

House District 14

Senate District 7

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

Log No: 29-C

For Legislature's Use Only

Type of Grant or Subsidy Request:

GRANT REQUEST – OPERATING

GRANT REQUEST – CAPITAL

SUBSIDY REQUEST

"Grant" means an award of state funds by the legislature, by an appropriation to a specified recipient, to support the activities of the recipient and permit the community to benefit from those activities.

"Subsidy" means an award of state funds by the legislature, by an appropriation to a recipient specified in the appropriation, to reduce the costs incurred by the organization or individual in providing a service available to some or all members of the public.

"Recipient" means any organization or person receiving a grant or subsidy.

STATE DEPARTMENT OR AGENCY RELATED TO THIS REQUEST (LEAVE BLANK IF UNKNOWN): _____

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

1. APPLICANT INFORMATION:

Legal Name of Requesting Organization or Individual:

CFS Real Property, Inc.

Db:

Street Address:

91-1841 Fort Weaver Road
Ewa Beach, Hawaii 96706-1909

Mailing Address:

Same as above

2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:

Name PATTI BATES

Title Chief Operating Officer

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3. TYPE OF BUSINESS ENTITY:

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

4. FEDERAL TAX ID #: _____

5. STATE TAX ID #: _____

6. SSN (IF AN INDIVIDUAL): _____

7. DESCRIPTIVE TITLE OF APPLICANT'S REQUEST:

Acquisition of Hale Ho'omalua, a Community Center serving at-risk families on Kauai

8. FISCAL YEARS AND AMOUNT OF STATE FUNDS REQUESTED:

FY 2008-2009 \$ 400,000.00

9. STATUS OF SERVICE DESCRIBED IN THIS REQUEST:

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

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

STATE \$ _____

FEDERAL \$ _____

COUNTY \$ _____

PRIVATE/OTHER \$ _____

TYPE, NAME & TITLE OF AUTHORIZED REPRESENTATIVE:

AUTHORIZED SIGNATURE

HOWARD GARVAL, PRESIDENT AND CEO
NAME & TITLE

DATE SIGNED

1-30-08

Proposal to the

The Legislature
State of Hawaii

for

GRANT-IN-AID
**(Acquisition of Hale Ho'omaluu, a Community Center
serving at-risk families on Kauai)**

January 2008

**Acquisition of Hale Ho'omalu, a Community Center serving at-risk families on
Kauai
Proposal
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Section I

BACKGROUND AND SUMMARY

CFS Real Property, Inc. is requesting funding from the State of Hawai'i to support the Community-Based Family Center program of Child and Family Service (CFS). This proposal is a one-time request for funding to acquire a facility for the Family Center program, Hale Ho'omalau, in the Kapa'a area of Kauai. Child and Family Service has been providing essential support services to the families on the Eastside of Kauai at Hale Ho'omalau in a rented single family dwelling since 2002. This Family Center has been a collaborative effort with other community agencies, businesses and the faith community. The property owner recently listed the property for sale and CFS has been unable to locate an alternate rental facility in the tight market on Kauai. Hale Ho'omalau has positively impacted hundreds of east Kauai families and greatly increased the community commitment to creating a more family friendly community.

Organization's Background

CFS Real Property, Inc. is a support organization for Child and Family Service, a 501(c)(3). It was incorporated in May 1996 as a 509(a)(3) nonprofit support organization. Its purpose is to purchase, hold and develop real property and other investment assets for charitable, scientific, literary or educational purposes and to support Child and Family Service (CFS). This enables CFS to meet high standards for quality of its facilities and to provide an effective context for delivery of services for its clients.

Child and Family Service, a private non-profit service organization, is Hawaii's leader in non-government social and human services and advocacy for children and families in need. CFS maintains a comprehensive integrated delivery system throughout the State on Oahu, Kauai, Lanai, Maui, Molokai, and the island of Hawaii.

CFS currently operates 42 programs in three major areas, delivering services at 46 locations statewide. The CFS programs are designed to meet the needs of people from all age groups – from pregnant moms and their yet-to-be born keiki to our treasured kupuna. Each year, CFS touches the lives of over 47,000 people while providing direct social and behavioral health services to more than 21,000 people statewide from a wide range of ages, ethnicity, and socioeconomic status. CFS operates the following programs to address current community needs.

- **Early Childhood and Children's Services** - Child abuse and neglect prevention and intervention, early childhood development and education, and alternative education for at-risk youth.
- **Adult and Family Services** - Domestic violence shelters and intervention, employment training, supportive home-based elder services.

- **Behavioral Health Services** - Emotional and clinical support of children and adolescents, as well as workplace based counseling.

In 2004, CFS leapt into high technology by connecting six offices on four islands though a videoconferencing network. In 2008, CFS merged with Turning Point For Families, a domestic violence agency serving the Island of Hawaii. CFS has an annual budget of \$28 million, with a workforce of nearly 600 employees and approximately 70 volunteers statewide. We are accredited by the Council on Accreditation for Children and Families (COA) as an organization recognized for delivering quality service. CFS earned its accreditation in 1980, and in 2006, CFS received a three-year reaccreditation from the COA.

Program Background

Child and Family Service has been providing a broad array of services to the families on Kauai for the past twenty five years. As part of our mission, Child and Family Service operates the Family Center program, a unique, well utilized, community based program that provides a broad array of services to support families in need. Located on the Island of Kauai, services provided through the Family Center program include those to meet basic needs, such as a food pantry and clothes closet, information and referral, intake and assessment, outreach services and case management, parenting groups and classes, and individual and family counseling. Services are coordinated with local community organizations and service agencies. The Centers also provide a larger community function by having other services co-located at the houses and providing meeting space for community groups. The Family Centers have also brought additional services to their communities supported by individual and community donations, grants and sub-contracts with other local and state agencies. Currently CFS provides Family Center services at two locations on Kauai, Nana's House in Waimea and Hale Ho'omaluu in the Kapa'a area and has been providing this service to Kauai's community and families in need since 1996.

Goals and Objectives

With the limited availability and affordability of suitable rental facilities, the acquisition of the exiting facility will ensure the longevity of essential services to at-risk families.

The overall goal of the program is to promote safe and stable families by providing at-risk families with services that meet their needs and build upon their strengths. The program embraces family empowerment and strongly believes that at-risk families can be strengthened when provided support, skill-building activities and practical assistance in meeting everyday challenges. Stronger families tend to have fewer incidents of child abuse/neglect, domestic violence, and substance abuse, resulting in stronger communities.

Hale Ho'omalū provides services to at least 150 families annually. These families are involved in one or more of the following services: parenting classes, counseling, information and referral and/or basic needs such as food or clothing. Other services are available to families at Hale Ho'omalū through collaboration with other organizations.

Data is collected and reported to the Department of Human Services to assure that we are meeting the overall goal to prevent the incidence of child abuse in the community by working with at-risk families and obtaining following outcomes:

- 90% of the families with no reports of harm during program involvement;
- 90% of the families with no reports of harm within 6 months after receiving services; and
- 80% of the families complete the goals on their individualized family service plan.

In addition, Hale Ho'omalū gathers data on the percentage of parents learning new parenting skills through our parent education classes. This is measured by a pre and post test on parenting practices and developmentally appropriate discipline principles. Family satisfaction with the services provided at Hale Ho'omalū is also collected through surveys given to all families involved in services at the Family Center.

Child and Family Service measures community, as well as family, outcomes. While the family outcomes measure the success of each family in developing a safe and caring home for their children, the community goals measure the increase in community involvement in creating a safe and caring community that nurtures families. Hale Ho'omalū reports on the number of family activities and services that are provided in the Kapa'a area through community partnerships with other organizations, business partners and/or the faith community throughout the year.

Public Purpose/Need To Be Served

It is important to have community-based family support services located in the community where families at-risk live so that it can reflect the specific strengths and needs of that community. Although there are basic services that are needed in every community, the resources and stressors of the neighborhoods differ greatly and can best be met with a close collaborative network at the local level. Hale Ho'omalū Family Center has been providing this service to the Kapa'a area for more than 5 years. Its service array, community collaborations and staffing reflect the specific needs of the Kapa'a and the eastside of Kauai.

Statistics

The Kapa'a area of Kauai has the largest and densest population on the island and its community needs are high. While the entire population on Kauai has been increasing over the 10 years, the greatest growth has been seen in the Kapa'a area (Kawaihau District) with an 18.5% increase. This increase brought greater transience to the area and a lack of historical connection to the neighborhood. The community has ongoing challenges with housing and transportation and the dramatic increase in housing prices has greatly increased family stress and homelessness. The number of families who are coming to Hale Ho'omalau to obtain food has increased each year the Family Center has been open. Kawaihau District also ranked high in maternal and child health risk indicators such as infant mortality rate and inadequate prenatal care.

The total child abuse figures for the State peaked in 2003 with fewer reports and confirmed child abuse cases since then. This pattern is also the same for all districts on Kauai. Even so the 2004 child abuse and neglect count of unduplicated children by district shows that the Kapa'a area was overrepresented with 36% of the children living in the Kawaihau District. It is important to note that while the number of child abuse reports have gone down since 2003 the number of families referred to the Family Strengthening Services (CPS Diversion) program has continued to rise. In FY 2004, 70 families were referred by Child Welfare Services to the Kauai Family Strengthening Program. During the 2007 fiscal year, Child Welfare Services referred 99 families and 44% were in the Kapa'a area. Clearly, more families are being identified by CWS as at-risk of child abuse and the services they need must be provided in the community.

Target Population

The Family Centers are open to families in need of family support services who live in the target areas. The target area for Hale Ho'omalau extends from the Hanamaulu to the North Shore although no family is ever turned away. The population for the proposed services includes families (1) who are referred by Child Welfare Services, other professional agencies or are self referred, (2) whose children are victims or are at-risk of child abuse and/or neglect, or (3) who are in crisis or are seeking basic needs, information and/or support to help them through a stressful period in their family life. Many of the families seen at the Family Centers are also impacted by domestic violence, substance abuse or are in need of basic food, clothing and supplies. Families referred by Child Welfare Services are given priority when service availability is limited.

The Family Centers also host family activities, cultural and craft classes, community resource information and other family friendly services that are open to all community families. It is important that Hale Ho'omalau and Nana's House remain accessible to all community families so that there is no stigma attached to coming to the center.

Geographic Coverage

The request will primarily serve residents living in the Eastside of Kauai, Hanamaulu to the North Shore, Kapa'a and surrounding communities.

Program Benefits

Each year more than 150 families come to Hale Ho'omaluu for a family activity or class, food or clothing, for a meeting, information and referral, case management, parent education classes or counseling. The ultimate goal of Hale Ho'omaluu is to support parents in providing a safe and stable home for their children. Our service outcomes show that more than 90% of the at-risk families that participate in the case management, parenting class and/or counseling service are able to maintain a safe home for their children without subsequent Child Welfare Service involvement.

Hale Ho'omaluu is also home to several other community programs: the Tobacco Cessation project helps family members quit smoking; the Independent Living Program teaches daily living skills to young foster teens who will need to be able to live on their own at 18 years of age; and a Family Support Services Specialist provides CPS Diversion services out of Hale Ho'omaluu. The East Kauai Drug Prevention Task Force meets regularly at Hale Ho'omaluu and DHS often uses the Family Center for their Ohana meetings. Hale Ho'omaluu has become the central meeting place for families and community agencies in the Kapa'a area

Since being established in 2002, Hale Ho'omaluu has been instrumental in bringing additional services to the community. These new projects have been community and family driven and supported by individual and community donations, grants and sub-contracts. There has been a substantial increase in the local business and church support for families in need. For example, the Kapa'a Rotary Club donated a van to help with client transportation and regularly provides funding for food and direct assistance to needy families through Hale Ho'omaluu. Local area churches also provide funds to the center for food to support families in need. Hale Ho'omaluu has become a catalyst for bringing the business, faith and social service organizations together to support families within the Eastside area and create a more family friendly community for all.

Section II

SERVICE SUMMARY AND OUTCOMES

By acquiring this facility, CFS Real Property, Inc. will be able to support continuation of the only Eastside Family Center on Kauai, which will in turn strengthen the community.

A. SCOPE OF WORK, TASKS AND RESPONSIBILITIES

The Family Centers provide a safe, nurturing environment for families at-risk of child abuse and /or neglect, in crisis or experiencing economic or family stress. The Centers embrace values of empowerment, families as partners, cultural appreciation, community involvement and participation, pro-social activities and the ability of individuals to make positive choices for themselves and their children.

We believe that family support services must be community based and fully integrated into the life of the community. The Family Centers work in partnership with the community at many different levels. Community citizens on the Ohana Advisory Board meet monthly to provide input on local needs and keep abreast of ongoing activities and services at the Centers. Community volunteers regularly help staff with the daily tasks of keeping the office running and the food pantry and clothes closet stocked. The services at Nana's House and Hale Ho'omaluu are closely coordinated with, and often provide space to, other community services and increase opportunities for families. In addition, we can link families with support available through other CFS programs on Kauai.

Most importantly, the Family Centers provide positive family activities and parenting classes that are open to all families in the area. This approach broadens the range of families that come to Hale Ho'omaluu and allows families at-risk or in crisis to be more comfortable coming for help since there is no shame or stigma attached to a visit to Nana's House or Hale Ho'omaluu. Several of the family center staff are bi-lingual (e.g. Ilocano, Tagalog, and Spanish) and the staff work with other community resources to provide additional support to limited English language speakers.

Service Activities

The Family Centers provide a range of services targeted for at-risk families and families in crisis:

1. Drop-in Services

The Centers are open daily and families are welcome to come in without an appointment. They are given a tour of the house by the Outreach Worker, informed of the services and

opportunities that can be found through the program and given the opportunity to talk with staff about any concerns they may have. Any family in need may drop-in and visit the Clothes Closet or request food from the Food Pantry.

2. Information and Referral

The Family Centers provide information and referral to any individual who visits the House or inquires by telephone. Linking community residents with services is a very important goal for Hale Ho'omalulu and Nana's House. Staff help families access services, make phone calls if needed and provide follow-up on the outcome of the referral. Hale Ho'omalulu has become an important referral resource for Kapa'a and the families on the east side of the island.

3. Family Activities and Classes

The Family Centers provide an assortment of classes for families and children throughout the year. Classes are culturally sensitive and are an important component in developing personal skills and self esteem. Recent classes have included learning how to play the ukulele, art and crafts, Christmas gift making and cooking. Classes are taught by local community members. Families at-risk or in crisis are encouraged to attend these classes as a way to reduce stress, decrease isolation and strengthen their ties to the community.

4. Parenting Support and Education Groups

Parenting classes are held each quarter to provide education and support to parents. These classes provide a forum where parents can share their concerns, feelings or questions about their child or youth. Specific information addressed in the class includes age appropriate expectations, healthy discipline approaches and limit setting, positive communication, and learning how to take time for self and relaxation techniques. By learning these skills, parents can make appropriate choices in discipline approaches for their children. This knowledge is especially important for at-risk families.

Both of the Family Centers provide the space, support and publicity for groups sponsored by other programs or agencies. These support groups often focus on topics that may be affecting families referred to Hale Ho'omalulu and Nana's House such as substance abuse, domestic violence or other issues that impact the safety of children in their family.

In 2007, Hale Ho'omalulu began a series of parenting classes in Spanish that have been very successful. Because Hale Ho'omalulu is so closely integrated into the community, the

staff recognized that this was a growing need in the community and were able to find additional funding from the Visitor Industry Charity Walk to support this project.

5. Community and Family Outreach

A variety of methods are used to inform the public of the services provided at the Family Centers as well as other activities occurring in the community. Hale Ho`omalulu submits articles to the community calendar section of the newspaper and prints a monthly calendar of services, activities and classes that are available at the Centers. The monthly Calendar is mailed out to a wide array of businesses, community groups, churches and agencies. The Program Manager regularly makes presentations on center programs and activities to organizations, and at meetings or other local gatherings.

Our Community Outreach Specialist provides outreach to families who have been referred to the program or who just drop in at the Family Centers for information and referral. The staff make home visits, phone reminders of appointments or upcoming activities, follow up on referrals, and provide transportation to families who would be unable to access necessary services either at the Family Centers, other agencies in the area or in Lihue. These visits and phone calls build a relationship between the family and the Family Centers which makes it easier for them to engage in counseling, if necessary, or other more structured or intensive services.

6. Counseling Services

The Specialist IV at Hale Ho`omalulu and Nana's House provides individual, couples, family and group counseling to families at-risk or in crisis when requested. These families often need structured counseling sessions to help them make the positive changes in their lives needed to maintain a safe home for their children. Counseling services are scheduled in the afternoon and evening hours at the families' convenience. Transportation is provided when needed.

7. Childcare

Childcare is available for counseling and parenting group sessions so that parents can participate in these services. These childcare sessions also provide the children with a positive play experience while it gives the staff an opportunity to notice any developmental or behavior problems.

B. PROJECTED ANNUAL TIMELINE FOR ACCOMPLISHING THE RESULTS OR OUTCOMES OF THE SERVICE

CFS Real Property, Inc. anticipates 120-180 days to negotiate the purchase, obtain financing and close escrow on the acquisition.

The Program has established the following outcomes:

- 90% of the families with no reports of harm during program involvement;
- 90% of the families with no reports of harm within 6 months after receiving services; and
- 80% of the families complete the goals on their individualized family service plan.

C. QUALITY ASSURANCE AND EVALUATION

Child and Family Service – Commitment to a Responsive and Comprehensive Approach to Performance and Quality Improvement

Child and Family Service is dedicated to providing quality services to the individuals and families served, and to be accountable to those who fund the services. CFS has well established Performance and Quality Improvement (PQI) mechanisms. PQI is an ongoing process that occurs daily as staff members strive to improve the service they provide internally and externally. On a quarterly basis the organization-wide committees meet to review aggregate data, and as programs and administrative department staff review their outcome data, identify their strengths, discuss compliance issues and troubleshoot areas of concern.

The PQI structure is overseen by the Quality Assurance and Training Department and PQI Committee. The committee receives and evaluates reports from the PQI Subcommittees, which includes departments and programs, for significant trends, and determines whether services meet pre-determined expectations of quality and outcomes. The PQI Subcommittees include Safety and Risk Management, Outcomes, Internal and External Reports, Case Record Review, Clinical Risk Management, Training, and Fiscal Impact. Systematic evaluation of effectiveness and efficiency of services includes review of incident reports, client complaints and grievances, internal and external monitoring reports, client satisfaction surveys, outcomes, case record/ utilization reviews, quarterly performance indicators and program accreditation support reports. Once a quarter the PQI Committee reports to management on the quality assurance activities, summarizing the important improvement areas identified in their data analysis, and identifying specific training areas needing emphasis. Quarterly the Director of Quality Assurance and Training reports to the Board of Directors a summary of the organization's strengths and areas for improvement.

Recent improvements in the PQI process include:

- Development of a Cultural Diversity Task Force to strengthen cultural competency and develop awareness and an appreciation of cultural diversity. The task force is responsible for ensuring compliance with the national standards on Culturally and Linguistically Appropriate Services in Health Care (CLAS), providing recommendation on cultural trainings and facilitating cultural events for the organization.
- Implementation of Clinical Coordinator staff positions to provide support and guidance to program management to ensure accreditation readiness, contract compliance, and use of best practices. The Clinical Coordinators conduct a review of client records, fiscal audits, clinical supervision notes, and program policies and procedures. The Clinical Coordinators conduct statewide meetings with programs to ensure continuity of services CFS provides. The Clinical Coordinators have developed a comprehensive chart compliance checklist to evaluate the program, identify areas of strengths and opportunities for improvement. To ensure accreditation readiness, the Clinical Coordinators maintain program specific COA work plans which identify all program related standards and evidence to meet the requirements.
- Development of a Clinical Risk Management (CRM) committee to evaluate and monitor organizational practices that involve client risk or limit freedom of choice, issues related to medications, manual restraints, and research involving clients. The CRM committee has reviewed incident reports on a quarterly basis to identify clients with three or more level one incidents (liability or life threatening incidents) and provides feedback to the program. The CRM committee has reviewed two curriculums, Crisis Prevention Institute (CPI) and Professional Assault Crisis Training (Pro-ACT), and identified specific programs that require this type of training based on best practice.
- Development of the Internal/External Committee to monitor programs' compliance with federal, state, county, contract and accreditation standards. As needed, the committee meets to review external or internal monitoring, discuss findings, and implement a plan of action.
- Development of the Clinical Training Task Force to identify training needs for clinical staff. The task force has surveyed staff and has identified specific training needs. Future trainings to meet staff needs are being planned.
- The Quality Assurance and Training Department is conducting quarterly trainings in the organization wide COA required trainings. These trainings are geared for direct service staff and supervisors. The trainings cover documentation, client advocacy, therapeutic

rapport, special needs, child abuse and neglect, needs of individuals and families in crisis, communication barriers and public assistance.

Details of the Performance and Quality Improvement Policy including a flow chart of the PQI committee structure is attached to this proposal.

As part of the PQI process, programs are asked to identify how they monitor, measure and collect data on outputs and outcomes. Each program completes the Quarterly Manager's Report (QMR) that identifies quality indicators which include:

- Client outcomes
- Case record reviews
- Utilization review
- Client satisfaction
- Referral source satisfaction
- Client grievance
- Supervision
- Training
- Accomplishments and strengths
- Progress on any action plans

The data gathered for this report is reviewed by the supervisor during regular staff meetings. The trends identified are discussed and an action plan is developed. This process allows all staff to participate in the PQI process and provides accountability that the expected outcome is achieved.

The QMR allows programs to identify and resolve problems, make improvements to the program, and identify staff roles and responsibilities.

D. MEASURES OF EFFECTIVENESS

Measures of effectiveness for securing a stable facility for the Family Center serving at-risk families include:

1. Negotiation of purchase price and submit offer to purchase by June 30, 2008.
2. Open escrow on acquisition by July 15, 2008.
3. Complete due diligence to include conducting a Phase One Environmental Assessment, lead paint and asbestos testing, land survey, and obtain a title report by August 31, 2008.
4. Secure financing by December 1, 2008.
5. Close escrow on acquisition by December 31, 2008.

The following outcomes will be measured for program delivery success:

- 90% of the families with no reports of harm during program involvement;
- 90% of the families with no reports of harm within 6 months after receiving services; and
- 80% of the families complete the goals on their individualized family service plan.

Section III
FINANCIAL

A. BUDGET

1. Budget

CFS Real Property, Inc. is requesting funding from the State of Hawai'i to support the acquisition of the property located at 4-1112 Kuhio Highway, Kapa'a, Hawai'i 96746 (TMK: 4-5-003-017).

Funding for program service delivery at the Hale Ho'omaluku program is provided through:

- Department of Human Services
- Hawaii Community Foundation's Tobacco Cessation Program
- Hawaii Community Foundation's – Hawaii Children's Trust Fund
- Community donations

The budget forms are attached to this proposal.

2. Anticipated Quarterly Funding Requirements

CFS Real Property, Inc. anticipates the following quarterly funding requirements:

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
\$0.00	\$400,000	\$0.00	\$0.00	\$400,000

Section IV
EXPERIENCE AND CAPABILITY

A. NECESSARY SKILLS AND EXPERIENCE

CFS Real Property, Inc. – Demonstrated Skills, Experience and Knowledge

CFS Real Property, Inc. has extensive experience with acquisition, design, renovation, and ongoing facility maintenance. CFS Real Property, Inc. holds title to 9 properties which are operating to benefit CFS programs.

Four of these facilities have been acquired and/or renovated with the assistance of CDBG grants. Most recently we were awarded a \$2.5 million dollar grant-in-aid to construct a new Emergency Shelter and Transitional Housing facility. Additionally, the acquisition of one facility is financed through a USDA backed, low-interest loan. Renovations have run the gamut from flooring replacement, bathroom modernization, painting, roof repair/replacement, and fence installation to many types of ADA compliance renovations and expansion to create additional bedrooms for clients in domestic abuse shelters.

Child and Family Service operates 42 programs in 46 locations statewide in a variety of property types. Our Facilities Department provides ongoing maintenance for single family dwellings, group homes, apartments and apartment buildings, offices and church outbuildings.

Child and Family Service as an Organization

Since 1899, Child and Family Service has dedicated its efforts to its mission of "***Strengthening families and fostering the healthy development of children***". Child and Family Service offers an integrated and comprehensive human service and behavioral health care delivery system throughout the State. It provides a large array of clinical and non-clinical services that address serious social problems impacting our community. Child and Family Service is known in the community for its willingness to work with hard to engage clients and families facing a multitude of difficult problems. As client populations present with increasingly complex problems and situations, CFS staff develop the skills, knowledge, and service models to address these needs.

CFS has years of experience working with a wide range of target populations and partnering with funding sources to implement new models of service delivery. In recent years, social policy change has presented challenges to human service providers, requiring the development of new skill sets and service delivery models with little time for preparation.

CFS has the skills, knowledge and abilities to meet these challenges and remains strong, flexible and prepared to meet future challenges.

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

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

- Cultural competence – services are delivered with the recognition of the diverse cultural heritage across our community and within our families. Providers represent the communities which they serve whenever possible.
- Person and family centered approach – the types and combinations of services are determined by the needs of the individual and family. Services build on the strengths and natural resources of the client. Individuals and families have easy access to all services, participate in planning of their services, and provide ongoing feedback on their satisfaction.
- Community and stakeholder partnerships – maintaining a strong network of partners and relationships builds approaches for individuals and families that are more comprehensive, coordinated, effective and responsive.
- Positive client outcomes – achieving projected outcomes for persons served is the foundation of service delivery. Mechanisms are in place to measure outcomes, evaluate progress, and implement changes to attain program effectiveness.
- Commitment to learning – development of a broader range of skills and knowledge for an increasingly complex society is critical to meet with the emerging needs of families. CFS has a responsibility to its staff members, as well as to the community, to provide ongoing training and education.
- Quality monitoring – service provision is monitored for quality through multiple mechanisms including program accreditation support visits, clinical coordinator monitoring and support, and numerous organization continuous quality improvement mechanisms.
- Employee excellence – in order to become the “Provider of Choice,” CFS needs to be an “Employer of Choice”. CFS is dedicated to implementing strategies to attract and retain “the best and the brightest” employees.

- Coordination of care – effective coordination is the key to meeting the needs of individuals and families, requiring assessment and development of strategies that effectively engage relevant areas of an individual's or family's life.

Child and Family Service's Kauai Family Support Programs – Demonstrated Skills, Abilities and Knowledge

Child and Family Service has an extensive history in providing family support services to the residents of Kauai. As a result, our staff members possess the necessary skills, abilities and knowledge to provide the best quality services to families in need.

Child and Family Service has been providing family support services on Kauai since 1982 and has developed extensive experience in engaging at-risk families and supporting their growth and development. Child and Family Service has been providing community based Family Center Services at Nana's House since its inception in 1996. Building on these experiences and working with the Title IV B Regional Planning Committee, Child and Family Service opened the Kapa'a Center, Hale Ho'omalulu in 2002. Both of the centers have been well utilized by area families since their opening. Nana's House and Hale Ho'omalulu continue to modify or expand their services to meet the changing needs of the community while consistently meeting all contractual requirements.

Nana's House and Hale Ho'omalulu occupy older plantation style three bedroom houses located in Waimea on the Westside and in Kapa'a on the eastside of the island. Each center provides a broad array of services to support families in need. These include services to meet basic needs (food pantry and clothes closet), information and referral, intake and assessment, outreach services and case management, parenting groups and classes, and individual and family counseling. Services are coordinated with local community organizations and service agencies. The Centers also provide a larger community function by having other services co-located at the houses and providing meeting space for community groups. The Family Centers have also brought additional services to their communities supported by individual and community donations, grants and sub-contracts with other local and state agencies.

Each Family Center is supported by its community advisory board, collaborative relationships with community groups, volunteers and the other Child and Family Service programs and staff. The staff at the Family Centers have many years of experience working with families and are representative of the ethnic and cultural mix on Kauai. Nana's House and Hale Ho'omalulu are deeply connected to their local communities and families. Child and Family Service is an integral part of the Kauai network of services and actively participates in many community collaborations, committees and task forces as well as interacting regularly with staff at the Department of Human Services, Department of Health, local schools and other

community and faith based organizations. The Family Centers are administratively supported not only by the Kauai office network of services and experiences but also the larger Child and Family Service organizational resources.

Kauai Family Centers – Providing Services for 12 Years

Child and Family Service has been a member of the Kauai Title IVB Regional Planning Committee since the committee's beginning. This committee was responsible for the Kauai Needs Assessment that described the severe lack of family support services on the Westside of Kauai and in the Kapa'a area. In response to that assessment, Child and Family Service proposed to create a Family Center on the Westside of Kauai. The Committee planned to support the creation of a second center in the Kapa'a area once the Westside center was well established.

Child and Family Service worked with the local Waimea community to find a suitable house for the center and decide upon the specific services Westside families wanted in their community. Nana's House opened its doors in October 1996 and over the years has become a treasured part of the Waimea community. The core group of services that form the base for the Family Center – information and referral, outreach and case management, access to food and clothing, individual and family counseling have remained the same over the years. However, the auxiliary services available at Nana's House have evolved as the needs of the community have changed. One of the original services available at Nana's House was women's health exams provided by Kauai Medical Health Center staff. As these medical services became available at other places in the community, Nana's House stopped providing them. Likewise as the community became concerned with the problem of drug abuse, Nana's House was asked to partner with the Kauai Business Association to provide space and support for the community drug prevention worker.

The success of Nana's House was contingent on the Family Center becoming a welcoming place for all Westside families, not just those "in trouble". To foster that feeling of inclusion for all families, Nana's House developed a series of classes open to all Westside families. These classes teaching ukulele, sewing, cooking and quilting not only opened the doors to families, but also brought productive and enjoyable family activities into the community. Nana's House is seen as a safe space where families can learn and have fun together. As the classes grew in popularity, the number of families participating in Nana's House counseling, parenting classes and other basic services also increased.

In 2001, the Title IV B Regional Planning Committee decided that it was time to begin the work towards establishing the Family Center in the Kapa'a area. Because of our successful experience establishing and maintaining Nana's House, Child and Family Service was requested to write the proposal and establish a center in the Kapa'a area. The planning

committee helped find a suitable house for the center and developed additional resources to support the start-up of the center.

Hale Ho'omalulu had its official opening in October 2002. However, in response to community demand, parenting classes started in an unfurnished living room of a house during the previous summer months. Fifteen adults and fourteen children showed up for the first parenting class. Since 2002, quarterly parenting classes have remained consistently full serving 107 parents and 47 children. While Hale Ho'omalulu began with these parenting classes, additional services were added in response to the families' needs until all of the basic service components were established.

Each Family Center was developed in response to the local community. At Nana's House, the classes and access to basic food and clothing were what brought families into the Center in the beginning. In the Kapa'a area, the parenting classes and counseling services were requested from the opening and the center developed its food pantry and clothing closet later. The rapid acceptance of the Family Center in Kapa'a was facilitated by the experiences learned at Nana's House, the flexibility of the staff to vary the opening of the services in response to the families' requests and the strong reputation that had been built through Nana's House.

Child and Family Service has the proven experience in providing quality Family Center services. Hale Ho'omalulu and Nana's House provide the full compliment of family center services and have been meeting and exceeding contract requirements. The Family Centers not only provide the core required services to families on the Westside and in the Kapa'a area but have also become a catalyst for bringing new resources to the area and supporting grass roots groups developing their own resources.

Projects and Contracts Pertinent to the Proposed Services

In addition to the direct experience providing community based Family Center services, Child and Family Service has had extensive experience providing child abuse prevention and family support services to Kauai families since 1982.

We offer the following list of verifiable experience with projects and contracts that are pertinent to providing services that promote safe and stable families on Kauai.

Contract Reference	Service Period	Contracting Agency	Contact Person	Contact Phone No.	Description
Family Centers (Nana's House and Hale Ho'omaluu) DHS-02-POS-1205	1996 to present	Department of Human Services	Trisha Chung	586-5672	Community based family support services provided to families living on the west and east side of Kauai.
Healthy Start ASO-LOG NO-04-154	1988 to present	Department of Health	Mitzi LeBlon	733-4061	Hospital based Early Identification and Home Visiting program for at-risk families from birth for 3-5 years.
Head Start 09CH9054	2000 to present	Department of Health and Human Services/ Administration for Children and Families	Jan Len	(415) 437-8447	Center-based early childhood education and family support program for low-income families.
Child Care Services for Head Start Parents OCS-POS-04-07	2000 to present	Office of Community Services	Len Oyama	586-8675	Extended Head Start program for families who are working, in school or job training program.
Child Abuse and Neglect Diversion Services/Family Strengthening Services DHS-04-POS-1846	1999 to present	Department of Human Services	Colleen Leonardo	586-5669	Outreach, information and referral, short-term counseling for families at-risk of child abuse being diverted from the CPS system.

Child and Family Service has been able to demonstrate a history of success working with at-risk families on Kauai. Through our experiences and relationships built with other organizations and community groups over the years, we have been able to provide a safe, nurturing environment for families in need of support at Nana's House and Hale Ho'omaluu. Working with our West Side Ohana Advisory Committee and the Hale Ho'omaluu Advisory Board, the Family Centers have become places where families come for information, family activities, outreach, counseling and help accessing other services available on Kauai. They are places where people from other agencies, local leaders and members of the faith community meet to plan, collaborate, and share resources. The Family Centers not only provide direct service, but also provide a framework and setting where other agencies and community members come together to increase the support available to families of Kauai.

B. FACILITIES

Child and Family Service maintains facilities throughout the State which are equipped and appropriately furnished to deliver the full range of services.

Child and Family Service Is Accessible Statewide

- Headquarters: The corporate office is located at 91-1841 Fort Weaver Road, Ewa Beach, Hawaii. Child and Family Service maintains 46 other sites throughout the State, on the islands of Hawaii, Kauai, Maui, Molokai, and Oahu.
- ADA Accessibility: Most of the sites meet accessibility requirements of the Americans with Disabilities Act (ADA). While Child and Family Service is in the process of ensuring that its sites are accessible, alternative arrangements are provided for those for whom it is needed.
- Communication Accessibility: CFS maintains a wide area network to provide data connection between its nine major sites on five islands using frame relay technology. Currently 19 additional sites, as well as home and mobile users are connected either through remote dial-in or Internet access. Staff members are equipped with desktop or laptop computers furnished with current technology. The major application systems already in place include a windows-based accounting system, applicant tracking system, a statewide correspondence tracking and records management system, a human resources/personnel system, a time and attendance system, and a client tracking system
- The organization is well equipped. The resources are shared throughout. Resources include:
 - Video monitors and VCRs for showing educational tapes.
 - Portable audio and video recorders for use in consumers' homes for the purpose of showing educational material and to record family interactions for playback to consumers. This helps them observe their interpersonal behavioral patterns.
 - An extensive library of print and electronic material covering topics such as parenting skills, self-esteem, family systems, and family preservation.
 - Videoconferencing capability is available at the Vineyard and Ewa sites on Oahu and at each neighbor island office. This facilitates communication between sites and creates more opportunities for training.

The Hale Ho'omaluu – Family Center Facilities

Hale Ho'omaluu is located at 4-1112 Kuhio Highway in the Kapa'a area and serves families from Hanamaulu to the North Shore communities. Home visits and transportation are offered at the site to make it possible for families to easily access services.

Hale Ho'omaluu is plantation style house, furnished and decorated to create a home-like environment where families feel comfortable. The home has a living room, three "bedrooms", a kitchen and a dining area. The living room is used for meetings, and the smaller rooms are being utilized as a "Clothes Closet" which is available for families who need clothing for themselves or their children; a counseling room; a children's playroom and a small workspace. The kitchen is used for the Food Pantry, which is a food distribution site for families in need, and for cooking classes. The community has donated most of the furnishings for the home.

The front bedroom serves as the office area and is also equipped with computers, a fax machine and a copier. The Center is also connected to the main organization-wide Child and Family Service computer network through a high-speed connection. Hale Ho'omaluu has been renovated to meet ADA specifications.

The administrative staff that supports the Family Centers is housed in the Child and Family Service – Kauai main office at 2970 Kele Suite, Suite 206 in Lihue. Our office is centrally located and near to the Department of Human Services and other state, county and private provider offices. It is ADA accessible.

Section V

PERSONNEL: PROJECT ORGANIZATION AND STAFFING

A. PROPOSED STAFFING, STAFF QUALIFICATIONS, SUPERVISION AND TRAINING

The Hale Ho'omaluu Family Center has assembled a highly qualified staff with experience needed to deliver quality service and maintain the viability of these services at high standards.

The direct service team includes our Program Manager, Community Outreach Specialist, and Specialist IV (Counselor). These staff members provide the direct family support and counseling services for the Family Center. They are supported by a Program Director II and the Neighbor Island Administrator-Kauai.

The Program Director II has a Master Degree's in Counseling Psychology and clinical and administrative experience. The Program Director II provides the clinical supervision and oversight functions. With this position we are able to provide consistent and high quality clinical supervision to our direct service staff. The families that are provided counseling and outreach services at Hale Ho'omaluu are at-risk for child abuse or in crisis. With child safety the ultimate concern we feel it is important to have strong clinical support for staff providing direct services to families. The Program Director II position requires direct clinical experience with children and families and experience in clinical supervision. The Program Director II will also be able to provide continuity of service for families in the event of staff illness or vacancies.

The Program Manager position requires a Bachelor's degree or the equivalent of 4 years of experience. Our current Program Manager at Hale Ho'omaluu, Dory Farias, has over 20 years of experience working with children and families and coordinating programs on Kauai. She has been with the program since its beginning in 2002.

Aida Pascual is our Community Outreach Specialist at Hale Ho'omaluu. She has a Bachelor's Degree in Counseling and has been working with children and families for over 10 years. She exceeds the CFS requirements for her position.

Our Specialist IV, Caroline Miura, provides individual, couple and family counseling at Hale Ho'omaluu. CFS requires that a Specialist IV have at least two years of experience post Master's degree and documented training in the areas of child abuse and domestic violence. Caroline Miura exceeds these requirements. She has been providing counseling services through CFS for over 10 years.

The Neighbor Island Administrator-Kauai position requires a Master's degree, four years of post master's administrative and supervisory experience. The current Neighbor Island Administrator-Kauai, Lucille Calderon, has over 25 years of direct service and administrative experience and has overseen the Kauai CFS office since 1999 and the Hale Ho'omaluu Family Center since its beginning in 2002.

SUPERVISION

Focus on Supervision Organization Wide

CFS has well established procedures and expectations for supervision. The process of supervision holds individual staff accountable for appropriate performance of their assigned duties and responsibilities, monitors the quality of client services, and provides a mechanism for professional development. One of the major goals of the supervisory process is to provide direct line staff with the knowledge and support to remove barriers to accessing services and achieving outcomes with their cases.

To promote excellence in supervision, CFS provides extensive supervisory training. New Supervisors receive an 8 hour supervisory orientation. Within the first year of employment, supervisors attend training sessions in human resources, fiscal, and administration. In addition, Child and Family Service requires all supervisors to attend a clinical supervision training module. This module covers topics such as assessing staff strengths, defining supervisory styles, core components of supervision, and understanding the dynamics of change.

Supervision of Program Staff – Accountability and Adherence to the Service Model and Performance Standards

The Program Director II provides individual weekly supervision to the Specialist IV and the Community Outreach Specialist at Hale Ho'omaluu. The Program Director II reviews each of the case management and counseling case files, the Individual Family Support Plans and Progress Notes with the worker. In addition, the Program Director II helps the worker address larger treatment issues and provides individual training and support. The Program Director II also meets with the Program Manager monthly to review attendance at the center, program goals, staffing, volunteer issues, or other staff or training needs. The Program Director II is responsible for staff completing required program training and creating individualized training plans with each staff member. Hale Ho'omaluu has a group staff meeting each month with all program staff as well as staff from other programs co-located at the center to address scheduling, house business and planning for larger events and classes at the center.

The Program Director II receives individual supervision with the Neighbor Island Administrator-Kauai every other week and attends a weekly supervisors meeting with the management staff at CFS-Kauai. The individual sessions include clinical discussions and a review of programmatic goals. The weekly supervisors' meeting focuses on administrative issues and facilitates coordination and support between programs. The Neighbor Island Administrator-Kauai creates an individualized training plan with the Program Director II, reviews the plan quarterly and revises as necessary. The Neighbor Island Administrator-Kauai receives weekly individual supervision from the Vice President of Programs.

Training – Enhancing Skills and Knowledge

Child and Family Service is committed to increasing staff knowledge and skill development through its training program. In a recent survey, CFS employees identified the ability to learn and develop their skills as an important reason they work for CFS. The organization has invested considerable resources in training and the development of training modules, as well as videoconferencing capacity. This enables CFS staff on each island to receive standardized information.

To promote excellence in supervision, CFS provides extensive supervisory training. New hires receive an 8-hour supervisory orientation. Topics in the supervisory orientation include organization overview and structure, staff management, financial management, program development, risk management, and a communication overview. Supervisors are provided with the procedures and tools for each of these processes. Within the first year of employment, supervisors attend advanced training sessions in human resources, fiscal, and administration. In addition, Child and Family Service require supervisors to attend a clinical supervision training module. This module covers topics such as assessing staff strengths, defining supervisory styles, core components of supervision, and understanding the dynamics of change.

CFS has developed internal training modules for direct service staff and supervisors on Child Abuse and Neglect, Substance Abuse, Engaging Challenging Families, Positive Behavior Supports, and Medication Management. These trainings included PowerPoint presentations, pre- and post-tests, skill development activities and were held via videoconferencing. In addition to these training modules, the CFS Quality Assurance and Training Department developed PowerPoint trainings on Case Management, Client Advocacy, Reportable Criminal Behavior, Stress Management, Case Documentation, Maintaining Professional Boundaries, Therapeutic Rapport, Communication Barriers, Family Violence, Emergency Response Practice and Safety in the Field, and Community Based Practice-Psychosocial Approach. These trainings are available and accessible to staff via a CFS shared computer drive.

Child and Family Service's Training Committee has established requirements for orientation and ongoing training at an organization wide level. These requirements include those topics that are mandated for the organization to meet accreditation standards. In addition, each program has identified specific requirements for orientation and training that meet contract requirements and accreditation standards. CFS staff receives announcements of upcoming training opportunities, both internal and external, through the Quality Assurance and Training Department.

Orientation to the Program and the Organization

Child and Family Service provides both program-specific and organization-wide orientation. The Domestic Abuse Shelter and Transitional Housing Program provides orientation to the program within 30 days of employment with the organization. In addition, Child and Family Service requires all new hires to attend an organization-wide orientation within 30 days of employment. A new hire orientation and a supervisor orientation are offered on a monthly basis. The lists below highlight some of the topics covered in these orientations.

Orientation	
<p>Program Specific – within 30 days</p> <ul style="list-style-type: none"> • Program orientation • Child abuse laws and reporting requirements 	<p>Organization – within 30 days of employment</p> <ul style="list-style-type: none"> • Mission and goals of Child and Family Service • Organization structure and overview, including communication plan and strategic planning • Performance and Quality Improvement process • Safety program and purpose, including worker's compensation overview • CFS communication plan • Information technology, including computer network access and usage • Overview of behavior management policy, State and Federal laws on confidentiality including HIPAA • Overview of philosophy of person and family centered services, cultural diversity, client participation in planning and delivery of services, strength based client assessment and services, collaboration with other agencies/partners • Client rights and responsibilities, client grievances and complaints process and client satisfaction
<p>Program specific – within 60 days</p> <ul style="list-style-type: none"> • Cultural competency • Situational ethics • Family dynamics and family preservation service interventions • Effects of substance abuse on the individual and the family 	
<p>Program Specific – within 90 days</p> <ul style="list-style-type: none"> • Recognizing need for intensive services/resources 	

By the end of the first quarter of employment, employees receive training in:

- Cultural competency/cultural approaches with various populations
- Personal safety and appropriate behavior management techniques
- Performance and Quality Improvement policies and procedures
- Awareness of special needs populations
- HIPAA policies and procedures

Topics in the supervisory orientation include organization overview and structure, staff management, financial management, program development, risk management, and a communication overview. Supervisors are provided with the procedures and tools for each of these processes.

Ongoing Training

Once an employee completes orientation, ongoing training opportunities are provided. An individualized training plan is developed between the supervisor and staff. The plan identifies areas that need further development. The supervisor tracks the staff development as an integral part of regular supervision.

Training topics for ongoing training include:

- Awareness of available referral resources in the community
- Program outcomes development and measurement
- Substance use and abuse
- Case management/collaboration/coordination
- Professional boundaries
- Family Dynamics and Family Preservation Strategies
- Child Development and Parent Education Models

All Child and Family Service staff members are required to attend annual Cultural Competence training. The training is intended to increase knowledge of diverse cultural groups and develop skills that result in positive client outcomes. Some of the topics covered in this training include understanding and being aware of one's own cultural values; being aware of, accepting and understanding cultural differences; understanding the client's culture; and respecting differences.

B. ORGANIZATION CHART

Child and Family Service provides the infrastructure and support to manage programs effectively. This support is provided through a number of mechanisms including direct supervision and guidance from the Vice President of Programs and the Director of Program Services, the Quality Assurance and Training Department, the strategic planning process, the CFS communication plan, and senior management.

The statewide Child and Family Service, the Kauai Island, and the Hale Ho'omaluu Program organization charts are attached to this proposal.

Section VI
OTHER

A. LITIGATION

Child and Family Service is a party in the following lawsuits:

- Haldeman, et al. vs. University of Nations Pre-School; The University of Nations; Hawaii County Police Department; Child Protective Services; Department of Human Services; and Child and Family Service, Jointly and Severally
Case No. CV05-00810 DAE KSC, filed in the United States District Court for the District of Hawaii.

Child and Family Service was named in a complaint filed on December 28, 2005 with CFS filing an answer on June 2, 2006. Discovery is ongoing at this time and trial is scheduled to begin July 1, 2008.

- C.B., through his next friends, J.B. and R.B., and J.B. and R.B. vs. Child and Family Service and DOE Entities 1-10
Civil No. 07-1-0595-03 KSSA, First Circuit Court, State of Hawaii.

Child and Family Service was named in a complaint filed on April 3, 2007 with CFS filing a Motion to Dismiss Complaint on Nov 29, 2007. Motion is scheduled for hearing at the end of December 2007, before Judge Karen S.S. Ahn. No trial date has been set, pending a ruling on the Motion to Dismiss.

- Ricardo J. Sauque vs. Child and Family Service, Civil No. CV07-00449 DAE LE, EEOC Charge No. 378-2005-00391

Child and Family Service was named in a complaint filed on March 31, 2005 with CFS filing the first of many responses to EEOC on May 31, 2005. Investigation is ongoing at this time and jury trial is scheduled to begin on September 23, 2008 at 9:00 am before DAE.

B. LICENSURE OR ACCREDITATION

The Council on Accreditation of Services for Families and Children has accredited CFS since 1980. As a member of COA, CFS maintains the highest standards in organization management and program delivery. CFS is also a member of two other national standard-setting organizations, the Child Welfare League of America since 1938 and the Alliance for Children and Families since 1986. Because of its accreditation status and membership in

national organizations, CFS has access to current research and best practice models. See attached Accreditation Letter.


Section VII
ATTACHMENTS

1. Budget
2. Performance and Quality Improvement Policy and Flow Chart
3. Organization Charts
4. Accreditation Letter
5. Declaration Statement

Attachment 1
BUDGET

BUDGET REQUEST BY SOURCE OF FUNDS
(Period: July 1, 2008 to June 30, 2009)

Applicant: CFS Real Property, Inc.

BUDGET CATEGORIES	Total State Funds Requested (a)	(b)	(c)	(d)
A. PERSONNEL COST				
1. Salaries				
2. Payroll Taxes & Assessments				
3. Fringe Benefits				
TOTAL PERSONNEL COST				
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island				
2. Insurance				
3. Lease/Rental of Equipment				
4. Lease/Rental of Space				
5. Staff Training				
6. Supplies				
7. Telecommunication				
8. Utilities				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
TOTAL OTHER CURRENT EXPENSES				
C. EQUIPMENT PURCHASES				
D. MOTOR VEHICLE PURCHASES				
E. CAPITAL	\$400,000			
TOTAL (A+B+C+D+E)	\$400,000			
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested	\$400,000	Marie Herbert	440-8344	
(b)		Name (Please type or print)	Phone	
(c)			1/31/2008	
(d)		Signature of Authorized Official	Date	
TOTAL REVENUE	\$400,000	Vivian Yasunaga, Director of Finance		
		Name and Title (Please type or print)		

**BUDGET JUSTIFICATION
CAPITAL PROJECT DETAILS**

Applicant: CFS Real Property, Inc.

Period: July 1, 2008 to June 30, 2009

FUNDING AMOUNT REQUESTED					
TOTAL PROJECT COST	ANY OTHER SOURCE OF FUNDS RECEIVED IN PRIOR YEARS		STATE FUNDS REQUESTED		FUNDING REQUIRED IN SUCCEEDING YEARS
	FY: 2005-2006	FY: 2006-2007	FY:2007-2008	FY:2008-2009	FY:2009-2010 FY:2010-2011
PLANS					
LAND ACQUISITION				\$400,000	
DESIGN					
CONSTRUCTION					
EQUIPMENT					
TOTAL:				\$400,000	

JUSTIFICATION/COMMENTS: The property owner has listed the property at \$899,000.CFS Real Property intends to negotiate the purchase price and will obtain financing for overage above awarded Grant-In-Aid funds.

Attachment 2
PERFORMANCE AND QUALITY IMPROVEMENT POLICY AND FLOW
CHART



Administrative Policies & Procedures

Policy: Performance & Quality Improvement

No: QUA - 02

Date/Rev: 1/20/04; 1/1/05; 12/15/05; 4/5/07

COA STANDARDS:

Refer to PQI

OBJECTIVE:

Child and Family Service (CFS) values a well-defined process for assessing and improving its overall performance and for meeting standards that promote quality outcomes. To support the process, CFS develops and implements a written Performance and Quality Improvement (PQI) plan, which is reviewed and updated annually.

SCOPE:

Child and Family Service program and department staff.

RESPONSIBILITY:

All program and department staff are responsible for contributing and implementing the PQI plan. The Director of Quality Assurance and Training is responsible for maintaining this policy.

POLICY:

INTRODUCTION

It is the philosophy of Child and Family Service (CFS) that Performance and Quality Improvement (PQI) is a process involving the active participation of stakeholders from all levels of the organization. To promote this process, the Child and Family Service Performance and Quality Improvement Plan calls for individuals, work teams, and entire programs to take responsibility for identifying potential areas for improvement and working to make improvements happen.

The Performance and Quality Improvement Plan is based on the Child and Family Service vision, mission, values, and strategic goals. It is developed in a collaborative effort by Child and Family Service staff and approved by the Child and Family Service Board of Directors.

Child and Family Service Vision

Generations of healthy people and healthy families ensuring a healthy Hawaii.

Child and Family Service Mission

Strengthening families and fostering the healthy development of children.



Administrative Policies & Procedures

Policy: Performance & Quality Improvement
No: QUA - 02
Date/Rev: 1/20/04; 1/1/05; 12/15/05; 4/5/07

Child and Family Service Values

Child and Family Service values **Integrity**, and believes in a fair and balanced approach to all activities and decisions.

Child and Family Service values **Quality Client Services**, and embraces the principles that promote quality services: client-centered, strengths-based, confidential; solution-focused, and advocating for self-reliance.

Child and Family Service values **Employee Excellence**, recognizes employees as our most valuable assets and strives to cultivate that best characteristics: initiative, enthusiasm, creativity, patience, competence, judgment, compassion, and understanding.

Child and Family Service values **Teamwork and Communication**, and is committed to working as a team and promoting effective communication throughout the organization.

Performance and Quality Improvement Philosophy

Child and Family Service promotes an organizational culture that values teamwork, cooperation, and open communication. These same organizational values are reflected in the PQI Plan, the PQI Steering, and the PQI structure and process. Stakeholders representing the various programmatic and administrative units within Child and Family Service are provided formal and informal opportunities to continuously evaluate and improve Child and Family Service's client services and the organizational systems that support those services.

It is the intent of Child and Family Service to promote the participation of all staff in the PQI process by:

1. Creating and reinforcing expectations about performance and quality improvement throughout the organization.
2. Projecting and exemplifying the mission, expectations, and strategic direction of the organization to external stakeholders and consumers.
3. Setting direction and performance excellence goals through strategic planning.
4. Evaluating the organization's overall performance in relation to established expectations.
5. Recommending changes based on findings from the program performance evaluations.
6. Implementing changes toward enhanced quality of services and the systems supporting those services.



Administrative Policies & Procedures

Policy: Performance & Quality Improvement

No: QUA - 02

Date/Rev: 1/20/04; 1/1/05; 12/15/05; 4/5/07

PQI GOALS AND OBJECTIVES

The overarching goal of the Performance and Quality Improvement process is to continually assess and improve overall performance so as to promote quality service outcomes. To achieve this goal, Child and Family Service has identified the following objectives:

1. Integrating the Child and Family Service Strategic Plan into the PQI process.
2. Delivery of high quality services to all clients.
3. Increased program fiscal responsibility and continued contract compliance.
4. Development and tracking of appropriate client outcomes.
5. Systematic overview of client progress and justification of continued services.
6. Qualifying and training all staff to deliver high quality service.
7. Minimization of risks to clients and staff, thereby improving safety of services and the service environment.
8. Monitoring client records for appropriateness, accuracy, and completeness.
9. Enhancing accessibility to facilities and services for clients with special needs.
10. Adhering to best practices in all service delivery models.
11. Increasing Administrative/Main office support to Neighbor Islands.
12. Strict adherence to clients' rights (*see PRG-08-A Screening and Intake Procedure and PRG-08-A Attachment 3 Client Rights document*).
13. Assuring all client information is handled appropriately with specific attention to issues of privacy and confidentiality (*see PRG-05-A Confidentiality Procedure and PRG-13-C Management and Protection of Private Health Information Procedure*).
14. Effective utilization and analysis of data for PQI related activities.
15. Standardization and centralization of information management in planning, support and evaluation of PQI activities.
16. Identification of program priority areas for short-term planning and support of the organization's Strategic Plan.

PLAN DESCRIPTION

Scope of the PQI Process

The scope of the PQI process encompasses all levels of the organization, employs a variety of methods for the systemic evaluation of the effectiveness and efficiency of services, with regular and ongoing occurrence of activities related to this process.

All Child and Family Service personnel-participate at some level in the PQI process. The Executive Core Team, Board of Directors/Advisory members, and PQI Committee regularly communicate with staff and stakeholders about achievements relative to



Administrative Policies & Procedures

Policy: Performance & Quality Improvement

No: QUA - 02

Date/Rev: 1/20/04; 1/1/05; 12/15/05; 4/5/07

desired outcomes, indicators, and benchmarks or targets. Program and department staff attend quarterly PQI staff meetings during which they review client data that they have compiled using the organization PQI implementation mechanisms. (PQI implementation mechanism descriptions start on page 8). This data is then used to evaluate program and effectiveness. Select program staff participate in the organization-wide PQI Committees along with administrative personnel.

Formal organization-wide committee meetings and data review occurs on a monthly, quarterly and ad hoc basis. All findings and recommendations are reported to the Performance and Quality Improvement Steering Committee quarterly for evaluation and monitoring of the quality of services and the systems supporting those services. Following is a brief descriptive summary of the Committees that report quality improvement findings to the PQI Steering Committee:

The Executive Core Team reviews dashboard items on a quarterly basis which identifies goals for the organization and current status of the agency. The dashboard items include, but are not limited to: financial, procurement, training, human resources, outcomes, worker's compensation, clinical risk management, and development. The dashboard items are updated at a minimum annually or more frequently as needed.

Case Record Review Committee reviews data generated from the programs' quarterly review of client records.

The Internal/External Report Committee meets at least quarterly or more frequently as needed to review client satisfaction and referrals source surveys, client grievances and complaints, monitoring reports from funding sources, reports by licensing bodies, mandatory reporting, and internal reviews of client records.

Program outcome data is reviewed quarterly by the Outcomes Committee. This committee is also responsible for reviewing program outcomes for reasonableness, relevance, ability to measure, and adherence to organization and accreditation standards. The committee will adjust the current outcome model to align with a mission based approach.

The Safety Committee reviews incident, fire drill, and facility safety reports for safety and risk management issues that speak to facility/environmental risks and occupational risks.

The Clinical Risk Management Committee evaluates organizational practices with clients that involve risk or limit freedom of choice, issues related to medications, reviews trend analysis on manual restraints, crisis plans, and research involving clients. The committee may also review specific high risk clients through an interdisciplinary



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approach to assure that service delivery utilizes the least restrictive interventions and adheres to best practice standards.

The Training Committee reviews, guides and provides oversight of staff development and training. The Clinical Training Task Force reports to the Training Committee. The Video Conferencing Sub Committee reports to the Training Committee.

The Cultural Diversity Task Force (CDTF) is responsible for driving the organizational efforts toward cultural competency and developing awareness and an appreciation of cultural diversity.

The Fiscal Impact Committee is an ad hoc committee that was established to examine cross-functional issues that will help guide quality and/or fiscal improvement decisions.

To promote the flow of information and communication in all directions and among all organization staff, Child and Family Service utilizes a comprehensive internal communications program (see *ADM-08 Communication Plan Policy*). The Communication Plan outlines expectations for regular communication channels at the program and administrative levels of the organization on an ongoing basis to foster the PQI process.

A byproduct of the internal communications program is that it provides a mechanism for internal stakeholder input and feedback and a way for information to flow between levels of the organization to the area it will be most useful. Additional mechanisms for stakeholder feedback includes trend analysis based on interviews with key stakeholders, client and referral source satisfaction surveys, community assessments, integration of community partners into our programs, and participation in local coalitions (such as Child Welfare Services Advisory Council, New Beginnings Alliance, Adoption Connection, etc). Internal and external stakeholders review and discuss the results of implementing improvement to inform future decision making.

The overall direction of the PQI program is guided by Child and Family Service's Board of Directors who provide input and direction through the Strategic Planning process, review of the PQI Plan and Annual PQI Report, and through approval of all organizational policies.

Databases and spreadsheets for storage and analysis of PQI activities such as Case Record Review, Program Outcomes, Client Satisfaction Surveys, Incident Reports, and Training, are managed by the Quality Assurance and Training Department. Data is forwarded from the programs using standardized forms and is input into the databases by the QA and Training Department support staff. Data is analyzed, maintained and reported by the assigned QA and Training Department staff.



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RESPONSIBILITY AND OVERSIGHT

Ultimate responsibility for the quality improvement process at Child and Family Service rests with the President and Chief Executive Officer (CEO). The President and CEO, along with Child and Family Service executive management (Executive Core Team), encourages and monitors the implementation of organizational-wide quality improvement processes and activities. All personnel positions at Child and Family Service include a job duty or responsibility, to actively participate in quality improvement activities including, but not limited to: consumer input, incident/accident and client grievance and complaint review, peer record review, and program evaluation/quality improvement projects.

The PQI Steering Committee is responsible for implementing and monitoring the above-identified quality improvement practices. The Director of Quality Assurance & Training is the Chair of the PQI Steering Committee. The committee meets at least quarterly to discuss organizational-wide issues, review the work of the various PQI Committees and develop potential solutions. Problem solving may necessitate the appointment of ad-hoc quality improvement committees or taskforces to explore issues further; ad-hoc committee membership is comprised of representatives from various levels of the organization. On a quarterly basis, the PQI Steering Committee reviews each committee's findings on performance benchmarks, status of projects/activities, significant findings from data analysis, issues, and proposed solutions to problems and assesses the impact and effectiveness of quality improvement action plans.

Existing Committees include:

- Case Record Review Committee
- Internal/External Reports Committee
- Outcomes Committee
- Safety Committee
- Clinical Risk Management Committee
- Training Committee
- Cultural Diversity Task Force
- Fiscal Impact Committee

FEEDBACK FOR CONTINUOUS PERFORMANCE AND QUALITY IMPROVEMENT

Child and Family Service systematically plans for organizational and program-specific continuous performance and quality improvement. The plan is anticipatory, prospective, and involves the consumers of service, staff and other stakeholders. The purpose of



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this process is to identify perceived areas for improvement and mechanisms for obtaining feedback from consumers, referral sources, staff, and other stakeholders. The quality improvement process is multi-leveled with issue identification and resolution.

It is the intent of Child and Family Service to utilize all sources of information to identify and resolve issues or problems facing the organization on multiple levels. Input from consultants, advisory groups, consumer advocates, partners, the community, consumers, funders, volunteers, Board members, staff and management is gathered through a variety of formal and informal methods. Focus groups, surveys, and planning groups provide meaningful opportunities for stakeholders to actively participate. Participation in planning includes long-term, short-term, and operational planning processes. The Planning process consists of major planning every two years with annual updates.

The following are utilized as sources of information and ideas of identification for the quality improvement process:

1. Issues identified as a result of the quality assurance efforts of the PQI Steering Committee.
2. Areas of concern identified by organizational staff during panel discussions at the annual State of the Agency meetings and quarterly Management Council, Supervisors Council, and Employee Council meetings.
3. Issues of concern to the program staff are identified via a quarterly team meeting, which is focused on quality improvement issues. Programs report these issues on a quarterly basis in the Quarterly Manager's Report (QMR). The Quarterly Manager's Reports are due to the DPS Administrative Assistant on the 20th day of the month following the end of each quarter. The DPS will complete the program roll-up report and turn it in to the VP of Programs by 5th of the following month to complete the Program's Quarterly Director Report. The scheduled quarterly meetings are devoted to the following:
 - Review of program-specific information.
 - Identification of issues resolved on the program level as appropriate or forwarded to management for follow up and resolution.
 - Development and monitoring of the action plan.
 - Identification of issues that can be addressed or resolved at the program level.
 - Identification of issues which need to be forwarded to other levels for follow-up and resolution.
4. Health, safety, and clinical risk management issues are identified through regular meetings of the Safety Committee, Clinical Risk Management Committee, and the Safety Coordinator training meetings.



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5. Departments report identified trends and issues to the PQI Steering Committee on a quarterly basis utilizing the Quarterly Director's Report (QDR). Quarterly Director's Reports are due to the QA & Training Department on the first Monday of the second month following the end of the quarter for review.
6. Staff surveys to identify issues are conducted bi-annually. This survey will provide an ongoing mechanism to solicit anonymous suggestions and comments on the quality of the work environment at Child and Family Service.
7. Child and Family Service staff identifies issues via the Management Council, Supervisors Council, and Employee Council Meetings. Council meetings are used for training, communication and issues discussion.
8. Input from consumers gathered through the consumer satisfaction survey mechanism, community assessments, and other informal mechanisms.
9. Input from referral sources gathered through the referral source satisfaction survey, and other formal and informal mechanisms.

Issues identified through the above processes may be resolved at the program, department or committee level. The PQI Steering Committee meets on the 3rd week of the second month following the end of each quarter. Those issues that affect the whole of Child and Family Service are brought to the attention of the PQI Steering Committee which has appropriate membership to enable it to solicit input from all the above-named sources of information.

PQI IMPLEMENTATION MECHANISMS

Long-Term Planning

Child and Family Service conducts a comprehensive Strategic Planning process every three years, which provides the staff direction, purpose, and guidance in the management of the organization. The framework for Strategic Planning includes a review of the organization's vision and mission statements and identification of organization strategic priorities for the coming three years. Input is obtained from the Board of Directors, community, clients, funders, and agency staff with final approval from the Board of Directors. The Strategic Plan is reviewed annually for continued relevance of the Strategic Initiatives and identification of special project needs (*see ADM-01-A Strategic Planning Procedure*).

Short-Term Planning

Each of Child and Family Service's programs and departments completes an annual short-term plan that incorporates areas the staff regard as high priority for their program and department. These priority areas are selected to provide support to the



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organization's Strategic Plan and are to include measurable goals, budgetary objectives, specific personnel assigned the responsibility for specific tasks, and timelines for accomplishment of goals. Progress on identified goals is reviewed during the quarterly program PQI staff meeting and reported to the PQI Steering Committee as part of the program level PQI Meeting Summary report.

Risk Management

Risk management includes the regular review of research, legal/regulatory requirements, incidents, and accidents. The Safety Committee provides oversight for facility/environment and occupational related risk management activities, and the Clinical Risk Management Committee evaluates and monitors organizational practices that involve client risk or limit freedom or choice, issues related to medications, and research involving clients. Both these Committees report their findings and recommendations directly to the PQI Steering Committee.

Safety

The health and safety of all staff and clients is assured through strict adherence to the Health and Safety procedures. Procedures include the use of a monthly safety checklist and quarterly Safety Coordinator training. The Safety Committee oversees this process as well as program staff training regarding health and safety issues. Findings and actions are reported to the PQI Steering Committee (see *OPR-05-A Health and Safety Procedure* and *OPR-05-E Facilities Safety Procedure*), and Safety training needs are reported to the Training Committee.

Training and Supervision

The training program for staff is developed on an individual basis depending upon the staff evaluations, contract requirements, COA standard requirements, and Child and Family Service staff orientation requirements. The Training Committee develops and updates the Child and Family Service organization-wide training plan, identifies staff to be certified trainers in CPI, Pro-ACT, CPR, and First Aid, reviews and revises training documentation forms, discusses and implements training curriculum, and develops plans to ensure staff receive timely training. The Training Committee reports findings and actions to the PQI Steering Committee (see *PER-01-G Training and Development Procedure*). Staff supervision is conducted regularly for all staff including hourly and part time employees, and volunteers. Supervision sessions are documented (see *PER-01-E Supervision Procedure*).



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Cultural Diversity

Child and Family Service will promote multi-cultural awareness and understanding within the community at large. The Cultural Diversity Task Force (CDTF) will enhance organizational awareness and understanding of the different cultures within the organization and the client population served. The CDTF aids in establishing policies and procedures addressing cultural diversity and cultural sensitivity within the organization and towards its client population. The CDTF will be responsible for developing and maintaining of a resource base about cultures of the client population served and ensuring cultural competency training for all staff. The CDTF provides a forum for discussion about cultural diversity, cultural sensitivity and cultural similarities and differences. The CDTF will act as a focal point for issues related to living and working in a multi-cultural environment.

Internal/External Monitoring Review

Internal Quality Monitoring process is designed to provide support and guidance to program management toward improved accreditation readiness and use of best practices. Each program is assessed utilizing a standardized checklist tool that incorporates contract, COA standards, and Child and Family Service requirements. A comprehensive work plan is subsequently developed that identifies program strengths and areas in need of improvement with timelines for completion. This mechanism utilizes a team approach and hands-on mentoring of program staff on site. Training needs are reported to the Training Committee and any identified program level quality assurance issues are reported to the PQI Steering Committee.

On an annual basis, Child and Family Service, internally reviews the following: outreach, intake, assessment, service delivery and supervision issues. These are evaluated to identify barriers and opportunities to providing service to clients within each program's defined service population.

Findings from external monitoring activities are reviewed for trends. Areas of strength and need for improvement are highlighted with corrective action plans developed as necessary.

The Internal/External Monitoring Committee also reviews client satisfaction and referral source surveys, client grievance and complaints and mandatory reporting for compliance with legal requirements. Findings are reported to the PQI Steering Committee.



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Case Record Review

As part of the Child and Family Service performance and quality improvement process, an internal review of randomly selected open and closed case records is conducted on a quarterly basis and carried out so that workers and supervisors do not review cases in which they have been directly involved. The case record review process is distinct from regular case review, which occurs with the supervisor and the direct service worker. Indicators utilized in the quarterly reviews are defined and measurable, and incorporate criteria for evaluation of the appropriateness of services. Sample records include case records from all direct services provided by Child and Family Service and a sampling of high-risk cases (see QUA-01-A Case Record Review Procedure). Data from this process is reviewed by the Case Record Review Committee, which reports findings and actions to the PQI Steering Committee.

Outcomes Measurement

An Outcome measurement system is developed and implemented for all Child and Family Service programs which measures the achievement of service goals for persons served and program effectiveness. The system focuses on mission driven outcomes to measure Child and Family Service's progress towards meeting community needs. Reporting of data is conducted on a quarterly basis at the program level where results are discussed with the staff, and at the organization level where data is aggregated for trend analysis by the Outcomes Committee and reported to the PQI Steering Committee. The focus of these outcomes will depend upon the program but will include change in clinical and functional status; health, welfare and safety; permanency of life situation for those appropriate programs, and an indicator that reflects quality of life (see PRG-15-A Program Outcomes Procedure).

Measurement of Consumer Satisfaction

All Child and Family Service programs are responsible for assuring that all clients receive the Child and Family Service Client Satisfaction survey at discharge and at least annually. Surveys are sent to referral sources and other collateral participants for all programs on an annual basis. Aggregate data from the surveys is compiled on a quarterly basis and the results are reviewed by the PQI Steering Committee (see PRG-08-I Client Satisfaction Survey and PRG-08-Q Referral Source Satisfaction Survey Procedure).



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PQI Meetings at the Program and Department Level

At least quarterly all program and department staff meetings will focus specifically on PQI issues. These discussions are documented utilizing Quarterly Program Management Reports, which include the PQI Staff Meeting summary and quarterly review of the Annual Program Plan. Discussions for programs include a review of client demographics, satisfaction survey results, incident reports, client grievances, case record review findings, client demographics, expected vs. actual client and program outcomes, annual program goals, and achievements/special projects. Discussions for departments include a review of indicators of quality, internal consumer satisfaction, incident reports, complaints, and accomplishments/special projects. Results from such meetings will be forwarded to the PQI Steering Committee for review and potential recommended action.

Feedback to Stakeholders

Internally, data from program PQI processes are summarized and shared with staff quarterly at the program and Management level, and quarterly to the Board. Strategic planning implementation and review is reported quarterly to the Board with updates every 6 to 8 weeks to management. Additionally, issue identification and feedback occurs during Council Meetings on a quarterly and annual basis between organization staff and Executive Management.

Child and Family Service utilizes a variety of approaches, formal and informal, in providing feedback on a regular basis to external stakeholders. Methods of providing external stakeholder feedback may include: annual agency reports; newsletters highlighting programs and program activities; networking and coordinating with other agencies, organizations and other providers as part of collaborative relationships; radio spots; press releases; public relations events such as the annual O'hana of the Year award and ceremony; and program participation in community organizations.

Further feedback is provided to funders through monthly, quarterly, and annual reports per contractual requirements. Information includes the number of clients served, client outcomes, program accomplishments, and barriers to program success.

Information Management

The Information Technology Department maintains an information system that is dependable, protects confidentiality, enables timely and rapid access to information, and protects electronically maintained data with anti-virus protection, secure protocols and daily back up of information.



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Client demographic information is collected through a common face sheet system and analyzed regularly. Aggregated program data is reported as part of the Quarterly and Annual PQI Reports which are shared with Management Council and the Board of Directors (*see QUA-01-C Management Information System Procedure*).

REPORTING AND RECORD KEEPING

The Chair of the PQI Steering Committee is responsible for keeping minutes for each meeting and the Chairs of the Committees and Sub Committees are responsible for their own minutes. The Director of Quality Assurance and Training is responsible for keeping records from the PQI Steering Committee, all Committees and Sub Committees, as well as all reports submitted to or developed by the PQI Steering Committee (*see ADM-08-A Meeting Documentation Procedure*). The PQI Steering Committee submits a quarterly report to the Child and Family Service Chief Operating Officer and Chief Executive Officer for review. The report documents the following information:

- Overall Summary of PQI processes
- Incident Reports
- Sub-Committee Data and Reports
- Open Issues
- Identified Problems
- Recommendations and Response to Identified Problems

The Child and Family Service Board of Directors receives a Quarterly PQI Roll-up Report summarizing PQI planning and evaluation processes, and which examines aggregate data on outcomes, client satisfaction, grievances and complaints, risk management, incident reports, external monitoring reports, internal quality reviews, and quality improvement efforts.

All documents generated and reviewed in the context of PQI activities that contain individually identifiable information are treated as confidential and are either stored in a secure location or destroyed in accordance with Child and Family Service's procedures on Confidentiality and on Management and Protection of Protected Health Information (PHI).



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ACTION PLANNING

The following will guide all actions to improve services and promote solutions toward quality improvement efforts:

1. Communication, cooperation, teamwork and inter-departmental activities are emphasized in all phases of the quality improvement process.
2. A task-oriented team approach is utilized to identify, analyze, and solve problems.
3. The group will remain on task until a resolution to the issue is identified and implemented.
4. Formal and informal feedback from consumers of service, stakeholders, and other collateral sources will be utilized to direct the discussion and decision-making.
5. When a range of possible solutions has been identified, they will be analyzed critically, focusing on:
 - Whether the solution actually solves the problem
 - How it could be implemented
 - What advantages and disadvantages it might provide
 - How to prioritize implementation

Once a decision has been reached, an implementation action plan is created. The proposed solution and implementation plan will be brought back to the PQI Steering Committee for discussion and to the Management Council and Executive Core Team for decision-making. It is vital to the success of the performance and quality improvement process that solutions and decisions are clearly communicated to the source of the issue identification, and to other appropriate staff using the existing lines of communication.

EVALUATION


At least annually, the PQI Steering Committee will evaluate the effectiveness of the various mechanisms integral to the PQI Plan. The review will include an honest evaluation of the effectiveness of each of these mechanisms, as well as the work of the committee itself. An attempted quantification of actual improvements implemented as a result of these processes will be a part of this review. New expectations and assessment/monitoring priorities will be established based on the previous year's progress. The PQI Steering Committee will also adjust and monitor the PQI Plan on an annual and as-needed basis to reflect the new expectations/priorities. Changes to the PQI Plan are reviewed and approved by senior management and the Board of Directors.




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APPROVED:



Howard Garval
President and CEO

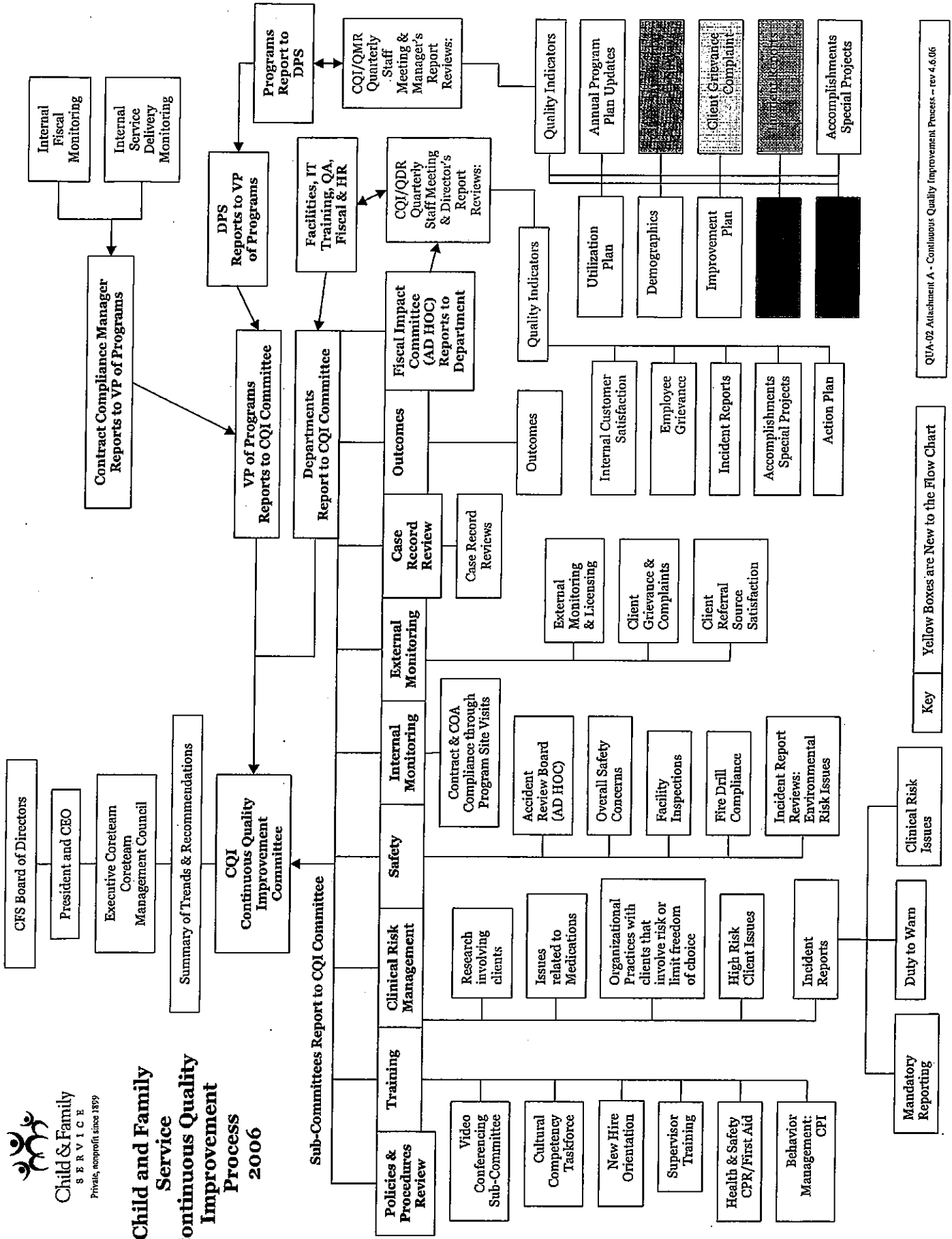


Patrick Ford
Chair, Board of Directors



**Child & Family
SERVICE**
Private, nonprofit since 1859

Child and Family Service Continuous Quality Improvement Process 2006

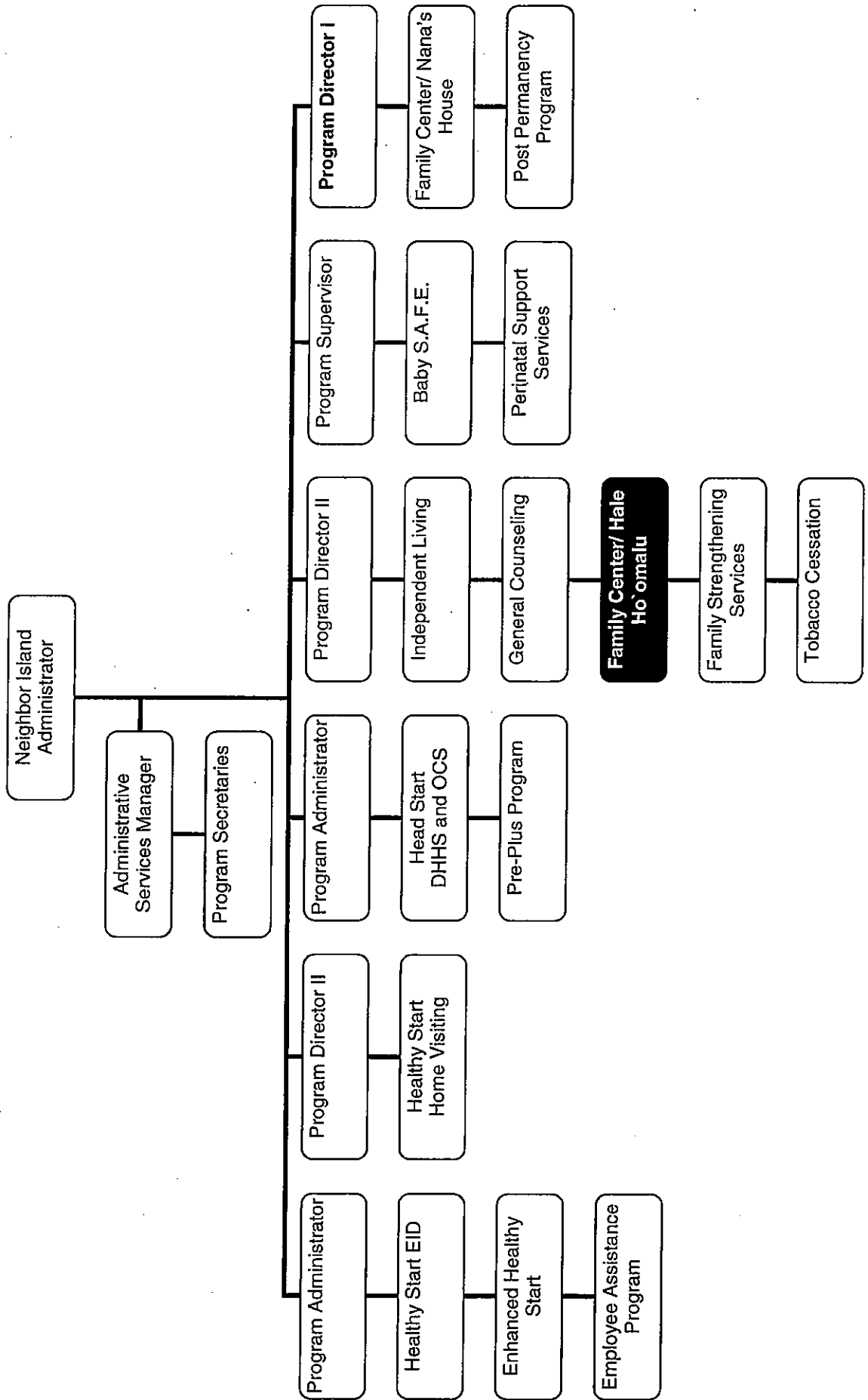


QI1A-02 Attachment A - Continuous Quality Improvement Process - rev 4.6.06

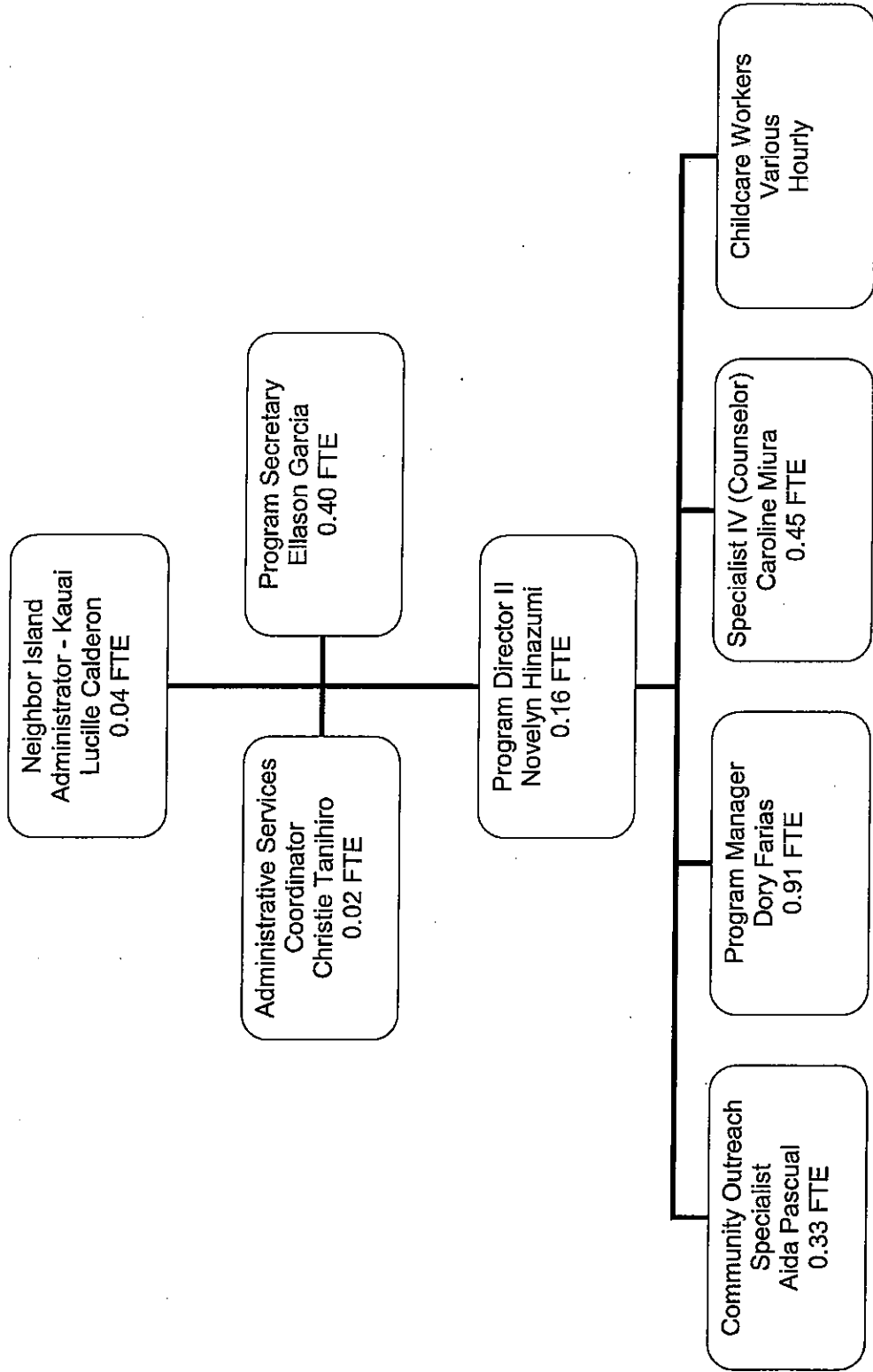
Key
Yellow Boxes are New to the Flow Chart

Attachment 3
ORGANIZATION CHARTS

Child and Family Service Kauai Office Organization Chart



Child and Family Service Hale Ho'omaluu Organization Chart



Attachment 4
ACCREDITATION LETTER



CREDIBILITY • INTEGRITY • ACHIEVEMENT

June 20, 2006

PRESIDENT AND CEO
Richard Klarberg

Howard Garval
President/CEO
Child and Family Service
91-1841 Fort Weaver Road
Ewa Beach, HI 96782

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Dear Mr. Garval:

It is with great pleasure that we inform you that the Council on Accreditation (COA) has approved the reaccreditation of **Child and Family Service**. This recognition of Child and Family Service as a provider of services of high quality is effective through **December 31, 2009** and includes the following programs:

- Counseling Services
- Employee Assistance Program (EAP) Services
- Case Management Services
- Substance Abuse Services
- Shelter Services
- Crisis Intervention Services; Emergency Telephone Response Services; Information and Referral Services
- Domestic Violence Counseling; Rape Crisis and/or Battered Women's Services; Safe Homes
- Intercountry Adoption Services
- Home Visitor Services
- In-Home Support Services
- Family-Centered Casework; Intensive Family Preservation
- Foster and Kinship Care Services
- Supported Community Living Services
- Group Living Services
- Residential Treatment Services
- Employment and Vocational Services
- Child Care Services
- Prevention and Support Services

SPONSORING ORGANIZATIONS

Alliance for Children and Families
Association of Jewish Family and Children's Agencies
Catholic Charities USA
Child Welfare League of America
Foster Family-Based Treatment Association
Lutheran Services in America
National Council For Adoption
National Foundation for Credit Counseling
National Network for Youth
Prevent Child Abuse America

Included with this letter, for your use in promoting the agency's success, is a sample news release prepared by COA. In addition a plaque attesting to your agency's accredited status will be sent to you shortly.

COA's program of quality assurance is designed to identify those providers that have set for themselves high standards for performance, and have made a commitment to their constituents to enhance the effectiveness of the service they deliver. COA is proud to once again welcome **Child and Family Service** to the Community of Excellence, that unique group of providers that meets the highest standards for professional performance. We are proud to be associated with you and your colleagues. We wish you the very best in your continuing service to persons in your community.

Sincerely,


Richard Klarberg
President and Chief Executive Officer

RK:cl
cc: Peter Goldberg, President/CEO, ACF
Shay Bilchick, President/CEO, CWLA

COUNCIL ON ACCREDITATION

Attachment 5
DECLARATION STATEMENT

**DECLARATION STATEMENT
APPLICANTS FOR GRANTS AND SUBSIDIES
CHAPTER 42F, HAWAII REVISED STATUTES**

The undersigned authorized representative of the applicant acknowledges that said applicant meets and will comply with all of the following standards for the award of grants and subsidies pursuant to section 42F-103, Hawaii Revised Statutes:

- (1) Is licensed or accredited, in accordance with federal, state, or county statutes, rules, or ordinances, to conduct the activities or provide the services for which a grant or subsidy is awarded;
- (2) Comply with all applicable federal and state laws prohibiting discrimination against any person on the basis of race, color, national origin, religion, creed, sex, age, sexual orientation, or disability;
- (3) Agree not to use state funds for entertainment or lobbying activities; and
- (4) Allow the state agency to which funds for the grant or subsidy were appropriated for expenditure, legislative committees and their staff, and the auditor full access to their records, reports, files, and other related documents and information for purposes of monitoring, measuring the effectiveness, and assuring the proper expenditure of the grant or subsidy.

In addition, a grant or subsidy may be made to an organization only if the organization:

- (1) Is incorporated under the laws of the State; and
- (2) Has bylaws or policies that describe the manner in which the activities or services for which a grant or subsidy is awarded shall be conducted or provided.

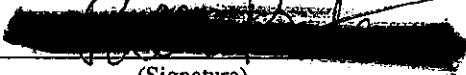
Further, a grant or subsidy may be awarded to a non-profit organization only if the organization:

- (1) Has been determined and designated to be a non-profit organization by the Internal Revenue Service; and
- (2) Has a governing board whose members have no material conflict of interest and serve without compensation.

Further, the undersigned authorized representative certifies that this statement is true and correct to the best of the applicant's knowledge.

Child and Family Service

(Typed Name of Individual or Organization)


(Signature)

Patti Bates

(Typed Name)


(Title)

Chief Operating Officer

91-1841 Foit Weaver Road
Ewa Beach, Hawaii 96706
Phone 808.681.3500
Fax 808.681.5280
Email cfs@cfs-hawaii.org
www.childandfamilyservice.org

January 31, 2008



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League of America

Alliance for Children
and Families

International Forum for
Child Welfare

Hawaii Island
United Way

Maui United Way

Kauai United Way



The Legislature
State of Hawaii
Senate Committee on Ways and Means
State Capitol, Room 210
Honolulu, HI 96813
Attn: Aaron Nyuha

Child and Family Service is pleased to submit to the Legislature, State of Hawaii, our proposal for: **Grant-in-Aid (Acquisition of Hale Ho'omalua, a Community Center serving at-risk families on Kauai)**


Child and Family Service continues to build positive working relationships with our funders and the various organizations in the community. We remain very committed to partnerships with each of our funders to deliver services of the highest quality that meet the needs of the people of Hawaii. If you ever have any concerns about our working relationship or services, do not hesitate to contact me at 681-1418.

We give careful consideration to all proposals we are submitting for funding in order to deliver services that support our mission of **"strengthening families and fostering the healthy development of children."** The attached proposal is consistent with a thorough review that we conducted to determine which requests for proposals we would pursue. In addition to the importance of a fit with our mission, we also make decisions to pursue funding for programs and services that we believe we can provide in a high quality manner consistent with the RFP requirements.

We have enclosed one original and one copy for your review and consideration.

On behalf of our Board of Directors and all of the staff at Child and Family Service we look forward to working with you to provide services that will meet the needs of our community.

With Warm Aloha,



Howard S. Garval, MSW
President and CEO