

House District \_\_\_\_\_

Senate District \_\_\_\_\_

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

Log No: 25-0

For Legislature's Use Only

Type of Grant or Subsidy Request:

GRANT REQUEST – OPERATING

GRANT REQUEST – CAPITAL

SUBSIDY REQUEST

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

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

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

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

JUDICIARY

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

**1. APPLICANT INFORMATION:**

Legal Name of Requesting Organization or Individual:  
Catholic Charities of the Diocese of Honolulu  
Db: Catholic Charities Hawaii

Street Address: 200 North Vineyard Boulevard, Suite 200  
Honolulu, HI 96817

Mailing Address: 200 North Vineyard Boulevard,  
Suite 200, Honolulu, HI 96817

**2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:**

Name Barbara Mullen

Title Program Director

Phone # (808) 535-0153

Fax # (808) 536-1836

e-mail bmullen@catholiccharitieshawaii.org

**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:**

Subsidies for 2.19 ADCJC – Treatment Services for Child Victims of Intrafamilial Sexual Abuse and their families.

(Maximum 300 Characters)

**8. FISCAL YEARS AND AMOUNT OF STATE FUNDS REQUESTED:**

FY 2008-2009 \$ 44,000.00

**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 \$44,000.00

FEDERAL \$N/A

COUNTY \$N/A

PRIVATE/OTHER \$N/A

TYPE NAME & TITLE OF AUTHORIZED REPRESENTATIVE:

\_\_\_\_\_  
AUTHORIZED SIGNATURE

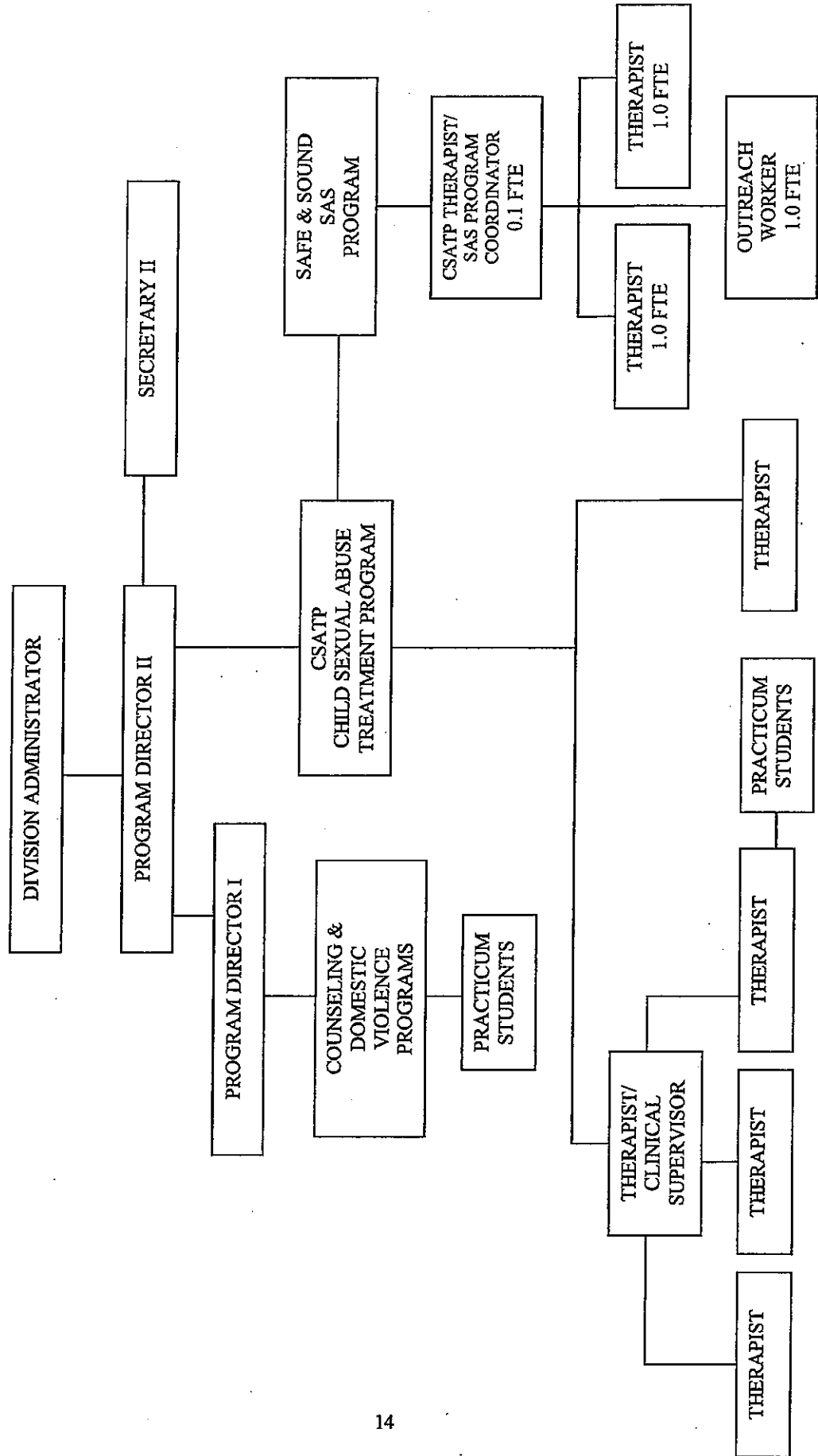
JERRY RAUCKHORST, CHIEF EXECUTIVE OFFICER

NAME & TITLE

1/18/08  
DATE SIGNED



**CATHOLIC CHARITIES HAWAII**  
Family & Therapeutic Services  
Therapeutic Services Program



## Application for Grants and Subsidies

### I. Background and Summary

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

Catholic Social Services was incorporated in Hawai'i in 1947 to assist the Diocese of Honolulu in providing mental health and social services to those in need, regardless of religion, ethnicity, handicap, sex or age. In 1980, the Child Sexual Abuse Treatment Program (CSATP) was created to focus services specifically towards treatment of incest victims and their families using the most current clinical methodology available. In 2004, the organization reorganized as Catholic Charities Hawai'i (CCH) with three divisions; Community and Senior Services, Youth Enrichment Services, and Family & Therapeutic Services. CSATP is now a unit of Family & Therapeutic Services and includes the Safe and Sound program (SAS).

The three program divisions offer a comprehensive array of services throughout the State of Hawai'i for the following:

<b>Division</b>	<b>Target Population</b>
Community & Senior Services	Elders, immigrants, unsheltered families, individuals with developmental disabilities
Family and Therapeutic Services	Families and youth, domestic violence victims and offenders
Youth Enrichment Services	Youth with emotional and behavioral problems

CCH provides these services with over 350 employees who have a wide range of job skills and professional training. In addition, its programs use hundreds of volunteers to assist in providing services to some of Hawai'i's most needy families, adults, children, immigrants and refugees.

The agency has a reputation for delivering a continuum of supportive services for Hawai'i's families from infancy to senior status that are responsive, effective and culturally sensitive in all aspects.

#### 2. The goals and objectives related to the request

This request is for a subsidy to ensure that additional funding is appropriated to the Safe and Sound Program (SAS) currently being funded through the Judiciary, so that the program can be maintained and appropriate services added. The purpose of the SAS program is to benefit sexually abused children and their families. SAS provides crisis intervention, case management, and long-term treatment and concomitant services to child victims of intrafamilial sexual abuse and their families who are not being served by the Department of Human Services. It also provides assessment and treatment for sexually reactive children and for families in which there is child to child sexual abuse. Concomitant services may include trauma assessments, transportation, childcare, and psycho-educational training. All

services will be in accordance with best practice tenets in the field of intrafamilial child sexual abuse and sexually reactive children.

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

The Catholic Charities Hawai'i (CCH) program, Safe and Sound (SAS), provides services and treatment that benefit children and their families that fall within a "gap" group that are not covered under the Child Protective Services system (CPS) of the Department of Human Services (DHS). SAS provides the following:

- Crisis intervention, case management, and long-term treatment and concomitant services, such as trauma assessments, transportation, childcare, and psycho-educational training
- Treatment services for sexually reactive children under the age of 12
- Treatment and case management for families in which there is adolescent (over 12 years) child to child sexual abuse
- Other services such as housing placement and, in collaboration with The Children's Alliance, birthday and Christmas gifts, financial aid for sports, proms, school pictures, field trips, and self-defense classes for the children

**4. Describe the target population to be served**

Children and families within the identified "gap" group in which there is CPS and/or Honolulu Police Department (HPD) confirmed intrafamilial child sexual abuse.

**5. Describe the geographic coverage**

The Safe and Sound program (SAS) has provided individual and group treatment and concomitant services to approximately 350 families (over 700 individuals) for the past three and one-half years on O'ahu. Services have also been provided to 21 sexually reactive children and their families on the Island of Hawai'i by contractors under the O'ahu SAS program.

**6. Describe how the request will, in the case of a grant, permit the community to benefit from those activities; or for a subsidy, reduce the costs incurred by the organization or individual in providing a service available to some or all members of the public.**

The Safe and Sound program (SAS), within Catholic Charities Hawai'i's Child Sexual Abuse Treatment Program (CSATP), is unique and provides much-needed services that are otherwise unavailable. In order for Catholic Charities to continue to support the program, an additional \$44,000 is being requested as a subsidy. This money is needed for increased agency costs (rent and incremental salary increases), expanded services (to leeward and windward areas) and additional equipment.

CSATP regularly works with several other community agencies and state departments to assure a continuum of services for our clients. SAS coordinates program services in collaboration with Children's Justice Center (CJC) personnel and members of the Interagency Council on Sexual Abuse. In addition, CSATP has the ability to directly

coordinate services with DHS, Family Court, The Children's Alliance, and Adult Probation by leveraging its broad base of funding.

## **II. Experience and Capability**

### **A. Necessary Skills and Experience**

The Child Sexual Abuse Treatment Program (CSATP) has an extensive history within Catholic Charities Hawai'i. A special Child Protective Service Treatment Unit was first formed through a Department of Social Services and Housing purchase of service contract in 1974. This purchase of service contract with the Department of Human Services (DHS) has been renewed yearly, with timely modifications to re-focus service needs every few years since that time. In 1977, group work services were added to utilize self-help groups for victims, non-offending spouses and perpetrators of sexual abuse, including perpetrators of sibling incest. In 1980, CSATP was created to focus services specifically towards treatment of family members using the most current clinical methodology available.

Since 1990, CSATP has provided quarterly training on the dynamics of child sexual abuse to the Volunteer Guardian Ad Litem Program (VGAL) through a contract with the Judiciary. In addition, CSATP staff regularly provides training to various state and community groups, including local media.

In 1997, CSATP became a part of Therapeutic Services, which also includes the Domestic Violence and Family Counseling components, which are funded by Catholic Charities Hawai'i. This has enabled CSATP to offer a continuum of services to all families involved with sexual abuse.

In September, 2003, CSATP was awarded the contract to treat the "gap" group. The "gap" group includes children and families in which there is CPS and/or HPD confirmed intrafamilial child sexual abuse but which are not covered under CPS because CPS deems caretakers to be protective. This program, Safe and Sound (SAS), also provides treatment services for sexually reactive children under the age of 12.

There are two Master's level therapists and one Outreach Worker on O'ahu and contractors under the O'ahu SAS program that provide services on Hawai'i island. Because of the unique continuum of services available within CSATP and because SAS therapists are trained in the treatment of sexually abusive youth, SAS provides additional services for families in which there is intrafamilial child to child sexual abuse.

The two SAS therapists have a combined 20 years of clinical experience and provide SAS families with individual, group, dyad, and family therapy resulting in over 80% successful clinical discharges of clients and client satisfaction ratings at a very high level.

The Program Director is a clinical member of AAMFT (Association of Marriage and Family Therapists), and ATSA (Association for the treatment of Sexual Abusers), which requires adherence to the Sex Offender Treatment Team (SOTT) guidelines and best practices for treatment of all family members involved with child sexual abuse including the perpetrators.

## **B. Quality Assurance and Evaluation**

**Outcomes.** The outcomes of treatment will be evaluated quarterly by therapist report. The primary goal of treatment will be no re-abuse. The Program Director will make quarterly reports to the Purchase of Service program monitor regarding the numbers of clients who are attending a percentage of sessions and the number of clients who are making satisfactory progress. Progress will be measured by clinical judgment, client self-report, and a standardized measurement (The Outcome Questionnaire, an inventory of life satisfaction factors).

**Process.** The process of service delivery is evaluated on an on-going basis during weekly supervision by the Program Director and on a quarterly basis by the Quality Assurance committee. The following methods are used to determine effectiveness of Program services:

- **Accreditation Review.** Catholic Charities Hawai'i (CCH) is accredited by the Council on Accreditation for Children and Family Services (COA), a national organization. Every 90 days, the CCH Quality Assurance Committee (the Committee) meets and reviews a percentage of cases randomly selected from each Program. In addition, the Committee meets annually to review the progress of all agency programs towards the goals established by the Committee. All agency programs are evaluated at four-year intervals by a team of three external reviewers from COA.
- **Client Satisfaction Questionnaire.** This instrument is given to clients upon termination from the program and is filled out anonymously. In addition, direct-mail questionnaires are used to follow-up on client situations several months after termination.
- **Worker Satisfaction Questionnaire.** This instrument is sent to stakeholder workers every six months in order to evaluate the effectiveness of service delivery from the perspective of the contracting agencies.
- **Liaison With Contractors.** Regular meetings are scheduled between the SAS staff and the staff of referring agencies to get input on program effectiveness.
- **Regular Supervision of Program Therapists.** Therapists receive regular one-on-one supervision on a weekly basis. In addition, they receive weekly group supervision, with each therapist presenting a case to Program staff on a monthly basis

## **C. Facilities**

Direct clinical treatment services will be provided at the Catholic Charities Hawai'i offices at 200 N. Vineyard Boulevard. Program offices include private interview rooms for individual therapy, a family therapy room, a playroom that includes sand tray materials, as well as larger rooms for group therapy sessions. All offices are wheelchair accessible and there is a bathroom that meets ADA requirements.

### **III. Personnel: Project Organization and Staffing**

#### **A. Proposed Staffing, Staff Qualifications, Supervision and Training**

**Proposed Staffing.** Staff is composed of two FTE therapists; one FTE Outreach Worker; one 0.10 FTE Program Director. All referred clients will receive services.

**Staff Qualifications.** All therapists are required to have at least a Master's degree in Social Work or Clinical Psychology. In addition, a minimum of three years experience in sexual abuse treatment is required. Experience in domestic violence and substance abuse treatment is additionally preferred. The Outreach Worker must have a High School diploma and experience working with children who have been abused or neglected. A Bachelor's degree in Social Work or Psychology is preferred. The Program Director is required to have at least a Master's Degree and at least five years experience and training in specialized sexual abuse treatment. In addition, two years of clinical supervisory experience is required.

**Supervision and Training.** On a weekly basis, ongoing individual supervisory contacts and group supervision enable the staff to gain new clinical knowledge at frequent intervals. On a daily basis, the Program Director maintains an "open door" policy with therapists to encourage timely giving and receiving of feedback regarding clinical issues with clients.

The performance of each staff member is evaluated by his/her supervisor on an annual basis. This process involves mutual discussion of the employee's needs in terms of both review of acquired skills and identification of additional skills to be developed during the coming year. To address both of these needs, each staff member is encouraged to take advantage of special opportunities which exist in the community for skill development and review. In addition, several training opportunities are made available to all professional staff, within budget limitations, to assure that a common pool of knowledge is shared by all.

As a clinical member of the Association for the Treatment of Sexual Abuses, the Program Director has international access via electronic mail to service providers and trainers in the field. This enables the program staff to remain current with evaluative tools, new modalities of treatment, and best practice tenets.

#### **B. Organization Chart**

See attached Catholic Charities Hawai'i organization chart (page 13) and attached Family and Therapeutic Services organization chart (page 14).



## **IV. Service Summary and Outcomes**

### **A. Describe the scope of work, tasks and responsibilities.**

#### **1. Crisis Outreach and Intervention Services**

Crisis outreach and intervention services will be provided on multi-levels by the Safe and Sound Program (SAS). SAS therapists will be notified by DHS, CJC, or HPD, as soon as possible, preferably while the family is still at the CJC that a child/family is being interviewed for child sexual abuse and will most probably be appropriate for the SAS program. Immediately upon notification (by cell phone or beeper, at any time of the day or night), SAS therapists will attempt to meet the family at the CJC or the Outreach Worker may ensure that transportation for the clients to the SAS offices will be available.

Crisis intervention will begin immediately following the referral. Intervention services will be designed to meet the clients' special emotional and case management needs, i.e., safety, legal, law enforcement. This preliminary intervention will be provided at the CJC facility if possible. As individuals and families are processed through this first phase of intervention, they will be prepared through education and guidance to begin participation in the clinical component of their intervention and treatment. Clinical services will be provided by a Master's level therapist who will have responsibilities for individual, group, and family therapy and oversight of the coordination of intervention and treatment services for each individual and family.

After the initial crisis period has passed, efforts will be continued to assure engagement of the family in therapeutic services. SAS realizes that creative attempts to engage the family in services must be employed on a continuing basis in cases where the family's participation is wholly voluntary. Techniques developed by Catholic Charities Hawai'i (CCH) programs providing Early Intervention services to non-CPS families will be adapted to use with clients referred for sexual abuse treatment services. Outreach services could include home visits to "talk story" and bring items the family may need, transportation to other services in which the family may be engaged, and other effective ways of building trust with the family. SAS realizes that the therapeutic process involved in sexual abuse treatment may be painful at times and that families often need special encouragement to persevere. Outreach efforts will assure that no barriers prevent family members from receiving such services.

#### **2. Intensive Services to Non-Offending Parent/Caretaker (NOP)**

For many parents, finding out that their child has been sexually molested by a family member or spouse is extremely traumatic. It is not unusual for the immediate response to be one of denial and minimization. This natural process allows the parent's psyche time to fully understand and accept the depth and

breadth of what has happened in her or his family. Assisting parents in moving out of denial and minimization is a critical step in developing protectiveness and support for the child victim, allowing the child to remain in a safe and supportive home. It also begins the process of assisting the non-offending parent (NOP) in making important decisions about the entire family.

Accomplishing this requires immediate and intensive services provided in a discreet and sensitive manner to ensure that neither the victim, NOP, nor siblings experience re-victimization through guilt, blame, or insensitivities from the professional team.

The NOP will be met at the CJC or provided transportation to SAS offices or have a telephone consultation where she or he will be immediately provided counseling, education, and support about the current situation, the dynamics of sexual abuse, and the overall intervention and treatment protocols. If necessary or appropriate during the initial meeting, the Outreach Worker and/or therapist will remain with the NOP for whatever time is necessary to accomplish the goals of reducing or eliminating the aforementioned denial and minimization, while at the same time preparing the individual and family for the clinical component of the intervention and treatment.

To best maximize support, NOP need the opportunity to work with other parents that have endured similar experiences and are in a position to provide tremendously important and relevant support to the new NOP. They need help to negotiate the many problems that follow a disclosure of intrafamilial sexual abuse, not the least of which is to feel that the abuse was not necessarily about them or their abilities as parents. To facilitate this, a peer-mentor program will be available to the client. Since the Child Sexual Abuse Treatment Program (CSATP) has ongoing NOP groups, mentors can be immediately available to SAS parents. CSATP has identified those parents who are in advanced stages of their own treatment and who have volunteered to be peer mentors to new non-offending parents in the SAS program. These mentors are specially trained to maximize the support to new clients.

It is not uncommon for parents of sexually abused children to have been victimized as children themselves. Because so many past victims of child sexual abuse go without treatment, many must deal with their victimization on their own, without the benefit of support groups, therapy or just someone to talk to about their feelings. In many cases, adults molested as children (AMAC) either suppress or remain in denial about their own abuse and the issues it generates. When forced to deal with the molestation of their own children, these suppressed feelings and traumas tend to re-surface and can re-traumatize the NOP. All NOP referred to the SAS program will be assessed for previous abuse and AMAC status. The referral to an AMAC group can be made at any time during the NOP's treatment. Depending on the strength and emotional condition of the NOP, this assessment and referral to an AMAC group can happen immediately upon referral or, as in

most cases, after they have begun clinical treatment when their past issues tend to come to the forefront. CSATP has ongoing AMAC groups at all times that are co-facilitated by a SAS therapist.

### 3. Trauma Assessments

Sexual abuse is a traumatizing event regardless of the age or circumstances of the victim and family members. Families experience multiple and complex issues prior to, during, and following a report of child sexual abuse that must be immediately identified so that appropriate intervention plans and methodologies can be developed and implemented.

Upon referral, all victims will be seen for three to five individual sessions in order to do a trauma assessment based on Jan Hindman's model. Issues such as the mother's response to the abuse report, duration of the abuse, amount of coercion and threats used by offender, sensory triggers, victim's ability to identify the offender as being totally responsible for the abuse, and whether a "trauma bond" has been formed will be among those examined in the assessment.

### 4. Individual, Group and Family Treatment

Individual sessions will be provided for all family members in order to assist children and family members in identifying critical trauma issues associated the experiences, to help them explore and express their feelings about the events in their families, and to help them learn about the dynamics of sexual abuse, and that it is never the fault of the victims.

Much of the core therapeutic work with victims and non-offending parents is accomplished in a group setting where they discover that they are not alone, that the abuse was not about them, and where they can experience bonding and find support from others with similar experiences. Dyad and family therapy occurs for clarifications, safety, and prevention planning.

As stated earlier, all primary phase outreach and intervention services will be provided at the CJC, SAS offices, or, as needed and safe, in the home of the victim and family members. In most cases, therapy sessions (group and individual) will be held at the SAS clinical offices. When needed, family members will be provided transportation to SAS in order to provide easy and convenient access to these services. Catholic Charities Hawai'i has offices throughout the island of O'ahu (North Shore, Windward, Honolulu), that could be utilized if necessary. Should the need arise, all efforts will be made to provide individual services at these locations, or in the home should the family decide that they will not or cannot receive services at the SAS offices. For group sessions, which are an effective modality of treatment for victims and families, it would not be practical to have a few members in one location and a few in another location. In order for group sessions to be efficacious, members must be willing to meet together.

Transportation will be arranged for those who cannot access it. Child care will also be provided. For individuals and families who decide that they will not or cannot attend group sessions, the therapist will provide individual services at places and times most accessible to the individual and family, as well as available to the therapist.

5. Treatment for Sexually Reactive Children

Sexually reactive youth must be assessed for both victim and abusive issues, for research indicates that while young children who are sexually acting out with other children are often victims of abuse themselves, not all of them have been victims, and this population needs service providers who are both trained in the treatment of victims *and* young perpetrator dynamics. To our knowledge, only SAS has treatment providers trained and experienced across the broad spectrum of these dynamics. CSATP has been treating juvenile offenders in Hawai'i since 1988. It is critical to meet the special needs of this population as quickly as possible so that these children and adolescents can ameliorate their abuse/perpetrator issues early on in their development, thus creating safety in our communities and families and providing the sexually reactive youth the greatest opportunity not to offend in their later adolescent or adult lives. Services will be provided through individual, group, and family therapy sessions and case management services will be provided for sexually reactive children and their families as needed.

6. Treatment and Case Management for Families in which there is Adolescent (over 12 years) Child to Child Sexual Abuse

In SAS, the most immediate treatment focus will be on a safety and prevention plan for the entire family, which may include extended family members being involved for supervision and placement issues. All members of the family will receive individual, and, where appropriate, group therapy for support and for education in the dynamics of sexual abuse. The victim will receive age-appropriate therapy, including group for survivors and will be helped to prepare a scrapbook based on a trauma assessment. The abusive youth will receive individual and group treatment to address abusive issues, will be helped to accept responsibility, learn about thinking errors and boundaries, relapse prevention, and will be helped to prepare clarification for her or his victim and her or his family. Family therapy will begin when clarification is possible, the victim is supported by the family, and family and treating therapists agree that it is appropriate. Such work may begin as dyad therapy (marital therapy, mother/child, child/child). When the family is ready and able to maintain safety, appropriate boundaries, and can discuss healthy sexuality and safety plans, family therapy will ensue. Often, members of the family, for the victim's perception of safety, may have had separate therapists in these cases and at this point family therapy will take place with the victim's therapist as facilitator. Case Management services will be provided to this often conflicted and high risk population. Intensive support, home

visits, meeting with extended family, Children's Alliance support for victims, and other needed concomitant services will be provided.

7. Case Management Services

Case management services are critical for individuals and families in the early stages of discovery of child sex abuse. The intake worker and therapist will provide assistance in accessing resources such as housing, financial assistance, employment, child care, medical, legal, and other services needed to establish stability within the family. These services will be provided directly or through referrals to community service providers. Thus far, SAS mothers have been offered an array of treatment services that address concurrent issues of domestic violence, adults molested as children issues, economic losses resulting from the offender's removal from the home, and the impact of the abuse on themselves and all their children. Case management services have included assistance with rental deposits, searching for housing, and help with obtaining and moving furniture and other household items. SAS mothers can be referred within the Catholic Charities Hawai'i network of services, which includes immigrant services, elderly services, and emergency funding services. Additionally, SAS therapists make every attempt to support victims and their families through the court process, including accompanying victims to court.

8. Referrals

Catholic Charities Hawai'i has developed a wide network of collaborative support and service providers throughout O'ahu. These corollaries and collaborations are key in receiving a wide-range of referrals for sexually abused children and their families. Since referrals do not always happen during traditional work-day hours (9:00 a.m. – 5:00 p.m.), SAS will provide intake for referrals on a 24 hour, seven day-a-week basis. The SAS program will accept referrals from the CJC, SATC, DHS/CPS, HPD, Family Advocacy (of the branches of the military), and other community social services providers.

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

**Output Measurements.** The number of unduplicated clients served will be recorded in quarterly reports and will be totaled annually. Most SAS clients successfully complete treatment within one year. (Average treatment duration is 10 months for victims and families of child sexual abuse when the caretaker is protective and believing.)

**Outcome Measurements.** The effectiveness of services will be measured by percentage of clients attending sessions, percentage of goals achieved (quarterly service plans), standardized pre- and post-program testing, clinical judgment, and client satisfaction.

Annual goals include:

- 90% of clients referred will attend 85% of scheduled sessions
- 90% of clients will complete 85% of service plan goals each quarter
- 90% of clients will benefit from treatment
- 85% of clients will achieve all service plan goals within one year

**Reporting.** The Program Director will submit written quarterly reports within 30 days after the end of each quarter and year-end reports summarizing output and outcome data, performance accomplishments, challenges, and actual expenditures 45 days after the end of each fiscal year and/or at the end of the contract period.

The Program Director will detail accomplishments, identify persons served during the reporting period, identify any immediate problems, and will identify plans for the next reporting period. In addition to written reports, the Program Director and SAS therapists will meet with representatives of the Judiciary to discuss the progress of the work required.

The Program Director will submit a final written report to the Judiciary at the end of the contract period. The report will include documentation of the overall effort toward meeting the program's goals and objectives. The Program Director will provide, from time to time, any reporting data requested by the Judiciary.

**V. Financial**

**Budget**

See attached Budget Forms (pages 15-18).

**VI. Other**

**A. Litigation**

Catholic Charities Hawai'i is not involved as a party in any pending litigation and there are no outstanding judgments against it.

**B. Licensure or Accreditation**

1. Council on Accreditation for Families and Children (Catholic Charities Hawai'i received this national accreditation in 2003)
2. The Program Director of Child Sexual Abuse Treatment Program is a licensed Marriage and Family Therapist (in California and Hawai'i).
3. The Program Director of the Counseling and Domestic Violence Program is a licensed clinical social worker.
4. Hawai'i State General Excise License

## BUDGET REQUEST BY SOURCE OF FUNDS

(Period: July 1, 2008 to June 30, 2009)

Applicant:

Catholic Charities Hawaii

BUDGET CATEGORIES	Budget Request	(a)	(b)	(c)
<b>A. PERSONNEL COST</b>				
1. Salaries	140,269			
2. Payroll Taxes & Assessments	16,608			
3. Fringe Benefits	26,588			
<b>TOTAL PERSONNEL COST</b>	<b>183,465</b>			
<b>B. OTHER CURRENT EXPENSES</b>				
1. Airfare, Inter-Island				
2. Airfare, Out-of-State				
3. Audit Services	300			
4. Contractual Services - Administrative	315			
5. Contractual Services - Subcontracts	6,000			
6. Insurance	0			
7. Lease/Rental of Equipment	0			
8. Lease/Rental of Motor Vehicle	0			
9. Lease/Rental of Space	13,248			
10. Mileage	4,040			
11. Postage, Freight & Delivery	50			
12. Publication & Printing	50			
13. Repair & Maintenance	0			
14. Staff Training	500			
15. Substance/Per Diem				
16. Supplies	586			
17. Telecommunication	240			
18. Transportation				
19. Stipend	0			
20. Utilities	0			
21. Indirect Cost	35,207			
22	0			
23				
<b>TOTAL OTHER CURRENT EXPENSES</b>	<b>60,535</b>			
<b>C. EQUIPMENT PURCHASES</b>				
<b>D. MOTOR VEHICLE PURCHASES</b>				
<b>TOTAL (A+B+C+D)</b>	<b>244,000</b>			
<b>SOURCES OF FUNDING</b>		Budget Prepared By:		
(a) RFP J07030 (ADCJC)	200,000	Lisa Sakamoto <span style="float: right;">January 15, 2008</span>		
(b) GIA Request	44,000	Name (Please type or print) <span style="float: right;">January 15, 2008</span>		
(c)		Signature <span style="float: right;">Date</span>		
(d)		Lisa Sakamoto, Vice President Finance		
		Name and Title (Please type or print)		
<b>TOTAL REVENUE</b>	<b>244,000</b>	For State Agency Use Only		
		Signature of Reviewer		



## BUDGET JUSTIFICATION PERSONNEL - SALARIES AND WAGES

Period: July 1, 2008 to June 30, 2009

Applicant: Catholic Charities Hawaii

POSITION NO. (Start with No. 1)	POSITION TITLE	FULL TIME EQUIVALENT TO ORGANIZATION (0.0 to 1.0 FTE)	ANNUAL SALARY INCLUDING BUDGETED SALARY INCREASE A	% OF TIME BUDGETED TO THE CONTRACT B	TOTAL SALARY BUDGETED TO THE CONTRACT A x B
1	Program Director 1	1.00	55,336	10.00%	5,534
2	Therapist	1.00	50,305	100.00%	50,305
3	Therapist	1.00	50,305	100.00%	50,305
4	Outreach Worker	1.00	31,023	100.00%	31,023
5	Secretary	1.00	31,023	10.00%	3,102
					0
					0
					0
					0
					0
					0
					0
					0
					0
<b>TOTAL:</b>					140,269
<b>JUSTIFICATION/COMMENTS:</b>					3.20

# BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Applicant: Catholic Charities Hawai

Period: July 1, 2008 to June 30, 2009

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
			\$ -	0
			\$ -	0
			\$ -	0
			\$ -	0
			\$ -	0
<b>TOTAL:</b>			\$ -	0
<b>JUSTIFICATION/COMMENTS:</b>				

DESCRIPTION OF MOTOR VEHICLE	NO. OF VEHICLES	COST PER VEHICLE	TOTAL COST	TOTAL BUDGETED
			\$ -	0
			\$ -	0
			\$ -	0
			\$ -	0
			\$ -	0
<b>TOTAL:</b>			\$ -	0
<b>JUSTIFICATION/COMMENTS:</b>				

**BUDGET JUSTIFICATION  
CAPITAL PROJECT DETAILS**

Applicant: Catholic Charities Hawaii

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						
DESIGN						
CONSTRUCTION						
EQUIPMENT						
<b>TOTAL:</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
JUSTIFICATION/COMMENTS:						

**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, Hawai'i Revised Statutes:

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

Catholic Charities Hawaii

\_\_\_\_\_  
(Typed Name of Individual or Organization)

  
\_\_\_\_\_  
(Signature)

Jerome Rauckhorst

\_\_\_\_\_  
(Typed Name)

11/18/08  
\_\_\_\_\_  
(Date)

Chief Executive Officer

\_\_\_\_\_  
(Title)