

Brief Description of Request

First Connections for Island Families proposes to leverage emerging technology with trained peer support to provide two-way SMS text messaging as a promising tool for parent education that overcomes many challenges to reaching families in our rural communities. To go beyond the scope of our initial pilot using semi-automated two-way texting to address parents' concerns regarding breastfeeding and infant care in the first months of life, FSH proposes to train Peer Educators in research-based strategies for supporting early learning in infants 0 to 12 months old as well as incorporating fathers/father-figures into program services.

Application Submittal Checklist

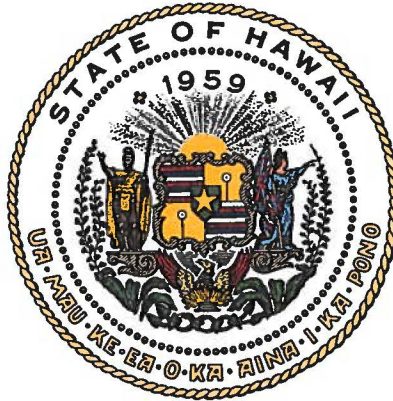
The following items are required for submittal of the grant application. Please verify and check off that the items have been included in the application packet.

- 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


AUTHORIZED SIGNATURE

RAY WOFFORD – EXECUTIVE DIRECTOR
PRINT NAME AND TITLE

1-15-20
DATE



Department of Commerce and Consumer Affairs

CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that

FAMILY SUPPORT SERVICES OF WEST HAWAII

was incorporated under the laws of Hawaii on 04/20/1981 ; that it is an existing nonprofit corporation; and that, as far as the records of this Department reveal, has complied with all of the provisions of the Hawaii Nonprofit Corporations Act, regulating domestic nonprofit corporations.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: January 14, 2020

Director of Commerce and Consumer Affairs

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

The undersigned authorized representative of the applicant certifies the following:

- 1) The applicant meets and will comply with all of the following standards for the award of grants pursuant to Section 42F-103, Hawaii Revised Statutes:
 - a) Is licensed or accredited, in accordance with federal, state, or county statutes, rules, or ordinances, to conduct the activities or provide the services for which a grant 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, Hawaii Revised Statutes:
 - a) Is incorporated under the laws of the State; and
 - b) Has bylaws or policies that describe the manner in which the activities or services for which a grant is awarded shall be conducted or provided.

- 3) If the applicant is a non-profit organization, it meets the following requirements pursuant to Section 42F-103, Hawaii Revised Statutes:
 - a) Is determined and designated to be a non-profit organization by the Internal Revenue Service; and
 - b) Has a governing board whose members have no material conflict of interest and serve without compensation.

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

Family Support Services of West Hawaii
(Typed Name of Individual or Organization)


(Signature) 1-15-20
(Date)

Ray Wofford – Executive Director
(Typed Name) (Title)

SECTION 42F-102: PUBLIC PURPOSE

(1) The name of the requesting organization or individual

Family Support Services of West Hawaii, dba Family Support Hawaii

(2) The public purpose for the grant

As a critical early step in assuring that Hawai'i keiki are healthy and ready to learn when they enter kindergarten, GIA funding for NEST will provide families of infants in West Hawai'i County with ready access to peer and professional parenting support.

(3) The services to be supported by the grant

State GIA funds will allow NEST to deliver parenting education prenatally and throughout infancy to promote childrearing practices that support nurturing and attachment and optimal infant development. NEST combines face-to-face support from a trained Peer Educator with a semi-automated two-way SMS text messaging platform to provide parents with timely guidance and accessible emotional support. The proposed intervention incorporates innovative support for parents to provide a safe and nurturing environment for their infants, and will include key messages addressing health, nutrition, development and emotional well-being.

(4) The target group

FSH's target population for the NEST program consists of an estimated 500 infants (ages 0 to 12 months), and 900 parents and pregnant individuals. The service area includes the districts of South Kohala, Ka'u, and North and South Kona in Hawai'i County.

(5) The cost of the grant and the budget

The overall project will cost \$215,000. The total budget requested for the State Grant in Aid is \$140,000.



Family Support Services of West Hawai‘i

DBA: Family Support Hawai‘i

Application for State of Hawai‘i

Grant-In-Aid

2020-2021

Newborn Enhanced Support Team



Family Support Hawai'i

State of Hawai'i Grant-In-Aid Proposal: 2020-2021

Table of Contents

Cover Page	
Section I. Certification	Pg.1
-Certificate of Good Standing	
-Declaration Statement	
-Public Purpose	
Section II. Background and Summary	Pg.2
Section III. Service Summary and Outcomes	Pg.5
Section IV. Financial	Pg.11
Section V. Experience and Capability	Pg.11
Section VI. Personnel: Project Organization and Staffing	Pg.15
Section VII. Other	Pg.18
Section VII. Attachments	
-A- Budget	
-B- Organizational Chart	
-C- Timeline	



Family Support Hawai'i

Application for State of Hawai'i

Grant-In-Aid 2020-2021

I. Certification

- 1. Certificate of Good Standing-** Attached following Cover Page
- 2. Declaration Statement-** Attached following Certificate of Good Standing
- 3. Public Purpose-** SECTION 42F-102:

(1) The name of the requesting organization or individual

Family Support Services of West Hawaii, dba Family Support Hawaii

(2) The public purpose for the grant

As a critical early step in assuring that Hawai'i keiki are healthy and ready to learn when they enter kindergarten, GIA funding for NEST will provide families of infants in West Hawai'i County with ready access to peer and professional parenting support.

(3) The services to be supported by the grant

State GIA funds will allow NEST to deliver parenting education prenatally and throughout infancy to promote childrearing practices that support nurturing and attachment and optimal infant development. NEST combines face-to-face support from a trained Peer Educator with a semi-automated two-way SMS text messaging platform to provide parents with timely guidance and accessible emotional support. The proposed intervention incorporates innovative support for parents to provide a safe and nurturing environment for their infants, and will include key messages addressing health, nutrition, development and emotional well-being.

(4) The target group

FSH's target population for the NEST program consists of an estimated 500 infants (ages 0 to 12 months), and 900 parents and pregnant individuals. The service area focuses on the districts of Ka'u, and North and South Kona in Hawai'i County.

(5) The cost of the grant and the budget

The overall project will cost \$215,000. The total budget requested for the State Grant in Aid is \$140,000.

II. Background and Summary

1. Applicant's Background

Family Support Hawai'i (FSH) began in 1979 as a grassroots organization providing family support in communities throughout West Hawai'i. FSH incorporated as Family Support Services of West Hawai'i in 1981 as a private, non-profit organization whose mission is *"To Support Families and Communities in Providing Love and Care for our Children"*. Since incorporating in 1985, FSH has provided care coordination, early childhood and home visiting support services to pregnant women and families on Hawai'i Island. From its foundation in promoting early childhood well-being, FSH has grown to offer programs that touch many facets of family life, including health, nutrition, culture, and child development.

For the past decade, FSH has been a leader in promoting early attachment, breastfeeding, and social connections for families of newborns through our Newborn Enhanced Support Team (NEST). NEST has garnered national recognition as an innovator in increasing access and providing care coordination for new families. Locally, FSH serves as a well-regarded center of expertise for promoting culturally-attuned best practices in infant care. At the heart of our NEST program model is a commitment to reach parents who have been most likely to fall through the cracks when they encounter difficulties.

To reach the most vulnerable families in our community, FSH initiated creative public and private partnerships to maintain a safety net for babies born in West Hawai'i to assure their families are linked to services and find comprehensive support for infant feeding and care. In 2007, FSH secured its first grant to integrate breastfeeding support into island home visiting programs and local hospital discharge routines. FSH built upon this initial initiative to train parents from local communities to provide culturally-rooted anticipatory guidance for West Hawai'i infants. FSH has been recognized nationally for pioneering use of emerging technology through a successful text messaging pilot to connect with families in the first months of life, and is being currently featured nationally by Promise Venture Studio among a handful of the nation's most promising innovations in parent support (<https://www.promisestudio.org/show-and-tell>). As NEST staff work closely with the Hawai'i Maternal Infant Health Collaborative and Early Childhood Action Strategy to identify opportunities to scale NEST's infant safety net to other vulnerable communities statewide, we continue to deepen our focus on evaluating outcomes and establishing measures of fidelity to support program growth.

2. Program Goals and Objectives

Family Support Hawai'i's Newborn Enhanced Support Team (NEST) combines innovative approaches to increase access to parenting support in an area where many vulnerable families fall through the cracks. By leveraging emerging technology to deliver trained peer support through face-to-face initial visits and ongoing two-way SMS text messaging, NEST stands out as a promising model for parent education that overcomes many challenges to reaching families in our rural communities. To go beyond the scope of our existing pilot using semi-automated two-way texting to address parents' concerns regarding breastfeeding and infant care in the first months of life, FSH proposes to train Peer Educators in research-based strategies for supporting early learning in infants 0 to 12 months old as well as incorporating fathers/father-figures into

program services. By the funded project year’s end, NEST will solidify a readily scalable prototype model for a statewide safety net for families of newborns that maintains fidelity to current best practices in parent support.

Program goals and objectives in three core areas address key elements of the Protective Factors Framework for Strengthening Families, the United Nations Sustainable Development Goals, and the Hawai‘i Early Childhood State Plan (2019-2024).

Program Goal #1	Program Goal #2	Program Goal #3
<i>Increase parental well-being by fostering social connections, offering affirming and empathetic support, and providing early identification of postpartum distress and other stressors</i>	<i>Improve infant feeding outcomes through timely support so that as families first nourish their children, they develop a solid foundation for empowered, culturally-rooted choices through the life-span</i>	<i>Increase families’ knowledge of infant behavior and developmental milestones while boosting parental skills and confidence to foster healthy development and social and emotional learning</i>
Key Related Objective #1	Key Related Objective #2	Key Related Objective #3
<i>Families of infants will have ready access to a supportive peer after giving birth and through the first year of life</i>	<i>Families will benefit from ongoing evidence-based infant feeding support throughout the first 12 months of life</i>	<i>Families will receive timely child development information and meaningful tools to foster early learning</i>

3. Public Purpose and Need Served:

On January 30, 2019, Governor David Y. Ige signed an agreement with a number of state leaders establishing an Early Childhood State Plan, 2019-2024. This monumental state plan emphasizes five building blocks which will address the needs of children, families and the workforce. These include: child and family health, safety and wellbeing; family partnerships and support; foundations for early learning; a well-prepared, well-supported early childhood workforce; and a coordinated early childhood system. During the launch of this innovative and visionary plan, Governor Ige said, “Starting with prenatal care, we are setting the foundation to ensure that all keiki develop to their fullest potential and with them, our communities. I am excited that this new plan will drive collective action to improve the lives of our children, their families and our communities by preparing our keiki for their future and the 21st century workforce”.

Family Support Hawai‘i strives to align our efforts with the Early Childhood State Plan by providing resources and referrals for high-quality health, early childhood education, and family development services across our local and state communities, providing family-centered services to the most vulnerable in our communities, and by promoting and supporting staff members who are proud to make a lasting difference in their community.

As a critical early step in assuring that Hawai'i keiki are healthy and ready to learn when they enter kindergarten, GIA funding for NEST will provide families of infants in West Hawai'i County with ready access to peer and professional parenting support. In an area where many families of infants live far from resources, struggle with transportation, and often enter prenatal and pediatric care late, NEST removes barriers to support by connecting with families before they leave the hospital, and maintaining regular contact with parents throughout the first year through convenient, culturally-attuned and HIPAA-compliant text messaging. State GIA funds will allow NEST to deliver parenting education prenatally and throughout infancy to promote childrearing practices that support nurturing and attachment and optimal infant development. NEST combines face-to-face support from a trained Peer Educator with a semi-automated two-way SMS text messaging platform to provide parents with timely guidance and accessible emotional support. The proposed intervention incorporates innovative support for parents to provide a safe and nurturing environment for their infants, and will include key messages addressing health, nutrition, development and emotional well-being.

4. Target Population:

Over 500 infants are born in West Hawai'i each year, and their mothers experience some of the state's highest rates of late prenatal care, limited access to primary care, and far geographic distance from core services. Many families live in isolation with limited transportation, a shortage of healthcare providers, few close relatives, limited phone reception, and no access to public water and electricity. Some of the most vulnerable families experience barriers with language, recent migration, and uninsured or undocumented status. A trusted peer from these communities has greater acceptability and can serve as a critical link to professional support.

Given FSH's long-term goal of increasing health equity, we want to focus not only on improving overall family outcomes, but also on understanding and addressing disparities that lead to persistently poorer outcomes for certain populations. Between 2012 and 2016, 31.5% of Hawai'i County children under six lived in poverty, compared to a rate below 13% in all other counties in the state. For the last decade, the island has also had the highest rates of unemployment, child abuse and neglect, and single-parent households. Poverty increases a child's risk of disrupted attachment and bonding, early breastfeeding cessation, obesity, and a host of chronic diseases. Our NEST program focuses intensive postpartum support efforts in the districts of Ka'u, North and South Kona where infant mortality rates have persisted above county and state averages, with Ka'u consistently showing maternal child health outcomes among the poorest in the state. To address these disparities, FSH intends to build a system that engages all area families and addresses the common concerns of parents of infants, with special emphasis on infant feeding and attachment.

5. Geographic Coverage:

The primary catchment area for this proposed intervention includes the Hawai'i Island districts of Ka'u, South Kona, and North Kona. These three districts account for a major share of confirmed child abuse and neglect cases on the island and each has high infant mortality rates, with South Kona and Ka'u consistently showing maternal child health outcomes among the poorest in the state. Hawai'i County has the state's highest child poverty rate at 19.3%, compared with 9.5% in Honolulu County and a state average of 11.2% in 2016. All expectant women and

families of newborns in the west and south regions of Hawaii Island will be eligible for services with this project.

North Kona- The district of North Kona has a population of approximately 41,369, of which approximately 20% are under the age of 18. As reported in the State of Hawai'i Primary Care Needs Assessment Data Book 2016, approximately 30.8% of children under the age of 18 are in households that receive financial assistance. In 2016, 11.8% of the population was below the poverty level and 3.9% of those were below 50% of the poverty level. There were approximately 1,200 births between 2016 and 2018, and with poverty rate of 11.8%, there are approximately 142 infants and toddlers who live at or below the federal poverty line.

South Kona- South Kona has a 2016 population of 11,193. Thirteen percent (13%) of the population in South Kona lives in poverty and 16% receive some kind of public assistance. Fifty-six percent (56%) of all births in South Kona are to unwed mothers. Between the years of 2008 and 2013, 58% of births to South Kona residents had less than adequate prenatal care utilization. There were 564 births to families living in South Kona between 2016 and 2018, and with poverty rate of 13%, this creates an estimated 73 children living in poverty.

Ka'u- The district of Ka'u is the most remote and rural region of Hawai'i Island, encompassing an area larger than the island of O'ahu. It is an area distinguished by less than adequate housing, and a large number of residents living without running water or electricity. Per capita income in the district of Ka'u is below the county and state averages. Seventy-six percent (76%) of all births in Ka'u are to unwed mothers and of these mothers, 79% live below the poverty level. Between the years of 2008 and 2013, 4.8% of all births in Ka'u were to mothers under the age of 18, the highest in the state. Approximately 23.9% of people live below the poverty line in Ka'u and 30% of children ages birth to four live in poverty. There were approximately 314 births to families living in Ka'u from 2016 to 2018, and with a poverty rate of 23.9%, there are approximately 75 infants and toddlers living in poverty each year.

III. Service Summary and Outcomes

1. Scope of Work

After establishing a personal connection through face-to-face visits with all birthing parents prior to hospital discharge, NEST stays connected with parents through frequent text messaging conversations with a familiar peer counselor who is supported by a team of clinical specialists. Using semi-automated messaging and merge-field technology to assure all participants receive personalized evidence-based guidance at key moments in their babies' first year, NEST reaches families who are least likely to receive the support they need, and is there for them in the moments when they are most likely to need assistance. NEST's intensive two-way text messaging pilot provides a crucial connection for parents in a region where over 30% of mothers have late or no prenatal care and many families live in isolation and poverty.

Using secure two-way SMS text messaging in English and Spanish, the NEST model reaches out to parents at known "trouble spots" to assess infant and maternal well-being through brief key prompts and questions. By anticipating critical moments such as growth spurts, sleep disruption, and parents returning to work, our texts offer timely guidance to help families avoid early cessation of breastfeeding, reduce SIDS and enhance parent confidence. As a NEST participant

recently told us, “You tell me just what I need to hear when I need to hear it.”

Our system pairs a trained and trustworthy parent mentor with clinical experts to provide accessible and culturally-attuned support that draws on a broad bank of expertise. Our platform allows these community-based peer counselors and content area experts to collaborate and learn from one another. Together, our diverse team has created a rich bank of responses for many concerns, and can craft live responses to the many unique challenges parents present. Any team member can respond effectively to urgent messages, and can access the history of a participant’s previous conversations.

Development of our parent guidance model and responsibility for content of our texting “storylines” falls under the leadership of our Maternal Child Health Specialist. Content development and revision relies on the expertise of FSH’s Prenatal and Child Development Specialists, Early Interventionists, Mental Health Consultant, Fatherhood Specialist, Language and Cultural Consultants, Evaluation Specialist, and on the rich experience and knowledge bank of Peer Educators from the communities we serve.

Seven core content areas in our anticipatory guidance timeline include:

- Robust support for breastfeeding and early nutrition
- Facilitated enrollment in home visiting and quality childcare
- Screening and referral to mental health support, housing assistance, substance use treatment and other community supports for vulnerable families
- Linkage to medical home and assistance with access and insurance issues
- Support for early language acquisition with a focus on increasing serve and return conversations between parents and their infants
- Skills for sharing the parenting journey effectively among fathers, mothers and extended family
- Harm reduction strategies to increase infant safety through safe sleep strategies, injury prevention, and reducing tobacco exposure

Utilizing a long-standing collaboration with the Kona Community Hospital, FSH Peer Educators will offer a face-to-face visit to family giving birth at the hospital during the proposed funding period. Personal connections will also be completed with families in the community through our extensive network of community partners and relationships with home birth care providers. Using motivational interviewing techniques, Peer Educators will engage families in timely, meaningful conversation about infant feeding and early infant care. Families will be invited to enroll in the program’s SMS text messaging system which will serve as a critical link to professional feeding and child development support up to the child’s first year of life. Mothers and fathers may be enrolled in the texting system, with fathers receiving gender-specific support and guidance.

Parents in our pilot expressed a specific desire for anticipatory guidance, validation of concerns, and affirmation of parenting successes. Key areas parents sought support included understanding and responding to infant behavior, accessing concrete and emotional support, and obtaining evidence-based information about infant health and development. Our proposed project will deliver parenting education prenatally and throughout infancy to increase childrearing practices

that support nurturing, attachment, and language acquisition. By combining face-to-face support from a trained Peer Educator with a semi-automated two-way SMS text messaging platform, NEST provides parents with timely guidance and accessible emotional support. FSH has identified improved understanding of infant behavior and development as important evidence-based measures for improving family outcomes.

Family Support Hawai'i proposes to enrich existing elements of the NEST pilot by collaborating with our Fatherhood Initiative program to incorporate interested fathers or father figures into the SMS text-based parent education and support services. During the outreach process at the Kona Community Hospital or through other established community partnerships, fathers and/or father figures may opt to engage in texting support for up to a year after their child's birth. Fathers and/or father figures will find gender-specific support, information, resources, and referrals, empowering them to be good role models and partners during this most critical and sensitive time.

NEST pays particular attention to increasing food security for vulnerable families by promoting and protecting exclusive breastfeeding and weaning to locally-produced, readily-available foods. These efforts increase economic resilience in individual families and boost food security in an area particularly vulnerable to natural disaster. NEST addresses a gap in coverage for lactation care and nutrition services by insurance plans on neighbor islands by integrating Board-Certified Lactation Consultants who can provide timely help for feeding difficulties. Parents desire to provide infants with an optimal start in life but often lack meaningful ongoing postpartum support and reliable information on feeding, development, and maternal and infant health. Because the majority of insurers currently only credential a small handful of lactation providers on the island of O'ahu, identifying breastfeeding difficulties early and providing accessible guidance is critical in closing the statewide breastfeeding disparities gap. NEST proposes to bridge that gap with a replicable model that combines evidence-based concrete support with innovative use of technology to reach rural families. Text messaging support is a promising tool for parent education in response to the unique challenges identified in our rural area. FSH adheres closely to the Hawai'i Statewide Breastfeeding Logic Model to assure that NEST addresses the critical challenges identified in the plan.

A shared texting platform offers new opportunities for collaboration between peer and professional staff that we expect will enhance skills in both directions. A shared texting platform allows for real-time professional support as Peer Educators counsel families over text, and offers the option of choosing from a bank of validated responses to common questions. The proposed texting platform also incorporates survey technology, allowing for seamless integration of data collection related to outcome measures.

Our pilot study demonstrated success tracking family engagement and rates of exclusive and any breastfeeding. We anticipate integrating pre- and post-survey tools to measure increased knowledge of positive child rearing practices, caregiver engagement, and other protective factors. Based on our experience piloting SMS text-based parent education and support, we propose to partner with platform developers to customize a secure, two-way texting platform that integrates evidence-based content with deep learning to continually enhance platform capacity to respond to parents based on previous user conversations.

To improve utilization of an SMS texting platform for parent education, this intervention will include the development, testing, and validation of messaging content and timing, including adaptation of messaging for cultural, language, and developmental differences. Our initial pilot adapted a HIPAA-compliant texting platform designed for pharmaceutical research, and allowed us to identify key features essential to a texting platform geared toward supporting parents to improve early learning outcomes.

2. Timeline

Please see **Attachment C** of this Proposal, titled *Newborn Enhanced Support Team: Projected Timeline and Outcome Measures for FY 2021*

3. Quality Assurance and Evaluation Plans

For Family Support Hawai‘i, quality assurance and quality control begins with an understanding of the communities we serve. All staff members are provided training on community data compiled in the most recent Family Support Hawai‘i Community Needs Assessment, which was completed in September 2018. Ongoing review of Family Support Hawai‘i and program policies and procedures will take place during individual supervision sessions and during monthly staff meetings. Quality assurance is supported by the development of a strong program infrastructure, adequate financial resources, descriptive policies and procedures, administrative structures, and quality of human resources supports.

Ongoing quality control will take place throughout a number of comprehensive systems. Beginning with the recruitment process and continuing throughout enrollment, quality controls will include the timely and accurate entry of data, ongoing review and analysis of data, the measurement of quality relationships with children and families, monitoring of the number and quality of supervision sessions, the measurement and analysis of employee engagement, and analysis of how the program is integrated into broader services in the community.

Outreach activities, the number of screenings completed, and the number and type of referrals made will be reviewed each week by the Lead Peer Educator, who will submit a report to the Program Supervisor two times per month. Any trends, issues, or training needed will be addressed during weekly supervision sessions or at monthly staff meetings. The data gathered, reviewed, and analyzed during this process may be used to drive program planning. FSH convenes experts from the local community twice yearly to provide clinical oversight and community feedback as part of our Health Services Advisory Committee (HSAC). The HSAC will review any trends or community-wide barriers impacting the NEST program and engage partners at the local and state level to devise solutions.

FSH contracts with Kamela Souza, MEd, as our Evaluation Specialist for NEST and related programs. With a background in Educational Psychology, Souza brings experience in adult learning, perinatal health, and child abuse and neglect prevention. Souza supports implementation of our Evaluation Plan with her expertise in using secure SMS messaging for data collection to assess parent outcomes. To measure key outcomes identified in our Evaluation Plan, the proposed NEST texting platform will integrate secure survey technology and to gather pre-post, longitudinal, and one-time counts of behaviors and events such as engagement, satisfaction, outside referrals, infant attachment, timing of developmental milestones, and

feeding. NEST has worked closely with UH Center on the Family to link pilot participants to complete Protective Factors Pre- and Post-Tests to establish baseline data for NEST implementation. Our platform will also allow for non-traditional data collection, such as allowing families to send videos of parent-infant interaction.

4. Measures of Effectiveness

Program Goals	Objectives	Measures of Effectiveness	Person Directly Responsible
<p>Goal #1: Increase parental well-being by fostering social connections, offering affirming and empathetic support, and providing early identification of postpartum distress and other stressors</p>	<p>Objective #1: Families of infants will have ready access to a supportive peer after giving birth and through the first year of life</p>	<p>Measure 1A: Of the 500 infants being born at Kona Community Hospital each year and additional community outreach contacts, a minimum of 400 families will be connected to at least one resource for postpartum support for the first twelve months of their baby’s life.</p>	<p>FSH Peer Educators</p>
		<p>Measure 1B: A minimum of 450 parents will report an increase in parenting/feeding knowledge after a support visit with NEST Peer Educator following delivery or personal contact.</p>	<p>FSH Peer Educators</p>
		<p>Measure 1C: Peer Educators will engage a minimum of 300 parents in discussion about postpartum well-being. Parents will receive guidance and brief follow-up screening for postpartum distress.</p>	<p>FSH Peer Educators FSH Mental Health Consultant</p>
		<p>Measure 1D: A minimum of 150 fathers and/or father-figures will engage in ongoing text support for a minimum of three months after child’s birth.</p>	<p>FSH Peer Educators and Fatherhood Specialist</p>
<p>Goal #2: Improve infant feeding outcomes</p>	<p>Objective #2: Families will receive</p>	<p>Measure 2A: A minimum of 450 families will</p>	<p>FSH Peer Educators</p>

through timely support so that as families first nourish their children, they develop a solid foundation for empowered, culturally-rooted choices through the life-span.	ongoing evidence-based infant feeding support extending throughout the first 12 months of life.	receive a breastfeeding support visit from a Peer Educator prior to discharge from hospital or at personal contact.	
		Measure 2B: A minimum of 400 parents (mothers and fathers) will receive accessible and culturally-attuned infant feeding support at critical milestones during their child's first year.	FSH Peer Educators and FSH Board-certified Lactation Consultants
		Measure 2C: 75 families will find meaningful support for infant health and behavioral concerns that would otherwise typically lead to disruption in breastfeeding, developmental delays, or other poor outcomes.	FSH Peer Educators, FSH Board-certified Lactation Consultants and Content Area Specialists
Goal #3: Increase families' knowledge of infant behavior and developmental milestones while boosting parental skills and confidence to foster healthy development and social and emotional learning	Objective #3: Families will receive timely child development information and meaningful tools to foster early learning	Measure 3A: A minimum of 375 parents (mothers and fathers) will receive information on child development and developmental milestones during critical times in the child's first year.	FSH Content Area Experts and Peer Educators
		Measure 3B: A minimum of 100 parents will receive information on or a referral to a home visiting, center-based, or other child development-related program in the community during the first 12 months of their child's life.	FSH Peer Educators
		Measure 3C: 100% of all families seen in the hospital or during initial personal contacts will be given a packet containing information on the pumping/storing of breastmilk, breastfeeding tips, father involvement, a	FSH Peer Educators

		developmentally-appropriate board book, and concrete tools to support early learning.	
--	--	---	--

IV. Financial

1. Budget Forms- Budget forms are included as **Attachment A** of this proposal.

2. Quarterly funding request for fiscal year 2021:

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
\$35,000.00	\$35,000.00	\$35,000.00	\$35,000.00	\$140,000.00

3. Other Sources of Funding that our Agency is Seeking for Fiscal Year 2021:

County of Hawai‘i Nonprofit Grant - \$25,000 (pending request)

Joseph and Vera Long Foundation - \$25,000 (pending request)

Bank of Hawai‘i Foundation - \$25,000 (pending request)

4. State and federal tax credits- N/A

5. Listing of Contracts, Grants, and Grants-In-Aid

This can be seen as part of the Budget Forms section in **Attachment A**.

6. Balance of Unrestricted Assets as of December 31, 2019: \$931,363.00

V. Experience and Capability

1. Necessary Skills and Experience:

Family Support Hawai‘i has been at the forefront of establishing innovative programs and activities designed to promote healthy family living, positive child development, and the prevention of adverse childhood experiences. Through ongoing training, effective supervisory strategies, and supportive coaching methods, staff members gain a toolkit of skills necessary for the implementation of a successful program serving new families in an ever-changing world. Five areas of emphasis have been identified as the following:

-Improvement of Maternal and Newborn Health- The agency employs a Maternal and Child Health Specialist (MCHS), who also serves as an IBCLC-certified Lactation Consultant and provides ongoing training and support to staff and enrolled families as needed. The MCHS is also available for ongoing support, particularly when there are feeding challenges. Ninety-six percent (96%) all mothers giving birth at the Kona Community Hospital initiate breastfeeding,

but data from West Hawai'i WIC indicates nearly half discontinue breastfeeding due to challenges in the first months of life. Extending the breastfeeding duration of all breastfed babies is a goal of the Family Support Hawai'i NEST program. The agency also employs a Prenatal Specialist, who serves as our second IBCLC-certified Lactation Consultant. The Prenatal Specialist helps to coordinate prenatal collaborations in the community, identifies prenatal curriculum and resources for expectant families in agency programs, and provides a variety of prenatal trainings to staff and families alike. Topics include, but are not limited to: fetal development; nutrition; labor and delivery preparation; mental health and wellness (including information on pre- and postpartum depression); prenatal oral health; benefits of breastfeeding; infant care; substance abuse prevention; and safe sleep practices.

-Prevention of Child Injuries, Child Abuse, Neglect, or Maltreatment, and Reduction of Emergency Room Visits- All Family Support Hawai'i staff receive annual training provided by PATCH on child abuse, neglect, maltreatment, and human trafficking. Age-appropriate injury prevention is integrated into program planning, beginning with topics such as safe sleep and shaken baby syndrome prevention and addressing risks at each developmental stage. Family Support Hawai'i staff members receive training each year on the topic of health literacy, which focuses on addressing health issues in the home and through the primary care physician, a preventative measure which helps to decrease emergency department visits. Staff members review with families a book called "What To Do When Your Child Gets Sick", a resource in addressing such topics as fever, taking a child's temperature, addressing heat rash, and poisoning prevention.

-Improvements in School Readiness and Achievement- Family Support Hawai'i staff members receive ongoing training each program year in all areas of child development, including social and emotional development, physical development, cognitive development, language and literacy development, mathematics development, and approaches to learning. PATCH and/or in-house training is provided to home visiting staff on a monthly basis. Family Support Hawai'i believes that school readiness begins before birth and is nurtured most fully within the context of healthy relationships. Positive parent-child interactions and relationships are encouraged through gentle coaching and support from staff.

-Prevention and Referral of Domestic Violence- Family Support Hawai'i staff receive annual training on the dynamics of domestic violence and responding to those who are in a domestic violence situation. Resources related to domestic violence, including hotline information, are updated each year. Staff members are trained in recognizing the need for and developing a safety plan and provide tools to help the family access mental health services, financial support, housing assistance, and support programs as needed. Fathers who are on either side of a domestic violence situation may be referred to the Family Support Hawai'i Fatherhood Initiative to receive one-on-one home visiting or group support. Staff members from Child and Family Service (the local provider of domestic violence programs) provide information and training as requested to our staff members on topics such as attaining a TRO, referring to support groups, and accessing the services of the domestic violence shelter.

-Coordination and Referrals for Other Community Resources and Supports- Building networks of community resources for families is a priority for all staff members of Family Support Hawai'i. The agency participates in a number of community events throughout the year in all service areas. Key community partners engage in our Health Services Advisory Committee, our

Early Head Start Policy Council, and the Continuous Quality Improvement team. Staff members interact with many community partners on a daily basis and share new resources with other staff members at monthly staff meetings. The NEST program utilizes a database to track referral and successful engagement with outside partners. Brochures and contact information for community resources are available at each of the four Family Support Hawai'i offices across Hawai'i Island. Family Support Hawai'i's presence in the districts of Hamakua, North and South Kohala, North and South Kona, and Ka'u helps to strengthen and solidify an extensive network of partnerships in order to provide the most comprehensive and pertinent services to the children and families in our community.

Currently and over the past three years, Family Support Hawai'i has provided services relevant to this funding request through the following programs:

-Newborn Enhanced Support Team (NEST) Pilot Project- This program provides concrete support to West Hawai'i families to understand and bond with their newborns, breastfeed successfully, and connect with appropriate community supports. NEST offers a welcome gift, educational materials, and post-discharge follow-up to every woman who gives birth at Kona Community Hospital (KCH). For families experiencing challenges, other supports include a helpline and home or office visits with a Breastfeeding Peer Counselor or IBCLC-certified Lactation Consultant. Over the past three years, NEST has included funding from the Hawai'i Children's Trust Fund (HCTF), the Joseph and Vera Long Foundation, the HMSA Foundation, and the Laurence H. Dorcy Foundation. This additional support allows NEST to screen every birthing family at KCH to identify children at risk for health and developmental challenges and abuse and neglect. NEST also helps families that indicate a need for additional support to enroll in home visiting or other support programs. Over the past year, this program has provided services to 464 families through a combination of home visits, office visits, or ongoing text/email/phone supports.

*-Early Head Start-*This program provides home-based services to a funded enrollment amount of 83 pregnant women and infants and toddlers in Hamakua, North and South Kohala, North and South Kona, and Ka'u each program year. During the 2017-2018 program year, the program provided home visiting services to 166 pregnant women and children from birth to age three. Low-income families, families experiencing homelessness, foster families, and children with special needs are prioritized for enrollment. Early Head Start Home Visitors work with pregnant women and their families, some of whom are experiencing high-risk health issues, children who were born prematurely and may have special health needs, families who are in poverty, who have low educational achievement, who are on governmental assistance, and who may be experiencing substance abuse, domestic violence, or who have either experienced or perpetrated child abuse and neglect. Parent Committees and the EHS Policy Council are two unique opportunities for families to become involved in decision-making for the program. Home visits are provided on a weekly basis and socialization experiences are offered two times per month.

The Family Support Hawai'i Early Head Start program also operates two center-based programs that provide home-visiting services to families throughout the program year. The first program, the Family Support Hawai'i Early Head Start Infant and Toddler Center at Kealakehe High School, is a DHS-licensed center providing child care services for pregnant and parenting teens who attend Kealakehe High School. The second classroom, the Greenwell Family Development program, another infant/toddler center, is located in Kealakekua. This DHS-licensed center

provides child care services for qualified families who are in school or working. Both centers provide high-quality, developmentally-appropriate activities and experiences for children from six weeks to 36 months of age.

This federally funded program has received grant support over the past three years from the Samuel N. and Mary Castle Foundation for expansion of their socialization experiences and from the County of Hawai'i to offset costs related to transporting low-income families to medical and dental appointments.

-Early Intervention Services- EIS is a family-centered support program for infants and children birth to three years of age with developmental delays. Over 50 years of medical and educational research, plus the personal experience of families, teachers, and developmental specialists across the country show that early intervention services can make a profound difference in a child's life. The program relies on a team of licensed occupational, developmental, speech, and physical therapists as well as family members. The team works closely with the family to assess, plan and provide education and strategies to families so they are able to implement the goals with their child. In addition to licensed therapists, the program also has access to nutrition, assistive technology, vision, and hearing specialists through the Department of Health Early Intervention Section. All services are delivered in the child's natural environment (home-based) which allows for more positive outcomes for both family and child. Families who are equipped with resources, knowledge and options for their children will then be able to provide long-term advocacy and support. These positive outcomes provide the groundwork for ongoing success in school and beyond. During the last program year, the Early Intervention Services program provided services to 177 children in the north, west, and south regions of Hawai'i Island.

-CWS Home Visiting Services (formerly the Enhanced Healthy Start program)- This program offers home visiting and counseling to families with children under the age of three that are involved in the child welfare services system. The needs of biological as well as foster parents are identified through assessments, and services delivered accordingly. Services include delivery of a curriculum coordinated with assessment findings, modeling of effective caregiving, and promotion of attuned attachment. Regular developmental screening of infants and toddlers is also part of the program, as is referral for special assistance needed to address developmental delays. General support of the family unit is also provided, including assistance with application for various resources and services; and transportation is provided when needed. Over the most recent program year, the program provided services to 34 children and 33 families.

-Early Identification (EID)- The EID program is funded by the State of Hawai'i Department of Health, Maternal Child Health Branch. EID Family Resource Specialists administer screens for environmental risk factors to pregnant women and parents of newborns in West Hawai'i. Screens are conducted at Kona Community Hospital, as well as in other community locations and over the phone. Identified families are referred to home-visiting programs and to other appropriate community resources, including the Family Support Hawai'i Newborn Enhanced Support Team (NEST) for breastfeeding follow-up and support. Funding for this program will be ending on June 30, 2020

-Fatherhood Initiative- The Family Support Hawai'i Fatherhood Initiative seeks to strengthen families in our community by supporting fathers to play a more active role in nurturing and raising their children. The program responds to escalating social concerns regarding "father

absence” by providing fathers access to services designed to prepare them to better meet the developmental, emotional, psychological and financial needs of their children. We offer no-cost, curriculum based 12-week education groups for fathers in West Hawai‘i. In addition, we provide support groups consisting of fathers who have completed the curriculum based 12-week training. Individual support through home-visiting services is also available when needed. The program provides community education by making presentations to various groups on the vital role of fathers. Our NEST expansion project, if funded, will work with the FSH Fatherhood Initiative to effectively integrate text support for new fathers in the West Hawai‘i region.

2. Facilities

Family Support Hawai‘i currently has four offices throughout Hawai‘i Island. For the purposes of the proposal’s service areas, North and South Kona and Ka‘u, there are two offices currently in place which will house the NEST project. The first office, located at 75-127 Lunapule Rd. Suite 11 Kailua-Kona Hawai‘i 96740 is the main office for the Family Support Hawai‘i agency. The agency’s administration is based in this office. The second office, located at the Greenwell Family Development Center, is located at 81-6493 Mamalahoa Hwy. Kealahou Hawaii 96750. This office currently houses the Peer Educator and Lactation Consultant staff, as it is located approximately 1.5 miles from the Kona Community Hospital. Family Support Hawai‘i also maintains offices in Waimea and Na‘alehu. These offices may be utilized as needed. All offices have current labor law and other required posters conspicuously posted as required. The Mamalahoa office also has postings required for child care licensing, including the “And Justice For All” civil rights poster, which is used to inform customers of their rights and displays information relevant to assisted programs.

All offices of Family Support Hawai‘i have been designated as meeting ADA requirements. The following is posted on the Family Support Hawai‘i website:

“Family Support Hawai‘i does not discriminate on the basis of disability in its hiring or employment practices and complies with all regulations promulgated by the U.S. Equal Employment Opportunity Commission under title I of the ADA. Family Support Hawaii will make all reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity to enjoy all of its programs, services, and activities.”

The Americans with Disabilities Act Checklist for Readily Achievable Barrier Removal was completed for both office sites as part of a state audit which was held on June 21, 2018.

VI. Personnel: Project Organization and Staffing

1. Proposed Staffing, Staff Qualifications, Supervision, and Training

The Family Support Hawai‘i Newborn Enhanced Support Team expansion under this GIA will be staffed in the following configuration:

The program will be staffed with a .50 FTE Maternal and Child Health Specialist/Lactation Consultant, a .20 FTE Prenatal Specialist/Lactation Consultant, a .50 FTE Lead Peer Educator, a .50 FTE Peer Educator, a .02 FTE Executive Director, a .05 FTE Controller, a .05 FTE Bookkeeper, and a .02 FTE Information Technology Coordinator.

Key Position Descriptions-

Maternal and Child Health Specialist: This position will be responsible for providing perinatal, breastfeeding, and child/family health training and support for staff and enrolled program participants. The Maternal and Child Health Specialist will provide health, nutrition and developmental guidance, follow-up support, and will assist in data analysis and evaluation.

The identified Maternal and Child Health Specialist is Krista Olson. As Maternal Child Health Specialist for Family Support Hawai'i (FSH) since 2005, Krista Olson, MC-MCH, IBCLC, CH, has focused on mitigating health disparities through breastfeeding advocacy and other innovative measures to promote early attachment and optimal nutrition. In her role at FSH, Krista provides clinical support for Early Head Start, Early Identification, the First Foods Initiative and the Newborn Enhanced Support Team (NEST). She also teaches and presents nationally on the role of traditional foods and medicines, including breastmilk, in restoring community health. She has worked with Head Start, WIC, and Healthy Start, State Health Departments, and health centers in the U.S. and Central America. Krista is a Board Certified Lactation Consultant (IBCLC) and holds a Master's Certificate in Maternal Child Health from the Department of Public Health at John A. Burns School of Medicine, University of Hawai'i.

Prenatal Specialist/Lactation Consultant: Position(s) will be responsible for providing perinatal, clinical lactation, and newborn behavioral support for expectant and new mothers. Contributes to storyline development, answer bank validation and staff training and mentorship.

The identified Prenatal Specialist/Lactation Consultant is Judy Personius (IBCLC, CCE, CD). Judy has lived in Hawai'i for over 45 years. During that time, she has worked as a Waldorf Teacher, Childbirth Educator, Doula, and a Home Visitor for the Family Support Hawai'i Early Head Start program. She is passionate about working with pregnant women, particularly with the pregnant teen population. In 2011, she became an IBCLC to better support the breastfeeding needs and goals of families in the community.

Peer Educators: Peer Educators will provide will provide culturally-targeted feeding guidance to families either prenatally or shortly after giving birth. They have the ability to make connections with families, provide breastfeeding support, share information about relevant resources in the community, and complete paperwork both timely and accurately. They conduct screenings in a sensitive, culturally-responsive fashion, utilizing positive motivational interviewing techniques. Peer Educators will conduct ongoing outreach throughout various venues in the community to identify and engage prenatal participants for screening and resource/referrals. To support successful breastfeeding, the Peer Educators will provide a continuum of support that includes well-timed anticipatory guidance, empathetic support, access to timely advice from a well-trained advocate, and affordable clinical lactation care and supplies to overcome breastfeeding challenges. The Peer Educators are critical links to assist families in accessing clinical lactation care, breast pumps and supplies during the vulnerable early weeks of breastfeeding. FSH has developed a comprehensive training model for Peer Educator staff to build skills comparable to the WIC Breastfeeding Peer Counselor, providing knowledgeable breastfeeding support early on forges strong connections with participants and enhances program engagement. The Lead Peer Educator will provide weekly supervision for the other Peer Educator.

The identified Peer Educators are Leina'ala Henriques and Natasha Fernandez. Both grew up on Hawaii Island and have been FSH employees for a combined 26 years. They are both trained

Breastfeeding Peer Counselors and have worked closely with Kona Community Hospital for many years. Leina‘ala provides the breastfeeding component of the monthly childbirth classes held at the hospital each month. Both Leina‘ala and Natasha are busy working mothers who are students of Psychology at the University of Hawai‘i, West Oahu.

Supervision and Training-

Ongoing supervision, which includes administrative, clinical, and reflective components for all direct-service staff, is provided on a weekly basis. Direct service staff will receive a minimum of one hour of supervision per week. The Lead Peer Educator will provide weekly supervision for the other Peer Educator and the Prenatal Specialist/Lactation Consultant. The Maternal and Child Health Specialist will provide weekly supervision to the Lead Peer Educator. The FSH Early Childhood Division Director will provide two hours per month of supervision to the Maternal and Child Health Specialist. The FSH Executive Director will provide two hours per month of supervision to the Early Childhood Division Director. All supervision sessions are strengths-based and focused on relationship-building and the increasing of skills, knowledge, and practices. All supervision sessions are documented on a log, which minimally contains the date and time of the supervision, the persons present at the supervision session, discussion and review of issues identified by families in initial assessments, challenges, barriers, and support needed, and reflection on issues such as preventing burn-out, self-care, boundaries and ethics, skill development, or training needed. The supervision logs are kept in a locked filing cabinet by the designated supervisor. Administrative support is provided by the FSH Executive Director, Controller, Bookkeeper, and IT Coordinator.

Access to high-quality training and professional development is an area which Family Support Hawai‘i places as a priority. One element of employee satisfaction at FSH has been its comprehensive, skills-based training opportunities. The Early Childhood Division Director and the Maternal and Child Health Specialist will be responsible for the development and implementation of the individual Professional Development Plan and will develop and implement the program-wide training plan. They have been providing training support to agency staff for a combined total of twenty-seven years. In addition to providing culturally-responsive and relevant trainings, focused on health, nutrition, safety, early childhood education, and family development for Family Support Hawaii staff and families, they have provided PATCH training state-wide, training for a number of local and state organizations/conferences, and have been presenters for both national and international conferences. Family Support Hawaii maintains a bank of trainers (both in-house and from the community) who are available to provide an array of professional development and training experiences for program staff. Professional development experiences will meet high-quality indicators of health relevancy as well as developmental, cultural, and linguistic appropriateness.

In addition to ongoing training and professional development experiences, FSH staff participate in a Staff Wellness Plan, which focuses on a different wellness topic each month over the course of a year. Each month, the Early Childhood Division Director distributes information about the month’s topic, encouraging participation by providing agency-wide health challenges and incentives, and provide support to staff members to identify and implement healthy practices into their lives. A contracted Mental Health Specialist may provide mental health and wellness topics to staff as appropriate.

2. Organization Chart- See Attachment B of this proposal.

3. Compensation-

The three highest paid employees of Family Support Hawai'i are:

FSH Executive Director- \$83,500.00

FSH Early Childhood Division Director- \$64,000.00

FSH Early Intervention Services Director- \$61,000.00

VII. Other

1. Litigation

Family Support Hawai'i does not have any pending litigation.

2. Licensure or Accreditation

The Maternal and Child Health Specialist and Prenatal Specialist/Lactation Consultant are currently licensed as International Board-Certified Lactation Consultants (IBCLC).

3. Private Educational Institutions

This grant will not be used to support or benefit a sectarian or non-sectarian private educational institution.

4. Future Sustainability Plan

In addition to federal and state sources of funding, Family Support Hawai'i continually seeks funding from philanthropic sources. The agency also participates in annual fundraising events to support the services provided to children and families throughout the service area. As we grow our NEST Program into a scalable and replicable model with support through 2021, we anticipate costs to deliver this intervention leveling off to further stabilize this cost-effective model and deliver significant return on investment for each family served.

To date, 1300 families have engaged in ongoing text support with our peer counselors and clinical staff. Now in our fourth year, a substantial number of these families are also "repeat users" and have re-enrolled with NEST for a second or third year as they give birth to subsequent children.

With support from a diverse portfolio of small funders, users from our target communities have enrolled at no cost during prenatal contact or following delivery at local birthing facilities. Families may be referred to NEST during pregnancy by health care providers, home visiting programs, health plans, or the WIC program. Increasingly, referrals come from other families enrolled in NEST (reflected in our Net Promoter Score of 89). Because our initial pilot only allowed for enrollment of families in a targeted area with disparate outcomes, we have

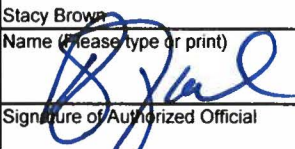
turned away many interested but ineligible users, prompting our early stage partnership to launch a subscription membership offering peer and clinical texting support for parents who fall outside of our service area.

Our expansion phase will continue to rely on philanthropic and public investment while also exploring opportunities to leverage funds from group and individual subscribers. As we respond to demand for replication in other communities, an improved economy of scale will continue to bring costs down while opening access to additional avenues of revenue.

BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2020 to June 30, 2021

App Family Support Services of West Hawaii

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	87,673		6,593	31,562
2. Payroll Taxes & Assessments	12,424		934	4,473
3. Fringe Benefits	16,658		1,022	5,997
TOTAL PERSONNEL COST	116,755		8,549	42,032
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island	1,000			360
2. Insurance	1,800		120	648
3. Lease/Rental of Equipment	750			
4. Lease/Rental of Space	1,795		1,000	646
5. Staff Training	1,000		1,600	360
6. Supplies	3,000		1,300	1,080
7. Telecommunication	2,400			864
8. Utilities	1,000		360	360
9. Consultant Costs	3,000		9,171	1,080
10. Publication and Printing	1,000		200	360
11. Mileage	1,000			230
12. Text messaging platform fees	5,500		2,700	1,980
13				
14				
15				
16				
17				
18				
19				
20				
TOTAL OTHER CURRENT EXPENSES	23,245		16,451	7,968
C. EQUIPMENT PURCHASES				
D. MOTOR VEHICLE PURCHASES				
E. CAPITAL				
TOTAL (A+B+C+D+E)	140,000		25,000	50,000
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested	140,000	Stacy Brown		
(b) Total Federal Funds Requested		Name (Please type or print)		
(c) Total County Funds Requested	25,000	Phone		
(d) Total Private/Other Funds Requested	50,000	Date		
TOTAL BUDGET	215,000	 Signature of Authorized Official		
		Ray Wofford - Executive Director		
		Name and Title (Please type or print)		

BUDGET JUSTIFICATION - PERSONNEL SALARIES AND WAGES

Period: July 1, 2020 to June 30, 2021

Family Support Services of West Hawaii

POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
Maternal and Child Health Specialist/Lactation Consultant	1	\$60,399.00	50.00%	\$ 30,199.50
Prenatal Specialist/Lactation Consultant	0.5	\$23,484.00	40.00%	\$ 9,393.60
Lead Peer Educator	0.875	\$41,097.00	57.00%	\$ 23,425.29
Peer Educator	1	\$35,020.00	50.00%	\$ 17,510.00
Executive Director	1	\$82,688.00	2.00%	\$ 1,653.76
Controller	1	\$50,000.00	5.00%	\$ 2,500.00
Bookkeeper	1	\$41,200.00	5.00%	\$ 2,060.00
IT Coordinator	1	\$46,556.00	2.00%	\$ 931.12
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
TOTAL:				87,673.27
JUSTIFICATION/COMMENTS:				

**BUDGET JUSTIFICATION
PERSONNEL: PAYROLL TAXES, ASSESSMENTS, AND FRINGE BENEFITS**

Applicant/Provider: Family Support Services of West Hawaii

RFP No.: Grant-In-Aid 2020-2021 Period: 7/1/2020 to 6/30/2021 Date Prepared: 1/15/2020

Contract No.: _____
(As Applicable)

TYPE	BASIS OF ASSESSMENTS OR FRINGE BENEFITS	% OF SALARY	TOTAL
PAYROLL TAXES & ASSESSMENTS:			
Social Security	As required by law	7.65%	6,707
Unemployment Insurance (Federal)	As required by law		-
Unemployment Insurance (State)	As required by law	2.81%	2,464
Worker's Compensation	As required by law	3.26%	2,858
Temporary Disability Insurance	As required by law	0.45%	395
SUBTOTAL:			12,424
FRINGE BENEFITS:			
Health Insurance			14028
Retirement			2630
SUBTOTAL:			16,658
TOTAL:			29,082

JUSTIFICATION/COMMENTS:

BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Period: July 1, 2020 to June 30, 2021

Family Support Services of West Hawaii

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

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

BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS

Period: July 1, 2020 to June 30, 2021

Family Support Services of West Hawaii

FUNDING AMOUNT REQUESTED						
TOTAL PROJECT COST	ALL SOURCES OF FUNDS RECEIVED IN PRIOR YEARS		STATE FUNDS REQUESTED	OF FUNDS REQUESTED	FUNDING REQUIRED IN SUCCEEDING YEARS	
	FY: 2018-2019	FY: 2019-2020	FY:2020-2021	FY:2020-2021	FY:2021-2022	FY:2022-2023
PLANS						
LAND ACQUISITION						
DESIGN						
CONSTRUCTION						
EQUIPMENT						
TOTAL:	N/A	N/A	N/A	N/A	N/A	N/A
JUSTIFICATION/COMMENTS:						
Not applicable						

GOVERNMENT CONTRACTS, GRANTS, AND / OR GRANTS IN AID

Applicant: Family Support Services of West Hawaii

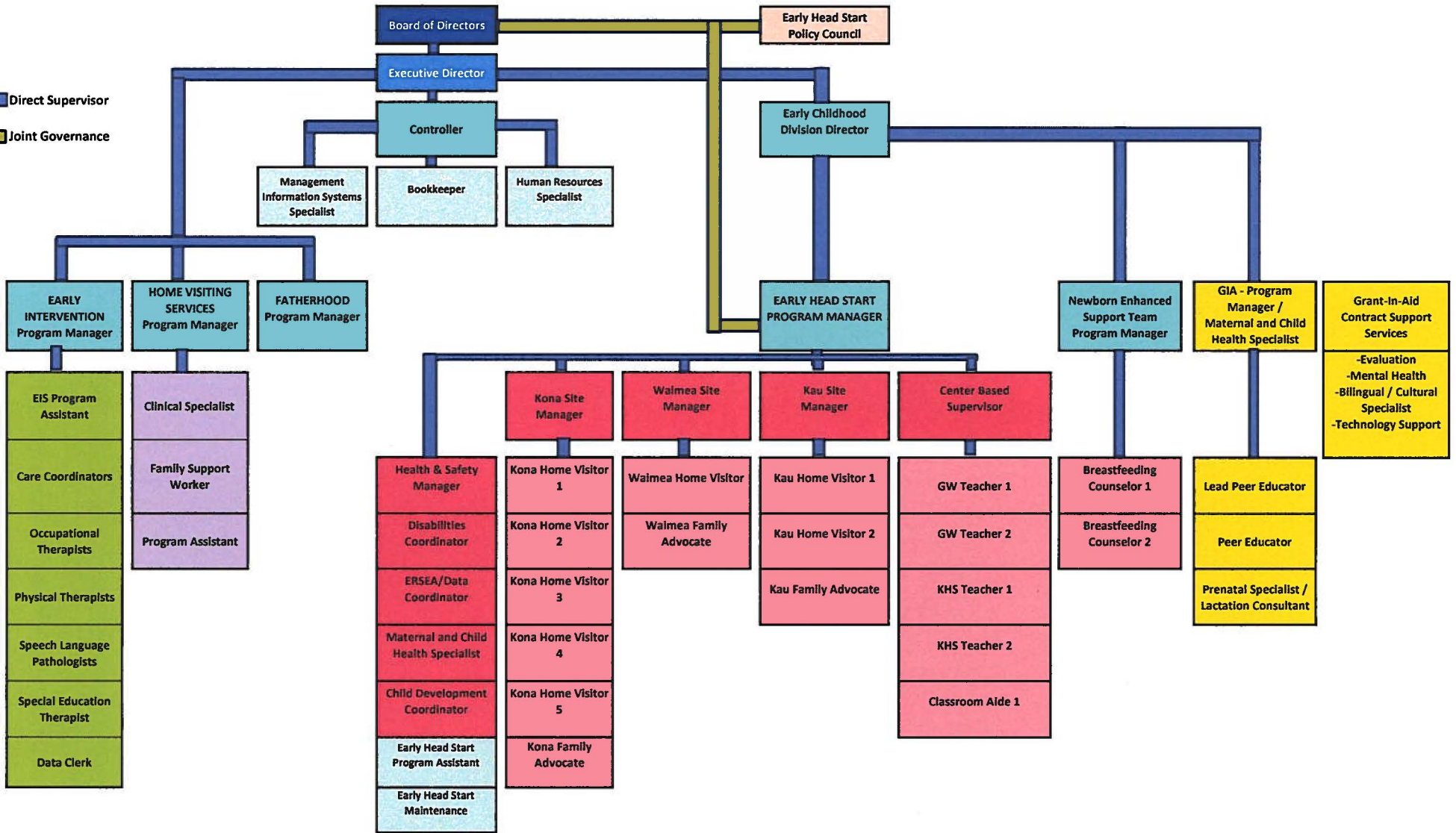
Contracts Total: 13,964,597

	CONTRACT DESCRIPTION	EFFECTIVE DATES	AGENCY	GOVERNMENT ENTITY (U.S. / State / Haw / Hon / Kau / Mau)	CONTRACT VALUE
1	Early Head Start	5/01/20 to 4/30/21	Office of Head Start	Federal	1,147,301
2	Early Head Start	5/1/19 to 4/30/20	Office of Head Start	Federal	1,175,301
3	Early Head Start	5/1/18 to 4/30/19	Office of Head Start	Federal	1,164,908
4	Early Head Start	5/1/17 to 4/30/18	Office of Head Start	Federal	1,124,739
5	Early Head Start	5/1/16 to 4/30/17	Office of Head Start	Federal	1,107,347
6	Early Head Start	5/01/20 to 4/30/21	Dept of Human Service	Fed passthru stat	95,429
7	Early Head Start	5/1/19 to 4/30/20	Dept of Human Service	Fed passthru stat	95,429
8	Early Head Start	5/1/18 to 4/30/19	Dept of Human Service	Fed passthru stat	95,429
9	Early Head Start	5/1/17 to 4/30/18	Dept of Human Service	Fed passthru stat	95,429
10	Early Head Start	5/1/16 to 4/30/17	Dept of Human Service	Fed passthru stat	95,429
11	Early Intervention Services	7/1/20 to 6/30/21	Dept of Health	State	1,269,390
12	Early Intervention Services	7/1/19 to 6/30/20	Dept of Health	State	1,280,766
13	Early Intervention Services	7/1/18 to 6/30/19	Dept of Health	State	1,413,486
14	Early Intervention Services	7/1/17 to 6/30/18	Dept of Health	State	968,485
15	Early Intervention Services	7/1/16 to 6/30/17	Dept of Health	State	929,979
16	Home Visiting Services	7/1/20 to 6/30/21	Dept of Human Service	Fed passthru stat	210,779
17	Home Visiting Services	7/1/19 to 6/30/20	Dept of Human Service	Fed passthru stat	210,779
18	Home Visiting Services	7/1/18 to 6/30/19	Dept of Human Service	Fed passthru stat	210,779
19	Home Visiting Services	7/1/17 to 6/30/18	Dept of Human Service	Fed passthru stat	202,301
20	Home Visiting Services	7/1/16 to 6/30/17	Dept of Human Service	Fed passthru stat	202,301
21	Early Identification	7/1/19 to 6/30/20	Materal Child Health Br	State / Federal	121,724
22	Early Identification	7/1/18 to 6/30/19	Materal Child Health Br	State / Federal	131,649
23	Early Identification	7/1/17 to 6/30/18	Materal Child Health Br	State / Federal	185,436
24	Early Identification	7/1/16 to 6/30/17	Materal Child Health Br	State / Federal	199,387
25	Child Nutrition Program	7/1/20 to 6/30/21	Dept of Education	Fed passthru stat	13,300
26	Child Nutrition Program	7/1/19 to 6/30/20	Dept of Education	Fed passthru stat	13,300
27	Child Nutrition Program	7/1/18 to 6/30/19	Dept of Education	Fed passthru stat	9,906
28	Child Nutrition Program	7/1/17 to 6/30/18	Dept of Education	Fed passthru stat	8,973
29	Child Nutrition Program	7/1/16 to 6/30/17	Dept of Education	Fed passthru stat	8,661
30	Fatherhood Initiative	7/1/19 to 6/30/20	County of Hawaii	County of Hawaii	11,625

31	Fatherhood Initiative	7/1/18 to 6/30/19	County of Hawaii	County of Hawaii	22,350
32	Fatherhood Initiative	7/1/17 to 6/30/18	County of Hawaii	County of Hawaii	33,000
33	Pathways School Mentoring	7/1/19 to 6/30/20	County of Hawaii	County of Hawaii	9,803
34	IMUA Mentoring	7/1/18 to 6/30/19	County of Hawaii	County of Hawaii	19,725
35	Healthy Keiki	7/1/19 to 6/30/20	County of Hawaii	County of Hawaii	11,313
36	Healthy Keiki	7/1/17 to 6/30/18	County of Hawaii	County of Hawaii	18,500
37	Youth Outreach and Advocacy	7/1/16 to 6/30/17	Office of Youth Service State		43,020
38	Transitional Living for Homeless Youth	7/1/16 to 6/30/17	Hawaii Youth Services Fed passthru HYS		7,139

Family Support Services of West Hawaii Organizational Chart

KEY:
█ Direct Supervisor
█ Joint Governance



Attachment C: NEWBORN ENHANCED SUPPORT TEAM – PROJECTED TIMELINE & OUTCOME MEASURES FOR FY 2021

Purpose: Expand the safety net of peer and professional support for parents of infants in West Hawai'i County

ACTIVITIES	OUTPUTS	MEASUREABLE OUTCOMES
<ol style="list-style-type: none"> 1. July 2020-- Complete administrative tasks to integrate GIA funding stream and objectives within FSH programs 2. August 2020—Engage in staff training and message development to expand early learning opportunities for underserved families before or soon after birth 3. September 2020—Establish infrastructure for expansion of SMS texting platform to engage more male participants 4. October 2020—Test expanded text storyline to ensure seamless transition when expansion goes “live” 5. November 2020 –Begin work on Spanish language storylines and answer templates, explore Marshallese needs 6. December 2020—Contract technical specialist to integrate new surveys and answer bank into platform 7. December 2020 – Conduct expert review of beta-test new or newly improved storylines 8. January 2021—Full launch of fatherhood and Spanish-language storylines and services 9. February -June 2021—Conduct data collection and evaluation to revise and improve new storylines 10. March 2021—Collaborate with technical consultant to enable mass messaging for community emergencies 11. January – June 2021—Leverage funding to extend timely clinical lactation care to underserved families engaged in expanded storylines 	<ol style="list-style-type: none"> 1.1 Re-allocate and/or recruit staff 1.2 Establish budget tracking/allocations 1.3 Review data collection 2.1 Engage 3 content area experts to expand messaging to address key needs of vulnerable families 2.2 Identify key messaging for texting storylines to increase father engagement 3.1 Build recruitment partnership with WIC, home visiting, and Fatherhood Initiative 3.2 Create gender-specific message “storyline” to support fathers and father figures 4.1 Generate personalized storyline for 6 test participants (min. 35 core messages), along with integrated survey(s) assessing outcome measures 5.1 Establish contracts for cultural consultants and language specialists 5.2 Produce storyline draft (min. 30 core messages) parallel to main English language storyline 6.1 Beta-test full system for new storylines and address challenges with system provider 7.1 Revise new storylines to integrate expert and participant feedback 8.1 Enroll >10 participants for each storyline 9.1 Conduct monthly analysis of program opt-out reports, text messaging/follow-up statistics, survey outcomes, and participant feedback 10.1 Beta-test mass messaging to selected groups to assure technology is operable for emergencies 11.1 Advocate with Medicaid and insurance plans to expand coverage for lactation care and telehealth support for families of infants 11.2 Provide appropriate IBCLC care to families experiencing barriers to care 	<ol style="list-style-type: none"> 1. NEST fully staffed and operational to meet expanded objectives by 8/1/20 2. 3 content area experts review messaging protocols to confirm evidence-based guidance in 7 core content areas by 8/31/20 3. >100 fathers/father figures per year enroll in NEST texting platform by 1/30/20 4. Expanded storyline launched with 6 test users by 10/15/20 5. Spanish-language storyline ready for back-translation and testing by 12/1/20 6. Contracted technical specialist provides effective interface with platform provider as we fully launch new storylines by 1/1/21 7. Expanded storylines and accompanying answer templates in place for launch by 1/1/21 8. Collect feedback on user experience from >5 participants in each new storyline by 2/1/21 9. Key staff and cultural consultants participate in monthly evaluation and revision of pilot 10. By 4/1/21, modifications to existing system will allow rapid adaptability to texting system to address perinatal concerns in emergencies 11. By 1/1/21, provide clinical lactation care to >4 families per month facing barriers to care and experiencing breastfeeding difficulties