

House District _____
Senate District _____

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

Log No: 178-0
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

AND PROGRAM I.D. NO. _____

1. APPLICANT INFORMATION:
Legal Name of Requesting Organization or Individual:
Dba: Maui Family Support Services
Street Address: 1844 Willi Pa Loop
Wailuku, HI 96793
Mailing Address: Same as Above

2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:
Name L. JANI SHEPPARD _____
Title Chief Executive Officer _____
Phone # 808.242.0900 _____
Fax # 808.249.2800 _____
e-mail jani@mfss.org _____

3. TYPE OF BUSINESS ENTITY:
 NON PROFIT CORPORATION
 FOR PROFIT CORPORATION
 LIMITED LIABILITY COMPANY
 SOLE PROPRIETORSHIP/INDIVIDUAL
4. FEDERAL TAX ID # _____
5. STATE TAX ID #: _____
6. SSN (IF AN INDIVIDUAL): _____

7. DESCRIPTIVE TITLE OF APPLICANT'S REQUEST:
SEE ATTACHED
(Maximum 300 Characters)
8. FISCAL YEARS AND AMOUNT OF STATE FUNDS REQUESTED:
FY 2007-2008 \$ _____
FY 2008-2009 \$71,429 _____

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 \$71,429 _____
FEDERAL \$576,175 _____
COUNTY \$50,000 _____
PRIVATE/OTHER \$22,779 _____

TYPE NAME & TITLE OF AUTHORIZED REPRESENTATIVE:

AUTHORIZED SIGNATURE

L. JANI SHEPPARD, CHIEF EXECUTIVE OFFICER
NAME & TITLE

11/15/02
DATE SIGNED

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I. BACKGROUND AND SUMMARY

Maui Family Support Services (MFSS) is a private, non-profit agency, incorporated in 1980 and celebrating 27 years of continuous service in Maui County. The Agency's mission is to promote healthy family functioning by providing supportive services that build on family strengths. The mission is coupled with the prime directive of utilizing our collective resources toward the prevention of child abuse and neglect.

Our successful history, with a prevention framework, specialized focus on early childhood intervention (0-3) and long term commitment to the Maui community, strengthens our ability to provide and sustain the services needed by families on the island of Maui.

MFSS Early Head Start (EHS) now serves 55 children and/or expectant mothers through its grant from the United States Department of Health and Human Services Administration for Children and Families (ACF). With the assistance of the additional funds, the home-based option will provide services to an additional 12 infants, toddlers, and/or expectant mothers through the increase of one full-time Parent/Child Educator (PCE). This additional position will allow MFSS EHS to serve families who have been on the waiting list but could not be served due to limitations resulting from the amount of federal funding awarded to MFSS.

This year round program offers weekly home visits which removes travel obstacles for parents receiving the service. In addition to home visiting, twice monthly socializations are provided to assist the family in decreasing isolation and to provide greater learning opportunities for both parents and *keiki*. Each PCE is required to provide a minimum of 44 home visits per child per year. While the EHS Performance Standards do not require weekly home visits for expectant mothers, the MFSS EHS Program offers and encourages weekly home visits and adherence to this program requirement to maximize the opportunity for learning, to ensure a safe and healthy pregnancy, and to facilitate successful, continued participation in the program upon the birth of their child.

Geographic Area and Target Group

MFSS proposes to continue service on the island of Maui. Maui is considered rural and families do not have the same parent and family networks or support systems, community resources, and social supports that would be available to them in larger communities. This area was chosen, as there is a continued need for and expansion of EHS services to address the needs of the target group which is low-income Early Head Start infants and toddlers and their parents, particularly working parents transitioning from welfare assistance seeking employment, training or education. Prenatal parents are also part of the target group for home-based services as it is clearly part of federal and local priorities to serve this group and the benefits are well known. Income eligibility is established by Section 645 of the Head Start Act by reference to the Federal Poverty Guidelines adjusted annually. Of the current EHS participants, 100% meet the federal income guidelines. Up to 10% of the federally funded slots can be served without regard to income by federal requirements.

Poverty Level

According to the "Kids Count in Hawai'i 2007", one in eight children under the age of 18 is living in poverty; one in three children under the age of 18 is living in a family in which no parent has full-time, year-round employment; one in four children ages 0-14 lives in a household that lacks ready availability of nutritionally adequate and safe foods; and approximately 1,800 children ages 17 and under live in homeless shelters in a given year, and another 1,000 are homeless and live unsheltered.

In addition, the per capita income tells another story. The State of Hawaii Primary Care Needs Assessment Databook from 2005 published by the State of Hawaii Department of Health indicates that for Maui County as a whole per capita income is \$21,160. The per capita income for Wailuku is \$22,075, for Makawao, it is \$21,470 and for Lahaina \$23,544. The percentages of the population in these areas that are below 200% of the poverty level are 24.6%, 23.1%, and 21.2% respectively. The households receiving Food Stamps assistance are 8.7%, 7.1%, and 5.6% respectively. These are the areas where most of the EHS population resides.

In a 2007 article from *The Maui News*, it was reported that the state of Hawaii is one of the most expensive in which to live, making it difficult for many working families even on a moderate income. The level at which families begin owing taxes is \$11,500 for a two-parent family of four and \$9,800 for a single-parent family of three.

According to data from our 2005-2006 Program Information Report (PIR), 55.81% of the families served were families where both parents were employed and 41.86% were families where one parent was employed. Of the total number of MFSS EHS families receiving federal or other assistance, the PIR data reports 26.03% were receiving Temporary Assistance to Needy Families (TANF), 2.74% were receiving SSI, and 69.86% were receiving WIC benefits. Of the current EHS participants, 100% meet the federal income guidelines.

During the 2005-2006 Program Year, MFSS EHS provided services to 13 families who were homeless. During the Program Year, 12 of the 13 families acquired housing.

According to a *Wall Street Journal* online article dated April 2, 2007, median rents in Hawaii are currently the highest in the nation. The average rent for a single family home on Maui is between \$1400 and \$3500 per month. The average wage for a person working in Hawaii was \$36,355 in 2005, the last year in which figures were available. In a *Honolulu Star-Bulletin* article dated August 30, 2006, the median income reported for Hawaii was \$58,112 in 2005. According to the University of Hawaii at Manoa's Center on the Family, a family of four living in Honolulu needs to make about \$55,000 to pay for rent, transportation, food and other necessities.

In an article from the *Honolulu Advertiser*, dated February 3, 2007, it estimates an O'ahu single parent family with two young children has to spend approximately \$1,700 a month on housing, \$787 on child care and \$631 on food. A family of the same size would have to spend even more to make it in Maui County.

The article states, a family is “self-sufficient” if they are not relying on outside funding from the government, private agencies or relatives for support. In 2007, a couple with two children is considered to be living above the poverty level if they earn at least \$23,750 according to federal figures. This information is based on 2005 data. On Maui a family of the same size would have to earn at least \$63,257 to be considered living about the poverty level. Wages needed to be “Self-Sufficient” based on a minimum wage of \$7.25 per hour is \$25.87 per hour for a single-parent family with two children and \$14.98 for a two-parent family with two children.

According to the Center on the Family report titled, “Economic Well-Being in Hawai‘i: Family and Individual Self-Sufficiency”, dated February 2, 2007, there are three strategies which families in Hawaii appear to be using to cope with “financial insufficiency”. They are shared housing, ‘ohana services, and multiple jobs.

Shared housing. Hawai‘i leads the nation in the percentage of people living in extended family settings – 6.6% living in the homes of their parents or relatives.

Ohana services. Hawai‘i has the highest percentage of people aged 60 years and over who are living with grandchildren under age 18. These grandparents often provide daily or occasional child care services, particularly when children are young. In addition, many children are cared for by grandparents or other relatives who do not live with them when their parents are at work.

Multiple jobs. Hawai‘i ranks 12th among states with the highest percentage of multiple jobholders: 8% of those employed have more than one job.

Population of Eligible Children by Race and/or Ethnicity

In a March 2007 State Department of Human Services (DHS) report provided by the Head Start Collaboration Director on the number of infants/toddlers whose families are receiving federal and state funded financial assistance, approximately 4(2%) of the families reside in the East Maui/Hana area; approximately 24(13%) of the families reside in the South Maui/Kihei area; approximately 43(23%) of these families reside in the Upcountry/Makawao area; approximately 13(7%) of the families reside in the West Maui/Lahaina area, and approximately 7(4%) of the families reside on the island of Lana‘i. Fifty-one percent or 95 families receiving financial assistance reside in the Central Maui area.

The percentage of eligible children by ethnicity is 42.16% Hawaiian/Part Hawaiian, 39.14% Caucasian, 8.71% Filipino, 4.03% Japanese, 2.47% Other Pacific Islander, and 3.49% Other.

The percentage of children by ethnicity enrolled in the Program is 66% Native Hawaiian or Pacific Islanders, 3% Bi-Racial or Multi-Racial, 7% Caucasians, 9% Asian, and 1% Native American. The percentage of children enrolled by ethnicity specified as Hispanic or Latino is 14%.

Education

Based on the 2005-2006 PIR, 9.59% of the parents are not high school graduates; 76.71% have a high school diploma or GED; 10.96% have some college, vocational training or an Associates Degree, and 2.74% have a Bachelor’s or Advanced Degree.

According to the "Kids Count in Hawai'i 2007", a quality education is key to achieving economic security, attaining necessary skills, building social capital, and establishing social support networks. Without a good education, young adults may have difficulty finding employment to support them.

Hawai'i Data indicates in only 11% of kindergarten classes do at least three quarters of children begin with the basic skills needed to succeed in school and 13% of young adults ages 18-24 are not attending school, not working, and have no degree beyond a high school diploma or GED. Early Head Start/Head Start is geared toward helping to prepare children with the needed skills to succeed in school.

Health

According to the "Kids Count in Hawai'i 2007", injury is one of the leading causes of death and disability for Hawai'i's children, with traffic-related injuries being the most frequent cause of death. Preventing unnecessary accidents, injuries, and deaths is crucial to keeping our children safe.

The investments we make in our children's health have long-term implications. Children function best when they receive good health care and nutrition, get plenty of sleep, and exercise regularly. Healthy children have energy, alert minds, and the concentration required for learning and optimal school performance. Children who engage in healthy behaviors are more likely to become healthy adults.

Hawai'i Data indicates that approximately one in five infants (20%) is born to a woman who did not receive early prenatal care; 19% of two-year-olds have not been immunized; an average of 11 infants (under the age of one) die each month due to accidents, neglect, maltreatment, or other causes; and 10% of children under the age of 18 have asthma problems.

Currently, families receiving Quest medical coverage are faced with having to re-select their health care provider. Families receiving their coverage from the Hawaii Medical Services Association (HMSA) are most impacted as HMSA was not re-awarded a contract. Families must select either Kaiser Permanente or a new provider to the island of Maui, Summerlin. Families receiving coverage from Kaiser must also ensure they re-enroll and specify Kaiser if they wish to continue to receive coverage through Kaiser. So, even families currently receiving coverage through Kaiser are not guaranteed continued coverage due to the possible increase in selection of Kaiser as a health provider. Staff from our program are assisting families by providing the necessary information and support for enrollment and selection of a medical provider to ensure continued health coverage.

Oral Health is an ongoing concern of our program and our families due to the lack of on-island dental providers who accept the State funded Quest insurance and also dental providers who are willing to provide services to toddlers. This is a concern as approximately 78% of our children receive Quest coverage. We are partnering with the Community Case Management Corporation to ensure QUEST or Medicaid eligible children receive routine dental care, including periodic examinations, and preventive and treatment services.

Mental Health services during the 2006-2007 Program Year resulted in two referrals to our Part C provider, Imua Family Services, and were made as a result of our ongoing assessment practices and recommendations from our Mental Health Specialist. These referrals were for biting and other behavioral issues. Also, with the assistance of our Disabilities Coordinator, an additional three children were referred to Imua Family Services.

Information regarding stress reduction, domestic violence, attachment and bonding, and post-partum depression has been provided to families via lesson plans, socializations, and Parent Committee meetings. MFSS has a comprehensive community resources list which has been provided to parents and community based agencies.

During the 2006-2007 Program Year, a referral was made to our State Child Protective Services office due to parental neglect. While Child Protective Services did not conduct an investigation, the staff and family members attempted to work with the parent in ensuring she did not get evicted from her apartment and that her child was able to participate in the Center activities. We were not able to continue with services as the parent moved off island with her child.

Nutrition services education requests gathered from parent surveys initiated by the Parent Involvement Facilitator and the home-based option socialization evaluations resulted in the program's Registered Dietician attending Parent Committee meetings and socializations to provide information to parents regarding nutrition and infant/toddlers.

Based on our current enrollment in both program options, approximately 70% of the EHS families are receiving services under the Hawaii Special Supplemental Nutrition Program for Women, Infants and Children (WIC) program. MFSS has a Memoranda of Agreement (MOA) and excellent working relationship with WIC to ensure that WIC participants are aware of the EHS program and that all EHS families know how to access WIC services. Our Dietician also provides services for the WIC program.

Family Services needs documented in our 2005-2006 PIR and addressed with the assistance of staff were emergency/crisis intervention (12.33%); housing assistance (23.29%); transportation assistance (21.92%); mental health services (4.11%); English as a Second Language training (4.11%); adult education (5.48%); job training (4.11%); substance abuse prevention or treatment (2.74%); child abuse and neglect services (4.11%); domestic violence services (4.11%); child support assistance (1.37%); health education (53.42%); and parenting education (53.42%).

Additional information gathered in March 2007 by the Parent Involvement Facilitator indicated most Center parents are interested in information on infant/toddler brain development; nutrition; infant/child CPR; and positive redirection. Housing assistance, transportation assistance, health education, and parenting education were the top four areas of need as identified by parents.

II. EXPERIENCE AND CAPABILITY

A. Necessary Skills and Experience

MFSS has the skills, abilities, and knowledge to effectively deliver the required services. MFSS began providing a home-based EHS service on Maui in 1998. As a result of a major community assessment completed in 2001, which included focus groups, the decision was made to provide a combined home-based and center based approach in order to serve the many families who required a nurturing, safe and consistent learning environment away from their home which supported their transition into the workplace. The State licensed Center opened in 2003. Both program options maintain an ongoing waitlist.

In May 2007, the EHS program underwent a successful monitoring and is now providing services on a non-competitive basis. Additional funding from the County of Maui, community foundations, and the Hotel Association has provided supplementary program support.

During more than 27 years of continuous operation and service to thousands of Maui County families, MFSS has amassed a successful track record and is known as an experienced and effective human service agency and leader in early child development and child maltreatment prevention. The organization and its personnel have received numerous awards and recognition. Because of a capable administration, qualified staff and a strong and active Board of Directors, MFSS generally meets or exceeds contractual and grant requirements. In February 2007, MFSS received full four year accreditation from the Council on Accreditation (COA) with the HFA Rider. This credential attests that MFSS meets nationally established researched-based standards for service delivery, including management and operations.

On October 31, 2007, MFSS was presented with a Hawaii's Outstanding Parent Friendly Business Award by the Commission on Fatherhood. This award is given to "businesses which are committed to excellent customer service and outstanding family-friendly employee policies, which supports and encourages their employees to be involved in their children's lives."

In 1996, MFSS won the Hawaii State Healthy Mothers/Healthy Babies Coalition Achievement Award and represented the State at the national level. In addition to this prestigious award, for the past 12 years, MFSS has coordinated the annual Maui Stand for Children (SFC) Rally. This major advocacy effort heightens awareness of children's needs and includes collaboration with thirty community groups. It promotes increased health and safety for children by strengthening the children's advocacy network. Partnerships garnered from the SFC Rally improve the delivery of all services. The Rally also provides another way for eligible community members to learn about the full array of services for which they may be eligible. In recognition for this achievement and for leadership in the field of early childhood development, Mayor Arakawa proclaimed November 6, 2003 as MFSS Day in Maui County.

Experience

Early Head Start (EHS) (continuous service since 1998). This early childhood development program serves low income prenatal women and families with children up to three years of age on Maui in a combination home visiting and center based program for 55 infants and toddlers; 35 in the home-based option and 20 in the center based option. The program underwent successful monitoring in 2004 and is providing services on a non-competitive basis.

Contracting agency: U.S. Department of Health and Human Services Administration for Children and Families

Contact Person: Shirley Karrer, Program Specialist Region IX

Address: 90 7th Street, Ninth Floor, San Francisco, CA 94103 415-437-8068

Healthy Start Early Identification (EID) Team (continuous service since 1983) – The hospital-based component operates 365 days a year and provides an informational packet, resource listing and community referrals to all families with newborns. A face-to-face hospital screening and assessment interview determines eligibility for specific MFSS programs including both the home-based and center based EHS program as well as other community services. Prenatal participants for the home-based program are admitted through medical, community and self referrals. MFSS has continued to experience a very high level of success in meeting project outcomes and performance measures as well as contract obligations. MFSS was again awarded the four year EID contract in 2005.

Contracting agency: Department of Health-Maternal and Child Health Branch

Contact Person: Momi Kamau, Branch Chief

Address: 3652 Kilauea Ave. Honolulu, HI 96801-3378 808-733-9022

Healthy Start Home Visiting (HV) (continuous service since 1988 on Maui, 1994 on Lana'i and 2005 on Molokai) – MFSS serves at-risk pregnant women and families with infants up to 12 months of age on the islands of Maui, Molokai and Lana'i. Family Support Workers (FSWs) assist families to identify their strengths and focus on enhancing parenting skills. The primary goals are to promote positive bonding and attachment, promote healthy child development and to enhance family functioning by teaching problem solving skills and improving family support systems. Project outcomes, performance measures and contract obligations have been very successful. External monitoring results also have been very favorable and MFSS was again awarded the HV contract for 2005-09. The team includes Child Development Specialists, Clinical Supervisors and a Clinical Specialist.

Contracting agency: Department of Health-Maternal and Child Health Branch

Contact Person: Momi Kamau, Branch Chief

Address: 3652 Kilauea Ave. Honolulu, HI 96801-3378 808-733-9022

Enhanced Healthy Start (secondary purchase with Healthy Start) Services began in 2005 for the island of Maui, Molokai and Lana'i. This program has similar goals to Healthy Start but with a separate target group of children and families already known to DHS Child Welfare Services or

at very high risk of abuse and neglect. The team of service providers includes Family Support Workers (FSW), a Clinical Supervisor along with an RN and Mental Health Specialist.

Contracting agency: Department of Human Services Social Service Division Purchase of Service Unit,

Contact Person: Rex Shilo, Project Monitor

Address: 810 Richards St. Honolulu, HI 96813 808-586-5673

Family Focus Plus (since 1998) – The Maui County funded program provides support groups for pregnant teens and teen parents as well as extensive outreach to help prevent teen pregnancies. In 2006 MFSS received refunding for a two year period through June 2008. MFSS has been extremely successful in reaching FFP outcomes. It also provides a seamless source of referrals for prenatal participants to the HHS-EID and HV Program. Additional funding from Hawaii Children's Trust Fund was awarded in 2006 to strengthen this program with the additional focus on teen and young fathers.

Contracting agency: Maui County Department of Housing and Human Concerns, Grants Management Division Contact Person: Vanessa Medeiros, Director, Department of Housing and Human Concerns

Address: 200 S. High St. Wailuku, HI 96793 808-270-5557

Fatherhood Involvement Program (since 2006) – This program offers services for male teens and adults to help develop healthy relationships between fathers and their children. It also supports them in their role as a parent and strengthens their parenting skills.

Funding Source: Hawaii Children's Trust Fund, Hawaii Community Foundation

Contact Person: Carrie Shoda-Sutherland, Program Officer

Address: 1164 Bishop Street, Suite 800, Honolulu, HI 96813 888-731-3863

Lana'i Perinatal Support Services (since 1994) – The home-based program assists high-risk pregnant women to have healthy pregnancies and babies. The worker assists families to develop personal and health goals, develop their understanding of the stages of pregnancy, and prepare for the birthing process and post-partum period. Outcomes have been successful. In 2004, MFSS applied for and received funding from Hawaii March of Dimes (MOD) to expand and support this Program. Outcomes for the MOD grant have also been successful and the community network has been strengthened and MFSS was awarded MOD funding for 2006.

Contracting agency: Department of Health-Maternal and Child Health Branch

Contact Person: Momi Kamau, Branch Chief

Address: 3652 Kilauea Ave. Honolulu, HI 96816 808-733-9022

Coordination of Services

Community Partnerships and Collaborative Relationships

MFSS possesses a well respected capacity to coordinate services with other organizations and resources in the Maui, Molokai and Lana'i community by:

- Maintaining our well-established network of community partnerships and collaborative relationships with more than 50 organizations locally and statewide.
- Appreciating the value of stakeholders by developing and strengthening methods for continuous stakeholder input including the use of surveys, the MFSS website and through hosting community events.
- Having a strong desire and commitment to promote both internal and external service coordination.

In the third quarter of each fiscal year, Memoranda of Agreement (MOA) are formally reviewed and updated. MOA along with the informal collaborative agreements strengthen the services MFSS offers its participants and are central to our ability to respond to community needs. In FY 2007, MFSS closely reviewed all MOA and made necessary changes. All such MOA have clauses that define the problem solving mechanisms between agencies.

Community partnerships and collaborative relationships provide families access to other support services by capitalizing on the strengths of the member organizations in these networks. MFSS advocacy and active pursuit of community resources to match the family needs provide strong support for the family and the community. By continuing to update referral agreements and training staff on resources, MFSS is addressing critical factors that impede family linkage with resources. MFSS recently revised its MOA with MEO Head Start in order to better serve the target group and develop a more seamless transition between children aging out of EHS and entering Head Start. Transition planning begins as early as the first day of services and no later than six months before the child is three years old with planning based on parents' interests in preschools or other childcare programs. MFSS has a close relationship with the PATCH office which facilitates referrals to childcare providers. The DPS is a member of the local Good Beginnings Alliance which helps MFSS to remain current on issues of importance to the childcare community. MFSS collaborates and cooperates with the State's Child Care and Development Fund program.

MFSS has developed Community Resource Lists to assist EHS staff in providing quality referrals on Maui. These valuable tools provide information on resources that link at-risk family members with a wide range of services which the family may not otherwise access. Updated twice yearly, the MFSS Resource Lists are requested by many local community groups. The effort set forth in maintaining the Resource Lists is rewarded by the knowledge that the information source helps many individuals, staff and community partners find needed services. External referrals are a critical feature of our program and staff is very knowledgeable about the community and specific programs offering additional support to EHS participants. EHS staff makes every effort to minimize intrusiveness and coordinate service activities to make best use of the family's time and avoid duplication of services.

MFSS' staff regularly attends Care Coordination and IFSP meetings with participants and other Part C service providers for the purpose of reviewing individual family progress and case management. These sessions provide families frequent opportunities to express their opinions, satisfaction level, concerns and questions.

Through participation in these multi-disciplinary groups, MFSS staff gain insight into community needs, and family and community satisfaction with existing services, and address gaps in services via system advocacy. The knowledge gained helps with community building and also can provide a familiar face and contact person for outreach and referral opportunities. MFSS has sought to avoid duplication of services and build upon community resources.

B. Quality Assurance and Evaluation

MFSS is dedicated to providing high quality services to individuals and families, and is accountable to those entities which fund these services as well as the families themselves. Our Continuous Quality Improvement (PQI) review process is set by the mission of the organization. PQI focuses on:

- Identifying the services MFSS will provide and determining the manner in which services are delivered,
- Identifying the target group and staff position requirements,
- Determining what standards are used to assess and/or evaluate the services.

The heart of the PQI process is the MFSS PQI Committee. Committee members systematically review and evaluate the effectiveness of MFSS services by comparing planned outcomes with actual outcomes. Members note observed difficulties and suggest solutions which strengthens service delivery. The PQI Committee submits reports to the Board of Directors on its findings with a focus on continual program improvement.

The Board of Directors (BOD) Program Committee conducts a twice yearly review of programs with a focus on compliance with contracts, goal attainment and continual program improvement. The PQI Committee's report, approved by the BOD, is one tool in the multi-level evaluation process.

Quarterly participant file peer reviews by Program Supervisors not involved in the cases is one of the critical tasks in the PQI process. The purpose of the case record peer review is to maintain case record documentation standards that aids in the refinement of service delivery and documentation. Improvement Plans are developed and implemented as needed. The PQI Plan serves as a blueprint for operation of the quality assurance system and is reviewed on a yearly basis by the agency administration and the BOD.

MFSS' PQI Manual which was reviewed and accepted by COA in 2007 contains a vast array of service delivery activities. Staff receives continuous training and follows a schedule for conducting the activities which results in a continual review and improvement of Early Head Start processes. The PQI procedures support the Head Start Performance Standards as well as COA standards. The Manual is an integral part of MFSS' leadership in the field of early childhood development services in the State. It provides a framework for ensuring conformity to established standards of care and practices as well as assuring the quality, quantity and desired

outcomes of delivered services and administration. Through regular review of the results of the activities enumerated in the PQI Manual and regular attention to the Performance Standards and other state of the art research, MFSS will ensure conformity to the established standards of care and practice. MFSS will comply with all OCS requirements. The MFSS PQI process is solution focused with the goal to eliminate or reduce identified problems and determine their causes. While PQI is part of all staff's position descriptions, coordination of this critical area is under the specific purview of the Director of Program Services.

The MFSS Operations and Procedures Manual contain best practice procedures, principles, and activities for all MFSS programs including EHS. Staff is fully trained in the procedures. Supervisory staff review and update this Manual as needed.

In addition, we complete a PIF (Program Information Report) at the end of the program year for the ACF to review and then we respond to any areas where a performance improvement plan is indicated. This report provides us with an overview of how well we have performed in various Key Performance Indicator measures compared with the country, the state and the region. MFSS has performed well in these areas and when indicated, developed new procedures to assist in more effectively reaching planned outcomes. This report is shared with our Policy Council and Board.

The triennial PRISM (Program Review Instrument for Systems Monitoring) reviews conducted by on site peer reviewers representing the Administration of Children and Families (ACF) provides the EHS program with a comprehensive evaluation of its services over a week long period. It includes a self study, review of fiscal documents, group interviews with participants, Board members, community members and staff and a summary exit meeting. Any concerns are noted by ACF and written improvement plans developed by MFSS in order to increase program quality. MFSS staff including the CEO, DPS, and PM closely reviews the report to determine strengths and if there are any areas of concern. If concerns exist due to targeted goals not met, specified MFSS staff will establish improvement plans. In July 2007, the EHS Program received a Blue Certificate as a result of the 2007 PRISM review. The certification validates the Program is in full compliance with all applicable EHS Performance Standards and that potential areas of noncompliance were successfully resolved during the review. Additionally, a yearly EHS Program Self Assessment is conducted with a comprehensive view of the entire program by a committee including staff, parents, and community representatives. A Community Assessment is conducted and is part of the annual grant application and once every three years, a major review of community needs is completed to determine how the MFSS EHS program is meeting the needs of the community.

Data Collection

MFSS Parent Child Educators (PCEs) provide regular data on program information to the Program Supervisor in the Home-based option. Attendance as well as detailed reports on food utilization is collected from the Kupukupu Child Development Center caregivers and reported to the Program Supervisor. A monthly tickler system is provided to the PCEs to document the services they are providing as well as help them become aware of the variety of developmental screenings needed, updates to the Family Partnership Agreements along with all other program

activities. The Home-based Program Supervisor regularly review the PCEs schedule and caseloads to ensure upcoming screenings are completed on a timely basis and plan for Individualized Family Support Plans (IFSPs) well before the due dates. The Program Supervisors track data for each program outcome as part of PQI to ensure that program goals and objectives are met. Action steps are implemented monthly to ensure that program goals and objectives are met.

On a quarterly basis, the Program Manager (PM) reviews program outcomes for consistency in high quality services and to identify areas of concern. This is part of the total evaluation effort designed to measure quality, quantity and effectiveness of services. This information is closely reviewed by the Director of Program Services (DPS) to ensure contractual obligations are met. Detailed Monthly Participant Retention Reports based on Program Supervisor reports are analyzed by the DPS and improvement plans include a detailed follow-up protocol.

The annual Participant Satisfaction Survey and Referral Source Satisfaction Surveys provide a critical source of suggestions for improvement and stakeholder satisfaction. Program results are tabulated, as well as results by individual PCEs and Caregivers. These surveys are reviewed by the DPS to ensure problems are promptly addressed. Information is shared with the PM and Program Supervisors (PS) to help them address any specific training needs. In addition, regular written feedback is requested on program effectiveness at the end of the monthly group socializations to ensure that family needs are paramount in the planning process. Participant feedback on EHS service quality is also regularly solicited through phone calls placed by the Program Supervisors. These reports are reviewed by the DPS as part of PQI.

The supervisors provide the Program Manager with weekly reports on the number of children enrolled, home visits, socializations, or the daily attendance in the center. These reports include information on the reasons for non-participation or attendance and our efforts to make up home visits or socializations. These reports help to ensure we are meeting the required performance standards, which state we must maintain at least an 85% average daily attendance in the programs. They also assist the supervisors in determining whether a family may need to be discharged due to lack of participation or if perhaps, changes in the family situation warrant transitioning the infant or toddler into the center-based option.

Monthly participation tracking reports are completed to assist the Program Manager and the Supervisors with ongoing monitoring of program services. This report supplements our file weekly review process, which occurs during supervision and incorporates the use of a tickler form capturing all of the health-related information required by the age of the infant or toddler.

The Board of Directors reviews finance reports regarding our EHS program as a part of their fiduciary responsibilities for our program. Our Controller, also provide regular financial reports to the Program Manager and the Policy Council. These reports track the in-kind contributions to the program by participants, other programs within the Agency and from our community partners as well as program expenditures.

C. Facilities

MFSS' main office is located in Central Maui on one of the few bus lines. MFSS occupies both floors of the 9,240 sq. foot building with the Kupukupu Child Development Center and conference rooms and office space on the first floor and administration as well as other line staff on the second floor. Increased security was put in place in 2006 with the installation of a swipe card system as well as closed circuit monitoring for the entrance to Kupukupu. The main Wailuku facility including the parking lot, meets ADA requirements. In addition, ADA compliant public facilities such as community centers, church halls and parks are used for program and group activities. We have included on our liability policy the most frequently used community facilities as "additional insured."

III. PERSONNEL: PROJECT ORGANIZATION AND STAFFING

A. Proposed Staffing, Staff Qualifications, Supervision and Training

1. Proposed Staffing

MFSS employs culturally competent individuals. Employees understand, acknowledge and respect cultural differences, diverse values, lifestyles and languages among participants. MFSS staff includes individuals fluent in Ilocano, Tagalog, Spanish and Hawaiian. This diversity demonstrates an agency-wide commitment to success and participant retention. Cultural competence is a major asset that aids PCEs in building rapport and trust with the family. As a result of this competence, MFSS EHS staff is better prepared to develop culturally relevant services. As part of this competence comes a deep understanding of the important role fathers play as active caregivers in developing healthy children.

Caseload Capacity and Participant/Staff Ratio:

Based on the projected caseload of an additional 12 families, MFSS proposes adding an additional full-time Parent/Child Educator (PCE) for the Home-based option. The current full time PCEs carry a caseload of 12 which is within the EHS standards.

The Home-based Program Supervisor who is also the Disabilities Coordinator currently supervises two full-time PCEs and two-part time PCEs. The addition of one full-time PCE provides an effective supervisor staff ratio. Flexible work hours will be maintained to meet the needs of EHS home-based families during evenings, weekends and holidays.

2. Staff Qualifications and Minimum Requirements

Position requirements are clearly delineated in newspaper and internet position advertisements. MFSS Human Resources staff has established a careful candidate selection process including encouragement of applicants that represent diverse cultures, thorough background checks including criminal history, a rigorous review of source credentials and a detailed interview format. Values such as strength-based learning and the ability to be non-judgmental, a belief that children need to be nurtured and belief in positive guidance are crucial. This system ensures that each candidate meets or surpasses staffing and management requirements and qualifications as specified in 45 CFR Part 1304.52 Human Resource Management and all other applicable Head Start requirements and standards together with State licensing requirements. The screening and

selection processes are clearly documented in MFSS Human Resource Procedures and reviewed annually to reflect procedural changes or determine the need for any improvement.

Supervision

The Program Manager (PM) oversees the Program Supervisor. The PM has a Masters in Social Work with a strong background in the delivery of health and early intervention services and has been with MFSS for seven years. The home-based option Program Supervisor has been with the EHS Program for six years. She has a Bachelor's Degree in Social Work and a Master's Degree in International and Intercultural Management. The Director of Program Services (DPS) supervises the PM. The DPS is a Licensed Social Worker as well as a Certified Substance Abuse Counselor (CSAC).

A key factor in MFSS' success with families is the skills that management staff utilizes to effectively supervise and provide direction. Features of our supervision plan include accountability and adherence to the Council on Accreditation standards, the EHS performance standards and continuous adult learning.

The supervision process is reflective and addresses staff accountability and close adherence to the family support strength-based intervention model. Regular and extensive individual and group supervision, as well as in-house and external trainings, are integral to the success of the program. Each PCE meets weekly with the Program Supervisor. In addition, the PCE is a part of a team, which encourages skill sharing among peers along with professional supervisory support. This peer support contributes to staff retention. The major goal of the supervisory process is to provide direct line staff with the knowledge and support to help remove barriers to accessing services and achieving positive outcomes with their participants.

Reflective supervision includes the utilization of well-planned quality assurance mechanisms such as mentoring and monitoring provided by the Program Supervisor. Supervision documentation is maintained. Reflective supervision is also integrated into the supervisory process. The mental health specialist has provided specialized support to the PCEs and the Caregivers especially around handling difficult behavior issues. This approach helps to avoid stress related burn-out and increase staff retention. In addition to formal supervision, the Center supervisor and Home-based supervisor are available for talks about any concerns as they arise or without waiting for their weekly formal supervision.

A performance evaluation is conducted at the end of the employee's first 90 days. Thereafter, evaluations are conducted every six months and on the employee's anniversary date reviewing all the position requirements as well as individual and training goals of the past year. Goals for the year ahead are established together with plans for specific training to support the individualized needs of each EHS employee. Although these sessions provide for formal feedback to the employee, other feedback is given regularly during supervision as well as at other times. The employee's objectives are measurable and based on the prioritized goals that are mutually established between the employee and his/her supervisor.

MFSS promotes a culture of organizational excellence and employees understand this emphasis. MFSS frequently communicates with staff on the direction, goals, values and vision of the organization. On a semi-annual basis, supervisors meet with their staff to develop individual plans for performance development. At these sessions, they review the position goals and measurements. Ongoing coaching and feedback by members of the entire organization, not just the employee's direct supervisor, encourage this atmosphere of support.

Training

Annually, staff is provided with a minimum of 34 hours of training through community workshops and conferences in Maui County and statewide. All EHS staff receive required trainings as part of the CDA process, as well as elective trainings offered through MFSS. Included in this basic training are topics on cultural competency, substance abuse, reporting child abuse, domestic violence (including IPA), drug-exposed infants, child maltreatment dynamics, infant and toddler development and community resources. In addition, a comprehensive MFSS Program Supervisor (PS) monthly in-service training program has been developed based on the expressed needs of the PS as well as the PM. This training facilitates PS development and recognizes their critical role in the support and retention of Parent Child Educators, as well as assists in supervisor retention as they develop and strengthen their supervisory skills. Each new home-based EHS employee completes an orientation/pre-service training period of four weeks before they receive their first case. Included in orientation is training on the MFSS EHS Specific Program Manual and MFSS Operations and Procedures Manual that set forth standardized step-by-step procedures for home visiting activities as well as COA standards. Center based staff are trained by shadowing established staff and reviewing all procedures with their Supervisor. In addition a Professional Development Plan is created with all staff that identifies areas that need further development as well as planned mandatory yearly trainings. This plan is referred to and updated in supervision on an ongoing basis.

Staff is instructed on the importance of and procedures involved in MFSS training documentation. MFSS ensures the qualifications and skill level of all employees by requiring that specific training is accomplished within the first six months of employment for direct service staff, and annually thereafter. A thorough review and update of the Individual Development Plan maintained in the personnel file is an important part of the yearly evaluation.

The Program Manager participates in monthly Team meetings with staff to provide policy information, updates and/or clarification. The home-based supervisor is responsible for providing operational procedure information, updates, and clarifications to their respective staff. The Parent/Child Educators are responsible for providing the families they work with any pertinent information that has an impact on their infant and/or toddler's participation in the program.

The Team meetings incorporate team-building and problem-solving activities to strengthen communication and mutual support for one another. This portion of the meeting allows staff to provide the Program Manager with feedback on service delivery strengths and challenges, as well as additional tools are needed to carry out their duties.

B. Project Organization

MFSS Organization-wide and the EHS organizational charts are found in the **Attachments** section.

The MFSS Organizational Chart is presented in a non-traditional manner to reflect the supportive role supervisors play in the agency, and to serve as a constant and visual reminder to staff that the role of supervisors and the participants are supported and served by all agency staff and the participants are the reason we are here. New team members receive the Chart at orientation. During this time they are introduced to the organizational culture and philosophy for service delivery.

The agency's approach and system for communication includes two-way communication feedback loops. Weekly management meetings with the CEO, the DPS, Program Manager (PM), Controller, Director of Human Resources and Training (DHRT), and the Administrative Supervisor facilitate review of priorities as well as the agency short term EHS Strategic Plan. The CEO via the DHRT, distributes a weekly Management Update to all staff via electronic mail. A shared computer drive allows for operational procedures to be updated by supervisory staff in a most timely and convenient manner. MFSS has a website which enhances communication and involvement between MFSS and the community.

Monthly EHS staff meetings with line staff, the PS, the PM, and regularly with the DPS provide cross training, as well as continued administrative direction. For the new fiscal year, combined home and center based staff will meet quarterly to discuss training issues that concern all EHS staff. Monthly agency-wide staff meetings benefit the EHS Program by promoting information and resource sharing among all programs. The PM meets on a weekly basis with the DPS to continually update her on the progress of both the center based and home-based programs, which allows for timely resolution of concerns and attention to future planning. The DPS meets on a weekly basis with the CEO for supervision and to review EHS priorities. The DPS reports to the BOD monthly on the status of the EHS Program and responds to any questions. Board minutes are posted in a central location and are available electronically in the office together with the monthly CEO report. This encourages greater staff understanding of the MFSS vision. A yearly staff training conference is held and Board members are invited to share in the training process and get to know the staff and staff to talk with the Board. Communication with the EHS Policy Council is a significant feature in the program through monthly meetings attended by the PM, PS, DPS, the Controller, and often with the CEO. This program governance aspect is essential to the success of the EHS program.

MFSS publishes a quarterly newsletter mailed to all staff and stakeholders. This newsletter provides an additional venue for communication within the organization and throughout the community. Part of the MFSS Strategic Plan is to provide electronic mail transmission of the newsletter, which reaches the reader in a convenient and timelier manner. Please see Service Delivery Section for more information about the newsletter.

IV. SERVICE SUMMARY OUTCOMES

Approach

Our child development and education approach ensures the development of secure relationships; encourages the development of self-awareness, autonomy, and self-expression; supports emerging communication skills; supports the development of physical skills; and creates opportunities for fine motor development. Staff supports the social and emotional development of all children by encouraging the building of trust; fostering independence; encouraging self-control; encouraging respect for the feelings and rights of others; and by supporting children's home language, culture, and family composition.

We follow the tenet that children flourish in a healthy family and culture. Parents are respected as their primary educators and nurturers. We offer family members opportunities and support for growth and change, with the belief that people who identify their own strengths, needs, and interests are more capable of finding solutions to their concerns.

We realize that the needs of the infants and toddlers for a safe, secure, and predictable environment in our Center are the same as those participating in the home-based program. Routines based on their unique patterns and the presence of a primary caregiver who cares for them needs to be established and maintained.

We continue to provide an environment that supports child-directed, child-initiated, and staff-facilitated play and learning. We will continue to coordinate with our community partners and to strengthen our collaborations to provide early childhood education and care, family support, health, and childcare resources in Maui County for the benefit of income eligible pregnant women and families with children birth to age three.

Comprehensive Education and Early Childhood Development Services

We continue to work with our federal program specialist and our contracted national and local consultants to assist with the ongoing development and delivery of comprehensive education and high quality early childhood development services encompassing physical and mental health, nutritional, social and other services to children and their families. In addition, the Kupukupu Center adheres to the Performance Standards and has been licensed by the State DHS licensing unit since November 2003. We continue to strive to achieve the higher of the two standards to provide care for children six weeks through age three. Approvals have been obtained from the State Department of Health and the County Planning Office for health and sanitation, zoning and food service requirements.

Our Philosophy

We recognize the protective factors contributing to a child reaching their full potential include nurturing and attachment, knowledge of parenting and of child/youth development, parental resilience, social connections, and concrete support for parents. We see the impact that effective parent, infant and toddler interaction training can have to prepare the way for a life with greater opportunities for the children we serve.

Child Development Services

Our home-based option utilizes the Florida State University, *Partners for a Healthy Baby Home Visiting Curriculum for Expectant Families Before Baby Arrives (1999)*, (updated in 2007 to include Spanish), to plan weekly home visits for the expectant families. For the expectant parents, the topics are based on each trimester and addresses areas such as prenatal care, diet and exercise, and fetal growth and development.

The *Partners for a Healthy Baby Curriculum for New Families* is for families with children birth through 36 months. *The Partners for a Healthy Baby Curriculum* is categorized into family development, mother's needs, caring for baby, and baby's development. It includes topics such as breastfeeding or bottle-feeding, infant development, and responding to baby's cues. Activities are geared toward the parent as well as the parent and child. It becomes a supplemental resource to the *Partners for Learning* curriculum for children birth through age 36 months and is a comprehensive program including materials for both child learning and staff development. The *Partners for Learning* kit supplies resources for staff development, parent involvement, and weekly lesson planning.

Additional resources that are utilized by the staff in their lesson planning include *The Hawaii Early Learning Profile (HELP), Revision*. *HELP* is a comprehensive collection of developmental activity sheets for professionals to give parents who have children developing in the birth to 36 months age range. Each of the handouts emphasizes a specific developmental skill, issue or behavior, and provides parents with ideas, guidelines and activities to support their child's development. The major purpose of *HELP* is to identify curriculum outcomes, strategies and activities.

Another resource utilized is the *What to Expect* books for expectant families and families with children birth through 36 months. These books also serve as a guide for parents to use their skills to see what works best in their family.

Content Area Services

MFSS contracts with individual Child Development/Disabilities, Mental Health, Maternal-Child Health, and Nutrition content area specialists. They form the team of content area specialists and are available to the center-based and home-based staff and families. Team members review all participant files at least once per quarter. They also provide staff and parent training, conduct screenings and assist with the ongoing assessment of the infants/toddlers, accompany staff on visits to the family home, and observe children and parents in the center or during socializations. The observations completed by the Mental Health specialist assists with the individualization of lesson plans and determining other services needed such as a referral to one of our Part C providers, Imua Family Services.

The Health and Nutrition specialists have also been working closely with staff, parents, and children on a regular basis. Meetings with the supervisors and the staff are conducted to discuss and review findings and follow up action needed. The supervisors are responsible for ensuring all health related information and follow-up is completed in a timely manner during weekly supervisory sessions with the staff.

Oral Health

The Program's Health Specialist, home-based option Program Supervisor, and staff are certified to train other staff and program participants on the Cavity Free Kids' curriculum, developed by the Washington Dental Service Foundation. The goal of the curriculum is to identify effective and creative ways to teach oral health. The curriculum contains information and activity suggestions for successfully conveying oral health information. As a result, the Health Specialist can use this crucial information to educate the parents participating in our program.

Disabilities Services

The Program Supervisor from the home-based option serves as the Disabilities Coordinator and reviews the developmental screenings, provides input, makes recommendations, and assists with referrals to our Part C provider. The Coordinator advises staff about what is needed for the planning, coordinating and monitoring of the disabilities services the child may require. If Part C services are being provided, a review of the Individualized Family Support Plan (IFSP) developed by our Part C provider will be completed. The staff will ensure the Individualized Family Partnership Agreement (FPA) incorporates and supports the goals and objectives of the IFSP.

MFSS currently has three Part C partners; the Healthy Start Program, Imua Family Services, and the DOH Public Health Nursing Branch. Each program is deemed a Part C provider by the DOH Early Intervention and Maternal Child Health Branches and utilizes the same IFSP form.

An infant or toddler with a disability will be included with other typically developing children during the socialization and in the classroom. We believe that children learn together in environments that provide special services, supports, and supplements for all children as needed. We will enhance staff training to ensure that they fully understand how children develop and learn; to observe children and identify their individual needs; and to maintain family involvement which assists in understanding the social and cultural context for each infant or toddler. Our van has been especially equipped and modified to meet the transportation needs of a child and/or parent with a disability. Every effort is made to make, locate, adapt, and/or purchase materials and resources to achieve positive outcomes for the child with a disability in our program.

The EHS program has a team that completed its participation in the Hilton/Early Head Start Training SpecialQuest Program in October 2006.

We continue to have a strong Health Services Advisory Committee (HSAC) comprised of various health experts including a pediatric dentist, nurse and pediatrician and a parent from each of the program options. Our HSAC is tasked with helping to link infants and toddlers with ongoing sources of consistent, accessible health care; ensuring that child development services and early intervention services are being supported; helping to establish our written plans for health services; educating parents and others in the community; establishing and maintaining community partnerships to support health services to our families; developing long- and short-term goals and objectives for health service implementation; and participating in the program's annual self-assessment.

Community Involvement

The Program Manager is a member of the Human Services (Early Childhood) Advisory Committee facilitated by Maui Community College. She is a member of the State DHS Child Care Advisory Committee as the Head Start Association representative.

Our local Resource and Referral agency, People Attentive to Children (PATCH) which is also a training contractor for the State DHS, offers the WestEd Program for Infants and Toddlers community based training which continues to assist staff with preparing for the CDA credential and in meeting the infant and toddler development coursework requirement under our State licensing rules.

The Head Start Collaboration project, under the auspices of the State DHS, provides information that assists with recruitment of eligible families, provides opportunities for training and peer support, and the sharing of information on best practices. In 2005, staff participated in a state-wide training on ways our communities can work together to find solutions to end the use of crystal methamphetamine. In addition, as a recommendation from that conference, staff was trained by Dr. Becky Bailey in 2006 in the Conscious Discipline approach and is now implementing this training.

At a minimum, we conduct a comprehensive Community Assessment every three years to determine the current needs of our community. On an annual basis we conduct a Self-Assessment of our program. These two ongoing monitoring tools require the involvement of our Board of Directors, our Policy Council (PC), our Parent Committees, our Health Services Advisory Committee, as well as our other community partners. The Community Assessment and the Self-Assessment are used in the development of our written plans and subsequently our written operating procedures. The Board, the Policy Council, the Parent Committees, and the HSAC are provided an opportunity to review, provide input, and approve our plans and procedures.

Targeted Recruitment

On an annual basis, the program reviews its eligibility, recruitment, selection, enrollment, and attendance (ERSEA) procedures. The findings of our Community Assessment and Self-Assessment has assisted MFSS in keeping a watchful eye on community indicators to successfully target its enrollment goals to those most in need.

We continue to participate in the recruitment mailing coordinated by the Head Start Collaboration Director that enables MFSS to send an EHS pre-application to these families.

Our Early Head Start program's recruitment procedures include working closely with the MFSS Early Identification (EID) team. Three hundred sixty-five (365) days a year, EID staff interview and screen the women who give birth at the Maui Memorial Medical Center -- the only hospital with birthing facilities for the islands of Maui. They are closely trained on our ERSEA procedures. This enables them to complete a preliminary eligibility determination of those families who have the most urgent need for services. The EID screening includes documenting risk factors identified by the obstetrician or self-reported by the parents. This process assists in determining if the child meets the State's Part C eligibility criteria for at-risk children or children

with a developmental disability. Regular training occurs to maintain the effective working relationship between the EID and EHS staff.

EID Facilitators attempt a face-to-face interview with parents within 48 hours of delivery. If the "new" parent is interested in a referral and assessment, the EID Facilitator proceeds with a verbal screening interview, followed by a verbal assessment. During this time, the EHS program referral is being discussed. If the parent accepts, the actual written referral to EHS is completed within 48 hours of the interview.

To ensure we enroll those in most serious need of services, the supervisors for the center-based and home-based options ensure staff receive ongoing training on the ERSEA procedures. They also ensure the infant or toddler being considered for enrollment meets the program eligibility requirements. This is further reinforced by conducting informational meetings with families and through the education of our community partners on our eligibility criteria.

All EHS staff are responsible for ensuring that the program is meeting its funded enrollment. The Parent/Child Educators conduct monthly recruitment efforts, often recruit their own participants, and are required to complete a monthly Recruitment Log that is submitted to the Program Supervisor for review and discussion.

The Program Supervisors, the Parent Involvement Facilitator, and the Program Manager also take part in recruitment activities such as public speaking and community sponsored activities including health fairs.

Parents are closely involved in the area of recruitment into the program. They often inform the staff of family members, neighbors and others who might be interested. In the home-based option, the Program Supervisor receives and reviews all applications and referrals for enrollment. While we work closely with the EID staff, we have found a successful individualized strategy is to have the Parent/Child Educator recruit participants through word of mouth, referrals from current participants and community posters. These families are more comfortable being interviewed, screened, and enrolled by the Parent/Child Educator in their community. Having indigenous staff familiar with the community is most important for these families as they see in these staff a credible and comfortable source of information and support.

It is the responsibility of the PS to ensure at least 10% of the enrollment opportunities in the program during an enrollment year are available to children with disabilities who meet the definition for children with disabilities in §1305.2(a). EHS has developed a close relationship with our Part C Providers to ensure eligible families are referred to EHS.

Parent Involvement

Our current EHS Policy Council (PC) By-Laws state, "membership must be comprised of three types of representatives: parents of currently enrolled children, community representatives and a representative from the MFSS Board of Directors. Community representatives must be drawn from the local community: businesses, public or private community, civic and professional organizations; and others who are familiar with resources and services for low-income children and families. Parents of currently enrolled children must comprise at least 51% of the

membership of the Council. The Council will continue to have a membership of seven persons: four parents, two community representatives and one MFSS Board member." The Policy Council has determined it will have a minimum of two parent alternates. This will help to ensure a quorum and at least 51% parent representation.

Our Parent Involvement Facilitator (PIF) provides PC members with materials for review before their meetings, so they can be prepared to discuss current business. All hiring decisions as well as decisions about continued employment are brought to their attention. The MFSS Board of Directors representative provides a conduit for information between both groups. Through these leadership opportunities, parents are prepared to enter a broader civic role in the community. They may become advocates for services for their children as they enter public school and extend their training received while in the EHS program into other areas of their life to reach successful outcomes in employment and enriching their communities. Participants from these advisory and policymaking groups take part in our community assessment and self-assessment focus groups and interviews. During the grant application process, the CEO, the EHS Program Manager, the Director of Program Services, and the Controller, discuss and review the proposed services and budget with the Board and the PC. With their approval, the grant application is submitted.

The PIF works with parents in establishing and maintaining their formal Parent Committee structure. Parent members of the PC, in particular, are offered training and orientation to prepare them for a greater level of commitment and involvement at the PC level. This prepares them to assist in the recruitment of other parents to the PC, to the Health Services Advisory Committee, (HSAC) and to actively participate in Parent Committee meetings.

The PIF, center-based and home-based staff, and the PC, work together to ensure 51% parent membership as well as four parents who serve as alternates on the Council. We also have a HSAC with participants from multidisciplinary health programs throughout the county as well as parents. In addition, we have current Memorandum of Agreements with many organizations including our Part C providers and Head Start provider.

Parents in the home-based option are asked to assist staff during the socializations. This increases the involvement of parents in their child's program activities and is also an opportunity for leadership development.

The PIF and the MFSS Fatherhood Involvement Team Outreach Worker work together to foster increased male involvement and participation in the EHS Program. This will be facilitated through group activities determined by the male caregivers and the Outreach Worker.

The PIF assists in ensuring we maintain our Family and Community Partnerships, by providing parents with technical assistance, training, and support. She is also a liaison between the Parent Committees, the program, the Policy Council, and the Health Services Advisory Committee. She helps to maintain consistent and timely communication between these four groups.

The PIF seeks regular input from parents and community partners through questionnaires, telephone contacts, as well as through the Self-Assessment process. We want to know how parents would like to become more involved in the program whether it is through the Policy

Council, structured Parent Committees, the Health Services Advisory Committee, and/or volunteering in their child's classroom. These opportunities maintain ongoing communication and a strong partnership in program service delivery and development. MFSS is participating in the Reading is Fundamental Program. Each family selects three free books for their child three times a year to promote literacy skills as well as to increase parent and child time while at home.

Transition from Early Head Start

Our Family and Community Partnerships enable us to successfully transition children upon their third birthday into a center-based setting or another setting that may be more appropriate to meet their individual needs. The transition process begins from the moment the infant or toddler enters our program. We are preparing the child and their family for each developmental stage through our individualized FPA, weekly visits, daily routines and activities in the center-based program, and with our Transition Plan that is developed with parents upon their child's second birthday. Our community partnerships help us to connect parents with the necessary resources to facilitate the transition process. Our partnership between the home-based and the center-based staff is also very vital. This enhances the ongoing communication between parents and staff to discuss the child's health and developmental level, changes in family circumstances, and other special needs the child may have.

Results and Benefits Expected

The purpose of the EHS Program of Maui Family Support Services is to provide comprehensive, two generation, high quality service that may begin before the child is born and focuses on enhancing the child's development and supporting the family as the primary educator of their children during the critical first three years of the child's life. MFSS EHS embraces the national EHS goal to "promote school readiness by enhancing the social and cognitive development of low-income children, ages 0-3, through the provision of health, educational, nutritional, social, and other services to low income children and their families."

Revised Long Term Goal for 2007-2009: Community Development: To mobilize Maui communities to provide the resources and environment necessary to ensure a comprehensive, integrated array of services and support for families and to foster the systems change necessary to increase the protective factors for promoting healthy families.

Short Term Goals for 2007-2008:

Goal 1: To ensure a high quality of responsive services to families with infants and toddlers.

Objective	Person Responsible	Date of Completion	Verification
Increase the number of home-based families residing in the Central Maui area	Home-Based Program Supervisor; Parent/Child Educators	Ongoing	Caseload Listing Increased number of eligible families on the waitlist
A minimum of 10% of the children enrolled in the program will receive Part C services	Disabilities Coordinator; Parent/Child Educators; Center Program Supervisor	Ongoing	Caseload Listing IFSP EPA
Provide all parents with information on the Earned Income Tax Credit	Program Supervisors; Parent/Child Educators; Infant/Toddler Caregivers; Parent Involvement Facilitator	Annually	Tickler Form Quarterly EHS Newsletter
Increase the number of parents attending Parent Committee meetings	Parent Involvement Facilitator; Program Supervisors; Parent/Child Educators; Infant/Toddler Caregivers	Ongoing	Attendance Sheets Minutes
Provide staff with ongoing training on the Performance Standards	Program Manager; Program Supervisors	Ongoing	Training logs Pre- and post-tests Parent Satisfaction Surveys

Goal 2: To improve the health and safety of infants/toddlers participating in the MFSS EHS program.

Objective	Person Responsible	Date of Completion	Verification
Increase the number of staff trained on the use of the <i>Cavity Free Kids curriculum</i>	Home-Based Program Supervisor; Head Start Collaboration Director	Ongoing	Pre- and post-tests Training logs Lesson plans indicate use of the curriculum
Increase the number of oral health screenings completed by the Health Specialist	Program Manager; Center Program Supervisor	Quarterly	Documentation in case file Health Specialist Reports
Continue participation with the State Oral Health Collaborative	Home-Based Program Supervisor	Quarterly	Strategic Plan Reports to the Program Manager and Health Services Advisory Committee
Increase parents' knowledge of oral health resources in the community	Program Supervisors; Parent/Child Educators; Infant/Toddler Caregivers; Parent Involvement Facilitator	Ongoing	Lesson Plans Increased number of children receiving dental services as evidenced by the Dental Exam forms returned to the program
Ensure all parents are provided with information on passenger and pedestrian safety	Parent Involvement Facilitator; Program Supervisors; Parent/Child Educators; Infant/Toddler Caregivers	Enrollment; home visits; socializations; Parent Committee meetings	Tickler Lesson Plans Socialization Planning Sheets Meeting Minutes Newsletter
Ensure all parents are provided with the monthly schedule of activities which include when the Content Area Specialists will be available for training and consultation	Program Manager; Program Supervisors	Monthly	Contract Documentation in case file Monthly program calendar

V. FINANCIAL

Budget

The following budget forms are submitted with the Application for Grants and Subsidies:

- Budget Request by Source of Funds
- Budget Justification Personnel – Salaries and Wages
- Budget Justification – Equipment and Motor Vehicles
- Budget Justification Capital Project Details
- Declaration Statement Applicants for Grants and Subsidies Chapter 42F, Hawai'i Revised Statutes

VI. OTHER

A. Litigation


MFSS does not have any pending litigation to which we are a party or any outstanding judgments.

B. Licensure or Accreditation

MFSS is accredited by the Council on Accreditation until June 2011.

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

Applicant: Maui Family Support Services, Inc.

BUDGET CATEGORIES	Total State Funds Requested (a)	Federal ACF (b)	County (c)	MFSS (d)
A. PERSONNEL COST				
1. Salaries	47,639	406,455	23,487	
2. Payroll Taxes & Assessments	5,378	45,889	2,652	
3. Fringe Benefits	2,373	40,245	1,145	
TOTAL PERSONNEL COST	55,390	492,589	27,284	
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island		2,858		
2. Insurance	667	8,667		
3. Lease/Rental of Equipment				
4. Lease/Rental of Space	734	3,646		
5. Staff Training	100	3,635	4,335	
6. Supplies	3,150	8,909		5,741
7. Telecommunication	990	4,272	338	
8. Utilities	250	5,987		13,113
9. Audit Services	192			2,491
10. Mileage/Gas	2,880	892	4,908	
11. Repair & Maintenance	4,050	22,950		
12. Publication/Printing	895	7,495	1,260	
13. Postage	174	762	1,500	
14. Contractual Services-Administrative	252			1,434
15. Contractual Services-Subcontracts		13,513	10,375	
16				
17				
18				
19				
20				
TOTAL OTHER CURRENT EXPENSES	14,334	83,586	22,716	22,779
C. EQUIPMENT PURCHASES	1,705			
D. MOTOR VEHICLE PURCHASES				
E. CAPITAL				
TOTAL (A+B+C+D+E)	71,429	576,175	50,000	22,779
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested	71,429	Doris MacFarlane	808-242-0900	
(b) Federal-ACF	576,175	Name (Please type or print)	Phone	
(c) County	50,000		u/9/07	
(d) MFSS	22,779	Signature of Authorized Official	Date	
TOTAL REVENUE	720,383	L. Jani Sheppard, CEO		
		Name and Title (Please type or print)		

BUDGET JUSTIFICATION PERSONNEL - SALARIES AND WAGES

Applicant: Maul Family Support Services, Inc.

Period: July 1, 2007 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
Parent-Child Educator	1	\$27,000.00	100.00%	\$ 27,000.00
Program Supervisor	1	\$51,934.00	25.00%	\$ 12,983.50
CEO	1	\$80,228.00	2.00%	\$ 1,604.56
Director of Program Services	1	\$67,384.00	2.00%	\$ 1,347.68
Controller	1	\$56,054.00	2.00%	\$ 1,121.08
Director of Human Resources & Training	0.8	\$43,552.00	2.00%	\$ 871.04
Accounting & IT Specialist	1	\$36,946.00	2.00%	\$ 738.92
Administrative Supervisor	1	\$46,002.00	2.00%	\$ 920.04
Administrative Assistant	1	\$26,303.00	2.00%	\$ 526.06
Administrative Assistant	1	\$26,303.00	2.00%	\$ 526.06
				\$ -
				\$ -
				\$ -
				\$ -
TOTAL:				47,638.94

JUSTIFICATION/COMMENTS: One new Parent-Child Educator will be needed to provide service to 12 additional participants. Program Supervisor will supervise four (4) Parent-Child Educators, one of which is included in this budget. Based on a FTE calculation, 2% of Administrative Staff is allocated to this budget.

BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Applicant: Maui Family Support Services, Inc.

Period: July 1, 2008 to June 30, 2009

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
Laptop Computer with rolling case & stand	1.00	\$1,705.00	\$ 1,705.00	1705
		\$ -		
		\$ -		
		\$ -		
		\$ -		
TOTAL:	1		\$ 1,705.00	1,705

JUSTIFICATION/COMMENTS:

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

JUSTIFICATION/COMMENTS: The new Parent/Child Educator needs a laptop computer to access information and update data for reports,

BUDGET JUSTIFICATION CAPITAL PROJECT DETAILS

Applicant: Maui Family Support Services, Inc.

Period: July 1, 2008 to June 30, 2009

FUNDING AMOUNT REQUESTED					
TOTAL PROJECT COST	ANY OTHER SOURCE OF FUNDS RECEIVED IN PRIOR YEARS		STATE FUNDS REQUESTED		FUNDING REQUIRED IN SUCCEEDING YEARS
	FY: 2005-2006	FY: 2006-2007	FY: 2007-2008	FY: 2008-2009	FY: 2009-2010 FY: 2010-2011
PLANS					
LAND ACQUISITION					
DESIGN					
CONSTRUCTION					
EQUIPMENT					
TOTAL:					
JUSTIFICATION/COMMENTS: N/A					

**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.

Maui Family Support Services, Inc.
(Typed Name of Individual or Organization)

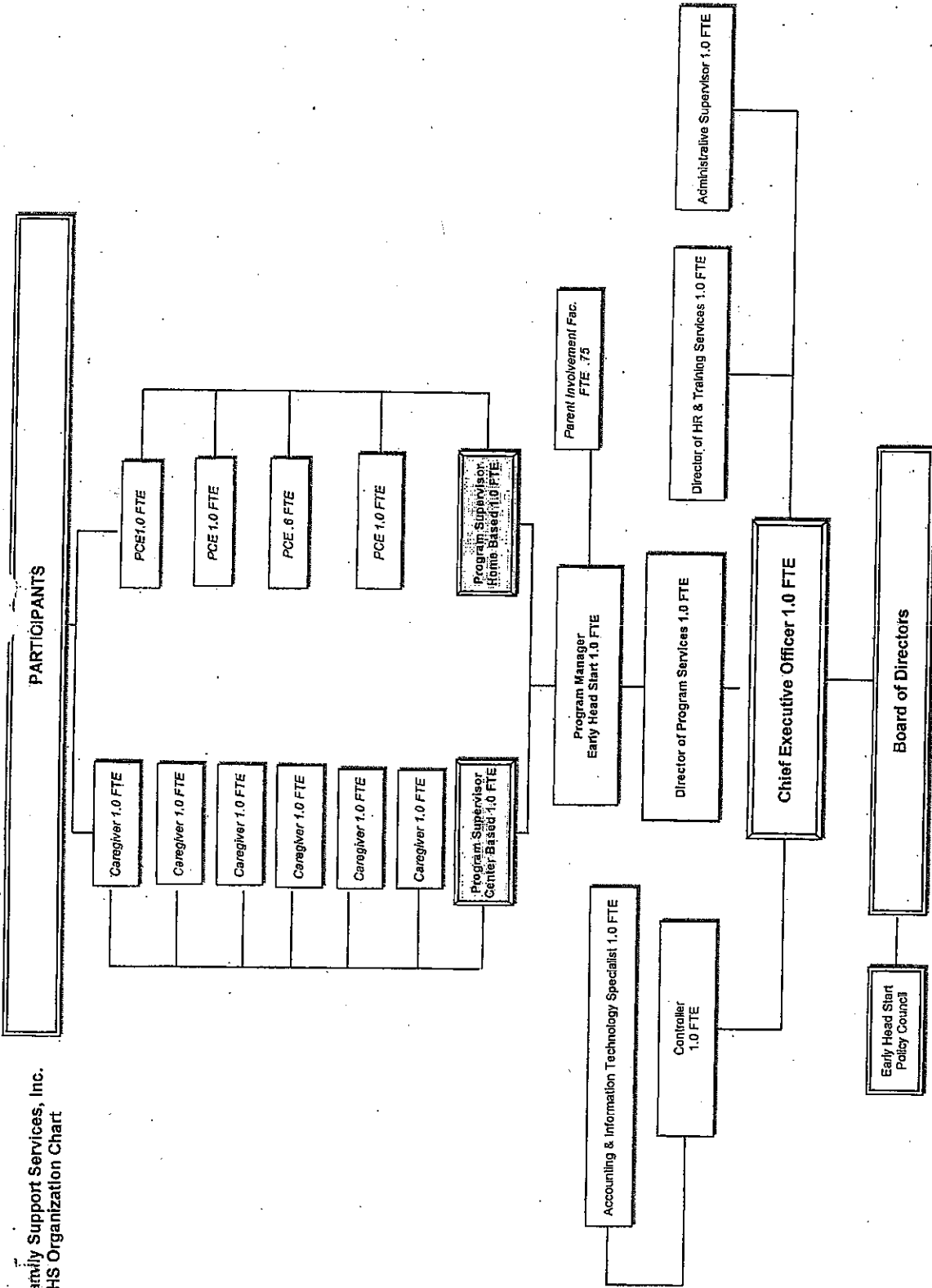

(Signature)

11/9/07
(Date)

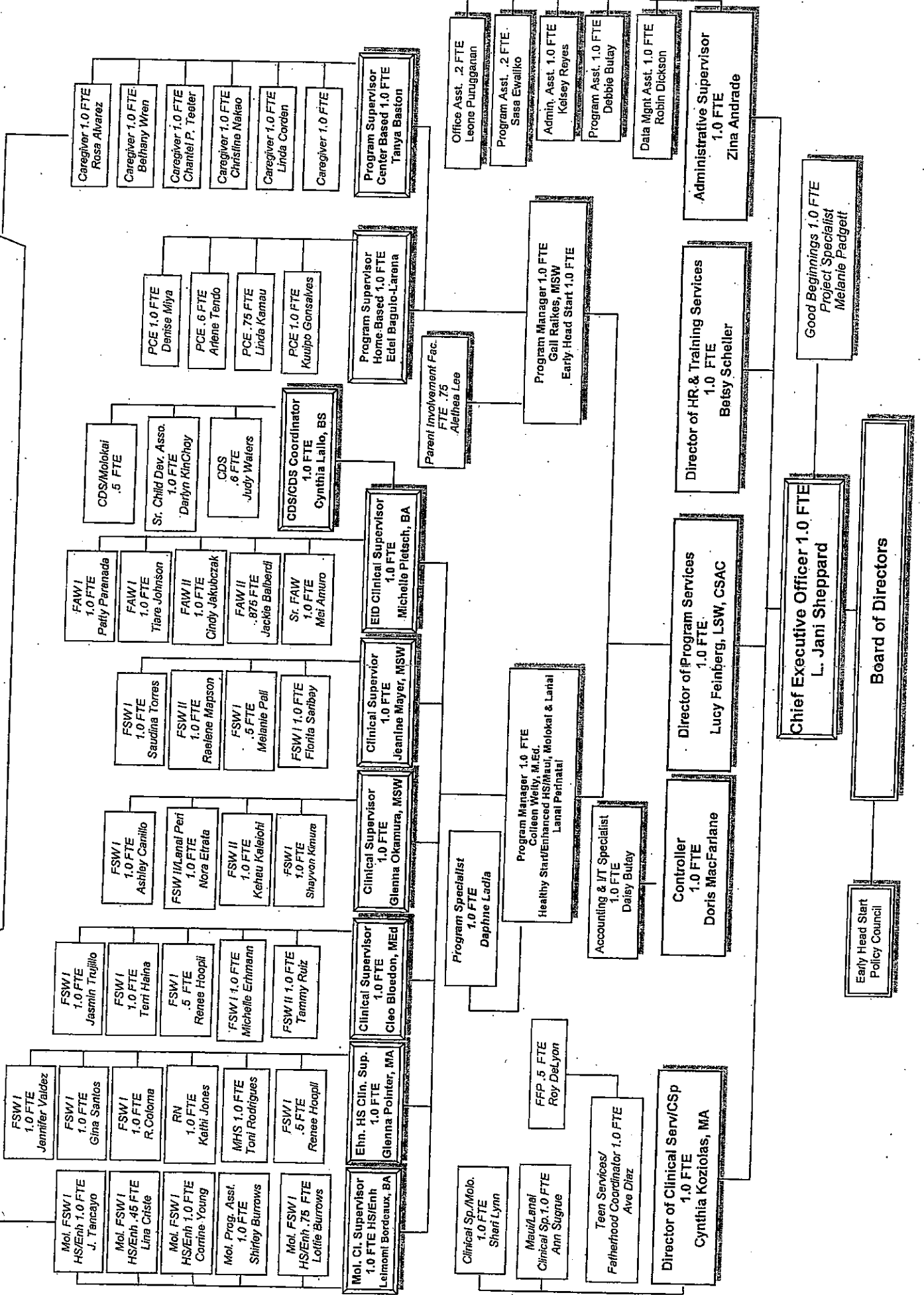
L. Jani Sheppard
(Typed Name)

Chief Executive Officer
(Title)

MauI Family Support Services, Inc.
EHS Organization Chart



PARTICIPANTS



MAUI FAMILY SUPPORT SERVICES, INC.
FY 2008

COLLABORATING COMMUNITY BASED AGENCIES/GROUPS

1. Alu Like - services for Hawaiians/part Hawaiians
2. Coalition to End Abuse
3. Department of Health EIS Zero-to-Three –referrals and services for developmental delays
4. Department of Health Family Health Services Div-MCHB-Women's Health Section-Family Planning Program
5. Department of Health-FHSD-MCHB-Healthy Start
6. Department of Human Services (DHS) – Income/Maintenance (IM) Financial Assistance and Medical Insurance (QUEST), Food Stamps
7. DHS – Social Services Division -Adult and Community Care Services Branch for Adult Protective Services
8. DHS/Child Care Connection, Open Doors, Maui First to Work for employment
9. DHS/CWS and the Maui Police Department - intervention of suspected child abuse/neglect
10. Doctors, Maui Memorial Medical Center, Kaiser Medical Clinic, Maui Medical Group
11. DOH/Public Health Nurses (PHN) - medical services such as Well Baby Care, Immunizations and WIC (Women, Infants and Children) – nutritional support
12. EIS Collaboration Team
13. Families for R.E.A.L. - parenting classes
14. Friends of the Children's Justice Center – Resources for abused/neglected youth
15. Hawaii Project STEPS Maui Transition Team (with DOE)
16. Hawaii Coalition for Dads
17. Health Services Advisory Committee for Early Head Start (EHS)
18. Hui No Ke Ola Pono – health services for Hawaiians/part Hawaiians
19. Imua Family Services
20. Ka Hale Ake Ola – Aid, housing for the homeless
21. Legal Aid Society of Hawaii -Provision of low cost/free legal services
22. March of Dimes – perinatal support and education
23. Maui County Early Childhood Resource Team (MCECRT) - early childhood education options
24. Maui Domestic Violence Task Force
25. Maui Tobacco Free Partnership
26. MEO Head Start and others programs
27. Maui Good Beginnings Alliance
28. Mothers Care-perinatal support
29. Mental Health Association of Maui
30. Maui Non Profit Executive Directors
31. Maui Training Collaboration
32. PATCH (People Attentive to children) for connection to child care services
33. Planned Parenthood – low cost or no cost family planning services
34. Queen Liliuokalani Children's Center(QLCC)- assists children and families of Hawaiian/part Hawaiian ancestry with a variety of needs
35. Rotary, Kiwanis and other civic clubs; faith based organizations
36. Salvation Army – material needs, substance abuse programs
37. State Judiciary: Children's Justice Center – resources for abused and neglected youth
38. State Judiciary – Adult Client Services, Family Court
39. Substance Abuse Treatment Programs: Aloha House, Community Clinic of Maui, Kaiser, Malama Family Recovery Center

40. Women Helping Women Shelters, Developing Options for Violence (DOV) The Domestic Violence Hotline -Offering domestic violence services
41. Napu'uwai Molokai's native Hawaiian health services

COLLABORATING COMMUNITY BASED AGENCIES (continued)

II. Statewide and National Membership

1. Hawaii Good Beginnings Alliance
2. Hawaii Head Start Association
3. National Head Start Association
4. Hawaii Perinatal Providers Association
5. Hawaii Teen Pregnancy Parenting and Prevention Council
6. Healthy Mothers/Healthy Babies Coalition of Hawaii
7. Family Support America
8. Council on Accreditation of Services for Families and Children (COA)
9. Keiki Injury Prevention Coalition

III. CURRENT MOA's (Memorandum of Agreement)

1. A Keiki's Dream
2. Child Support Enforcement Agency
3. Community Clinic of Maui
4. Hawaii Department of Education
5. Hawaii Department of Health - Public Health Nursing
6. Hawaii Department of Health - FHSD EID/WIC
7. Hawaii Department of Human Services - Child Welfare Services
8. Catholic Charities – EID Oahu
9. Hale O Wainee
10. Head Start Collaboration Project
11. Hui Malama Learning Center
12. Hui No Ke Ola Pono
13. Imua Family Services - Child Development Program Part C Provider
14. Lana'i Women's Center
15. Legal Aid Society of Hawaii
16. Malama Family Recovery Center
17. Mental Health Kokua Services
18. Maui Economic Opportunity, Inc.
19. Maui Economic Opportunity, Inc. – Head Start
20. University of Hawaii – Maui Community College
21. Women Helping Women
22. Molokai General Hospital –Molokai Women's Clinic
23. WIC-Early Head Start/Healthy Start

Revised Long Term Goal for 2007-2009: Community Development: To mobilize Maui communities to provide the resources and environment necessary to ensure a comprehensive, integrated array of services and support for families and to foster the systems change necessary to increase the protective factors for promoting healthy families.

Short Term Goals for 2007-2008:

Goal 1: To ensure a high quality of responsive services to families with infants and toddlers.

Objective	Person Responsible	Date of Completion	Verification
Increase the number of home-based families residing in the Central Maui area	Home-Based Program Supervisor; Parent/Child Educators	Ongoing	Caseload Listing Increased number of eligible families on the waitlist
A minimum of 10% of the children enrolled in the program will receive Part C services	Disabilities Coordinator; Parent/Child Educators; Center Program Supervisor	Ongoing	Caseload Listing IFSP FPA
Provide all parents with information on the Earned Income Tax Credit	Program Supervisors; Parent/Child Educators; Infant/Toddler Caregivers; Parent Involvement Facilitator	Annually	Tickler Form Quarterly EHS Newsletter
Increase the number of parents attending Parent Committee meetings	Parent Involvement Facilitator; Program Supervisors; Parent/Child Educators; Infant/Toddler Caregivers	Ongoing	Attendance Sheets Minutes
Provide staff with ongoing training on the Performance Standards	Program Manager; Program Supervisors	Ongoing	Training logs Pre- and post-tests Parent Satisfaction Surveys

Goal 2: To improve the health and safety of infants/toddlers participating in the MFSS EHS program.

Objective	Person Responsible	Date of Completion	Verification
Increase the number of staff trained on the use of the <i>Cavity Free Kids curriculum</i>	Home-Based Program Supervisor; Head Start Collaboration Director	Ongoing	Pre- and post-tests Training logs Lesson plans indicate use of the curriculum
Increase the number of oral health screenings completed by the Health Specialist	Program Manager; Center Program Supervisor	Quarterly	Documentation in case file Health Specialist Reports
Continue participation with the State Oral Health Collaborative	Home-Based Program Supervisor	Quarterly	Strategic Plan Reports to the Program Manager and Health Services Advisory Committee
Increase parents' knowledge of oral health resources in the community	Program Supervisors; Parent/Child Educators; Infant/Toddler Caregivers; Parent Involvement Facilitator	Ongoing	Lesson Plans Increased number of children receiving dental services as evidenced by the Dental Exam forms returned to the program
Ensure all parents are provided with information on passenger and pedestrian safety	Parent Involvement Facilitator; Program Supervisors; Parent/Child Educators; Infant/Toddler Caregivers	Enrollment; home visits; socializations; Parent Committee meetings	Tickler Lesson Plans Socialization Planning Sheets Meeting Minutes Newsletter
Ensure all parents are provided with the monthly schedule of activities which include when the Content Area Specialists will be available for training and consultation	Program Manager; Program Supervisors	Monthly	Contract Documentation in case file Monthly program calendar

V. FINANCIAL

Budget

The following budget forms are submitted with the Application for Grants and Subsidies:

- Budget Request by Source of Funds
- Budget Justification Personnel – Salaries and Wages
- Budget Justification – Equipment and Motor Vehicles
- Budget Justification Capital Project Details
- Declaration Statement Applicants for Grants and Subsidies Chapter 42F, Hawai'i Revised Statutes

VI. OTHER

A. Litigation


MFSS does not have any pending litigation to which we are a party or any outstanding judgments.

B. Licensure or Accreditation

MFSS is accredited by the Council on Accreditation until June 2011.

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

Applicant: Maui Family Support Services, Inc.

BUDGET CATEGORIES	Total State Funds Requested (a)	Federal ACF (b)	County (c)	MFSS (d)
A. PERSONNEL COST				
1. Salaries	47,639	406,455	23,487	
2. Payroll Taxes & Assessments	5,378	45,889	2,652	
3. Fringe Benefits	2,373	40,245	1,145	
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B. OTHER CURRENT EXPENSES				
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15. Contractual Services-Subcontracts		13,513	10,375	
16				
17				
18				
19				
20				
TOTAL OTHER CURRENT EXPENSES	14,334	83,586	22,716	22,779
C. EQUIPMENT PURCHASES	1,705			
D. MOTOR VEHICLE PURCHASES				
E. CAPITAL				
TOTAL (A+B+C+D+E)	71,429	576,175	50,000	22,779
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested	71,429	Doris MacFarlane	808-242-0900	
(b) Federal-ACF	576,175	Name (Please type or print)	Phone	
(c) County	50,000		4/9/07	
(d) MFSS	22,779	Signature of Authorized Official	Date	
TOTAL REVENUE	720,383	L. Jani Sheppard, CEO		
		Name and Title (Please type or print)		

BUDGET JUSTIFICATION PERSONNEL - SALARIES AND WAGES

Applicant: Maui Family Support Services, Inc.

Period: July 1, 2007 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
Parent-Child Educator	1	\$27,000.00	100.00%	\$ 27,000.00
Program Supervisor	1	\$51,934.00	25.00%	\$ 12,983.50
CEO	1	\$80,228.00	2.00%	\$ 1,604.56
Director of Program Services	1	\$67,384.00	2.00%	\$ 1,347.68
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				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
TOTAL:				47,638.94

JUSTIFICATION/COMMENTS: One new Parent-Child Educator will be needed to provide service to 12 additional participants. Program Supervisor will supervise four (4) Parent-Child Educators, one of which is included in this budget. Based on a FTE calculation, 2% of Administrative Staff is allocated to this budget.

BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Applicant: Mauli Family Support Services, Inc.

Period: July 1, 2008 to June 30, 2009

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
Laptop Computer with rolling case & stand	1.00	\$1,705.00	\$ 1,705.00	1705
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:	1		\$ 1,705.00	1,705

JUSTIFICATION/COMMENTS:

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

JUSTIFICATION/COMMENTS: The new Parent/Child Educator needs a laptop computer to access information and update data for reports,

**BUDGET JUSTIFICATION
CAPITAL PROJECT DETAILS**

Applicant: Maui Family Support Services, Inc.

Period: July 1, 2008 to June 30, 2009

FUNDING AMOUNT REQUESTED						
TOTAL PROJECT COST	ANY OTHER SOURCE OF FUNDS RECEIVED IN PRIOR YEARS		STATE FUNDS REQUESTED		FUNDING REQUIRED IN SUCCEEDING YEARS	
	FY: 2005-2006	FY: 2006-2007	FY: 2007-2008	FY: 2008-2009	FY: 2009-2010	FY: 2010-2011
PLANS						
LAND ACQUISITION						
DESIGN						
CONSTRUCTION						
EQUIPMENT						
TOTAL:						
JUSTIFICATION/COMMENTS: N/A						

**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.

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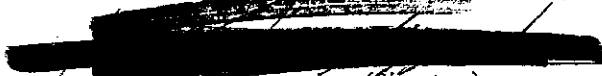
- (1) Is incorporated under the laws of the State; and
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Further, a grant or subsidy may be awarded to a non-profit organization only if the organization:

- (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.

Maui Family Support Services, Inc.
(Typed Name of Individual or Organization)

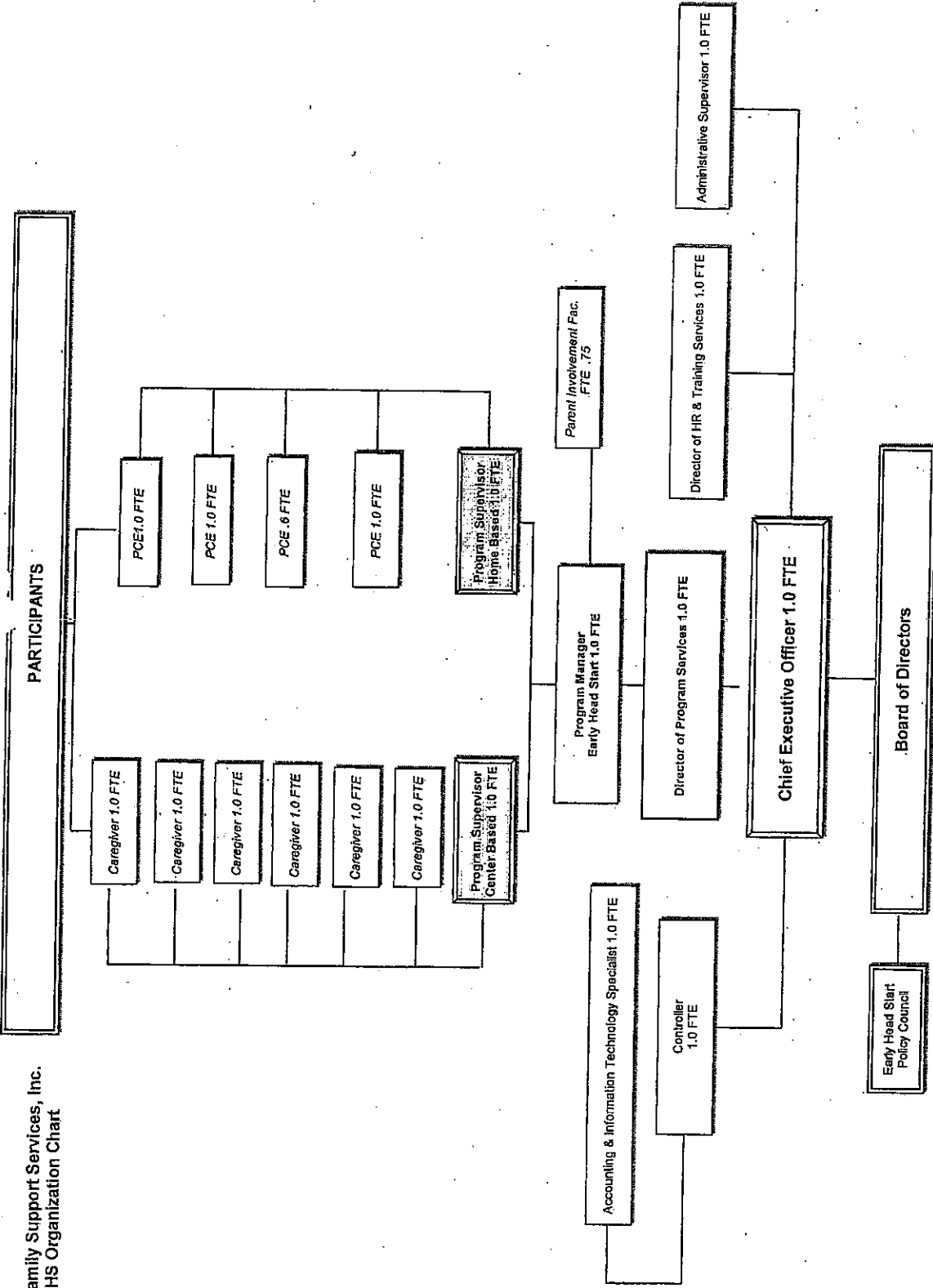

(Signature)

11/9/07
(Date)

L. Jani Sheppard
(Typed Name)

Chief Executive Officer
(Title)

Maui Family Support Services, Inc.
EHS Organization Chart



MAUI FAMILY SUPPORT SERVICES, INC.

FY 2008

COLLABORATING COMMUNITY BASED AGENCIES/GROUPS

1. Alu Like - services for Hawaiians/part Hawaiians
2. Coalition to End Abuse
3. Department of Health EIS Zero-to-Three –referrals and services for developmental delays
4. Department of Health Family Health Services Div-MCHB-Women's Health Section-Family Planning Program
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7. DHS – Social Services Division -Adult and Community Care Services Branch for Adult Protective Services
8. DHS/Child Care Connection, Open Doors, Maui First to Work for employment
9. DHS/CWS and the Maui Police Department - intervention of suspected child abuse/neglect
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35. Rotary, Kiwanis and other civic clubs; faith based organizations
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37. State Judiciary: Children's Justice Center – resources for abused and neglected youth
38. State Judiciary – Adult Client Services, Family Court
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40. Women Helping Women Shelters, Developing Options for Violence (DOV) The Domestic Violence Hotline -Offering domestic violence services
41. Napu'uwai Molokai's native Hawaiian health services

COLLABORATING COMMUNITY BASED AGENCIES (continued)

II. Statewide and National Membership

1. Hawaii Good Beginnings Alliance
2. Hawaii Head Start Association
3. National Head Start Association
4. Hawaii Perinatal Providers Association
5. Hawaii Teen Pregnancy Parenting and Prevention Council
6. Healthy Mothers/Healthy Babies Coalition of Hawaii
7. Family Support America
8. Council on Accreditation of Services for Families and Children (COA)
9. Keiki Injury Prevention Coalition

III. CURRENT MOA's (Memorandum of Agreement)

1. A Keiki's Dream
2. Child Support Enforcement Agency
3. Community Clinic of Maui
4. Hawaii Department of Education
5. Hawaii Department of Health - Public Health Nursing
6. Hawaii Department of Health - FHSD EID/WIC
7. Hawaii Department of Human Services - Child Welfare Services
8. Catholic Charities – EID Oahu
9. Hale O Wainee
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11. Hui Malama Learning Center
12. Hui No Ke Ola Pono
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14. Lana'i Women's Center
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21. Women Helping Women
22. Molokai General Hospital –Molokai Women's Clinic
23. WIC-Early Head Start/Healthy Start

