Perspective,” 10th National Case Management Conference, Washington DC, November 2002
- “Adherence to Medication: Addressing the Issues,” 10th National Case Management Conference. Washington DC, November 2002
- “Treatment Failures: Assessing the Impact of a Family History of Alcoholism,” 10th National Case Management Conference, Washington DC, November 2002
- “Failures in Treatment: Fetal Alcohol Spectrum Disorders as an Explanation,” Roundtable, APHA 130th Annual Meeting, Philadelphia PA, November 2002
- “Reducing Recidivism: Assessing the Impact of a Family History of Substance Use,” Pennsylvania Juvenile Probation Officers 2-day training, Harrisburg PA, September 2002
- “Altering Strategies for Optimal Success with Mothers and Babies: The Importance of Identifying Prenatal Alcohol Exposure in the Mothers,” Roundtable, National Healthy Mothers, Healthy Babies Conference, Clearwater FL, July 2002
- “Impulse Control Disorders and the Use of Cognitive Behavioral Approaches to Address Anger,” Delaware Department of Services for Children, Youth and Families, Dover DE, July 2002
- “Mood Disorders in Children and Adolescents” National Adoption Center, Philadelphia PA, June 2002
- “Reducing Recidivism in Corrections: The Importance of Recognizing Prenatal Alcohol Exposure” 2002 TASC-DTC Training Conference, New Bern NC, April 2002
- “The Changing World of Psychotropic Medication: Newer Medications and their Use in Psychiatry” West Virginia NASW Conference, Charleston WV, April 2002
- “Supporting Adults Transitioning into the Community” West Virginia NASW Conference, Charleston WV, April 2002
- “Loss and Grieving: An Ongoing Process for Individuals, Families and Providers” Atlantic Canadian Conference on FAS/E, Moncton New Brunswick, March 2002
- “Medications and Their Use in Psychiatry: A Primer for Non-Psychiatrists” Atlantic Canadian Conference on FAS/E, Moncton New Brunswick, March 2002

- “Students Having Difficulty in School? Fetal Alcohol Exposure as a Possible Explanation,” Gloucester County Schools Inservice Day, Deptford NJ, November 2001
- “Therapeutic Alliances: What Helps and What Hinders from a Consumer and Family Perspective,” with William Dubovsky, National Case Management Conference, Los Angeles CA, October 2001
- “Fetal Alcohol Syndrome: Understanding and Coping with the Challenges of a Lifelong Disability,” State of Delaware Early Intervention Summer Training Series, Dover DE, August 2001
- “Anger Management in Children and Adolescents: Understanding the Issues and Developing Interventions,” Bucks County Intermediate Unit 22, Doylestown PA, July 2001
- “From Child to Adult: Providing Help to Families and Children with FAS,” Southcentral Foundation FAS Conference, Anchorage Alaska, June 2001
- “Failures in Traditional Mental Health and Substance Abuse Treatment Programs: Fetal Alcohol Syndrome as a Possible Explanation,” Pre-conference institute, 10th Annual Pennsylvania Case Management Conference, Lancaster PA, June 2001
- “Transitional Planning for Individuals with FAS,” Keynote address, Second Annual FAS Conference, St. Paul Alberta, May-June 2001
- “Medication in Psychiatry,” Second Annual FAS Conference, St. Paul Alberta, May-June 2001
- “Effects of Medication on Children,” Delaware Prevention and Early Intervention Forum, Dewey Beach DE April 2001
- “Fetal Alcohol Syndrome and Developmental Disabilities,” Six-week training for Fourth Year Psychiatry Residents and Child Fellows, MCP Hahnemann University, Philadelphia PA, March-April 2001
- “Cognitive Approaches in Children and Adolescents,” The Woodlands, Wilkes-Barre PA, March 2001
- “Stress Management: Maintaining a Semblance of Reason,” Invited Speaker, Biennial Fetal Alcohol Syndrome and Other Drug Effects Conference, University of British Columbia, Vancouver British Columbia, February 2001
- “Anger Management with Children and Adolescents,” Bucks County Schools Special Education In-service Day, November 2000
- “Assessment and Treatment of Violence in Youth,” 2-day training for International NASW and USAREUR, Hirschburg Germany, September 2000
- “Partnerships: A Linchpin to Providing Optimal Services,” Keynote presentation, Iowa State Association of Counties 8th Annual Case Management Conference, Des Moines Iowa, August 2000
- “Psychopharmacology for Children and Adolescents,” Division of Family Services of the State of Delaware, Milford Delaware, July 2000
- “It Takes a Village,” Perspectives on Adoption Conference, Rochester NY, November 1999

- “Shout It Out,” Perspectives on Adoption Conference, Rochester NY, November 1999
- “Controlled Chaos,” Perspectives on Adoption Conference, Rochester NY, November 1999
- “Recognizing the Symptoms of Violence in Children and Youth: Helping Students and Teachers Flourish,” PA State Education Association Conference, October 1999
- “Brief Treatment of Children and Adolescents: Individual and Group Approaches,” Bucks County Schools Intermediate Unit, Doylestown PA, August 1999
- “Assessment and Treatment of Children: Utilization of the Team Approach,” Keynote Address, Through the Lifespan: Mental Health Issues in Persons with Developmental Disabilities Conference, Grand Rapids MI, May 1999
- “Working with Parents: Process and Partnership,” Pennsylvania Association of School Social Work Personnel, Conshohocken PA, April 1999
- “Attention Deficit Disorder Through the Life Span,” Intensive Behavior Management Program, Hagerstown MD, April 1999
- “Fetal Alcohol Syndrome: What Physicians Encounter,” British Columbia physicians, Coquitlam BC Canada, February 1999
- “Family-Community-Professional Partnerships: Working Together Towards a Common Goal,” Keynote Address, A Community Responds: A Conference with a Difference, Port Moody BC Canada, February 1999
- “It Takes a Village: Persons with Disabilities, Families and Professionals Working Together Towards Solutions,” Excellence From the Heart: 15th Annual NADD Conference, Albuquerque NM, November 1998
- “Behavioral Consequences of Prenatal Drug or Alcohol Use: What We See in Schools,” Pennsylvania State Education Association’s 1998 Education Conference, Hershey PA, October 1998
- “Cultural Competency: A Celebration of Diversity, A Commitment to Difference,” National Case Management Conference, Las Vegas NV, September 1998
- “Impulse Control Disorders and Adolescent Suicide,” Children’s Hospital of Pittsburgh, Pittsburgh PA, May 1998
- “Working with an Angry Child,” New York State Citizens' Coalition for Children Annual Conference, Albany NY, May 1998
- “Ethics and Boundaries in Working with Persons with Mental Illness and/or Developmental Disabilities,” Lancaster County MH/MR, Lancaster PA, May 1998
- “The Double-Edged Sword: The Professional as a Family Member of a Person with Mental Illness,” West Virginia Social Work Conference, Charleston WV, April 1998
- “Fetal Alcohol Syndrome Through the Life Span: Etiology and Diagnosis,” U.S. Psychiatric and Mental Health Congress, Orlando FL, November 1997
- “Fetal Alcohol Syndrome Through the Life Span: Clinical Sequelae,” U.S. Psychiatric and Mental Health Congress, Orlando FL, November 1997

- “Fetal Alcohol Syndrome Through the Life Span: Treatment,” U.S. Psychiatric and Mental Health Congress, Orlando FL, November 1997**
- “Time Management,” New Hope Community, Liberty NY, September 1997**
- “Integrated Service Planning: Linking Assessments, Goals and Outcomes,” Keystone Residence Conference, Harrisburg PA, June 1997**
- “Child and Adolescent Psychopharmacology,” 6th Annual Pennsylvania State Case Management Conference, Lake Harmony PA, June 1997**
- “Consumer-Family-Professional Partnerships,” 6th Annual Pennsylvania State Case Management Conference, Lake Harmony PA, June 1997**
- “Coping and Humor: Managing Stress,” Pennsylvania State Parents Involved Network Conference, Harrisburg PA, May 1997**
- “Fetal Alcohol Syndrome” Grand Rounds Presentation, Allegheny University of the Health Sciences, Philadelphia, PA, March 1997**
- “DSM-IV: The Lost Episodes” with Dr. Ruth Ryan, Plenary Presentation at the National Association for the Dually Diagnosed 13th Annual Conference, Vancouver B.C., November 1996**
- “Family-Professional Partnerships: Working Together Towards a Common Goal” National Association for the Dually Diagnosed 13th Annual Conference, Vancouver B.C., November 1996**
- “Ethical and Boundary Issues in Working with People with Dual Diagnoses and Their Families” National Association for the Dually Diagnosed 13th Annual Conference, Vancouver B.C., November 1996**
- “Parents and Professionals Coping Together: Meeting Our Basic Needs” Delaware County Parents Involved Network Conference, Media PA, October 1996**
- “Fetal Alcohol Syndrome Throughout the Life Span” Grand Rounds Presentation, University of Colorado Health Sciences Center, Denver CO, October 1996**
- “Fetal Alcohol Syndrome in Psychiatry” Psychiatry Residents' Discussion Group Presentation, Department of Psychiatry, University of Colorado Health Sciences Center, Denver, CO, October 1996**
- “Consumer-Family-Professional Partnerships” Presentation to Senior Residents in Public Psychiatry, University of Colorado Health Sciences Center, Denver CO, October 1996**
- “Adoption Issues and Concerns: A Developmental Approach” National Case Management Conference, Nashville TN, May 1996**
- “Children's Case Management: Values, Principles and Philosophy” One Day Institute National Case Management Conference, Nashville TN, May 1996**
- “A Double-Edged Sword: The Professional as Family Member of a Person with Mental Illness” American Psychiatric Association's Institute for Psychiatric Services, Boston MA, October 1995**

“DeStress for Success” New Hope Community 8th Annual Inservice Training Day, Liberty NY, October 1995

“Child Sexual Abuse” 4th Annual Pennsylvania Case Management Conference, Lake Harmony PA, June 1995

“Case Management and the HIV-Infected Consumer” National Case Management Conference, Chicago IL, October 1994

“Promoting Cultural Competency in Case Management” National Case Management Conference, Chicago IL, October 1994

“Children's Case Management: An Orientation to Values, Principles and Philosophy” with Anita Kinsley, National Case Management Conference, Chicago IL, Oct 1994

“Parenting a Child with a Serious Emotional Disorder” 3rd Annual Pennsylvania Case Management Conference, Lake Harmony PA, July 1994

“Step Families and Adoption Issues” 3rd Annual Pennsylvania Case Management Conference, Lake Harmony PA, July 1994

“HIV and AIDS: The Medical Facts and Issues” 3rd Annual Pennsylvania Case Management Conference, Lake Harmony PA, July 1994

“HIV and AIDS: Program Development, 3rd Annual Pennsylvania Case Management Conference, Lake Harmony PA, July 1994

Co-facilitation of Ethics Rounds for physicians at Albert Einstein Medical Center, Philadelphia PA

Co-facilitation of Ethics Workshop, National Hemophilia Foundation Conference, Chicago IL, October 1992

Co-facilitation of monthly Hemophilia Men's Support Group, February 1992-March 1993

Co-facilitation of monthly group for caregivers of persons with Alzheimer's Disease or related disorders

Co-facilitation of “I Can Cope” series for the American Cancer Society

Presentation on the Psychosocial Aspects of Cancer to social workers and nurses at Albert Einstein Medical Center and Hospital of the University of Pennsylvania

Facilitation of weekly Nurses Support Groups at The Hospital of the University of Pennsylvania and Albert Einstein Medical Center-Mt. Sinai Division, Philadelphia PA

Guest on “A.M. Philadelphia” television show on single people choosing to have children

Panel member on Edie Huggins' television show discussing cancer care

Guest on radio talk show discussing individual, marital and family therapy

Facilitation of groups for Children of Divorced or Separated Parents, People Dealing with Loss, Separated and Divorced Adults

EXPERT PANELS

Association of Reproductive Health Professionals FASDs Consensus Meeting and Report Development, 2015

Institute of Health Economics Consensus Development Conference on FASD for the Province of Alberta resulting in the publication of a Consensus Statement, 2009

Expert Panel on homelessness and cognitive impairment, resulting in the publication of "Invisible: Cognitive Impairment and Homelessness" 2008

Constituent Meeting on Co-Occurring Addictive and Mental Disorders, resulting in the "Report to Congress on the Prevention and Treatment of Co-occurring Substance Abuse Disorders and Mental Disorders" 2002

Child and Adolescent Subcommittee of the Mental Illness and Substance Abuse Consortium resulting in recommendations for training throughout the Commonwealth of Pennsylvania, 1999-2001

CURRICULA AUTHORED or CO-AUTHORED

FASD 201: curriculum for the State of Alaska

Fetal Alcohol Syndrome Across the Life Span

Fetal Alcohol Spectrum Disorders: The Basics

Attention-Deficit/Hyperactivity Disorder Across the Life Span

Schizophrenia

Major Mood Disorders in Children and Adolescents

Impulse Control Disorders in Children and Adolescents

Assessment of Violence in Youth

Treatment of Violence in Youth

Child Sexual Abuse

Anger Management in Children and Adolescents

Normal Child and Adolescent Development

Disturbances in Child and Adolescent Development

Cognitive Approaches with Children and Adolescents

Social Skills for Children and Adolescents

Psychopharmacology for Non-Physicians

Psychopharmacology: Newer Antipsychotic Medications

Psychopharmacology with Children and Adolescents

Supporting Adults Transitioning into the Community

Team Building

Loss and Grieving as an Ongoing Process

3-day orientation training for new Intensive Case Managers and Resource Coordinators

AWARDS and APPOINTMENTS

June 2017: Dedication to FASD in Texas and Beyond Award-Texas Office for the Prevention of Developmental Disabilities

April 2016: Starfish Award-University of British Columbia Interprofessional Continuing Education

June 2005: Northrop Grumman Information Technology Peak Performance Award

October 2003: Election to the Board of Directors of the National Association for the Dually Diagnosed (NADD)

June 2003: Northrop Grumman Information Technology Peak Performance Award

February 2003: Appointment to the Editorial Board of the International Journal on FAS

November 1992: Advisor for the development of training videos for wraparound services in PA

April 1991: Election to the Executive Committee of Federal Region III Hemophilia Centers

November 1987: Volunteer Recognition Award-National Adoption Center

October 1985: Volunteer Achievement Award-American Cancer Society

June 1983: National Rose Month Award-Hilton Inns

May 1983: Social Service Award-Welcome House, Inc.

January 14, 2019

Hawaii Legislature
GIA Committee

Re: Proposal to Implement Training on the LHS

TO WHOM IT MAY CONCERN:

As the Mater Trainer for the LHS Training Project,] I am pleased to offer my support and partnership to the Hawai'i FASD Action Group, a program of FASD Communities, in their funding request for "A Pilot Training Program On FASD: Implementing The Life History Screen In Adult Clients At Substance Use Treatment Programs." We plan to train counselors on (1) Fetal Alcohol Spectrum Disorders (FASD) and the Life History Screen (LHS), and (2) ways to modify treatment for those screened at high-risk for FASD. I anticipate the counselors to screen all clients at least three agencies The training will include two days of in-person training and two-hours/month for one year on treatment plans for people at high-risk for FASD.

I support the plan to evaluate the effectiveness of the training as outlined in the proposal: completion of training satisfaction surveys, collection of LHS outcomes and client demographic data, and participation in a counselor focus group at the conclusion of the training.

Again, I would like to reiterate my commitment to this project and look forward to a productive partnership with the Hawai'i FASD Action Group.

Sincerely,

Dan Dubovsky, MSW

FASD Specialist

FASD Communities

JOB DESCRIPTION

JOB TITLE: FASD Coordinator

SUPERVISOR: Executive Director

QUALIFICATIONS: Bachelor's degree in human services, health, or related field or equivalent experience. Minimum two years program management experience in a supervisory capacity. Demonstrated ability to work in collaboration community partners. Ability to provide leadership for community coalition-building. Experience working in the community. Demonstrated ability to establish and maintain effective working relationships with diverse ethnic and socio-economic groups in Hawaii. Effective written and oral communication skills as well as computer literate. Valid Hawaii driver's license and access to insured vehicle required. Willing to learn and a compassion for those with disabilities.

DESIRABLE QUALIFICATIONS: Awareness of federal, state and local funding sources. Experience organizing and coordinating community meetings and/or events. Demonstrated community building experience.

TASKS AND RESPONSIBILITIES:

- 1) Help develop, coordinate, and implement FASD awareness and screening tool seminars throughout Hawaii. Collect and synthesize the data from pre and post assessments and evaluate the outcomes
- 2) Work on obtaining continuing educational credits when appropriate
- 3) Office administration duties related required.
- 4) Planning monthly meetings; plan, organize, and evaluate progress and outcomes.
- 5) Work in partnership with the HI FASD Action Group and it various committees and the collaborators relating to the training, implementation and evaluation of the screening tool.
- 6) Work collaboratively with prospective community partners to coordinate all project activities.
- 7) Prepare oral presentations, press releases, and other informational materials to increase awareness of FASD and the HI FASD Action Group's activities.
- 8) Organize outer Island travel for outer Island presentations.
- 9) Prepare program and statistical reports as required by all funding sources.
- 10) Assist with the fiscal and administrative operations of programs and projects (budget monitoring, program documentation, policies and procedures).
- 11) Serve as a representative as needed at any of our trainings
- 12) Perform other related duties as assigned by the Executive Director

COALITION FOR A DRUG-FREE HAWAII

JOB DESCRIPTION

JOB TITLE: Needs Assessment Coordinator

SUPERVISOR: Community Coordinator

QUALIFICATIONS: Bachelor's degree in human services, health, or related field or equivalent experience. Knowledge of basic computer program operations to effectively track data, keep accurate records and comply with ethical code of conduct and best practice standards. Five year experience with data collection, research, needs assessments, data analysis, assessment report writing and evaluation. 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 lift and carry 25-30 lbs. Valid Hawai'i driver's license and access to automobile required.

DESIRABLE

QUALIFICATIONS: Knowledge of substance abuse and its physical, psychological, and sociological impacts on the individual, families, workplaces, and communities. Knowledge of substance abuse prevention theory and strategies. Familiarity with local public and private organizations involved in substance abuse prevention and treatment.

TASKS AND RESPONSIBILITIES:

- 1) Work with CDFH and EWAlution 96706 team to fulfill program contract requirements and a planning process using the Strategic Prevention Framework model to collect and assess quantitative and qualitative data for ADAD's Partnership For Success Ewa Beach Coalition grant.
- 2) Work collaboratively with representatives from all sectors: Youth; Parents; Businesses; Media; Schools; Youth Serving Organizations; Law Enforcement agencies; Religious or Fraternal Organizations; Civic and Volunteer Groups; Healthcare Professionals; State, Local, Tribal Agencies; and Other Organizations involved in reducing substance abuse.
- 3) Collect and review existing data from the Hawaii Prevention Resource Center and other information sources and community resources to gather information, data and updates about current community issues and trends, youth and family concerns, school data, and statewide/local Ewa community data in regard to substance abuse prevention and treatment and other related problems.
- 4) Conduct needs assessment/information gathering activities such as one on one interviews, group interviews, focus groups, and/or think tanks. Analyze data, identify gaps in data and collect additional data as necessary.

- 5) Work with the CDFH project staff and E9 team to assess capacity, assets, resources, risk and protective factors, and community needs for substance abuse prevention and treatment. Synthesize information and complete an assessment summary report.
- 6) Assist with the preparation of monthly, bimonthly, and/or quarterly program and statistical reports to the appropriate state and federal funding sources, as required and outlined by those funding sources.
- 7) Serve as a representative of CDFH in providing informational materials and presentations to increase awareness and educate school personnel and community agencies about the programs and activities of CDFH.
- 8) Perform other related duties as assigned by the Coalition Coordinator.

HAWAII FASD ACTION GROUP MEMBERS

Name	Affiliation
Adriane Abe	Hawaii State Judiciary, Family Court
Janared Agapan	Argosy University Graduate Student
Bernadette Aguiar	Argosy University Graduate Student
Bridgette Alexander	Community
Kristine Altweis	Executive Director, Hawaii International Child
Kauai Baumhofer, Ph.D.	John A. Burns School of Medicine, UH
KDR Battsoo	Argosy University Graduate Student
Sterling Bear	Argosy University Graduate Student
Janet Berreman, M.D.	DOH, Kauai
Charles Bogdahn, Psy.D., LCSW	Private Practice, Hilo, Hawaii
Roxanne Bolden	Executive Director, Aloha Independent Living HI
James Bott	School Social Worker, DOE
Jaye Brennan	Catholic Charities
Will Brockington	Argosy University Graduate Student
Krista Brown, Ph.D.	Clinical Director, Coalition for a Drug-Free Hawaii
Jann Cabacungan, MSW	Judiciary State of Hawaii
Edralyn Caberto	Queen Lili`uokalani Trust
Kelau Carter	Ku Aloha Ola Mau
Erica Castillo	Member
Stef Castro	Community
Shaka Charles	Argosy University Graduate Student
Merton Chinen	State of Hawaii, Office of Youth Services
Steve Choy, Ph.D.	Associate Professor, Argosy University
Belle Chung	Clinical Director, Salvation Army ATS
Nichole Comilang	Police Officer, Mau Police Department
Lisa Cook	Executive Director, Ku Aloha Ola Mau
Angela Correa-Pei	Kamehameha Schools
Richard Crowell, M.S.	Drug-Free Hawaii
Jeremy Daniel	Parent/VP Training, Color Code International
Terra Daniel	Parent
Kainoa Dang	DOE
Gigi Davidson	Executive Director, FASD Communities, Parent
Georgianna DeCosta	Castle Foundation
Debbie Dickson	Parent/Grandmother
Kathy Dougherty	School Psychologist, Cognitive Eval, Kauai
Susan Emley	Hawaii Family as Allies
JoAnn Farnsworth	Community
Blossom Faufata	Member
Linda Fox, Ph..D.	Child & Family Services
Sharyn Ganigan	ADAD
Tashonda Gapin	Argosy University Graduate Student
Lisa Garcia, Ph.D.	Waianae Coast Comprehensive Health Center

Kathleen Goslin	Member
Staci Hanashiro	Waianae Coast Comprehensive Health Center
Melvea Hardy	Social Worker, HYCF
David Hipp	Queen Lili`uokalani Trust
Andrea Hiura	Hawaii State Department of Health
Barbara Hong	Brigham Young University, Oahu
Keani Hueu, M.A.	Clinical Director, Ku Aloha Ola Mau
Wing Kan Hui, Ed.D.	DOE Educational Specialist
Kurt Humphrey, M.D.	Psychiatrist, State of Hawaii, Department of Health
Brian Hyatt	Ku Aloha Ola Mau
Cindy Ikeda, Psy.D.	DOH, Hawaii Island
Tia Ikeno	Probation Officer, Girls Court, Hawaii
Cheryl Kameoka	Program Director, Drug-Free Hawaii
Kevon Kamisato	Member
Rachel Kekaula	Bobby Benson Center
Lisa Kimura	Executive Director, Healthy Mothers/Babies
Daniel Kiniikini	Member
Sheree M. Klask, MSCP, CSAC	State of Hawaii Judiciary, Family Court
Elizabeth Kong	Instructor, Argosy University
Rachel Kruse, MSW, CSAC	Ku Aloha Ola Mau
Ruth LaMer	Kealahou Services, State of Hawaii, Dept. of Health
Georgelyn Lamotteo	Member
Jared Lau	Argosy University Graduate Student
David Leake	Community
Roland Lee	Program Specialist, Hawaii Judiciary, Adult Court
Michelle Lee	Family Specialist, Parents and Children Together
Arvin "Kimo" Leonzon	Argosy University Graduate Student
Sharon R. "Sharie" Liden	Mental Health Supervisor, SBBH, Lanai/Elem
Kaipo Like	Ku aloha Ola Mau
Natalia Lukey	State of Hawaii, Department of Health
Nozomi Lulker	Argosy University Graduate Student
Amanda Luning	Salvation Army, Hawaii
Jana Macy Moya, M.S., LMFT	Girls Court, Private Practice
Maita Marks	Argosy University Graduate Student
Richard Mello	Deputy Youth Administration, HYCF
Alicia Marshall	Argosy University Graduate Student
Jonathan Martin	Argosy University Graduate Student
Janina Matagi	Argosy University Graduate Student
Tom Matsuda	Hawaii Community Foundation
Kathleen Merriam	State of HI
Eddie Mersereau	HI Dept. Health, Alcohol and Drug Abuse Division
Taischa Monette	Coalition for a Drug-Free Hawaii
Isaiah Moreno, Psy.D.	Chief Psychologist, Department of Public Safety
Dayna Mortensen	Actin Branch Chief, DOH, CAMHD, CDFGC

June Nakama
Debra New
Brian Ogawa
Susan Oka
Jeffrey Okamoto, M.D.
Jane Onoye, Ph.D.
Lia Ota
Kimi Palacio
Edralina Pajardo
Michelle Park
Candace Pang, MS, LMFT
Chenoa Paiva
Mark Patterson
Julia Phillips, CSAC, APRN
Katrina Perreira-Moss
Tina Porras-Jones
Mark Kehele Porter
Seanta Predum
Cheng Que
Jayna Rivera
Charlene Robles, M.S.
David Roth, M.D.
Caroline Sakai, Ph.D.
Darlyn Chen Scovell
John Sherman
Bruce Shimoda
Alan Shinn
Nicole de la Sierra
Trillium Simington
Leslie, Slavin
Lewis Slusher
Angela Smith
Catherine Sorensen, DPH
David Sprouse
Sean Sullivan
Bess Tanabe
Sharon Thomas
Greg Tjapkes
Katie Trussell
Kaleve Tufono-Iosefa
LeeAnn Villa
Juan Wahl Villanueva
Honorable Matthew J. Viola

Mental Health Supervisor, Laulima
Nalaniikaleomana, Hawaii
Ku Aloha Ola Mau
Coalition for a Drug-Free Hawaii
Developmental Pediatrician, Kapi`olani Med. Ctr
John A. Burns School of Medicine, UH
State of Hawaii, Department of Health
Hawaii Island, Community
Member
Program Manager, Prevention, Drug-Free Hawaii
Salvation Army, Hawaii
Hawaii Youth Correctional Facility
Hawaii Youth Correctional Facility
Private Practice
Member
Parents and Children Together, Hawaii
Lili uokalani Trust
Argosy University Graduate Student
Argosy University Graduate Student
Argosy University Graduate Student
HI Department of Health, EIS
Psychiatrist, Pediatric Mind/Body Medicine
TFT Hawaii, Nalaniikaleomana, Hawaii
Argosy University Graduate Student
Ku Aloha Ola Mau, Supervisor
Department of Human Services
Community Volunteer, Retired Exec. Director
Member
Nurse/midwife, Hawaii Island
Psychologist, DOH
Graduate Student
Oahu Counseling Services
Hi Dept of Health, Child Abuse & Neglect Prevtn.
Ku Aloha Ola Mau
PRIDE Industries
Retired Neuro-training Therapist, Dept. of Health
Department of Human Services, Medquest
Executive Director, Drug-Free Hawaii
Argosy University Graduate Student
Office of Youth Services
Argosy University Graduate Student
Argosy University Graduate Student
Judge, First Circuit Court, Oahu, Hi State Judiciary

Kelly Warfield

Member

Page 4

Michelle Wesley
Arlina Wong
Evita Worthington
Ginny Wright
Nicole “Niki” Wright, Psy.D.
Ann S. Yabusaki, Ph.D., MFT
K. Ken Yabusaki, Ph.D.
Cherry Yamane
Hana Yin
Nancy Yom
JoAnn Yuen, Ph.D.

Argosy University Graduate Student
Hawaii State Program Director, Acumen
Argosy University Graduate Student
Parent
Waianae Coast Comprehensive Health Center
Co-Founder, HFASDAG, Private Practice
Retired Biochemist, Community Volunteer
Student
Brain Fitness Hawaii
Ku Aloha Ola Mau
Associate Director, Center on Disabilities, UH



The Salvation Army

Addiction Treatment Services and Family Treatment Services

DOING THE MOST GOOD

Founded in 1865

January 7, 2019

William Booth
Founder

Brian Peddle
General

Kenneth G. Hodder
Territorial Commander

Jeffrey Martin
Eloisa Martin
Divisional Leaders

Melanie Boehm
Executive Director

Gigi Davidson
FASD Communities
1516 Avon Way
Honolulu, HI 96822

Dear Ms. Davidson:

As the Clinical Director of The Salvation Army Family Treatment Services (SAFTS), I am pleased to offer my support and partnership to the Hawai'i FASD Action Group, a program of FASD Communities, in their funding request for the State GIA 2019/20 for "A Pilot Training Program On FASD: Implementing The Life History Screen In Adult Clients At Substance Use Treatment Programs." We plan to train 4 counselors on Fetal Alcohol Spectrum Disorders (FASD) and the Life History Screen (LHS), and ways to modify treatment for those screened at high-risk for FASD. We anticipate about 75 clients screened in one year.

In order to evaluate the effectiveness of the training, we will participate in the evaluation process outlined in the proposal, which includes completion of training satisfaction surveys, collection of LHS outcomes and client demographic data, and participation in a counselor focus group at the conclusion of the training.

Again, I would like to reiterate my commitment to this project and look forward to a productive partnership with the Hawai'i FASD Action Group.

Sincerely,

+Candace Pang, ACSW, LSW
SAFTS Clinical Director



Our AUW Designation Number is 96450

Addiction Treatment Services
3624 Waokanaka Street • Honolulu, Hawai'i 96817 • Tel: (808) 595-6371 • Fax: (808) 595-8250
Family Treatment Services
845 22nd Avenue • Honolulu, Hawai'i 96816 • Tel: (808) 732-2802 • Fax: (808) 734-7470
Visit us at: Hawaii.SalvationArmy.org

Jeff Nash
EXECUTIVE DIRECTOR



Vincent C. Marino
FOUNDER

Tuesday, January 15, 2019

To whom it may concern:

As the Executive Director of Habilitat, Inc, I am honored to give my full endorsement in support of the Fetal Alcohol Spectrum Disorder (FASD) Coalition's effort toward their LHS project.

After 20 years in the rehabilitation industry I was completely unaware of FASD until I met one of the coalition members who began educating me about this issue. Since that time I have investigated further and have become increasingly interested in learning how to identify and coordinate services to address all the issues associated with this disorder.

Although Habilitat has been treating addictions for 48 years, we were just exposed to the information about FASD in 2018. From what I have learned thus far, this disorder may very well be responsible for the fact that many of our participants have a very difficult time learning, maintaining prosocial attitudes and serious issues solving simple every day life problems.

Although we have a highly trained staff, years of experience, and extremely high success rate, we are currently ill equipped to identify and model services around people with FASD. Funding this project will give a new and valued resource to our community of organizations helping the underprivileged and underserved populations of Hawaii.

I feel very strongly that this project needs to be funded. Addiction treatment programs need to learn how to assess the needs of clients in order to provide proper care. I would think any clinician would be eager to learn about this subject matter.

Thank you in advance for your consideration in this matter. Please feel free to contact me directly at (808) 235-3691 should you have any questions or concerns. We are sincerely eager to learn all there is to know about FASD.

Very Best,

Jeff Nash
Executive Director



**WAI'ANAE COAST
COMPREHENSIVE
HEALTH CENTER**

January 15, 2019

FASD Communities
Attn: Gigi Davidson, President
1516 Avon Way
Honolulu, Hawai'i 96822

Dear Gigi and the Motivated Staff at FASD Communities:

On behalf of Wai'anae Coast Comprehensive Health Center's Malama Recovery Services program, I would like to submit this letter to express my interest in partnering with you to address the issue of Fetal Alcohol Spectrum Disorder (FASD) in the State of Hawai'i. FASD may include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications. The effects can vary widely from person to person. For many people with an FASD, brain damage is the most serious effect and can result in cognitive and behavioral problems. Early identification and appropriate intervention and treatment improves an individual's ability to succeed at home, school, work, and in social situations that may arise at different stages of their lives. The cost of caring for one child with FASD is estimated to be \$2 million over the child's lifetime.

Each year in the United States, as many as 40,000 babies are born with FASD. There are currently no statistics for the number of individuals affected by FASD in Hawai'i. There are approximately 18,900 live births each year in Hawaii. In 2009-2011, 46.1% of all live births (approximately 8,700 per year) in Hawaii were the result of unintended pregnancies. 6.9% (approximately 1,300 per year) of women who gave birth in Hawaii in 2009-2011 reported that they drank alcohol in the last trimester of their most recent pregnancy. 1.2% (approximately 200 per year) of women who gave birth in Hawaii in 2009-2011 reported binge drinking in the last trimester of their most recent pregnancy. Binge drinking for women is defined as drinking four (4) or more alcoholic drinks in one sitting. The work that FASD Communities is currently doing is an important first important step to collect statistics to evaluate the depth and breadth of this issue so appropriate prevention and intervention programs can be created, as FASD is 100% preventable.

The target population of FASD Communities is families in Hawai'i. Many of parents in Hawai'i experience numerous life challenges and could benefit from parenting education and support. The work of FASD Communities directly impacts parents, children, and entire communities by building capacity among community treatment providers to accurately screen for FASD symptoms and refer for comprehensive evaluation and treatment.

I strongly support the efforts of FASD Communities because I firmly believe that their advocacy supports Hawai'i's parents and contributes greatly in making a positive difference in the lives of our island youth, families, and communities. I look forward to developing a collaborative relationship with FASD Communities with generous support from the State.

Respectfully Submitted,

Nicole S. Wright, PsyD, CSAC
Licensed Clinical Psychologist/Faculty, Wai'anae Coast Comprehensive Health Center
Director, Malama Recovery Services and Ho'okūola Hale
86-260 Farrington Highway
Wai'anae, Hawai'i 96792

FASD Communities Grant in Aid Application

Appendix & Attachments

Section III. 4. List of measures of effectiveness

A. Measures of Effectiveness for General Training on FASD

1. Pre-post questions before and after the training
2. Take Ten FASD Survey Questions and Answers presented before and after the training
3. Evaluation of presentations
4. Sample 2017 Conference evaluation to be amended for future conferences

B. Measures of Effectiveness for Training on Screening and Treatment of Adults for high-risk of FASD

1. Take Ten FASD Knowledge Questions
2. Take Ten FASD Knowledge Answers
3. Life History Screen Training Evaluation
4. Life History Screen & 12-month Training and Implementation Evaluation
5. Focus Group Guide & Field Notes & Seating Chart
6. Focus Group Interview Guide
7. Life History Screen Group Debriefing Form

C. Survey of Awareness of FASD Among Service Providers (DRAFT)

A.1. Pre-Post Questions Before And After Training



Hawai'i Fetal

Presentation:

Presenters:

Place:

Date:

Questions:

1. List two character traits or behaviors commonly associated with people with FASDs:

2. List two strategies that might help people with FASDs:

3. What % of this population is able to live independently?

- 5%
- 20%
- 50%
- 60%

4. Why is FASD considered an invisible disability?

A.2. Take Ten FASD Survey Questions and Answers Before And After The Training



Hawai`i Fetal Alcohol Spectrum Disorders Group
(FASD) Action Group

Take Ten FASD Survey Questions and Answers¹

1. What substance causes the most birth defects?
 - a. ALCOHOL (during pregnancy). Alcohol consumption during pregnancy can cause problems during the baby's development
2. What one substance in pregnancy causes the most brain damage in babies?
 - a. ALCOHOL (during pregnancy). Alcohol does more damage to the developing baby's brain than any other substance of abuse.
3. Do you know what FASD stands for?
 - a. FETAL ALCOHOL SPECTRUM DISORDERS. FASDs can be mild or severe.
4. What disability is more common, FASD or Autism?
 - a. FASD. Fetal Alcohol Spectrum Disorders occur more frequently than Autism Spectrum Disorders
5. How much alcohol is safe during pregnancy?
 - a. NONE. Light or moderate drinking during pregnancy can cause problems. When the pregnant mother takes a drink, it is just like giving a drink directly to the baby, because the blood alcohol content (BAC) in the baby is equal to that in the mother.
6. What kinds of birth defects can alcohol cause?
 - a. ALL KINDS. Alcohol during pregnancy can cause heart defects, cerebral palsy, vision and hearing problems, attention deficit disorder, hyperactivity, memory problems, learning disabilities, and behavior problems. Alcohol can also cause small birth weight, miscarriage, or death.
7. How long do the effects of FASD last?
 - a. LIFETIME. The problems for people with FASDs become worse as they become older. The brain damage causes them to have problems with school, relationships, and jobs, with planning their life, managing money, making decisions and controlling their behavior.
8. What does a child with an FASD look like?

¹ Survey implemented by Arizona State for the general public. Undated.

- a. **NORMAL.** Some people with full Fetal Alcohol Syndrome have intellectual impairments and short stature. However, most people with fetal alcohol disorders have normal IQ and no physical signs. They just have a hard time controlling their behavior.

- 9. What kind of women are most likely to drink during pregnancy?
 - a. **ALL KINDS.** This is not just a problem with poor women, alcoholic women, or minorities. Half of all women are drinking at the time they get pregnant. Moreover, half of all pregnancies are unplanned. Women with a college education are more likely to drink during pregnancy than high school dropouts. And, the higher the household income, the higher the risk of drinking during pregnancy. Alcohol consumption during pregnancy occurs in all ethnic groups.

- 10. Do you know how to prevent alcohol-related birth defects?
 - a. **DON'T DRINK.** It is important for both the man and the woman to stay alcohol free before, during, and after pregnancy. FASD are preventable.

A.3. Evaluation of Presentations

*Feedback helps our trainers and directs future training. Please take a moment to fill out this form.
Mahalo nui loa!*

What were your objectives in attending this training? _____

Please circle ONE answer for each of the following items					
Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5	
Objectives of the presentation:					
Based on the content of the presentation I am able to:					
1. Describe some of the difficulties of parenting a child with FASD	1	2	3	4	5
2. Discuss challenges of diagnosing FASDs	1	2	3	4	5
3. Discuss how brain structures can affect behavior	1	2	3	4	5
4. Share some normal development milestones	1	2	3	4	5
Substance Use & Pregnancy, 3/8/18; Ku Aloha Ola Mau					
Presenters: C. Bogdahn, T. Daniel, A. Yabusaki					
1. The material covered was useful.	1	2	3	4	5
2. The material was clear and interesting.	1	2	3	4	5
3. The handouts and activities were helpful to my learning.	1	2	3	4	5
4. My objectives in attending the training were met.	1	2	3	4	5

- 1. The length of the training was:
 - Too long
 - About right
 - Too short
- 2. The level of the training, in terms of my own experience was:
 - Too advanced

- About right
- Too elementary

3. I liked the training because:

4. I wish the training:

5. I would like other training in:

A.4. Sample 2017 Conference Evolution Amended For Future Conferences



HAWAII PACIFIC CENTER FOR EXCELLENCE

Serving Hawaii's People...

Interventions for an Invisible Disability: Fetal Alcohol Spectrum Disorders

EVALUATION FORM – September 20, 2017

This confidential evaluation will be utilized to provide feedback to the sponsors and trainers. Thank you!

Professional Discipline:

State or Organizational Affiliation (if applicable):

What were your objectives in attending this training?

Please indicate (circle) how strongly you agree or disagree with the following statements:

	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
1. I felt the material covered was useful.	5	4	3	2	1

2. The material was presented in a clear and interesting fashion.	5	4	3	2	1
3. The activities and handouts used were appropriate and enhanced my learning.	5	4	3	2	1
4. The trainers were well-prepared and organized for each session.	5	4	3	2	1
5. The trainers exhibited a thorough knowledge of the subject(s).	5	4	3	2	1
6. The trainers were able to communicate effectively with participants.	5	4	3	2	1
7. The trainers provided an atmosphere for free exchange of ideas.	5	4	3	2	1
8. The instructional facilities were clean and adequate for the training.	5	4	3	2	1
9. My objectives in attending the training were met.	5	4	3	2	1
10. Registration and any interaction with the administrative staff was a positive experience.	5	4	3	2	1
11. The material covered was relevant to my work.	5	4	3	2	1
12. I intend to use the information I learned in my day-to-day work.	5	4	3	2	1

(continued on back)

13. My overall rating of the conference/training would be:

10 9 8 7 6 5 4 3 2 1

Excellent

Good

Fair

Poor

Very Poor

14. How did you learn of the conference/training?

Website

Employer

Friends/Family

Flyer

Other: _____

15. The length of the conference/training was:

Too long

About right

Too short

16. The level of the conference/training, in terms of my own experience was:

Too advanced

About right

Too elementary

17. I felt the major strength of the conference/training was:

18. Please list any practical elements of the conference that you think will be most helpful in your work.

19. I felt the major weakness of the conference was:

20. I would like to see other trainings/conferences in the subject area(s) of:

21. Please use the space below for any other comments you might have.

THANK YOU!!!

B.1. Take Ten FASD Knowledge Questions

“TAKE TEN” FASD Knowledge Questions

1. What substance causes the most birth defects
 - a. Tobacco smoke
 - b. Alcohol
 - c. Methamphetamines
 - d. Opioids

2. What one substance in pregnancy causes the most brain damage in babies?
 - a. Tobacco smoke
 - b. Alcohol
 - c. Methamphetamines
 - d. Opioids

3. Do you know what FASD stands for?
 - a. Fetal Alcohol System Diabilities
 - b. Facial Alcohol Spectrum Disorders
 - c. Fetal Alcohol Spectrum Disorders
 - d. Fetal Alcohol Spectrum Disabilities

4. What disability is more common, FASD or Autism?
 - a. FASD
 - b. Autism

5. How much alcohol is safe during pregnancy?
 - a. None
 - b. A few sips here and there
 - c. One drink a month
 - d. One drink a day or 7 drinks a week

6. What kinds of birth defects can alcohol cause?
 - a. Intellectual impairments such as memory problems or learning disabilities
 - b. Emotional and behavioral disruptions such as difficulty with regulating behavior, poor social skills, or hyperactivity
 - c. Physical defects such as heart defects, cerebral palsy, or vision and hearing problems
 - d. All of the above

7. How long do the effects of FASD last?
 - a. Until treatment is received
 - b. Through adolescence
 - c. Life-long
 - d. Unknown

8. What does a child with an FASD look like?
 - a. Distinct facial features such as small eyes, smooth skin between nose and upper lip, and thin upper lip
 - b. Short stature
 - c. Small head circumference
 - d. It depends

9. What kind of women are most likely to drink during pregnancy?
 - a. Women with college educations
 - b. Women with lower incomes
 - c. Ethnic minorities
 - d. All kinds

10. Do you know how to prevent alcohol-related birth defects?
 - a. Don't drink
 - b. Drink only during "safe" periods like the first trimester
 - c. Drink only during "safe" periods like the third trimester
 - d. Drink only "safe" amounts

B.2. Take Ten FASD Knowledge Answers

"TAKE TEN" FASD Knowledge Answers

1. What substance causes the most birth defects
 - a. Tobacco smoke
 - b. Alcohol
 - c. Methamphetamines
 - d. Opioids

ANSWER: B. ALCOHOL

2. What one substance in pregnancy causes the most brain damage in babies?
 - a. Tobacco smoke
 - b. Alcohol
 - c. Methamphetamines
 - d. Opioids

ANSWER: B. ALCOHOL

3. Do you know what FASD stands for?
 - a. Fetal Alcohol System Disabilities
 - b. Facial Alcohol Spectrum Disorders
 - c. Fetal Alcohol Spectrum Disorders
 - d. Fetal Alcohol Spectrum Disabilities

ANSWER: C. FETAL ALCOHOL SPECTRUM DISORDERS. FASDs can be mild or severe.

4. What disability is more common, FASD or Autism?
 - a. FASD
 - b. Autism

ANSWER: A. FASD

5. How much alcohol is safe during pregnancy?
 - a. None
 - b. A few sips here and there
 - c. One drink a month
 - d. One drink a day or 7 drinks a week

ANSWER: A. NONE. Light or moderate drinking during pregnancy can still cause problems. When the pregnant mother takes a drink, it is just like giving a drink directly to the baby because the blood alcohol content (BAC) in the baby is equal to that in the mother.

6. What kinds of birth defects can alcohol cause?
 - a. Intellectual impairments such as memory problems or learning disabilities

- b. Emotional and behavioral disruptions such as difficulty with regulating behavior, poor social skills, or hyperactivity
- c. Physical defects such as heart defects, cerebral palsy, or vision and hearing problems
- d. All of the above

ANSWER: D. ALL OF THE ABOVE. Alcohol during pregnancy can cause heart defects, cerebral palsy, vision and hearing problems, attention deficit disorder, hyperactivity, memory problems, learning disabilities, and behavioral problems. Alcohol can also cause low birth weight, miscarriage, or death.

7. How long do the effects of FASD last?
- a. Until treatment is received
 - b. Through adolescence
 - c. Life-long
 - d. Unknown

ANSWER: C. LIFE-LONG. The problems for people with FASDs become worse as they become older. The brain damage causes them to have problems with school, relationships, jobs, planning their life, managing money, making decisions, and controlling their behavior.

8. What does a child with an FASD look like?
- a. Distinct facial features such as small eyes, smooth skin between nose and upper lip, and thin upper lip
 - b. Short stature
 - c. Small head circumference
 - d. It depends

ANSWER: D. IT DEPENDS. Some people with full Fetal Alcohol Syndrome have intellectual impairments and short stature. However, most people with FASDs have a normal IQ and no physical signs, they just have a hard time controlling their behavior.

9. What kind of women are most likely to drink during pregnancy?
- a. Women with college educations
 - b. Women with lower incomes
 - c. Ethnic minorities
 - d. All kinds

ANSWER: D. ALL KINDS. This is not just a problem with poor women, alcoholic women, or minorities. Half of all women are drinking at the time they get pregnant. Moreover, half of all pregnancies are unplanned. Women with a college education are more likely to drink during pregnancy than high school dropouts and the higher the household income, the higher the risk of drinking during pregnancy. According to the 2009-2011 Hawaii PRAMS, 11.5% of White, 6.9% of Japanese, 5.6% of Filipino, 5.4% of Native Hawaiian, and 2.3% of other Pacific Islander women reported drinking alcohol in the last trimester.

10. Do you know how to prevent alcohol-related birth defects?

- a. Don't drink
- b. Drink only during "safe" periods like the first trimester
- c. Drink only during "safe periods like the third trimester
- d. Drink only "safe" amounts

ANSWER: A. DON'T DRINK. FASDs are 100% preventable by not drinking at all during pregnancy.

B.3. Life History Screen Training Evaluation

LHS In-Person Training Evaluation

*Feedback helps our trainers and directs future training. Please take a moment to fill out this form.
Mahalo nui loa!*

1. What was your primary objective in this training?

2. Please circle ONE answer for each of the following items:

Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5	
Evaluate your experiences based on each of the presentations objectives:					
Based on the content of the presentation I am able to:					
1. [Insert Objective 1]	1	2	3	4	5
2. [Insert Objective 2]	1	2	3	4	5
3. [Insert Objective 3]	1	2	3	4	5
The material covered was useful.	1	2	3	4	5
The material was clear and interesting.	1	2	3	4	5
The handouts and activities were helpful to my learning.	1	2	3	4	5
My primary objective in attending the training was met.	1	2	3	4	5

3. The length of the training was:

- a. Too long
- b. About right
- c. Too short

4. The level of the training, in terms of my own experience was:

- a. Too advanced
- b. About right
- c. Too elementary

5. I liked the training because:

6. I wish the training:

7. I would like other training in:

B.4. Life History Screen & 12-month Training and Implementation Evaluation

LHS 6- & 12-month Training & Implementation Evaluation

*Feedback helps our trainers and directs future training. Please take a moment to fill out this form.
Mahalo nui loa!*

Date: _____

8. How many months have you been implementing the Life History Screen (LHS) form?

9. Please circle ONE answer for each of the following items:

Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5	
Thinking back to the original in-person LHS training					
The material covered in the in-person training remains useful.	1	2	3	4	5
There were things covered in the in-person training that I thought were clear, but now need clarification.	1	2	3	4	5
The material covered in the in-person training was sufficient for me to start using the LHS.	1	2	3	4	5
Think about the monthly telephone trainings.					
The telephone trainings have increased my knowledge of the LHS>	1	2	3	4	5
The format allows for me to voice my questions and concerns.	1	2	3	4	5
The telephone trainings have helped me to problem solve.	1	2	3	4	5
I am able to learn useful information about the LHS from the other counselors participating on the call.	1	2	3	4	5

10. The length of the monthly telephone training are:

- a. Too long
- b. About right
- c. Too short

11. The frequency of the telephone trainings are:

- a. Too often

- b. About right
- c. Not often enough

12. The level of the telephone trainings are, given the in-person training:

- a. Too advanced
- b. About right
- c. Too elementary

13. Completing the LHS makes other intake procedures:

- a. More difficult
- b. No change
- c. Easier

14. The LHS is relevant to _____ of my clients:

- a. Most
- b. About half
- c. Few

15. The LHS is:

- a. Not useful
- b. Neither useful or not useful
- c. Useful

B.5. Focus Group Guide & Field Notes & Seating Chart

Focus Group Guide with Field Notes & Seating Chart

*These pages should be printed front and back

Treatment Center:

Date:

Focus Group Number:

Moderator 1:

Start time:

End time:

Note-taker 1:

Note-taker 2:

of Participants:

Seating chart:

Make a seating chart indicating the participants, the moderators, the note-takers, and any other important physical features of the room (e.g. door, window, food table). Use this chart to identify speakers as you take notes.

Equal Participation of Group Members <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:	Disruptions:
General tone of group at beginning and end of session:	
Any non-verbal communication that seems out of sync with the rest of the group:	
Times when the group are uncomfortable with the discussion as interpreted by note-taker:	
Participants who needed to take some time for themselves due to content:	

Question (# or key word)	Responses	Observations

B.6. Focus Group Interview Guide

Introduction: Over the past year, you all have completed an in-person training on how to implement the Life History Screen as well as participated in monthly telephone training and consultation sessions. Today we'd like to talk to you to get an understanding of how helpful the trainings were in completing the LHS form with your clients as well as how useful the LHS form has been to providing better care for your clients.

1. What was most helpful about the initial in-person training?
2. Was there anything missing from the in-person training that you wish had been covered?
3. Did the telephone consultations cover anything that you thought was missing from the in-person training?
4. Tell us about your experience with using the LHS...
 - a. Did it make the intake process easier or more difficult?
 - b. Did you think the LHS was relevant to most of your clients or just a few?
 - c. Do you think the suggested treatment modifications listed in the LHS are helpful for clients who were "red flagged" by the LHS?
 - d. What about for clients who were not "red flagged" by the LHS?
5. Do you think your agency should permanently adopt the LHS?

B.7. Focus Group Debriefing Form

LHS Focus Group Debriefing Form

Treatment Center:

Date:

Focus Group Number:

Moderator:

Notetaker(s):

1. What were the main themes that emerged in this focus group?
2. Did any information contradict what you learned in previous focus groups?
3. What did participants say that was unclear or confusing to you?
4. What did you observe that would not be evident from reading a transcript of the discussion (e.g. group dynamics, individual behaviors, etc.)?
5. What problems did you encounter (e.g. logistical, behaviors of individuals, questions that were confusing, etc.)?
6. What issues will you follow up?
7. Does the note-taker have any suggestions for the moderator and vice versa?

C. Survey of Awareness of FASD Among Service Providers (DRAFT attached)

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: JUN 25 2012

FASD COMMUNITIES
1516 AVON WAY
HONOLULU, HI 96822

Employer Identification Number:
27-5089858
DLN:
17053074342032
Contact Person:
KAREN A BATEY ID# 31641
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
February 22, 2011
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Sincerely,



Lois G. Lerner
Director, Exempt Organizations

Enclosure: Publication 4221-PC

Letter 947 (DO/CG)



Hawai`i Fetal Alcohol Spectrum Disorders (FASD) Action Group

FASD Survey

Welcome!

Aloha, Fetal Alcohol Spectrum Disorders (FASD) is an umbrella term used to describe the range of effects that can occur in an individual with prenatal alcohol exposure. These effects can have lifelong implications including physical, mental, behavior, and/or learning issues.

The exact number of children who have an FASD is difficult to determine. This survey's purpose is to assess the prevalence of FASD in the State of Hawaii and how best to address the need.

Mahalo, in advance, for participating in this survey.

- * 1. How many individuals do you know who have been diagnosed with FASD within the last 12 months?
Select one answer from the drop-down menu below.

- * 2. During the last 12 months, how many clients have you suspected as having an FASD?

- * 3. During the last 12 months, how many clients have you referred to confirm a diagnosis of FASD?

- * 4. During the last 12 months, how many individuals with FASD have you provided service?

* 5. In which areas have you received formal training on FASD? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Recognizing features including behaviors associated with FASD | <input type="checkbox"/> Identifying risk factors associated with fetal alcohol exposure |
| <input type="checkbox"/> Effects of fetal alcohol exposure on the developing fetus | <input type="checkbox"/> Interventions to prevent secondary FAS disabilities |
| <input type="checkbox"/> Methods to screen children & adults suspected of having prenatal alcohol exposure | <input type="checkbox"/> Assisting clients in assessing local FASD-related resources |
| <input type="checkbox"/> Other (please specify) | |

* 6. In general, how confident are you in identifying people with possible FASD?

- | | |
|---|--|
| <input type="radio"/> Extremely confident | <input type="radio"/> Not so confident |
| <input type="radio"/> Very confident | <input type="radio"/> Not at all confident |
| <input type="radio"/> Somewhat confident | |

* 7. To what degree do you feel prepared to manage/coordinate the treatment of individuals with an FASD?

- | | |
|---|-----------------------------------|
| <input type="radio"/> A great deal | <input type="radio"/> A little |
| <input type="radio"/> A lot | <input type="radio"/> None at all |
| <input type="radio"/> A moderate amount | |

* 8. On average, how many FASD clients do you see every 12 months?

9. The Hawaii FASD Action Group is a group of volunteers bringing awareness on FASD. In what ways would you like to be involved? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Help at Conferences | <input type="checkbox"/> Parent Support Group |
| <input type="checkbox"/> Public Service Announcements (PSA) | <input type="checkbox"/> Other (describe) |
| <input type="checkbox"/> Awareness Education | <input type="checkbox"/> Not at all |

10. If you would like to be involved, please enter your name and email address so we can contact you.

Name

Email Address

11. What is your occupation? Check the option that best fits your job description.

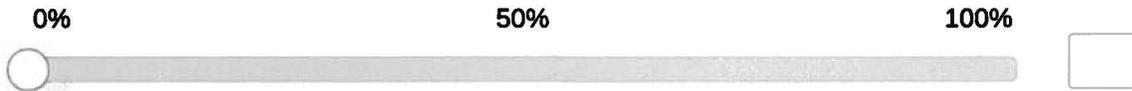
- Physician
- Psychologist
- Social Worker
- Faith-Based Provider
- Other (please specify)
- Counselor
- Homeless provider
- School Counselor

12. On which island(s) do you provide service? (Check all that apply)

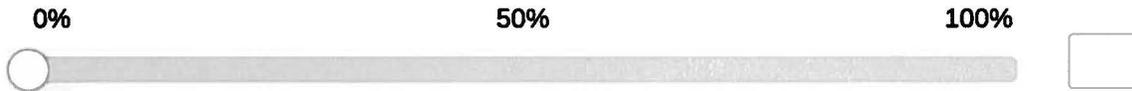
- Kaua`i
- O`ahu
- Molokai
- Lana`i
- Maui
- Hawai`i Island (Big Island)
- Statewide

Q13 - Q18: In a typical month, what percent of your work is spent supporting each of the islands listed below?

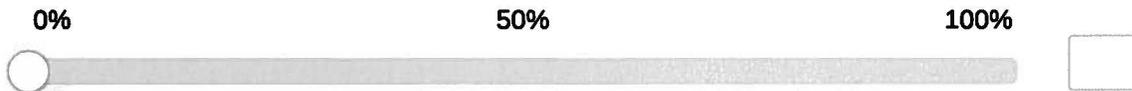
13. Kaua`i



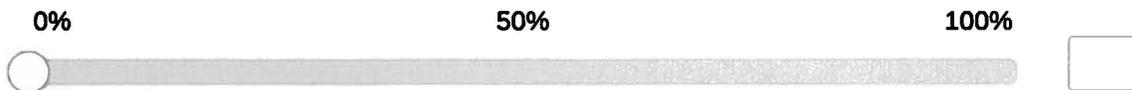
14. O`ahu



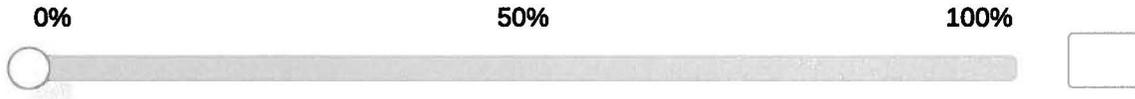
15. Molokai



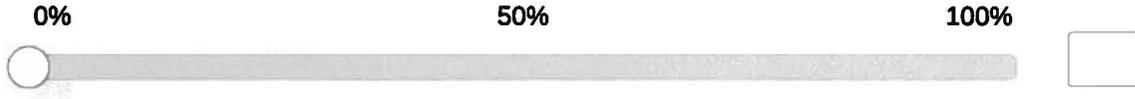
16. Lana`i



17. Maui



18. Hawai'i (Big Island)



19. What is your ethnicity? (Check all that apply)

- Black or African American
- Asian or Asian American
- Native Hawaiian
- Pacific Islander
- White or Caucasian
- Hispanic or Latino
- American Indian or Alaska Native
- Another race

For more information email Dr. Ann Yabusaki at ayabusaki2@gmail.com