

House District 42

Senate District 20

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

Log No: 30-0

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): _____

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

1. APPLICANT INFORMATION:

Legal Name of Requesting Organization or Individual:
Child and Family Service
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:

Emergency Shelter and Transitional Housing Start Up and First Year Operating Expense Assistance

8. FISCAL YEARS AND AMOUNT OF STATE FUNDS REQUESTED:

FY 2008-2009 \$ 300,000.00

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

1/31/08
DATE SIGNED

Proposal to the

The Legislature
State of Hawaii

for

GRANT-IN-AID
(Emergency Shelter and Transitional Housing
Complex for Abused Families – Leeward Oahu)

January 2008

**Emergency Shelter and Transitional Housing Complex for Abused Families –
Leeward Oahu
Proposal
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Section I

BACKGROUND AND SUMMARY

Child and Family Service (CFS) is requesting funding from the State of Hawai'i to support the startup costs and first year's operating expenses of our newly constructed **Emergency Shelter and Transitional Housing Complex for Abused Families**. This proposal is a request for the first four months of staffing and one time start up costs including a security system, furniture and equipment. The Legislature generously awarded \$2.5 million in grant-in-aid funds during the 2006 session towards construction of the facility. The remainder of the funding was obtained from private foundations and donations from the Board of Directors, other individuals and businesses. Construction is anticipated to begin in February 2008 and will take one year to complete. Plans call for the construction of a 10,973 square foot dorm-like facility to serve as emergency and transitional housing for families who find themselves homeless due to domestic violence. This new facility would be able to house 52 women and their children, enabling the women to take advantage of job training courses which will help secure full-time employment so that they can transition back into the community.

Organization's Background

Child and Family Service (CFS), 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. In 1998, the CFS headquarters, including the administration offices and several programs, were built in Ewa Beach to accommodate the agency's tremendous growth. Also housed on the property is the State of Hawaii Department of Human Services, Child Protective Services. 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 shelter 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 through a videoconferencing network. In 2008, CFS merged with Turning Point For Families, a grass roots organization on the island of Hawaii that provides an array of domestic violence services. CFS has an annual budget of \$27 million, with a workforce of nearly 600 employees and approximately 70 volunteers statewide. We are accredited by the National Council on Accreditation for Children and Family Services (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 operating Domestic Abuse Shelters and support services since 1981. The Domestic Abuse Shelters prevent incidents of family violence through immediate temporary shelter and assistance through education, advocacy and supportive counseling.

Each shelter also offers a domestic violence crisis hotline, lodging and food, crisis counseling, individual counseling, educational workshops, support groups, information, referral and advocacy, and a children's program.

Recognizing a need for housing for victims of domestic abuse who are committed to a violence free, financially independent life style, Child and Family Service opened the transitional apartment program in Honolulu in 1992. The program provides subsidized housing and supportive counseling to allow the adult residents to return to school or return to the workforce in order to move toward self-sufficiency;

Goals and Objectives

The overall goal of the program is to provide victims of domestic violence safe shelter and transitional living to prevent or decrease the occurrence of family violence in their lives. In providing these services, it is the philosophy of the program that the safety of the adult victims and their children is of primary importance. The emergency shelter's primary goal is to prevent incidents of family violence and to provide immediate temporary shelter and related assistance to prevent future violent incidents. The goal of the transitional living component is to provide low cost housing for survivors and their children who have few safe housing options so they can re-establish financial independence. Child and Family Service Domestic Abuse programs attempt to empower the individuals and families served to break the cycle of violence in their lives. On Oahu, the demand for emergency shelter is so great, that often as a result; families are crowded together in the current three bedroom facility or their length of stay shortened. The current Leeward Domestic Abuse Shelter only has a capacity of 27. Although it is a 3 bedroom facility the program can serve additional clients if we utilize sofas and futons. The new shelter will double the capacity enabling families to stay longer, have more privacy and serve as not only an emergency shelter but also as a transitional housing, a new service, while families search for safe and affordable housing.

Public Purpose/Need To Be Served

Determining accurate numbers is difficult, as domestic abuse is an underreported crime. The figures from the Honolulu Police Department and the Department of the Attorney General do not differentiate domestic abuse from other types of assaults. According to information compiled by the Hawaii State Department of Business, Economic Development and Tourism, Hawaii State Data Center from the 2000 U.S. Census Bureau there are 324,654 female residents on Oahu between the ages of 18 and 65. National statistics say that one in four females will be abused sometime during their life. A study done by the Hawaii Commission on Status of Women in 1993 indicated that in Hawaii, one in five women would be abused during their lifetime. This then translates into at least 64,930 women in Hawaii who will likely be abused during some point in their life.

Shelters are a necessary element for the intervention and prevention of domestic and family violence. Individuals who experience domestic violence may be at an increased risk of homelessness or be compelled to live with a former or current abuser in order to prevent homelessness. (National Coalition for the Homeless, 1999).

A place to live for battered women is a major concern. A 1998 study of 777 homeless parents, mostly mothers, in ten U.S. Cities showed that 22% said they had left their last place of residence due to domestic violence (Homes for the Homeless). Furthermore, a 2003 survey of 100 homeless mothers in ten locations around the country found that 25% of the women had been psychically abused in the last year (American Civil Liberties Union, 2004).

Sixty percent of homeless mothers have experienced family violence at some point in their lives, making the connection between domestic abuse and homelessness undeniable. The effects are clearly debilitating to these mothers and to 40% of homeless children who witness it. The families require special protection, care and support (Homes for the Homeless, 2005).

Without shelters, victims who need protection, counseling and support would have no place to turn for help in dealing with their crisis. Children would learn to replicate the cycle of violence, and the community would suffer the consequence of their continued malfunctioning and economic dependence.

Shelter Statistics

During fiscal year ending June 30, 2007, CFS' Leeward Domestic Abuse Shelter on Oahu provided 5,298 nights of safety for 286 domestic abuse victims and their children.

Domestic abuse impacts all ethnicities and economic levels. Demographic trends in fiscal year ending June 30, 2007 for the Leeward Domestic Abuse Shelter include: 83% low income (annual income below \$29,800), with the primary ethnic groups of 36% Hawaiian and 29% Filipino (clients may belong to more than one group). We project similar demographics for clients that will be entering into the Transitional Housing program.

Increasing Demand

On Oahu, the number of people may vary each year, yet the number of safe nights often exceeds the contract goals of the Department of Human Services. The past couple of years we experienced clients staying longer due to the increased cost of living and the limited number of affordable housing options. With the increasing population growing on the Leeward side of Oahu, we anticipate that the need will only continue to grow.

Our "no reject of any individual or family" policy contributes to the high numbers of individuals served. Regardless of the number of people already staying in the shelter, Child and Family Service turns away no one who needs a safe place to stay. Regardless of resources, we will not compromise our commitment to saving the lives of individuals, especially children, when there is imminent harm.

Another cause for the increase in shelter services is the implementation of the national policy requiring termination of welfare to families after a maximum of five years of benefits. The discontinuation of these benefits has increased the homelessness of our target population. Hawai'i continues to see an increase in the number of homeless families on all islands. We anticipate a significant increase in the number of individuals and families in the Leeward Oahu region that will need shelter or are financially unable to leave shelters.

Target Population

The target population for emergency shelter services is adults with or without children who have been physically or emotionally abused, or are at risk for being abused by a spouse, intimate partner, parent, adult sibling, or adult child. The target population for transitional apartment program services is adult victims of domestic violence with children who are ready to leave the abusive situation and live independently. Priority will be given to families transitioning from leaving an abusive situation and wishing to gain financial independence. As space is available single adults will be accepted as they have limited options as well. The Program will also accept minors who have been emancipated and are seeking shelter from domestic violence. Most adults will be from the island of Oahu; however, some will be residents from neighbor islands or the mainland that suffer from abuse while on Oahu.

The program recognizes there are men who are in need of a safe shelter for themselves and their children. Males, with their children, will be placed in a hotel and Shelter Staff will meet with them to provide the same services all other Shelter residents receive.

There are some potential clients who are not appropriate for shelter services. Individuals with severe drug/alcohol problems who are not undergoing treatment, or individuals that have been determined to be psychotic or severely emotionally disturbed are usually unable to function in a group living situation and unable to focus to receive the benefits of the program. These individuals are therefore not appropriate for the Domestic Abuse Shelter. As the Domestic Abuse Shelter program is not a care facility for persons of any age, residents must be able to

look after themselves and their children. Individuals that are not accepted into the Shelter are referred to outside resources.

Geographic Coverage

The request will primarily serve the Leeward area of Oahu. However, clients will be accepted from anywhere in the State when safety is of a concern.

Program Benefits

Domestic Violence Shelters and Transitional Living Programs are a necessary element for the intervention and prevention of domestic and family violence. Without them, victims who need protection, counseling, and support would have no place to turn for help in dealing with their crisis. Children would learn to replicate the cycle of violence, and the community would suffer the consequence of these victims' continued malfunctioning and economic dependence. Shelters offer a safe haven, a place to learn about the dynamics of the abusive situation and a time to learn about the cycle of abuse. In addition, they learn not to fault themselves for their abuse, develop self-esteem, learn self-empowerment skills, and learn how to develop a "safety plan" that will protect them from violence, hostage situations and death.

Transitional Housing provides safe, subsidized housing, combined with support and counseling for women and children who have made a decision to leave abusive relationships to build independence. Transitional Housing promotes personal responsibility and increases independence by supporting self sufficiency through employment activities and payment of program fees.

Section II

SERVICE SUMMARY AND OUTCOMES

By constructing this new and expanded facility, Child and Family Service will enhance our current Domestic Abuse Shelter Program capacity and add a Transitional Housing component in the Leeward area to the continuum of services.

The Emergency and Transitional Housing facility will be unique in that it will help empower individuals and families served to break the cycle of violence in their lives and move toward independence. Families will be able to stay for the usual 90-day emergency period. In addition, the expanded facility will enable families to stay for a longer transitional period until they are able to find safe and affordable housing.

A. SCOPE OF WORK, TASKS AND RESPONSIBILITIES

The Domestic Abuse Shelter will provide temporary emergency services to victims of domestic abuse and their families. The Transitional Housing units will be available to those individuals who are ready to take advantage of job training courses which will help secure full-time employment so that they can transition back into the community. While taking job training courses, child care would also be available on-site. Both indoor and protected outdoor play areas for the children are incorporated into the design of the facility.

Services provided through Child and Family Service's current Domestic Abuse Shelter program are designed to include:

- A 24-hour domestic violence hot line on Oahu, which provides crisis intervention, information, and referral services
- A 24-hour emergency shelter in Leeward Oahu, which provides safe shelter, food and other necessities
- Individual services- supportive counseling, assessment of clients' needs, goal planning, advocacy, and information and referral for needed services which include health services, legal services and housing
- Support group services focusing on domestic violence issues, self- esteem building, and parenting.

Our comprehensive array of services are provided by our team of Domestic Violence Specialists, Shelter Managers, Shift Workers and a Mother Child Specialist. In addition to our supportive counseling, goal planning, advocacy and referrals, Child and Family Service Domestic Violence emergency shelter offers counseling for those individuals with mental health and substance abuse issues, parenting support and group and individual counseling for children. These additional services are made possible through grants and donations. Outreach and follow-up activities are provided as time permits.

Child and Family Service currently operates a Transitional Apartment Program (TAP) in Honolulu. It is our intent to develop a similar service to residents of Leeward Oahu. Our current Transitional Apartment Program provides low-cost housing for domestic abuse victims who have few safe housing alternatives, are ready to live abuse free and become financially independent. The goal of the program is to provide safe transitional living to help victims and their children to re-establish financial independence. The TAP complex consists of five two-bedroom and two-bath apartments, and a one-bedroom Resident Manager's apartment. Two families with one child may share an apartment. Electricity and water are included in the monthly Program fees. The Program emphasizes personal responsibility in several ways:

1. Program participants are expected to return to school, enter the work force, or receive additional training in order to become financially independent and to be able to support themselves and their children.
2. Program participants are required to pay program fees based on income and household size. No family would be turned away for lack of ability to pay.

Counseling is provided as needed on an individual basis and support groups are provided for the adults to learn the needed life skills and resolve their problems as they arise. Residents may remain in the Program up to one year in order to save money and develop their ability to live on their own. Support services are provided to assist the residents in either continuing their education or obtaining employment so that they are able to move toward financial independence. Assistance with social skills, job hunting skills, daily living skills, parenting skills and money management is also provided depending on the needs of the individual resident. We have recently secured funding to offer counseling services to the children as well as parenting support to the mothers.

Our newly constructed Emergency Shelter and Transitional Housing Complex for Abused Families will consist of 8 emergency shelter rooms and 5 transitional living units. The project will expand services to the Transitional Housing participants through a Domestic Violence Job Specialist. The Domestic Violence Job Specialist will work with clients on job preparation which is intended to adequately prepare clients for the demands and stresses of work, to seek, apply for, and enter employment, and to be ready to successfully take part in the workforce. Child care will be available to the clients while they participate in on-site activities which include training in job search skills, time and money management, workforce habits and dress codes, reading ads, and participation in mock interviews.

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

Design and engineering of the building has been completed and Site Preparation is nearing completion. Construction will begin as soon as the final building permits are issued and is anticipated to be completed in February 2009. The existing Shelter staff and residents will assume immediate occupancy of the new shelter and a waiting list for Transitional Housing will be established so that Transitional Housing residents may begin moving in March 1, 2009.

The Program has established the following outcomes:

Transitional Housing

- 100% of households will have developed a personalized safety plan.
Actual for 2007 is 100%

- 80% of adult residents will be in school, a training program, or working within 60 days of entering the Program.
Actual for 2007 is 100%

- 80% of families and single adults will move from the Program into a more permanent living arrangement.
Actual for 2007 is 100%

Outcomes are measured through personalized safety plans, service plans, group attendance records, self-report and client satisfaction surveys.

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 this project include:

1. Completion of construction of Transitional Housing Program by February 15, 2009.
2. Recruitment, hiring and orientation of personnel for the Transitional Housing Program by February 15, 2009.
3. Purchase of furnishing and equipment for Transitional Housing by February 15, 2009.
4. Acceptance of applications from qualified families for Transitional Housing by January 16, 2009.
5. Transitional Housing residents begin moving into apartments by March 1, 2009.

The following outcomes will be measured for program delivery success:

Transitional Housing

- 100% of households will have developed a personalized safety plan.
Actual for 2007 is 100%
- 80% of adult residents will be in school, a training program, or working within 60 days of entering the Program.
Actual for 2007 is 100%
- 80% of families and single adults will move from the Program into a more permanent living arrangement.
Actual for 2007 is 100%

Outcomes are measured through personalized safety plans, service plans, group attendance records, self-report and client satisfaction surveys.

Section III
FINANCIAL

A. BUDGET

1. Budget

Child and Family Service (CFS) is requesting funding from the State of Hawai'i to support the startup costs and four months of operating expenses of the new facility as we don't anticipate opening the facility until February 2009. CFS anticipates being able to secure additional sources of funding to support and operate the Emergency Shelter and Transitional Housing Complex for Abused Families. CFS will also apply for funding through the Department of Human Service's Temporary Assistance to Needy Person (TANF) Program to support the job training component.

Funding for the Leeward Shelter is provided through:

- Department of Human Services
- Department of Housing and Urban Development
- City and County of Honolulu, Emergency Shelter Grant Program
- Ellen M. Koenig Memorial Fund Grant
- Robert F. Lange Foundation

A small portion of the Transitional Housing operational expenses will be met through program fees. Child and Family Service is seeking operational funding from the following sources for the Transitional Housing Program:

- Department of Housing and Urban Development
- City and County of Honolulu, Emergency Shelter Grant Program
- Ellen M. Koenig Memorial Fund Grant
- U.S. Department of Justice, Office on Violence Against Women

The budget forms are attached to this proposal.

2. Anticipated Quarterly Funding Requirements

Child and Family Service anticipates the following quarterly funding requirements:

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
\$0.00	\$0.00	\$150,000.00	\$150,000.00	\$300,000.00

Section IV
EXPERIENCE AND CAPABILITY

A. NECESSARY SKILLS AND EXPERIENCE

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 Domestic Abuse Programs - Demonstrated Skills, Abilities and Knowledge

Child and Family Service has an extensive history in providing domestic violence services to Hawaii’s women, men and families in need. As a result, our staff members possess the necessary skills, abilities and knowledge to provide the best quality service to victims of domestic violence throughout the state. Child and Family Service presently operates:

- Three domestic abuse emergency shelters, two on Oahu and one in Hilo.
- Transitional Apartment Program on Oahu for victims of domestic abuse who are ready to live abuse free and become financially independent.
- The Developing Options to Violence Program on Oahu and Maui. This program is community based and provides batterer intervention, victim support, anger management for adults and adolescents and groups for children who have witnessed domestic violence in their home.
- The Domestic Violence Advocacy program on Oahu, Maui, Kona and Hilo.

In January 2008, Child and Family Service merged with Turning Point For Families (TPFF), a domestic violence agency that provides shelter, counseling, education and advocacy to

promote a violence-free community. The following domestic violence programs on the Island of Hawaii have become part of the CFS Ohana:

- A Domestic Abuse Shelter in Kona
- Alternatives to Violence programs, which provide educational groups for men, women and children who have experienced violence
- Ke Ala Lokahi (Pathway to Harmony), Hawaiian culturally based programs for men and women
- Hale Kahu Pa'a, a transitional living program

Our commitment to the Domestic Abuse Shelters is demonstrated through our continued efforts to obtain additional funding for direct service positions so that the clients are able to receive additional services. The Shelters provides a training program for volunteers and currently has 5 volunteers who are able to contribute their specific skills to assist shelter operations and clients in the shelter.

The Domestic Abuse Shelter Program – 37 Years of Experience in Providing Safety for Families and Children

Child and Family Service understands and provides person and family-centered, culturally sensitive services that address the individual's safety, emotional, and developmental needs. The needs of the individual and family determine the type and mix of services. Families and individuals, to the extent possible, are full participants in planning, determining the delivery of services, and evaluating them. Services are designed around the inherent strengths of the individual, family and community with the goal of promoting the ability of the individuals to benefit from their services.

A descriptive history illustrates how CFS integrates these principles within the organization's system of care:

- In 1971 Child and Family Service and the Committee for the Protection of Children started the first Task Force on Oahu to determine what might be done to protect wives who were being beaten, often repeatedly, by their husbands. The result of this effort was the passage of several bills through the State Legislature relating to the enforcement of restraining orders, a shelter for abused wives and the beginning of the push for the Department of Human Services (DHS) to fund emergency shelter for abused partners and their children.
- Since 1981 CFS has been actively involved in the delivery of services to victims of domestic abuse. The organization has opened and operated five shelters on the islands of Oahu and Hawaii. The Honolulu Shelter was opened in 1981, Military Shelter in 1982, Leeward Oahu Shelter in 1989, Windward Oahu Shelter in 1992 and the Hilo Shelter in 1995. Currently Child and Family Service operates the Honolulu, Leeward and Hilo

Shelters. Each Shelter maintains a high level of occupancy and often exceeds contract requirements due to the no turn away policy.

- In 1986 the CFS Developing Options to Violence (DOV) Program opened on Oahu in response to the Family Court's increased need to provide more intervention services for victims and perpetrators of domestic violence. DOV has been responsive to the changing needs of this population, to include adding a children's and adolescent program, a parenting component and instituting new intervention methods. The DOV program on Maui was opened in 1995.
- Recognizing a need for housing for victims of domestic abuse who are committed to a violence free, financially independent life style, Child and Family Service opened the Transitional Apartment Program in 1992. The program provides subsidized housing and supportive counseling in the Honolulu area of Oahu, in order to allow the adult residents to return to school or return to the workforce to move toward self-sufficiency.
- Child and Family Service has been concerned about the effects on victims of domestic violence due to the Federal Welfare Reform laws and worked with other domestic violence providers and the Department of Human Services in 1995 to draft state regulations for this reform measure. In 2000, CFS was involved with other domestic violence service providers to examine what domestic violence victims need to move forward in their lives and how that could be accomplished. In March of 2002 CFS began the Domestic Violence Advocacy Program to assist victims receiving Temporary Assistance to Needy Families (TANF) remove the barriers of their domestic abuse situations so that they would be able to become self-sufficient.

Projects and Contracts Pertinent to the Proposed Services

Child and Family Service offers the following list of verifiable experience with projects and contracts pertinent to the proposed services.

Description	Service Period	Contract Reference	Contact Name and Number
State of Hawaii Department of Human Services Domestic Abuse Shelter and Support Services	2003-2009 1999-2003 1998-1999 1996-1997 1994-1995	DHS-04-POS-1850 DHS-99-POS-4608 Oahu DH S-99-POS-8432 Hilo DHS-98-POS-6029 Oahu DHS-98-POS-6024 Hilo DHS-96-Pos-4922 Hilo DHS-96-POS-4928 Oahu DHS-94-POS-3710 Oahu	Suzanne Hull (808) 586-5669
U.S Department of Housing and Urban Development Supportive Housing Program	2006-2007 2005-2006 2002-2005 New, 9/02	HI0813B601006 HI108B401007 HI108B101003	Rebecca Borja (808) 522-8180 x265

Description	Service Period	Contract Reference	Contact Name and Number
State of Hawaii Department of Attorney General Coordinated Rural Community Response Program	2002-2003 2000-2001	99-WR-S-2 A MOA through the Hawaii State Coalition Against Domestic Violence	Nancy Ralston (808) 586-1157
State of Hawaii Department of Human Services Benefit, Employment, Support Services Division Domestic Violence Advocacy	2007-2009 2004-2007 2002-2004	DHS-08 BESSD-5048 DHS-05-BESSD-2069 DHS-02-ECCP-1241	Ken Nakagawa (808) 586-7060
State of Hawaii Department of Attorney General Victims of Crime Act (VAWA)	2005-2006 2003-2004 2002-2003 2001-2002 2000-2001	03-WF-10 01-WF-10 00-WF-4 99-WF-5 98-WF-15	Kathy Mitchell (808) 586-1389 Ralph Uyeoka (808) 586-0888 Nancy Ralston (808) 586-1157
State of Hawaii Housing and Community Development Corporation of Hawaii Emergency Shelter Grant Program	2002 2001 2000	S-01-DC-001 DC-91.220 DC-15-001	Elaine Brown (808)-832-5927
City and County of Honolulu Emergency Shelter Grant Program	2007 2006 2005 2004 2003 2002 2001 2000 1999 1998	F61637 F33205 F91152 F95493 F91152 F83721 F74080 F62048 F49907	Gail Kaito (808) 527-5780
City and County of Honolulu Rehabilitation Project	1998	F60118	Gail Kaito (808) 527-5780
Victims of Crime Act	2000-2003 1999-2000 1996-1998	C02123 C45766 C27324	Phyllis Shino (808) 969-1159
State of Hawaii Judiciary, Family Court, First Circuit Interventions in DOV for Batterers, Victims and Children	2007-2012 2003-2007 2001-2003 2000-2001 1998-1999 1997-1998	FC J07-030 FC J04-062 FC J02-066 FC J00-134 FC J98-129 FC J97-075	Maureen Kiehm (808) 539-4002

Description	Service Period	Contract Reference	Contact Name and Number
State of Hawaii	2007-2012	FC J07-030	Nancy Kennedy-Delima (808) 244-2779
Judiciary, Family Court,	2003-2007	FC J04-035	
Second Circuit	2002-2003	FC JO2-062	
Interventions in DOV for	1999-2001	FC J00-039	
Batters, Victims and Children	1998- 1999	FC J98-030	
	1996 -1997	FC J96-083	

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.

Current Leeward Domestic Abuse Shelter Facility

Currently, the Leeward facility is 2,336 square feet, over 50 years old and is located on property owned by CFS. It has three bedrooms, two bathrooms, two offices, a small storage room, a large combination living/dining room, a combination kitchen/laundry room, a covered rear lanai area with a handicap ramp and a recently built playroom for children. The Leeward location has 18 single beds but can accommodate additional clients as needed. The facility is located on property that has a security guard at night and also has an alarm system within the building. Due to security concerns, it is Child and Family Service's policy to keep the address of the Shelter **CONFIDENTIAL**, to ensure the privacy and safety of the residents.

Although the Leeward Shelter's current capacity is 27, CFS has accommodated up to 33. Unfortunately, the end result is a very crowded facility. Every day wear and tear of the Shelter is increased due to the high numbers of individuals served.

New, Larger Facility

Child and Family Service is constructing a new and larger facility for Emergency and Transitional Housing for Abused Families on property owned by CFS. This new facility is a 10,973 square foot dorm-like building and will serve as emergency shelter and transitional housing for families who find themselves homeless due to an abusive relationship. The new expanded facility could potentially serve 5 families in the Transitional Housing program and up to 40 adults and children in the Emergency Shelter. Because of its expanded size, the facility will offer flexibility if the needs for transitional and emergency shelter fluctuate. The facility will provide commercial sized kitchens, dining and recreation areas, laundry facilities, storage rooms, counseling and group activity rooms and staff offices. It has been designed to meet all ADA accessibility requirements. The project is in the final stages of the permitting process with the City and County of Honolulu and the construction contract has been awarded.

While the Emergency Shelter component is an expansion of the current program, the Transitional Housing is a new program designed to meet the needs of the Leeward Oahu community. The Transitional Housing program will be similar to that currently operated by Child and Family Service in the greater Honolulu area. The goal of the program is to provide low cost housing for survivors of domestic violence and their children who have few safe housing alternatives. In providing these services, it is the philosophy of the program that the safety of the adult victims and their children is of primary importance. The program will attempt to empower the individual and family members served to break the cycle of violence in their lives.

Section V

PERSONNEL: PROJECT ORGANIZATION AND STAFFING

A. PROPOSED STAFFING, STAFF QUALIFICATIONS, SUPERVISION AND TRAINING

The programs are overseen by Program Administrator Angie Doi. The Director of Program Services, Carol Hough, supervises the Program Administrator on administrative concerns/functions.

The Shelter Manager is Ann Banglos and staffing consists of two Domestic Violence Specialists, a Mother/Child Specialist, and a Master level Domestic Violence Specialist to provide service to those with mental health and substance abuse issues. The Transitional Housing program will be staffed by a Master's level Domestic Violence Specialist and a Mother/Child Specialist. The Emergency Shelter and Transitional Housing program will share a Program Supervisor, Domestic Violence Specialist, and a Child Care Worker. The Transitional Housing program will have a full-time Domestic Violence Job Specialist. Both programs will be staffed with 4 Shelter Workers and administrative personnel. This proposal is asking for funding for only those positions associated with the Transitional Housing program.

Key Personnel

The Director of Program Services for Family Services, Carol Hough, has a Master's degree in Marriage, Family and Child Counseling with 25 years of post graduate experience in the mental health and social services field including work in both non-profit and for-profit corporations. She has work experience in the field of domestic violence.

The Program Administrator for Domestic Violence Programs, Angie Doi, has a Master's of Science in Counseling Psychology. She has worked with domestic violence victims and perpetrators since 1994 and has over ten years of supervisory experience. She has been working with the Shelter and Transitional Apartment Programs since 2004 and has been providing direct supervision to the staff. Ms. Doi is very active with the community and serves as the chair for the Hawaii State Coalition Against Domestic Violence for the past ten years.

The Shelter Manager, Ann Banglos, has 17 years of experience working with survivors of Domestic Abuse and has been the Shelter Manager at the Leeward Shelter since August 1995.

Hiring, Credentialing, Re-credentialing and Criminal Checks

CFS credentials and re-credentials clinical staff in accordance with contract requirements. These are the key procedures:

- As required, CFS conducts a criminal history record check on current and prospective employees.
- As required, Child and Family Service conducts a CWS Protective Services Central Registry Check on current and prospective employees.
- CFS verifies the highest degree earned with copies of diplomas, transcripts or verification letters from educational institutions. CFS practice is to accept degrees only from accredited institutions.
- Licenses and certifications are verified for current status, expiration date and whether any complaints have been made against the individual.
- A minimum of three references are checked – at least two work and one professional, preferably three work.
- Other verification requirements include:
 - Tuberculosis Clearance
 - Sex Offender Registry Check (suspended until Hawaii State legislature authorizes again)
 - Clean Driver's Abstract
 - Current Auto Insurance
 - Current Driver's License

No applicant who has a record of criminal conviction or CPS involvement that would pose a risk to health, safety, or well-being of families will be employed in the Domestic Abuse Shelter and the Transitional Housing Program.

SUPERVISION OF THE DOMESTIC ABUSE SHELTER

A key factor in the success of service delivery is the extent to which Child and Family Service management staff can effectively supervise and administer direction. The key features of the supervision plan include:

- Accountability to the requirements in the contract
- Accountability and adherence to the service model
- Continuous learning

Accountability to the Requirements in the Contract

Staff are instructed in the basic requirements of the contract. The supervisors verify that documentation and case services follow the contracted procedures through quarterly record reviews and weekly supervision.

Accountability and Adherence to the Service Model

The supervision process addresses staff accountability and close adherence to the service model and program principles. Integral to the success of the service program, CFS staff engage in extensive individual and group supervision as well as in-house and external training.

The major goal 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. Staff receive regular weekly supervision and case consultative experience to allow them to successfully engage families, plan achievable outcomes with the families based on good clinical assessments, work with families to help them reach and sustain goals.

The Program Administrator receives administrative supervision from the Director of Program Services on a weekly basis. The Program Supervisor will supervise the Advocates and Shelter Managers as well as the Domestic Violence Specialist and Mother/Child Specialist. The Shelter Manager supervises the Shift Workers.

Continuous Learning

Supervision includes the utilization of well-planned quality assurance mechanisms. These include task-oriented on-site supervision and intensive training for program staff. Supervision encourages staff to design interventions with immediate impact on the presenting problem by building on the strengths of the families and drawing on the strengths of the natural community support systems. Service staff are trained to assess the impact of the intervention by describing and documenting the anticipated outcome before actual implementation. In this way staff and the supervisor can readily gauge the advances made or the barriers encountered.

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.

Program Specific Orientation – within 30 days of employment

- Understanding of program services
- Programs procedures
- Program eligibility
- Knowledge of community service delivery
- Legal/civil rights of victims
- Judicial/regulatory issues
- Reportable criminal behavior including statutory rape and criminal acquaintance rape
- Duty to warn
- Domestic Violence Training

Organization Orientation - within 60 days of employment

- Mission and goals of Child and Family Service
- Organization structure and overview, including communication plan and strategic planning

- Continuous Quality Improvement process
- Safety program and purpose, including worker's compensation overview
- 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

Domestic abuse shelter staff and volunteers receive 25 hours of training in order to begin working with the program. The training consists of 16 hours of classroom instruction that focuses on the dynamics of domestic violence, provides an overview of some of the different types of populations the shelters may see, some of the common effects of domestic violence on the victim and basics of listening to victims. Another nine hours of training is conducted in the shelter learning the procedures and shadowing staff in order to learn how to answer hot line calls and work with clients.

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
- Awareness of special needs populations
- HIPAA Policies and Procedures

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 but are not limited to:

- Confidentiality including Federal and State laws regarding confidentiality and the obtaining and release of client information
- Client right/responsibilities
- Client complaint/grievance
- State laws regarding child abuse and neglect reporting, adult protective services reporting, reporting criminal behavior and threats regarding suicide and homicide
- Crisis intervention procedures including suicide precautions

- Job description/lines of accountability and authority of Child and Family Service
- Strength based treatment and planning
- Family and community based provision of services
- Integration, coordination and monitoring of service quality standards
- Review of risk management/reporting standards
- Client satisfaction and stakeholder input
- Awareness of available referral resources in the community

Additional training needs are identified by staff and supervisors during individual supervision. Additional training for the staff member may be obtained as needed through staff meetings, supervisory sessions, or outside sources. When there are relevant conferences or workshops regarding domestic abuse issues or other related adjunctive topics that may benefit the program or staff members, appropriate staff are identified and sent to the training. These staff members may then be tasked with bringing back and presenting information obtained from the training with the rest of the program staff.

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 Departments, the strategic planning process, the CFS communication plan, and senior management.

The statewide Child and Family Service organization chart, current Leeward Domestic Abuse Shelter's Program organization chart, and proposed Transitional Housing Program organization chart 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 9:00am 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.

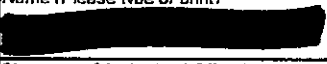
Section VII
ATTACHMENTS

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: Child and Family Service

BUDGET CATEGORIES	Total State Funds Requested (a)	(b)	(c)	(d)
A. PERSONNEL COST				
1. Salaries	65,061			
2. Payroll Taxes & Assessments	6,993			
3. Fringe Benefits	7,515			
TOTAL PERSONNEL COST	79,569			
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island	0			
2. Insurance	3,483			
3. Lease/Rental of Equipment	0			
4. Lease/Rental of Space	11,668			
5. Staff Training	0			
6. Supplies	10,600			
7. Telecommunication	0			
8. Utilities	1,328			
9. Audit	697			
10. Repair and Maintenance	1,854			
11. Client Assistance	500			
12. Administrative Support	46,941			
13				
14				
15				
16				
17				
18				
19				
20				
TOTAL OTHER CURRENT EXPENSES	77,071			
C. EQUIPMENT PURCHASES	143,360			
D. MOTOR VEHICLE PURCHASES	0			
E. CAPITAL	0			
TOTAL (A+B+C+D+E)	300,000			
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested	300,000	Bobbi Goodman	681-1441	
(b)		Name (Please type or print)	Phone	
(c)			1/28/08	
(d)		Signature of Authorized Official	Date	
TOTAL REVENUE	300,000	Patti Bates, Chief Operating Officer Name and Title (Please type or print)		

BUDGET JUSTIFICATION PERSONNEL - SALARIES AND WAGES

Applicant: Child and Family Service

Period: July 1, 2008 to June 30, 2009

POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME BUDGETED TO REQUEST B	TOTAL SALARY BUDGETED IN REQUEST A x B
Director of Program Services	1	\$70,668.00	5.00%	\$ 1,178.00
Program Administrator	1	\$67,768.00	13.00%	\$ 2,937.00
Administrative Secretary	1	\$28,631.00	10.00%	\$ 954.00
Program Supervisor II	1	\$44,663.00	25.00%	\$ 3,722.00
Domestic Violence Specialist IV	1	\$45,833.00	25.00%	\$ 3,819.00
Domestic Violence Job Specialist	1	\$33,634.00	100.00%	\$ 9,568.00
Shelter Worker	1	\$23,920.00	100.00%	\$ 7,855.00
Shelter Worker	1	\$23,920.00	100.00%	\$ 7,855.00
Shelter Worker	1	\$23,920.00	100.00%	\$ 7,855.00
Shelter Worker	1	\$23,920.00	100.00%	\$ 7,855.00
Child Care Worker	1	\$34,382.00	100.00%	\$ 11,463.00
				\$ -
				\$ -
				\$ -
TOTAL:				\$ 65,061.00

JUSTIFICATION/COMMENTS:

Salaries are based on a Market median study to maximize recruitment and retention.

**BUDGET JUSTIFICATION
CAPITAL PROJECT DETAILS**

Applicant: Child and Family Service

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					
TOTAL:					
JUSTIFICATION/COMMENTS:					

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



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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:

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Howard Garval
President and CEO

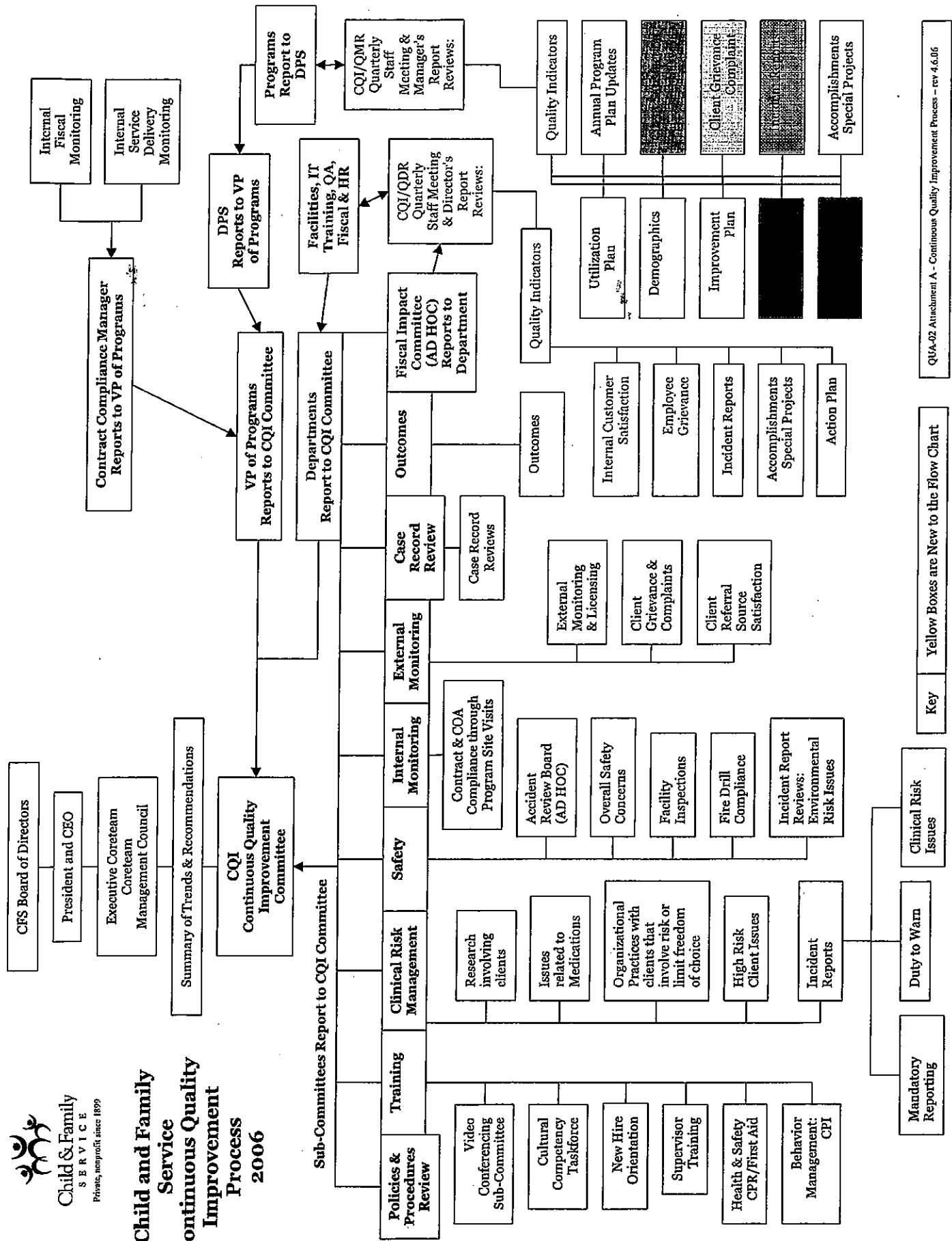
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Patrick F. [unclear]
Chair, Board of Directors



**Child & Family
SERVICE**
Private, nonprofit since 1899

Child and Family Service Continuous Quality Improvement Process 2006

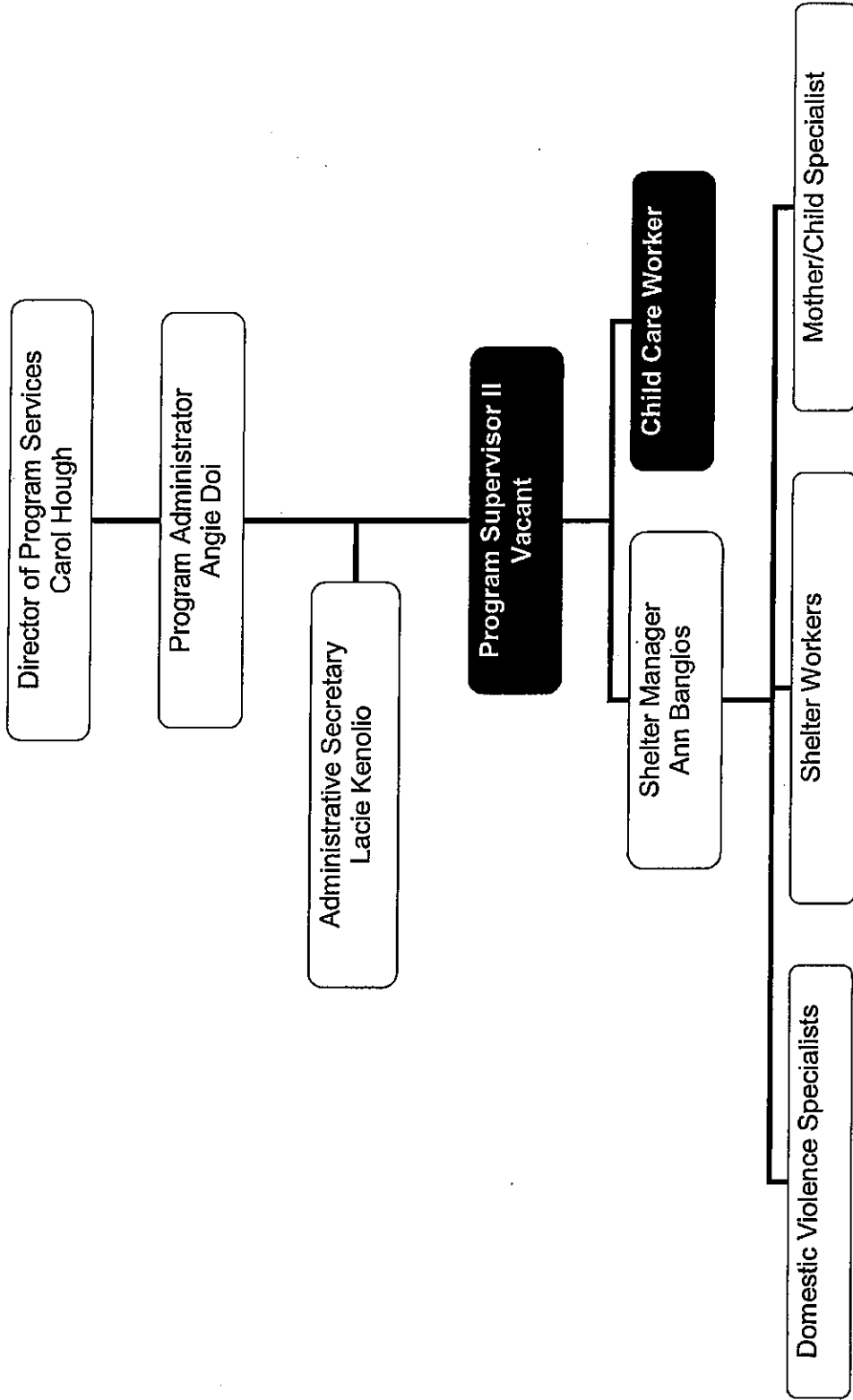


QIA-02 Attachment A - Continuous Quality Improvement Process - rev 4.6.06

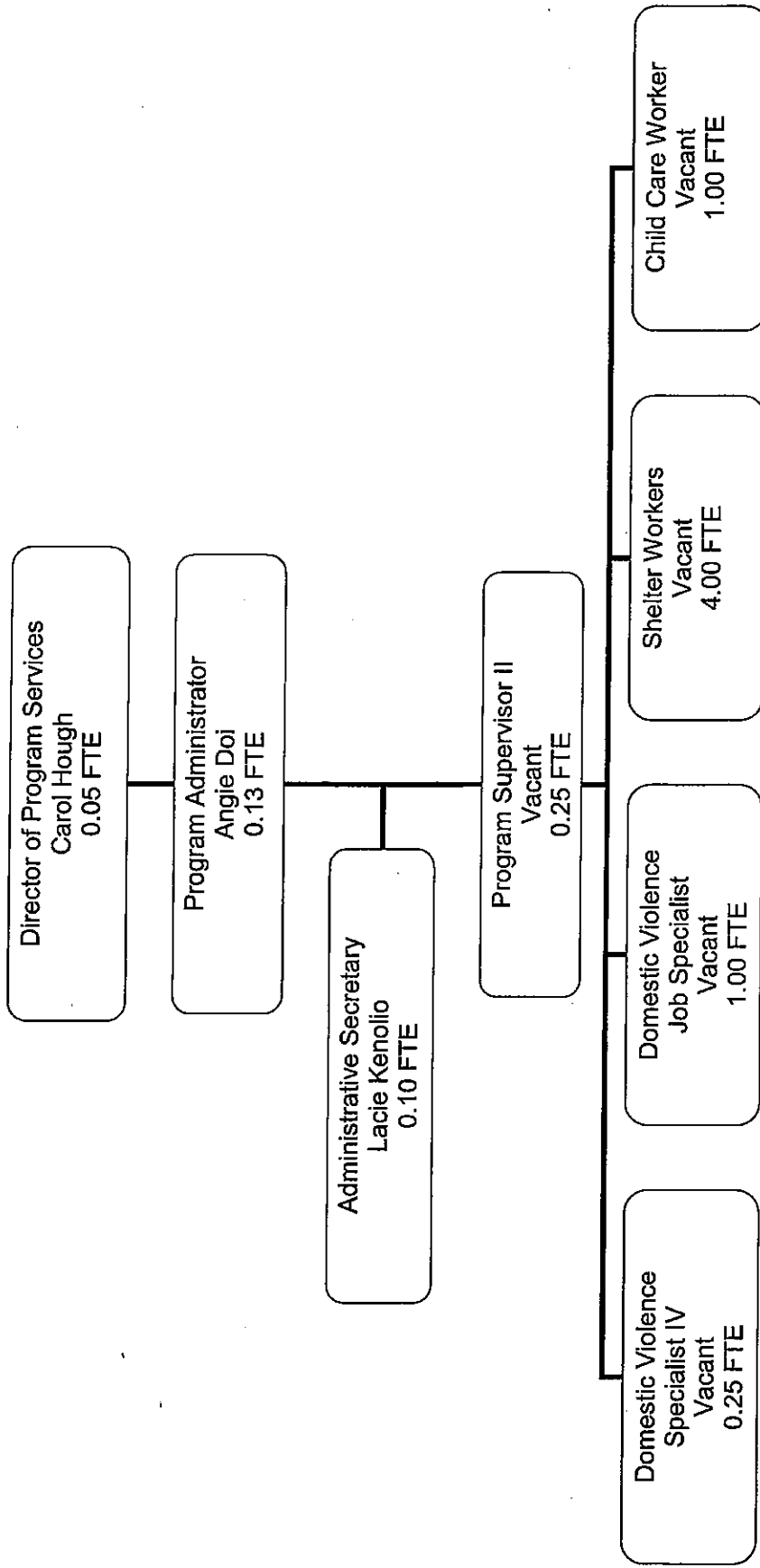
Key Yellow Boxes are New to the Flow Chart

Attachment 3
ORGANIZATION CHARTS

Child and Family Service
Domestic Abuse Shelter— Leeward Oahu
Organization Chart



Child and Family Service
 Transitional Housing Program – Leeward Oahu
 Proposed 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

BOARD OF TRUSTEES

Chair

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Lawrence M. Abramson
Martha Brown
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Consevilla James
James M. Karet
Christopher Leung
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E. McNamara
Jean Mirabella
Timothy F. Noelker
Sharon Osborne
Michael J. Rieder
Hilda Shirk
Samuel M. Sipes
Alvin Snyder
Clarence Wood

Dear Mr. Garval:

It is with great pleasure that we inform you that the Council on Accreditation (COA) has approved the reaccréditation 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.

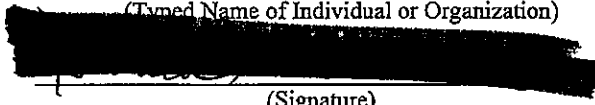
Further, a grant or subsidy may be awarded to a non-profit organization only if the organization:

- (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)

Howard Garval

(Typed Name)

1/31/08

(Date)

President and CEO

(Title)