

House District OAHU-ALL  
Senate District OAHU-ALL

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

Log No: \_\_\_\_\_

For Legislature's Use Only

*Rec'd* JAN 28 2011

Type of Grant or Subsidy Request:

GRANT REQUEST – OPERATING

GRANT REQUEST – CAPITAL

SUBSIDY REQUEST

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

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

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

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

JUDICIARY DEPARTMENT, 1<sup>ST</sup> CIRCUIT COURT

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

**1. APPLICANT INFORMATION:**

Legal Name of Requesting Organization or Individual:

**Parents And Children Together**

Dba: PACT

Street Address: 1485 Linapuni Street, Ste. 105  
Honolulu, HI 96819

Mailing Address: Same as above.

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

Name RUTHANN QUITQUIT

Title President & CEO

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**3. TYPE OF BUSINESS ENTITY:**

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

4. FEDERAL TAX ID #: \_\_\_\_\_

5. STATE TAX ID #: \_\_\_\_\_

**6. DESCRIPTIVE TITLE OF APPLICANT'S REQUEST:**

FAMILY PEACE CENTER

(DOMESTIC VIOLENCE COUNSELING SERVICES)

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

FY 2011 – 2012 \$ 155,328.00

**8. STATUS OF SERVICE DESCRIBED IN THIS REQUEST:**

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

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

State	\$	<u>22,192</u>
Federal	\$	<u>116,996</u>
COUNTY	\$	<u>15,228</u>
Private/Other	\$	<u>0</u>

TYPE NAME & TITLE OF AUTHORIZED REPRESENTATIVE:

AUTHORIZED SIGNATURE

RUTHANN QUITQUIT, PRESIDENT & CEO

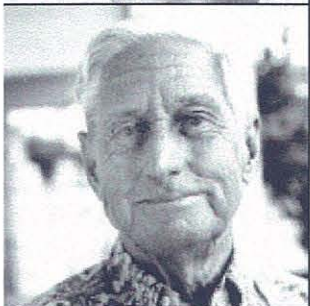
NAME & TITLE

1/28/2011

DATE SIGNED



PACT PARENTS AND CHILDREN TOGETHER  
A FAMILY SERVICE AGENCY



# Family Peace Center

# Grant-In-Aid FY 2011-2012

January 28, 2011



# Application For Grants and Subsidies



# Narrative



# I. BACKGROUND AND SUMMARY

Family Peace Center, a program of Parents And Children Together, requests \$155,328 to provide a continuum of domestic violence counseling services to offenders, victims, children and parents on the island of Oahu in response to the Twenty-Sixth Legislature of the Hawaii State Legislature Application for Grants & Subsidies. The state department related to this request is the State of Hawaii, Judiciary, First Circuit. Family Peace Center (FPC) makes this request in order to restore funding that was cut by the Judiciary in FY10. The Judiciary was recognized by the Hawaii State Legislature as an urgent need to be addressed in the original Rainy Day bill.

This application describes Family Peace Center's innovative array of domestic violence services that are part of Parents and Children Together's (PACT) continuum of care for families and individuals in need. PACT is a multi-program, multi-site agency that provides a wide range of community-based services. Since its founding in 1968, PACT has developed an array of community-based prevention and treatment services to strengthen individuals, children, families and communities experiencing developmental, behavioral health, and socio-economic challenges. PACT's major services include domestic violence prevention/treatment; early childhood education; child abuse and neglect prevention/treatment; mental health support; and community building and economic development.

Family Peace Center (FPC) has provided comprehensive community-based services to domestic violence victim/survivors, offenders, and children for 29 years. Family Peace Center's mission is: *To bring peace to Hawaii's families by offering safety, support, empowerment and accountability to survivors, offenders, and child witnesses of domestic violence.* The core of FPC's work is the healing and safety of victims and children, holding batterers accountable and working to change the community climate that legitimizes violence. Family Peace Center (FPC) has a comprehensive array of services to respond to intimate partner violence that includes:

Victim Services	Child & Family Services	Offender Services	Community Education and Partnerships
<p><b>Puuhonua* Victim/Survivor Unit</b></p> <p>Assists adult victims through crisis intervention and referral, in-community intervention, case advocacy, group and/or individual counseling.</p> <p>(*the Hawaiian word for "sanctuary")</p>	<p><b>Haupoa* Family Unit</b></p> <p>Serves child witnesses and their parents through groups and individual and family counseling.</p> <p>(*the Hawaiian word for "to make the ground soft for planting")</p>	<p><b>Kuleana* Offender Unit</b></p> <p>Provides adult batterer's treatment through groups and/or individual counseling.</p> <p>(*the Hawaiian word for "responsibility")</p>	<p>Public education, professional training and partnerships to improve the community's response to domestic violence.</p>



Intimate partner violence is at epidemic proportions in the United States. Estimates range from 960,000 incidents of violence to three million women who are physically abused by their husband or boyfriend per year (U.S. Department of Justice 1998; Commonwealth Fund, 1999). In the year 2001 alone, more than half a million American women (588,490 women) were victims of nonfatal violence committed by an intimate partner (Bureau of Justice Statistics Crime Data Brief, 2003). In 2000, 1,247 women were killed by an intimate partner; in the same year, 440 men were killed by an intimate partner (Bureau of Justice Statistics Crime Data Brief, 2003).

PACT's Family Peace Center has nearly three decades of experience and skill in domestic violence intervention. FPC maintains the highest standards of quality assurance and improvement, in which activities are organized according to the Hawaii Batterers Intervention Program Standards (HBIPS) and the national Council on Accreditation (COA). Specifically, our daily work is guided by evidence-based practice based on the work of Edward Gondolf, Ed.D., David Adams, Ed.D., and Andrew Klein, Ph.D., among the noted U.S. researchers on the efficacy of BIPs, as well as the work of Edward Latessa, Ph.D. that examines effective criminal justice responses to offenders, Susan Schechter, Ph.D. the country's first expert on children exposed to domestic violence, and Carole Warshaw, M.D., physician-advocate specializing in mental health correlates and trauma-informed care with battered women.

In addition, given our ethnic- and culturally-specific service communities of Hawaii and Oahu, FPC also grounds its programs on research and emerging practices conducted by the University of Hawaii at Manoa (with whom we have collaborated on key program development and evaluation studies to be described later) and the Asian and Pacific Islander Institute on Domestic Violence. The principles and practices promoted within these professional entities guide Family Peace Center program development, service delivery, quality evaluation and culminate in FPC's highest standard: to stop domestic violence through addressing victim/child safety and batterer accountability, with an emphasis on reducing recidivism.

## **Goals and Objectives**

The goal of Family Peace Center services is **to provide specialized services that will enhance victim/child and community safety while holding batterers accountable and reducing their recidivism.** The service objectives of each unit of FPC are as follows.

### **(1) Kuleana Offender Unit Objective**

To provide domestic violence group and/or individual treatment for offenders of intimate partner abuse who are either court-ordered to and/or voluntarily entering services. This treatment will result in batterers:

- Gaining the knowledge and skills needed to prevent further battering;
- Learning alternative cognitive behavioral skills training; and
- Practicing different behaviors to strengthen their ability to take responsibility for their abusiveness and make positive behavioral choices.

### **(2) Puuhonua Victim/Survivor Unit Objectives**

To provide a range of intervention services for victim/survivors of domestic violence to address the social, psychological and concrete needs of battered women, while providing a safe venue for healing from trauma and skill building through:



- Crisis intervention, information and referral to victims to address immediate and ongoing victim safety and trauma-response needs.
- Group and/or individual counseling for victims to provide information, support and skill-building to resolve the psychological and emotional impact of domestic violence.
- Advocacy and on-going case coordination, including in-community intervention, to victims to assist in collaborating with other service providers and systems, acquire concrete needs and promote linkages with community resources.
- Phone outreach, at least three times over nine months, with victims of batterers enrolled in the Kuleana Offender Unit, to ascertain their safety, risk of danger to them or their children and to offer services.

### (3) Haupoa Family Unit Objectives

To provide specialized intervention to children exposed to domestic violence and their parents in order to develop positive behavior patterns that will reduce intergenerational violence while strengthening family stability, safety and growth through:

- Age-appropriate services for children from the ages of birth to 17 years old who have been exposed to domestic violence to improve social functioning and skill development;
- Parenting groups for victims of domestic violence to promote positive, non-violent prevention and communication.

### **Public Purpose and Need to Be Served**

Domestic violence in Hawaii is an urgent social problem that demands effective response from all sectors of our community. While no reliable population-based studies of domestic abuse in Hawaii have been conducted, it is estimated that 14-15% of adult women in the state have been victims of intimate partner violence (APIDVI, 2009). Chemtob's study of battered women and their children on Oahu found that half of mothers and their children reported significant indicators of posttraumatic stress disorder (PTSD) even two years after leaving an abusive relationship (2000). From 1989-1992, almost 100 women in Hawaii were murdered by their intimate partners, making the risk of females being killed by husbands and boyfriends 1.3 times higher than for men killed by women (Office of Hawaiian Affairs, 1998). In 2009, there were 23 murders in Hawaii, of which five or 22% were spouses or girlfriends of male partners; 14 of those murders were in the City and County of Honolulu (Crime in Hawaii, 2009).

Battering is a deeply rooted problem and batterers constitute a distinct category of violent offenders that require a specialized approach to intervention. Offenders of intimate partner violence perpetrate abuse intentionally and many repeat those offenses often within months of arrest or intervention (Gondolf, 2002). A 2003-2007 exploratory study sponsored by Hawaii's Interagency Council on Intermediate Sanctions (ICIS) reported that 20.4% of offenders (over 90% male) who were screened using the Domestic Violence Screening Instrument (DVSI) were re-arrested for DV-related offenses and 61.3% for general re-offenses. Other national research shows that approximately 3.3 to 10 million children are at risk for domestic violence exposure each year, with 50-60% of these child witnesses being physically abused themselves (Hughes, Graham-Bermann, & Gruger, 2001). A child exposed to violence is in danger of repeating the



behavior, or at a minimum, is at risk for a higher incidence of developmental and social problems, either as a child or as an adult.

These statistics are startling, disturbing and necessitate effective response. Family Peace Center has 29 years of experience providing extensive intervention in this crucial field. FPC services allow for victims of domestic violence to be supported while healing from the trauma of their abuse. FPC teaches offenders the skills necessary to lead violent-free lives. Ultimately these services yield a safer community, as victims are more likely to follow through with prosecution and maintain safety in their lives, while perpetrators are held accountable and the needs of children in the home are addressed.

### **Target Population**

The target population for this Grants & Subsidies application is individuals and families impacted by domestic violence: specifically victim/survivors, offenders and children exposed to domestic violence.

Family Peace Center works with over 800 individuals a year (on the Island of Oahu) who represent the diversity of ethnic and cultural groups in Hawaii. Over 87% of FPC's direct service clients are non-White including 40% Native Hawaiians, 15% Filipino, and the remaining 32% are African Americans, Latino, Japanese, Chinese, Korean, and Pacific Islanders. FPC clients typically have annual incomes of less than \$30,000, but approximately 62% of families served have annual incomes under \$13,000 or below the poverty level. Family Peace Center believes it is critical to sustain services to low-income families, because the research shows economic factors are related to, while not causes of domestic and family violence. Most of the emerging policy and practice research on culturally-specific interventions indicate that accounting for the racial/ethnic, geographic, historical, and overall ecological contexts in which battered women, their children and men who batter live is a key innovation that domestic violence programs must address (Carter, 2010 – FVPF Batterer Intervention roundtable; Whitaker & Reese; CDC). Namelehuapono, FPC's ground-breaking Hawaiian cultural domestic violence curriculum represents our own, Oahu-based "best practice" that addresses the historical precursors of "cultural trauma" (Crabbe) that we believe are co-factors in our understanding of and addressing domestic violence among Native Hawaiian and Polynesian men and women.

### **Geographic Coverage**

The services proposed under this application are available for the Island of Oahu. Family Peace Center has a long standing commitment to providing locally based services that are available to people within their home communities. It is FPC's firm belief that the most effective forms of support for families impacted by domestic violence is that which is available to them when and where they are most comfortable and best able to access it. It is for this reason that FPC schedules groups in the evenings and on weekends, provides services in a variety of locales and makes services available in urban as well as rural areas, in offices as well as schools and community centers.





## II. SERVICE SUMMARY AND OUTCOMES

### A. Scope of Work, Tasks and Responsibilities

#### Service Philosophy and Standards of Care

Family Peace Center believes that intimate partner violence is an urgent social problem that demands effective and innovative interventions to create lasting change. Successful domestic violence programs throughout the country have authenticated what the Family Peace Center knows from decades of experience: that the most effective services are those that link adult/child victim safety to batterer accountability, while also working to alter social and community norms that perpetuate violence. The most meaningful response that communities can offer is to focus on victim/child safety and self-determination while also holding batterers fully responsible for their abuse. To stop intimate partner and family violence, the community, legal system and treatment services must consistently and collaboratively hold batterers accountable.

Experience and research demonstrate that a coordinated, integrated response to each individual's and family's experience of intimate partner violence results in the most lasting change. FPC believes that intervening with all of those involved in a domestic violence situation—children, adults, parents and the community—is the most effective way to interrupt the intergenerational cycle of violence in society. For these reasons, Family Peace Center has long been committed to an extensive continuum of care to stop and break the cycle of intra-familial violence from extending into future generations. More recently, promising practices across the nation demonstrate the importance of addressing the full range of individual and family needs, particularly for those exposed to domestic violence in the context of other life traumas. Such services have also been shown to have the most enduring impact when they are closely coordinated with community efforts to address multiple client needs. FPC's organizational and service structures reflect a holistic approach to all of the clients seeking our services exemplifying an acute awareness of the multiple challenges adults and children face in healing from the impact of intimate partner violence and other traumas, as well as the myriad criminogenic factors that may impede positive and healthy behavior change. FPC services highly value and centralize each individual and family's cultural backgrounds and experiences. Staff members are taught to carefully adjust their mode and style of interaction to best honor each person's particular beliefs, values and traditions.

The Family Peace Center philosophy that guides all program activities is that intimate partner violence is a learned and intentional behavior; it is not innate to individuals or families. It is not simply an "anger problem" or physical violence issue, but a pattern of assaultive and controlling behaviors that is purposely designed to create an environment of fear, intimidation and danger. Victims are typically isolated, terrorized and traumatized when the person they should be able to trust most, their intimate partner, turns on them through violence and abuse. As one victim described: *"I felt so alone and unimportant. It was as if I was doomed to stay in an abusive relationship. I never thought that help was as close as it really is."* When children live in, witness and experience this environment, the abuse becomes a powerful influence on their psyche, sense of self, their behavior and future life choices.

#### Batterer's Intervention Services

Family Peace Center's Kuleana (the Hawaiian word for responsibility, accountability) Offender Unit promotes accountability for batterers while carefully attending to victim safety. Participants in Kuleana Offender services learn new skills essential to changing their behavior towards non-



violence, reducing recidivism, enhancing victim safety and taking responsibility for the harms they have caused their partners and children. FPC starts from the premise that batterers are able to, can and do change their abusive behavior as long as services provide them with the knowledge and skills to focus on their thoughts, actions, and consequences of their behavior -- not the victim's.

Family Peace Center's offender services are rooted in the practice and research literature from three decades of batterer intervention in the U.S., as well as careful attention to national and local standards of best practice (as cited below). FPC's approach is grounded in an understanding of empirical evidence about battering in intimate relationships as integrally linked to the concepts of power and control as learned through socialization. Because we believe battering is a learned behavior we focus on the practical application of cognitive behavior theory (CBT) and the transtheoretical, or stages of change, model for skill building.

### ***Overview of Family Peace Center's Batterer's Treatment***

The funds requested under this Grants & Subsidies Application will support three types of offender services at Family Peace Center's:

1. Domestic violence intervention (DVI) groups for men who have been court-ordered or voluntarily enrolled for treatment of intimate partner violence using the Emerge model.
2. Domestic violence intervention (DVI) groups for men who have been court-ordered or voluntarily enrolled for treatment of intimate partner violence, and who are Native Hawaiian and/or Polynesian (the Namelehuapono Kane group).
3. Domestic violence intervention (DVI) groups for women who have been court-ordered for intimate partner or other types of violence.

FPC adheres to the Hawaii Batterer's Intervention Program Standards (HBIPS), and strives to reasonably account for the individual needs of clients. Therefore FPC also provides individual counseling, crisis intervention and case coordination to offenders when needed, to address risk and/or criminogenic factors that are within FPC's purview.

### ***The Flow of FPC's Batterer's Services***

All FPC batterer's groups meet weekly for two hours each, with no more than 12-24 participants each. No client completes services until they have successfully met exit criteria (described below in the more detailed description of these services). Women and men who are ordered to FPC as offenders are served in gender specific groups because research supports that the presenting issues and method of intervention are different based on gender (Edelson & Tolman, 1992). Men attending FPC offender services begin with an initial orientation session that functions as part of the intake process (except women and men requesting non-English speaking services, they go directly to assessment, please see chart below). An assessment of client needs, fit for service and risk factors takes place in a one-on-one session after orientation. Clients then attend a Stage 1 group, for a minimum of eight to nine sessions introduces them to the concepts and meaning of domestic violence as well as its impact on victims and children.

Once they have successfully accomplished the exit criteria for Stage 1, offenders then attend a Stage 2 group for a minimum of 20-21 sessions that focuses on in-depth learning about abuse and accountability while also practicing non-violent behaviors. Women who are court-ordered



as offenders do not attend two stages of group, but complete one group cycle that cover many of the same issues presented in the men’s curriculum. Each group is open-ended with revolving admission. Curriculum topics are repeated in order, so all clients will be exposed to each topic at least once. Groups for male offenders are facilitated by male-female teams (preferably and as staffing allows) and female teams facilitate the women’s groups. The topics correspond to the outcomes/performance measures described below. Staff members utilize a variety of teaching techniques as provided in the curriculum, such as lecture, group discussion, role plays, other visual aids and individual or group exercises. Considerable emphasis is placed on group participants taking responsibility for their abusive behavior, holding themselves and each other accountable, recognizing the impact of their abusive behavior, making plans to remain violence free (per HBIPS, Sections 1 & 6) and cognitive behavioral skill development (Adams, 2002).

Service Type	Orientation	Assessment	Stage 1 Group	Stage 2 Group	Individual Counseling	Total
Male English-speaking domestic violence offenders ( <i>low, medium &amp; high risk</i> )	1 (group session)	1 (individual session with a counselor)	8 <i>minimum</i>	21 <i>minimum</i>	As needed	31 <i>minimum</i>
Namelehuapono Kane: Male English-speaking domestic violence offenders who are Native Hawaiian and/or Polynesian	1 (group session)	1 (individual session with a counselor)	9 <i>minimum</i>	20 <i>minimum</i>	As needed	31 <i>minimum</i>
Female offenders	--	1 (individual session with a counselor)	--	16 <i>minimum</i>	As needed	17 <i>minimum</i>

**Description of Specific Offender Services**

All male offenders entering FPC must attend one orientation session as part of their intake and assessment process. The purpose of this orientation session is to review group rules, client responsibilities, the group process and basic information about domestic violence. Since offenders are often extremely resistant to the intervention in the early stages, they are moved quickly into the actual treatment component of the group experience, where they often respond better in the actual context of the Kuleana group sessions. Female participants in the Kuleana Offender Unit do not attend orientation sessions due to the small number of clients who access FPC services at any point in time; orientation information is instead covered in the group sessions.

**The Emerge Model At FPC**

In July 2007, Family Peace Center began a five-year effort to implement the Emerge model (Adams, 2002) as the core curriculum for its batterer services as part of an effort to enhance best practice service delivery. This model was selected because of its longevity as a national batterer program and its proven efficacy. The FPC Program Director participated in training provided by



Emerge staff, then used the knowledge and skills gleaned from this training to adapt the curriculum for use in the cultural milieu of Hawaii. FPC maintained the integrity of the Emerge model but also added compatible elements of the Duluth model such as the Power/Control/Equality wheels and the Control Log (Pence & Paymar, 1993). Batterer's intervention services staff were thoroughly trained in this approach, after which all existing batterer's groups were gradually transitioned to use of the model. Periodic review and evaluation of the implementation of the Emerge model was initiated in 2010 and will continue into 2011.

- ***Stage 1 Emerge Groups***

Stage 1 groups serve as an introduction to and overview of domestic violence dynamics and the early behavioral skill learning. Seven of the eight sessions of Emerge's Stage 1 group each have a separate topic with one session serving as a review session. Each two-hour session begins with a brief overview of the topic after which clients participate in an exercise on the topic (Adams, 2002). Participants can only progress to Stage 2 groups if they successfully complete the exit criteria for Stage 1, which are:

- ✦ Attending at least eight sessions of Stage 1 group;
- ✦ Admitting to being abusive/violent;
- ✦ Showing a willingness to discuss abusive behavior; and
- ✦ Successful completion of a Control Log.

- ***Stage 2 Emerge Groups***

Stage 2 groups focus on continued knowledge and skill-building about intimate partner violence and alternatives to violence, via cognitive behavioral techniques. Although the format and content remain consistent, Stage 2 sessions are tailored more to the individual needs of participants in each group. The exit criteria for Stage 2, and thus for completion of the program, are:

- ✦ Completing a more detailed Control Log;
- ✦ Completing a Non-Violence Plan that is approved by the group and staff;
- ✦ Successfully completing a role play (as determined by the group and staff);
- ✦ Demonstrating that the offender has taken responsibility for their violent behavior, ceased to blame the victim and recognized the adverse effects of their abuse as evaluated by staff; and
- ✦ Staff have determined that the participant's service plan goals have been met.

If clients accomplish the above within their assigned sessions in Stage 2, they will cease attending Stage 2 group. If clients have not accomplished the above within 20 sessions, however, they remain in the group until they are able to meet all the exit requirements.

### ***The Namelehuapono Kane Model***

Native Hawaiians are disproportionately affected by a high prevalence of domestic abuse. In 2004, Native Hawaiians comprised 26.7% of adults arrested for crimes against children and families in Hawai'i, the second largest ethnic group, and at 36.7%, the largest ethnic group for the City and County of Honolulu, (Hawaii Department of the Attorney General). In 2008, based on feedback from clients and the community, Family Peace Center launched a project, under the guidance of Dr. Val Kalei Kanuha from the University of Hawaii at Manoa, to develop a



Hawaiian cultural curriculum for male batterers who self-identify as Native Hawaiian and/or Polynesian by ethnicity. This curriculum expands upon a similar project co-founded by Dr. Kanuha and Turning Point for Families on Hawaii Island, Ke Ala Lokahi (The Pathway to Harmony). The Ke Ala Lokahi curriculum was shown to be as effective as a Duluth-based curriculum in reducing recidivism, abusive behavior, and negative beliefs and attitudes about gender roles (as measured by the Conflict Tactics Scale, Psychological Maltreatment of Women Scale, and Burt's Rape Myth Acceptance Scale) among Native Hawaiian men who completed the program (Kanuha, 2007).

Designed specifically for FPC and honored with the name, "Namelehuapono" by our kupuna-advisor, Dr. David Kaupu, this curriculum incorporates lessons from Ke Ala Lokahi as well as the Emerge curriculum, with the use of Hawaiian history, practices and traditions based on the island of Oahu. This model meets an urgent need in the community while also adhering to the HBIPS principles (#1.10). After extensive training of FPC staff, Namelehuapono Kane (the Hawaiian word for male is kane, and thus refers to Namelehuapono for male batterers) was initiated in early 2009. Periodic review and evaluation of the implementation of the Namelehuapono curriculum also began in 2010 will continue through 2011.

- ***Stage 1 Namelehuapono Groups***

Similar to the Emerge model, Stage 1 Namelehuapono groups also serve as an introduction to domestic violence dynamics, beginning cognitive behavioral knowledge, and understanding intimate partner and family violence in the historical and cultural context of Hawaiian values, beliefs, and traditions. The nine sessions of Namelehuapono's Stage 1 groups each cover a separate topic that incorporates Hawaiian culture and cognitive behavior skills training. One of the two additional sessions for Namelehuapono accommodates a discussion of the effects of colonization on domestic violence on the intimate relationships of Hawaiian and Polynesian men, and the other provides time for working on a cultural symbol that represents learning and completion of the program. This session, entitled "Hana Noeau," refers to "skilled work," where clients design a personal symbol for their own ceremonial cloth known as kihei. Participants progress to Namelehuapono Kane Stage 2 groups if they successfully complete the exit criteria for Stage 1 (as described above) and also successfully complete the design of their kihei.

- ***Stage 2 Namelehuapono Kane Groups***

Namelehuapono Kane Stage 2 groups focus on in-depth learning and skill development to address and prevent future intimate partner violence in the context of Hawaiian culture. Namelehuapono Stage 1 groups focus on the central concepts of Stage 2 Emerge as well as the cultural context of Hawaiian values, beliefs and traditions. The exit criteria for Namelehuapono Kane Stage 2 (and program completion) are the same as those described above and the men must also complete their kihei prior to completion.

### ***Attention to Victim Safety***

In addition to the safety checks (victim contacts) conducted by the Puuhonua Victim/Survivor Unit staff (described below), per HBIPS and the Health Insurance Portability and Accountability Act (HIPAA), FPC warns victims if the perpetrator poses an immediate and serious threat to their health and/or safety of their children. Risk assessments for potential lethality are done at three intervals during the offender's service plan (initial, midway and closing of intervention); if



there is indication of any serious risk for the victim or other family members, FPC staff intervene immediately. Staff document in client records any efforts to report recurring violence to authorities (per HBIPS), as well as FPC interventions. FPC staff across all service areas carefully coordinate their work so as to maximize victim safety by issuing program-wide alerts (i.e., plans for immediate action ) if there is any indication of lethality for a victim or child, as well as by thorough follow-up with both offender and the victim/family. Additional safety measures were described in the Facilities section above. The confidentiality of victims, unless waived by the victim or directed by law, is maintained within the strictest boundaries (per HBIPS and HIPAA).

### ***Victim Support Services***

Family Peace Center provides support, crisis intervention, counseling, safety planning and advocacy for victim/survivors of domestic violence through its Puuhonua Victim/Survivor Unit. FPC supports and empowers women who have experienced violence, self-blame, fear, confusion, and shame in their relationships. Many of these women have also experienced a negative or inadequate system response that has further victimized them. FPC's services for victim/survivors encompass a coordinated and integrated system of care that provides a full range of non-residential assistance.

Over the past four years, FPC has identified a growing number of women with increasingly complex and challenging needs entering Puuhonua services. When FPC began to informally track the incidence of multiple traumas in the lives of Puuhonua clients, we were shocked to discover that over 89% of women receiving on-going services have experienced various traumas in addition to the repetitive trauma of intimate partner violence. However, other than counseling from FPC only 26% of these women were receiving services for those traumatic incidents. FPC's research collaboration with Dr. Charles Mueller, Clinical Child and Adolescent Psychologist of the University of Hawaii at Manoa (described below) found that the majority of women survivors reported other life stressors as the single greatest impediment to following through on FPC services. Clearly the multiple challenges and types/extent of trauma facing victim/survivors have a detrimental impact on their well-being, healing and even to accessing services. As a result, Family Peace Center also infuses trauma-informed care practices into Puuhonua victim/survivor services.

### ***Description of Specific Victim Support Services Proposed***

Every interaction with a victim/survivor at FPC addresses safety and self-determination. The following describes the specific services through which FPC approaches its work:

- ***Crisis Intervention***

Trained counseling staff are available to answer the Puuhonua Domestic Violence Crisis Counseling from 8:00 am to 10:00 pm, Monday through Friday. By contacting this crisis phone service, victim/survivors can receive crisis counseling, information and referral as well as assistance with case coordination, advocacy and concrete needs. Survivors can access these services via the phone or by walking into FPC during regular business hours. Crisis intervention services are a crucial component in a seamless system of care for battered women. It is essential to have support immediately available to victims, since the nature of domestic violence due to the unpredictable nature of this violent crime.



- ***In-Community Crisis Intervention***

Counselor/Advocates in the Puuhonua Victim/Survivor Unit are available to provide in-community crisis intervention with victims of domestic violence. Support may be provided at police stations, hospital emergency rooms or other social service agencies. As much as possible, staff immediately travel to the arranged safe location and provide face-to-face crisis intervention (as described above) with the victim in need. Particular attention is given to the victim's immediate needs (such as seeking medical attention or finding safe housing). Thorough follow-up takes place with each victim after the in-community session, to assure access to on-going support from FPC, explore additional case coordination/advocacy needs and assist with accessing other community resources. Counselor/Advocates provide a link between a victim seeking assistance and agencies that may create obstacles to receiving assistance (police, attorneys, medical personnel, public housing, schools, etc.).

- ***On-going Case Coordination and Advocacy***

Research demonstrates that when victims receive advocacy services they are more likely to follow-up with legal remedies, demonstrate improved decision making abilities, goal setting and coping than women that do not have access to these services (Bennett, Riger, Schewe, Howard & Wasco, 2004). FPC's philosophy of advocacy and case coordination/management is to work on behalf of and/or in partnership with the victim in order to access services and/or resources to assist her in addressing concrete and emotional well-being. Since July 2009, FPC staff has been able to provide ongoing case advocacy and case management with legal, medical and other systems to a small number of victims through other sources of funding; FPC proposes to make long-term, on-going, case coordination/advocacy available to all victims entering our services as of FY12.

This "enhanced" case coordination/advocacy allows Puuhonua counselors to focus on the immediate and ongoing multiple needs of victims, supporting them in negotiating the many barriers of resolving the impact of domestic violence. Enhanced case management and/or advocacy connotes increased in-community assistance with victims and increased coordination with other agencies or systems that is available to an individual victim for the duration of her efforts to resolve the impact of the abuse. Instead of responding to a single crisis, advocacy or case management situation of a victim, enhanced case coordination/advocacy allows FPC counselors to fully and pro-actively explore a complete range of issues. This approach enhances FPC's ability to provide trauma-informed care that is sensitive to the presence of multiple traumas in a woman's life that compound the impact of the repeated trauma resulting from intimate partner violence.

- ***First Phase Groups***

Once a victim has entered FPC victim support services by calling the crisis line or meeting staff at an in-community intervention, FPC's on-going counseling services commences. After an in-person assessment (as described above), victims are encouraged to attend the First Phase victim support groups. First Phase domestic violence intervention/support groups are designed for women who are in the early stages of leaving and/or healing from domestic violence. The 12-16-week First Phase group cycle for victim/survivors addresses initial healing from the trauma of abuse. Many of the women who participate in the First Phase groups are in the early stages of resolving the impact of intimate partner violence on their children and themselves. These groups focus



on breaking the isolation often associated with domestic violence, while providing a safe environment for healing and skill building.

Each group is open-ended (i.e., revolving admission) with 10-15 participants meeting once a week for 2 hours. The topics are repeated in order, so all clients will be exposed to each topic at least once. Female teams co-facilitate these groups. The curriculum uses a variety of teaching techniques, such as lecture, group discussion, videos, visual aids and the use of individual or group exercises. Staff focuses on providing a nurturing, safe, environment that encourages expression of painful feelings or thoughts, as well as the development of positive support networks with meticulous attention to safety needs.

- ***Second Phase Groups***

Second Phase victim support groups are 6-10 weeks in length, specifically designed for women who are past the initial crisis of domestic violence. The Second Phase group is available to all participants in Puuhonua services as the aftercare feature of victim support. Participants in the Second Phase group must have completed at least one First Phase group cycle. The approach focuses on the transitions inherent in building a constructive and healthy life, free from the trauma of domestic violence. The goal of the Second Phase group is to sustain lifelong healing, promote self-determination and enhance the skills learned in the First Phase.

The Second Phase curriculum is “closed”, i.e. participants cannot join after the second session. As with the First Phase group, the Second Phase curriculum uses a variety of teaching techniques, including lecture, group discussion, videos, visual aids and the use of individual or group exercises. Using an empowerment approach, group participants are invited to decide the topics of discussion from a list provided by staff. This allows group members the opportunity to practice and model establishing and maintaining control in their lives.

- ***Safety Checks***

Safety checks are outreach calls to the victims (i.e. victim contact) of the offenders in FPC’s Kuleana Offender Unit (per HBIPS) who are required to sign a confidentiality waiver upon entry into FPC services. Victim support staff contact the victim to conduct a “safety check” once the batterer has entered FPC. This victim is sometimes the current partner of the offender and sometimes has had no contact with the offender for many months. During these contacts with victim/survivors FPC extends services, offers support, determines their safety needs, and assesses the lethality of their situation. These contacts are completed through phone calls and are made at three intervals during the course of the batterer’s participation in offender treatment: upon entry, mid-way and at completion of batterer services.

Family Peace Center also contacts the victim to conduct a safety check any time there is an indication that the batterer may be engaging in dangerous and/or threatening behavior. If the victim (or partner) is in need of assistance that FPC does not provide, staff refer them to services such as physicians, shelters, public assistance and other providers. Traditionally making victim contact via safety checks is a very time consuming and challenging activity, because these are essentially “cold” calls. Victims are not necessarily expecting the safety check contact and often are hard to reach.





- **Childcare**

Childcare is provided free of charge to all children of participants in groups or individual counseling and/or for children too young to participate in Haupoa groups. This service furthers the ability of the victim to participate in services. Childcare workers provide a safe, nurturing place for children while their mothers are participating in services. The staff team is trained in working with children who have witnessed abuse and, when deemed appropriate, they talk to the children about their fears, concerns, and feelings.

### **Services to Children Exposed to Domestic Violence via the Haupoa Family Unit**

Family Peace Center's Haupoa Family Unit provides both children and parent services. The goal of Haupoa services is to promote healing for children exposed to domestic violence while providing parents with the skills needed to support their own and their children's growth. The focus of Haupoa services is to strengthen and promote the well-being of families and children affected by domestic violence. Most research has well-documented that children who witness violence are in jeopardy of exhibiting lower verbal and quantitative skills, slower development of cognitive skills, extreme aggressive behavior and lower social confidence (Bancroft, 2002; Hughes, Graham-Bermann & Gruger, 2001; Gerwitz & Edelson, 2004; Peled & Davis, 1995).

FPC helps children and their families build their resiliency and protective factors by establishing research-proven (Heller, Larrieu, D'Imperio & Boris, 1998; Hughes, Graham-Bermann & Gruger, 2001) effective supports such as (1) safe havens away from the violence, (2) non-violent, nurturing adults in their lives and (3) personal characteristics that promote constructive coping. FPC is one such safe haven for children. Their parents are taught to create similar settings at home or in their communities. FPC's intervention with children and their parents builds skills that prevents violent behavior and strengthens social networks. The main source of this approach include lessons learned from over two decades of FPC's work with children exposed to violence, as well as research from noted domestic violence scholars, Edelson, Gerwitz, Peled and Davis.

Parent and children groups are "closed", i.e., the group has pre-established beginning and end dates and clients may not enter the group after the second session. The dates of the children's group cycles are planned to coincide with school term schedules, in order to increase the participation of children and families. The closed group model is particularly important when working with children, in order to build trust and familiarity.

FPC also provides individual and family sessions to parents and their children to address concerns specific to each family's unique needs. Individual counseling is conducted with children or adults. Family sessions usually involve multiple counselors who see children and parents individually and conjointly as a family. The case coordination, advocacy and crisis intervention described above is also available to families and individuals participating in Haupoa Family Unit services.

### **Description of Specific Child and Parent Services Proposed**

- **School Age Support Groups**

Support/intervention groups for children who have witnessed domestic violence average 14 sessions. These sessions are offered in age-appropriate groups for children 3-5 years; 6-9 years; 10-12 years; and 13-17 years. Whether in individual or group counseling, however, the service goals are similar for all children, although the emphasis and



specifics vary based on the child's age, culture and circumstances. General group topics are designed to help children cope with the emotional, psychological and social responses associated with exposure to domestic violence while increasing their resiliency and protective factors for future healing and health.

At a minimum, each child also develops a safety plan that details what to do when she/he feels unsafe, at least one safe place she/he can go and at least one safe person to talk to in times of need. Children are shown ways to identify their feelings and find constructive outlets such as journal-writing, drawing, taking time-outs or talking to safe adults. FPC also guides children to build on their personal strengths in the development of peer and other social relationships via games, stories or role plays designed to improve their social functioning and self-awareness. Finally, counselors also teach age-appropriate, non-violent conflict resolution strategies, focusing on skill development as well as ways to extinguish peer and social influences that promote violence.

- ***Keiki Safe (School-Based) Children's Services***

Family Peace Center has been providing school-based services to children exposed to domestic violence as part of our continuum of care for over ten years. A randomized, controlled study by the RAND Corporation in 2001 found that school-based counseling significantly helped children manage the trauma of exposure to violence (RAND, 2005).

Including school-based services in the service array for working with children from domestic violence homes is essential because the majority of non-offending parents of these children have yet to seek support services for themselves. School-based services, therefore, provide an unusual opportunity to partner with public schools in Oahu to address the emotional and safety needs of children who might not otherwise access support services for the trauma of exposure to domestic violence. FPC's school-based services are designed to assist children whether or not their offending or victimized parents pursue help for themselves. A key element of Keiki Safe is FPC's ability and commitment to train school personnel to appropriately recognize those children who are exposed to intimate partner violence in their homes.

- ***Parenting Groups for Victims of Domestic Violence***

As described above, parenting groups are available for victims who also have children attending the in-office, school-aged Haupo children's groups. The curriculum for parents utilizes a variety of teaching techniques, such as writing exercises, group discussion, videos, and the use of individual or group exercises. The importance of positive, non-violent, age-appropriate parenting is stressed. Attention is given to child development, the impact of domestic violence at various ages and stages in children's lives.

During the concurrent parent-child groups (or "School-Age Groups"), parents work with their children to build family values and family rules that promote responsibility, safety and non-violent conflict resolution. Parents are subsequently guided in how to effectively implement these rules at home through the use of family meetings and age-appropriate consequences for the children. Parents are trained to recognize and express their own feelings in a non-violent way, and to translate that knowledge and skill to supporting such behavior in their children. Parents are also taught appropriate methods of



communication, setting necessary limits with children and employing non-violent means of limit-setting and discipline.

- ***Safe Start Promising Practices Project***

Safe Start is a program of the U.S. Department of Justice Office of Juvenile Justice and Delinquency Programs (OJJDP). The Safe Start vision is to “create a comprehensive service delivery system that improves the access to, delivery and quality of services for young children at risk for exposure to violence or those who have already been exposed” (OJJDP 2010). In collaboration with the national Safe Start effort, the National Survey on Children Exposed to Violence (NatSCEV) found that six in ten children report at least one crime, violence or abuse experience in the past year (OJJDP 2010). NatSCEV also found that “polyvictimization,” or exposure to multiple forms of violence, is extremely prevalent with almost half of all children exposed to two different types of violent victimizations (OJJDP 2010). An informal survey of children participating in Family Peace Center services over the past two years revealed that 78% have been experienced polyvictimization, with 50% of these children exposed to three or more forms of violence such as bullying, sexual abuse, school-based violence and/or other major crimes.

Because of FPC’s excellent track record of providing quality services to children and parents in domestic violence situations, which has been proven to be effective (see Experience section), in November 2010 Family Peace Center, in collaboration with the University of Hawaii at Manoa, was honored to be selected as one of ten national Safe Start Promising Approaches Projects. This is a tremendous honor for FPC as well as Hawaii. January 2011 marks the start of a four-year project, funded by OJJDP, to enhance the services provided by Haupoa by incorporating cognitive behavioral therapy and motivational interviewing into work with battered women and their children who have witnessed domestic violence. Although the Safe Start award is not a part of this application, this project will surely benefit the services presented in this proposal—as all Haupoa Family Unit staff will receive national, state-of-the-art evidence-based training and skill-building to improve their work with children and parents exposed to battering and other types of trauma. Lessons learned through this opportunity will build not only FPC’s ability to provide quality care for child witnesses of domestic violence on Oahu, but allows us to be part of a large-scale national evaluation of child trauma services that will highlight the unique and important work of FPC and other local domestic violence providers.

## **B. Family Peace Center Annual Timeline & Workplan 2011-2012**

Please see the timeline and workplan for proposed activities in the attachments.

## **C. Quality Assurance and Evaluation Plans**

### **PACT’s Quality Assurance Plan (Performance & Quality Improvement)**

Parents And Children Together (PACT) is dedicated to providing quality services for the community at large and for those children, adults, and families who participate in PACT’s programs. PACT maintains a Performance & Quality Improvement Program (PQIP) to support



the agency's mission and to ensure that targeted goals and outcomes are achieved, both with the highest possible quality of services and in compliance with accredited standards of care. PACT constantly evaluates its performance and seeks client input to:

- Be accountable to stakeholders: clients, funders and the community
- Continually improve the way it does business and serves the community, and
- Enhance its ability to contribute to a better quality of life for Hawaii's families and children.

PACT takes action based on findings of the quality process to: build on strengths; eliminate or reduce identified problems; determine possible causes when data reveal issues of concern; develop solutions and replicate best practices; and implement and monitor the effectiveness of corrective action plans. PACT's quality activities are designed to maintain confidentiality of client and business information and comply with the confidentiality, privacy and security of information mandates as established by the Health Insurance Portability and Accountability Act. Improvement activities encompass all programs, employees, contracted services, volunteers, vendors and partners and all are expected to participate related to their individual services and adhere to standards established by the organization.

The quality improvement activities of PACT are organized according to Council on Accreditation standards with a client-service focus. An integrated approach is used to improve outcomes, processes and systems while sustaining services and initiating action for identified opportunities. Data from stakeholders, long-term planning, operational processes and staff input, case record review, output and outcome measurements, monitoring of purchased services and client satisfaction provide the genesis for the improvement cycle. Findings from quality improvement activities are reviewed monthly by an agency PQI Committee and shared with personnel, clients, management and Board of Directors in a clear, concise, and timely manner. The PQIP also serves as a source on information for any stakeholder (staff, consultants, board members, funders, community members) about how the agency and its programs monitor and improve the quality of services.

As one of PACT's 16 programs, Family Peace participates in all aspects of the PACT PQI, and data from the PQI process is utilized to develop and update FPC program policies and procedures. The FPC procedures manual addresses (1) who is eligible for services; (2) the scope and type of available services; (3) the standard of excellence for services; and (4) how to evaluate the effectiveness of the program. Program/agency Policy and Procedure manuals as well as the PQI Plan components are used to train staff. The procedures manuals are kept in several areas of the FPC office for easy reference to guide employees when implementing their PQI responsibilities and job descriptions. These manuals are regularly reviewed and updated to maintain integrity with evolving best practices, funder requirements and accreditation standards.

FPC employs several methods to evaluate if services are meeting these criteria (as supported by the literature):

- *Outcome/Output Monitoring:* outcomes and outputs based on contracted deliverables with funders are tracked on a monthly and quarterly basis. Achievement of outcome and output measures are reviewed monthly by the Program Director, with adjustments made on an ongoing basis in order to improve service delivery and maintain program integrity.



- *Case Supervision:* all client cases (and records) are reviewed at least monthly by Program Supervisors and/or the Program Director (via reading records and case consultation with line staff). Supervisors sit in at least quarterly on groups. Case supervision activities allow continual attention to the integrity of FPC's service model and consistency with service standards (Latessa, Travis, Fulton & Stichman, 1998).
- *Quality Case Record Review:* A sample of all FPC cases are evaluated quarterly by staff (see attachments for sample review form) not associated with the service as part of the PACT PQI record review process (described in the Experience, Quality Assurance section). The results of this review are incorporated into program development, design and implementation of client services as well as staff supervision/training on a quarterly basis and also contribute to short-term planning (Latessa, Travis, Fulton & Stichman, 1998).
- *Client Feedback:* From their initial intake through their final session, all FPC clients are asked to give staff formal and informal feedback about their experience. Formal feedback is obtained at discharge via the PACT Client Satisfaction Survey (provided in attachments). This data is tabulated monthly and at least once a quarter is reviewed to contribute to program development and service delivery monitoring (Latessa, Travis, Fulton & Stichman, 1998).
- *Staff Supervision and Feedback:* All FPC staff receive at least monthly supervision, with most direct service staff receiving weekly supervision (content described below in the Project Organization, Supervision/Training section). All staff are evaluated annually and observed providing service at least quarterly. It is through the implementation of regularly scheduled staff supervision and performance evaluations that the quality process of continuous feedback to staff takes place (Latessa, Travis, Fulton & Stichman, 1998).

This process of ongoing evaluation, planning and implementation of changes in service delivery is the foundation that provides for the best FPC service delivery possible. By incorporating feedback from clients and community partners while closely monitoring service delivery via regular supervision and maintaining other evaluative internal processes, quality improvement for service delivery is meaningful and beneficial to the program.

### **Family Peace Center Evaluation Methodology for Proposed Services**

In addition to PACT's agency-wide quality assurance/improvement activities described above, the Family Peace Center employs specific evaluation tools to determine the quality of its services. These evaluation tools assess the effectiveness of services provided throughout a client's association with PACT Family Peace Center. Each of these tools are consistent with the best-practice standards of the disciplines involved in the delivery of services and are entered into FPC's management information system to permit optimal use and analysis. These measurement tools evaluate client progress and in turn allow FPC to assess (and modify as needed) the overall implementation of quality services. Each existing tool and their use is described and a summary of their utilization follows.

- ***The Group Interaction and Client Assessment (GICA)***

The GICA is a tool developed by the Family Peace Center to assess each client's progress in the program. The GICA reflects a review of domestic violence literature about best



practice knowledge and skill goals (Adams, 2002; Pence & Paymar, 1993; Gondolf, 2002) combined with program and funder outcomes. The GICA is completed when every client first enters the program and two sessions prior to discharge by FPC staff. The GICA for victims and children measures change in clients' coping, safety, and social skills as well as knowledge of non-violent conflict resolution and domestic violence. The GICA used for batterers specifically assesses change in abusive behavior, the extent of minimization, denial and blame, awareness of the adverse impact of domestic violence and the extent to which the offender is accountable for his/her abuse. The GICA is paired with other documents to assess progress toward service goals and to determine if the client is ready for discharge (see below "Facilitator Evaluation").

- ***The Lethality Factors Checklist (LFC)***

Family Peace Center continuously monitors risk of re-offense, recidivism and/or danger for all clients. Staff members complete the Lethality Factors Checklist (LFC) for every client who enters FPC. The LFC is completed when the client first enters the program, mid-way through their service plan (at the end of Stage 1 for offenders) and again at discharge. This instrument lists many of the common indicators of high risk of lethality or danger from a batterer and was developed by the Family Peace Center after surveying various research studies about risk factors for domestic violence (Campbell, 1995; Weis, Tolman & Saunders, 2000; Thompson, Saltzman & Johnson, 2001).

When staff complete it for an offender, it is accessing his/her level of lethality/danger and when staff complete it for victim/survivors it is accessing how much danger he/she may be facing. Family Peace Center staff use the LFC as a way to determine the batterer's progress, potential for recidivism and readiness for discharge, as well as the potential danger to others. If risk of imminent danger or lethality is ever identified by staff, the potential victim(s) are immediately notified as well as appropriate authorities and the referring agency.

- ***The Relationship Behaviors Self-Assessment (Conflict Tactics Scale 2)***

The Relationship Behaviors Self-Assessment (or Conflict Tactics Scale 2, CTS2) was developed by researchers Straus, Hamby, Boney-McCoy & Sugarman in 1995, as a revised version of the Conflict Tactics Scale. All offenders who enter the Family Peace Center complete the CTS2 when they enter the program and again two weeks prior to discharge. This instrument relies on the client's self-report of the type and frequency of violent and controlling behaviors he/she employs. Although there are limitations to the CTS2, it is one of the few research-based tools that assesses a wide range of violent and abusive behaviors specific to intimate partner violence. FPC uses this tool as an indicator of violence and/or recidivism in the context of other information gathered with individual clients as well as referral sources. The CTS2 is used to evaluate the batterer's progress in changing abusive behavior as well as his progress towards eradicating minimization, denial and blame (some of the common barriers to behavior change found in batterers) as well as readiness for discharge.

- ***Kuleana Participant Survey***

The Kuleana Participant Survey (KPS) is a questionnaire that evaluates the offender's learning of information and concepts related to domestic violence. It was developed by Family Peace Center after surveying the literature (Edelson 1997; Dahlberg, Toal &



Behrens, 1998; Edelson & Tolman 1992; Bancroft 2002; Feder & Forde 2000). The client completes this survey prior to the first session and again two sessions prior to anticipated discharge. The questionnaire helps the client and the staff who review it to assess progress and readiness for discharge, by reviewing content areas such as their knowledge of the impact of domestic violence on children, tactics of power and control and who is responsible for abusive behavior.

- ***Kuleana (Offender) Non-Violence Plan (NVP)***

Prior to discharge, all Kuleana clients complete a written, individualized plan about how they will maintain their non-violent behavior during and after completion of services. The template for this plan was developed by Family Peace Center after surveying the literature (Edelson 1997; Dahlberg, Toal & Behrens, 1998; Edelson & Tolman 1992; Bancroft 2002; Feder & Forde 2000). The non-violence plan for the Namelehuapono Kane (men's Native Hawaiian curriculum), as developed in consultation with cultural consultants and Dr. Kanuha (University of Hawaii at Manoa), incorporates a cultural component to planning for a future of non-violence. Anywhere from ten to two weeks prior to discharge from services, clients will present this plan to the group to receive feedback from other clients and from staff. This document allows the client to assess his/her readiness for discharge while also reinforcing the alternatives to abuse learned during the intervention. The Non-Violence Prevention Plan also assists staff in their assessment of the client's appropriateness for discharge and is filed in the client's file.

- ***The Achenbach Child Behavior Checklist (CBCL) & Teacher Report Form (TRF)***

The CBCL and TRF are empirically derived research instruments that are designed to record a child's competencies and problems. The CBCL is completed by the child's parent and the TRF is completed by the teacher (when services are provided in a school-based setting as part of the Keiki Safe Project). Both the CBCL and TRF focus on the amount and quality of the child's participation in activities such as sports, hobbies, friendships, school, and household chores. These instruments assess each child's level of anxiety, depression, aggressiveness, withdrawal and somatic complaints. They provide insight into the child's emotional and psychological state, and can be used to identify potential internalized and/or externalized behavioral concerns. This information allows the development of effective treatment plans for each child, as well as service curricula.

- ***Rosenberg Self-Esteem Index (SEI)***

The SEI is an empirically derived research instrument that is designed to record changes in self-esteem. FPC received input from an outside consultant (a psychologist well-versed in child development) on how to modify the language for use with children.

Consequently, both victims and children complete this index prior to and at the close of services. This measurement provides insight into the individual's emotional and psychological state, both internally and externally. This information allows the development of effective treatment plans for each child and victim, as well as appropriate curricula for group sessions.

- ***Danger Assessment***

The Danger Assessment (DA) was originally developed by Jacqueline Campbell, Ph.D. in 1986 through her work with domestic violence victims, legal experts and other professionals working in the field of intimate partner violence. Designed to be an



instrument completed by the victim in conversation with a counselor, the tool assesses the severity and frequency of violence the victim has experienced in the past year. The instrument is intended to be completed while reviewing a 12-month calendar in order to facilitate a discussion with the victim about the level of abuse she is experiencing. The use of the calendar tends to support a more accurate recall of her experience of violence in the relationship (Campbell, 1995; Ferraro et al., 1983). The FPC Program Director and various other staff have intermittently used this tool with victims over the past three years and are in the process of implementing this as a regular measure.

- ***Haupoa Questionnaire (a child pre/post-test) (HQ)***

The HQ was developed by the Family Peace Center with input from outside consultants in the field of psychology and child development. The tool helps to assess a child's change over the course of services. The child is asked to complete the questionnaire (for young children, the staff read it and record responses) when the client first enters the program and again at discharge. The HQ asks questions designed to assess progress in the child's self-blame, coping skills, safety skills and knowledge of non-violent conflict resolution. It is used to individualize the intervention in accord with the child's needs and determine if the child should be referred to external community resources.

- ***Parenting Group Client Self-Assessment (PGCSA)***

The PGCSA is a questionnaire developed by Family Peace Center after examining empirical tools and domestic violence literature (Bancroft; Peled & Davis) to assess each parent's development of positive parenting skills. Parents complete this survey prior to the first session and again at discharge. The questionnaire helps the client and the staff that score it to assess progress in areas such as non-violent discipline, relationship building with children, knowledge of child development and helping the child heal from the impact of domestic violence.

- ***Facilitator Evaluation***

Every client is evaluated by either the Group Facilitator or Counselor/Advocate at least twice during service provision to assess the individual's progress to date (mid-way and prior to discharge). This is one of the tools FPC employs to ensure that the client ends services when ready (as determined by objective criteria) rather than simply when she/he has attended a certain number of sessions. The Facilitator Evaluation includes the staff person's assessment of the client's status at potential discharge, including his/her achievement of service goals and stated outcomes, as well as specific recommendations for termination and/or further service. The Program Supervisor reviews and approves this document (in conjunction with tools mentioned above) two weeks before the client is scheduled to end the program. If the client has not met treatment goals the client remains in the program until service goals, outcomes, knowledge and skills are attained. If the client has met service plan goals then the staff person completes a document that requests discharge which also must be approved by the supervisor.

### **Family Peace Center Evaluation Utilization of Data**

Each FPC client requesting or referred to on-going services participates in an initial in-depth assessment session before they are assigned to a group. During the assessment process a qualified staff person evaluates all clients and they are administered pre-tests (described above). Throughout their group participation, staff members complete weekly progress notes on each





client and at least two Facilitator Evaluations. Counselors and facilitators also assess the status of clients using the above evaluation tools at regular intervals. Prior to discharge, Group Facilitators complete the "Facilitator Evaluation" to determine if the client is ready to end services.

Clients participating in the Kuleana Offender Unit are only discharged when staff deem that the client has met service plan goals through their completion of performance measures described above and the demonstration of their skill during services. All clients complete a post-test and are also invited to complete the PACT Client Satisfaction Survey. These varied measurement tools evaluate both the individual client's progress and satisfaction with the program and are used by FPC to assess and modify the overall effectiveness of services. Each of these documents becomes part of the client's case record. All client records are reviewed regularly and closely monitored by the supervisor of the service and the FPC Program Director.

Data collected from client participation in FPC services is used in the following ways:

1. To enhance and/or modify the client's services during treatment planning;
2. To determine if the client is ready for discharge or needs additional services; and
3. To improve results and overall service delivery.

On an ongoing basis, the Program Supervisor reviews initial intake/assessment information, evaluation tools and all progress notes in order to assess the individual's progress, as well as propose any needed modifications to service provision and readiness for discharge. The Program Supervisor discusses each client with relevant staff during weekly group supervision sessions. The Program Director provides oversight to these activities. In order to enhance the overall quality of FPC services, the compiled information from the demographic and evaluation activities are reviewed quarterly as part of the PACT PQI process. Data is analyzed to identify the program's strengths, weaknesses and opportunities for corrective action.

**D. Measure of Effectiveness**

The following tables detail the measures of effectiveness that Family Peace Center will employ to report to the Judiciary, First Circuit, about the impact of service provision. These measures represent a standard and objective mechanism to assess FPC's accomplishments and are grounded in the Quality Assurance approaches described above.

*The Kuleana Offender Unit*

<i>Kuleana Offender Unit: Output or Outcome</i>	<i>Kuleana Offender Unit: Data Collected</i>	<i>Kuleana Offender Unit: Where Data is Recorded</i>
<i>Outcome #1: 60-80% of all clients completing the program will remain violence-free for no less than twenty (20) consecutive weeks prior to discharge.</i>	Measured with the Conflict Tactics Scale 2 (CTS2) completed by clients, weekly progress notes of staff, information from Safety Checks with victims, offender self-report, Lethality Factors Checklist (LFC) & Probation Officer reports released to FPC.	Documents completed by the client and/or obtained from other agencies or collaterals are placed in the client's paper file and documents completed by staff are recorded in the Management Information System (MIS)



<b><i>Kuleana Offender Unit: Output or Outcome</i></b>	<b><i>Kuleana Offender Unit: Data Collected</i></b>	<b><i>Kuleana Offender Unit: Where Data is Recorded</i></b>
<b><i>Outcome #2: 60-80% of all clients completing the program will take responsibility for their violent behavior; cease to blame the victim for the violence; and recognize the adverse effects of their violent acts.</i></b>	This is measured with the Group Individual Client Assessment (GICA), Non-Violence Plan (NVP), weekly progress notes and Discharge Summaries completed by staff, copies are recorded in client records.	Documents completed by the client are placed in the client's paper file and documents completed by staff are recorded in MIS
<b><i>Outcome #3: 100% of all clients completing the program will complete a written individualized, practical plan to maintain non-violent behavior.</i></b>	This is verified by the copy of the Non Violence Plan, which is accompanied by the Facilitator Evaluation prior to discharge.	The Non-Violence Plan is completed by the client and placed in the client's paper file and documents completed by staff are recorded in MIS
<b><i>Outcome #4: 80% of all clients completing the program will improve their understanding of the nature and effects of domestic violence by 50%.</i></b>	This is measured with the GICA, Kuleana Participant Survey (KPS), weekly progress notes and Facilitator Evaluations completed by staff, copies are recorded in client records.	Documents completed by the client are placed in the client's paper file and documents completed by staff are recorded in MIS
<b><i>Outcome #5: 80% of all clients completing the program will demonstrate the knowledge, skills and attitudes necessary for the maintenance of non-abusive behavior, which includes learning non-violent conflict resolution and non-aggressive communication skills.</i></b>	This is measured GICA and weekly progress notes completed by staff (notes recorded in the client's file), the NVP and curriculum content.	Documents completed by the client are placed in the client's paper file and documents completed by staff are recorded in MIS
<b><i>Outcome #6: 100% of all clients completing the program will significantly increase their knowledge of the effects of domestic violence on children.</i></b>	This is measured with the GICA, KPS, weekly progress notes and Facilitator Evaluations completed by staff, copies are recorded in client records.	Documents completed by the client are placed in the client's paper file and documents completed by staff are recorded in MIS
<b><i>Outcome #7: 80% of all clients completing batterer intervention services will demonstrate an increase in their development of empathy for others affected by their violent behavior.</i></b>	This is measured with the GICA, weekly progress notes and Facilitator Evaluations completed by staff, copies are in client records.	Documents completed by the client are placed in the client's paper file and documents completed by staff are recorded in MIS



***The Puuhonua Victim/Survivor Unit***

<b><i>Puuhonua Victim/Survivor Unit: Output or Outcome</i></b>	<b><i>Puuhonua Victim/Survivor Unit: Data Collected</i></b>	<b><i>Puuhonua Victim/Survivor Unit: Where Data is Recorded</i></b>
<b><i>Outcome #1: 80% of Puuhonua participants who complete services (via group, individual or crisis services) will develop a personal safety plan.</i></b>	The safety plan is completed by the client with support from staff.	Documents completed by the client are placed in the client's paper file and documents completed by staff are recorded in the Management Information System (MIS)
<b><i>Outcome #2: 80% of participants completing the service plan will demonstrate an increased knowledge of the dynamics of violence, the tactics of power and control and the impact of these elements on victim/survivor recovery.</i></b>	This is measured with the GICA, weekly progress notes and Facilitator Evaluations completed by staff.	Documents completed by staff are recorded in the MIS
<b><i>Outcome #3: 80% of participants completing the program will demonstrate an enhanced self-image and the ability to identify her/his own strengths.</i></b>	This is measured with the GICA, weekly progress notes and Facilitator Evaluations completed by staff.	Documents completed by staff are recorded in the MIS
<b><i>Outcome #4: 80% of participants completing the program will demonstrate an increased awareness of community networks and social supports necessary for long-term healing.</i></b>	This is measured with the GICA, weekly progress notes and Facilitator Evaluations completed by staff.	Documents completed by staff are recorded in the MIS
<b><i>Outcome #5: 80% of Puuhonua participants who receive crisis and/or information/referral services will be referred to community resources.</i></b>	This is recorded by staff in case notes and other client records.	Documents completed by staff are recorded in the MIS
<b><i>Outcome #6: 80% of Puuhonua participants who initiate a crisis call will be responded to within one hour during crisis line hours and directed to the emergency resources after work hours.</i></b>	This is recorded in the client's file and tabulated by the Management Information System (MIS).	Documents completed by staff are recorded in the MIS



<i><b>Puuhonua Victim/Survivor Unit: Output or Outcome</b></i>	<i><b>Puuhonua Victim/Survivor Unit: Data Collected</b></i>	<i><b>Puuhonua Victim/Survivor Unit: Where Data is Recorded</b></i>
<i><b>Outcome #7:</b> 80% of participants who participate in case management/advocacy services will report satisfaction with case coordination provided by FPC staff members.</i>	This is measured by Client Satisfaction Survey and case notes.	Documents completed by staff are recorded in the Management Information System (MIS) and Client Satisfaction Surveys are tabulated quarterly by an administrative staff person and stored in a separate file.
<i><b>Outcome #8:</b> 80% of participants who participate in case management/advocacy services will demonstrate increased ability to advocate for themselves and to pursue personal life goals that will maintain their safety and healthy functioning.</i>	This is measured with the GICA, weekly progress notes and Facilitator Evaluations completed by staff, copies of which are recorded in client records.	Documents completed by staff are recorded in the MIS

**The Haupoa Family Unit**

<i><b>Haupoa Family Unit: Output or Outcome</b></i>	<i><b>Haupoa Family Unit: Data Collected</b></i>	<i><b>Haupoa Family Unit: Where Data is Recorded</b></i>
<i><b>Outcome #1:</b> 80% of children completing the program will show an improvement in their knowledge and ability to address their safety.</i>	This is measured with the GICA, weekly progress notes and Facilitator Evaluations completed by staff.	Documents completed by staff are recorded in the Management Information System (MIS)
<i><b>Outcome #2:</b> 80% of children completing the program will demonstrate an increase in positive coping skills, including their ability to constructively express feelings and thoughts.</i>	This is measured with the GICA, Facilitator Evaluations and weekly progress notes completed by staff as well as CBCL/TRF, SEI and HCQ.	Documents completed by the clients and/or their parents are placed in the client's paper file and documents completed by staff are recorded in the MIS
<i><b>Outcome #3:</b> 80% of children completing the program will show an improvement in non-violent conflict resolution skills.</i>	This is measured with the GICA, weekly progress notes and Facilitator Evaluations completed by staff, as well as the HCQ.	Documents completed by staff are recorded in the MIS



<b>Haupoa Family Unit: Output or Outcome</b>	<b>Haupoa Family Unit: Data Collected</b>	<b>Haupoa Family Unit: Where Data is Recorded</b>
<i>Outcome #4: 80% of children completing the program will show an improvement in positive behavior with peers, family and in other social settings.</i>	This is measured with the GICA, Facilitator Evaluations weekly progress notes completed by staff as well as CBCL/TRF, SEI and HCQ.	Documents completed by the clients and/or their parents are placed in the client's paper file and documents completed by staff are recorded in the MIS
<i>Outcome #1: 80% of parents completing the program will show an improvement in positive parenting skills.</i>	This is measured with the Parenting Skills Self-Assessment (completed by the client), the GICA, Facilitator Evaluations and weekly progress notes completed by staff.	Documents completed by the clients are placed in the client's paper file and documents completed by staff are recorded in the MIS
<i>Outcome #2: 80% of parents completing the program will demonstrate an increased understanding of age appropriate development and the impact of domestic violence on children.</i>	This is measured with the Parenting Skills Self-Assessment (completed by the client), the GICA, Facilitator Evaluations and weekly progress notes completed by staff.	Documents completed by the clients are placed in the client's paper file and documents completed by staff are recorded in the MIS
<i>Outcome #3: 80% of parents completing the program will demonstrate an increased understanding of non-violent conflict resolution skills.</i>	This is measured with the Parenting Skills Self-Assessment (completed by the client), the GICA, Facilitator Evaluations and weekly progress notes completed by staff.	Documents completed by the clients are placed in the client's paper file and documents completed by staff are recorded in the MIS
<i>Outcome #4: 80% of parents completing the program will demonstrate an increased understanding of the impact of domestic violence on child development.</i>	This is measured with the Parenting Skills Self-Assessment (completed by the client), the GICA, Facilitator Evaluations and staff weekly progress notes.	Documents completed by the clients are placed in the client's paper file and documents completed by staff are recorded in the MIS

### **III. FINANCIAL**

#### **A. Budget**

PACT has experience since 1968 in invoicing and reporting to Federal, State and private funders. The agency manages over 100 government contracts and private grants on Micro Information Products (MIP) fund accounting system, where all government contracts are accounted for separately. PACT is audited annually for compliance with government contracts, which includes



testing of our policies and procedures, meeting reporting requirements, and due dates for invoices and reports. With every audit since the year 2000 PACT has received an unqualified or clean audit opinion with no management letter.

PACT's accounting system provides for fund accounting, monthly or year-to-date variance reports and easy tracking of revenue and receivables. We are committed to providing accurate and timely reports on or before the due date. PACT submits quarterly reports, final reports, and other reports as required to state departments, such as updated Tax Clearance certificates.

Please see the attached budget for detailed costs related to this request.

## **B. Anticipated Quarterly Funding Requests**

Anticipated quarterly funding requests for the fiscal year 2011-2012 are as follows:

<b>Quarter 1: FY12</b>	<b>Quarter 2: FY12</b>	<b>Quarter 3: FY12</b>	<b>Quarter 4: FY12</b>
\$38,832.00	\$38,832.00	\$38,832.00	\$38,832.00

## **C. Possible Other Sources of Funding**

The following lists the other sources of funding that Family Peace Center is trying to obtain for fiscal year 2011-2012:

- The Judiciary, State of Hawaii First Circuit
- City and County of Honolulu, Community Development Block Grant (CDBG)
- Department of the Attorney General, Violence Against Women Act (VAWA) funding

## **IV. Experience and Capability**

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

#### **PACT's Skills, Abilities, Knowledge**

Parents And Children Together (PACT) is a leader in the design and delivery of a broad range of innovative social and educational services on Oahu, Kauai, Maui, Molokai, Lanai, and Hawaii. PACT works with clients who are environmentally at-risk and is a pioneer in neighborhood-based services that forge lasting community partnerships. PACT is fully accredited by the Council on Accreditation for Families and Children (COA) and is one of Hawaii's leading non-profit human services providers. PACT employs the latest evidence-based prevention models and treatment modalities and validated "best practices." The mission statement is:

*Parents And Children Together promotes and supports healthy individuals, families, and communities, by creating opportunities for them to identify and address their own strengths, needs, and concerns and successfully realize their potential.*

PACT carries out this mission through multiple, interconnected programs which provide economic, social, educational and mental health resources. PACT's programs are community-based, culturally sensitive, family-centered and focused on family strengths. PACT has also



developed strong community networks and effective working relationships with many service providers and community resources. PACT has an organizational commitment to quality assurance and evaluation. PACT has never had a contract rescinded by a funder.

### **Family Peace Center's Skills, Abilities and Knowledge**

Family Peace Center (FPC), one of PACT's 16 programs, has provided comprehensive community-based services to 700-900 domestic violence victim/survivors, offenders, and children for 29 years. Family Peace Center utilizes a best practice approach to domestic violence batterer's intervention services that emphasizes the social construction of violence as a gendered crime. While any person, male or female, can be violent, evidence shows that most batterers are male and most victims are female (Tjaden & Thoennes, 2000). FPC uses this fact as a starting point for its interventions, utilizing social learning and cognitive behavior theory to effect change in abusers by teaching them how to stop their abusive behavior and learn skills to prevent further battering. FPC offender treatment illustrates the experience of many in this field: rapid entry into behavioral models that encourage completion of services and are coordinated closely with the criminal justice system have the most impact on changing batterer behavior (Gondolf 2002; Pence & Paymar, 1993). Furthermore, the FPC works to retain offenders within its services as batterer intervention outcome studies reveal that the majority (two-thirds) of men who complete treatment avoid re-assaulting their partners (Feder & Forde, 2000; Gondolf, 2002).

FPC victim/survivor services focus on safety, risk assessment, crisis response, advocacy, networking with community resources and empowerment counseling. The synchronized parent/child intervention model used with children at FPC reflects the national consensus and well established empirical finding that addressing the family's recovery along with the child's brings the most lasting change for the child and family unit (Hughes, Graham-Bermann & Gruger, 2001; Bancroft, 2002). FPC employs a group counseling method for most of its ongoing services because research indicates that group intervention is most effective in supporting domestic violence behavior change since it frees participants from the isolation that ordinarily exacerbates the consequences of abuse (Peled & Davis, 1995; Adams, 2002). A combination of intervention techniques coupled with skill-based learning, such as role plays, are used in all groups as adult learning theory supports that a variety of teaching and learning styles promotes and reinforces the comprehension, retention and application of knowledge and skill-based practice. Since the issues facing victim/survivors often include multidimensional challenges that stem from emotional trauma, physical injury and/or lack of concrete resources, FPC emphasizes a trauma-informed approach to victim services, which recognizes and accounts for the possible impact of many forms of violence and trauma that disrupt the life of a victim and/or family. A key element of FPC services is attention to these needs through extensive case management/coordination.

For over 29 years Family Peace has been at the forefront of addressing the needs of individuals and families struggling with domestic violence in our state. FPC's proficiency stems from decades of integrating evidence from local, national and international research relating to the complex nature of domestic violence intervention. FPC's service models are informed by and responsive to the needs of all those involved with a domestic violence situation, including courts and other system professionals.

### **Experience & History of Providing Domestic Violence Intervention Services**

Both the agency of PACT and its Family Peace Center program have extensive experience in developing and implementing domestic violence counseling models. PACT has an array of



domestic violence services that span five programs and four islands (PACT currently provides domestic violence services on Oahu, Kauai, Maui and Lanai). Family Peace Center is one of the oldest and therefore most experienced domestic violence programs in the state. FPC's performance results consistently meet or surpass expectations, as evidenced in reports to funders. FPC regularly builds on its experience via staff training and program development.

Family Peace Center is locally and nationally recognized as a leader in developing innovative programs and delivering effective services—as evidenced by its recent selection, through a collaboration with the University of Hawaii at Manoa, as one of ten current Safe Start Promising Approaches Projects throughout the U.S. (Safe Start is a program of the U.S. Department of Justice Office of Juvenile Justice and Delinquency Programs). FPC also embodies the promising practices put forward by national experts on batterer's intervention programs that include: (1) partnering with community organizations to enhance batterer accountability; (2) close working relationships with Family Court and other aspects of the legal system; (3) a solid program infrastructure reflected in supervision and training; (4) involvement in community collaborations to address violence; (5) shaping services based on input from victim/survivors; (6) using risk assessment and risk management in service delivery and (7) swift entry into services to foster early engagement (Carter; FVPP & NIJ 2010).

The following describes PACT's range of verifiable experiences to date with domestic violence intervention.

• ***Oahu Family Peace Center's Kuleana Offender Unit:***

The Kuleana Offender Unit seeks to provide offenders with the knowledge and skills needed to eliminate battering from their lives, while offering alternative cognitive-behavioral training that will strengthen their ability to take responsibility for their abuse and select non-violent behaviors in the future. For close to three decades, FPC Oahu has provided offender treatment to 250-400 or more offenders each year. The focus of Kuleana Offender services is accountability and change in attitudes, beliefs and behaviors through cognitive behavior skills training, as promoted by Edward Latessa and others (Latessa, Travis, Fulton & Stichman, 1998).

Family Peace Center offers two types of batterer services: a standard curriculum based on the nationally acclaimed Emerge model and a cultural curriculum for Native Hawaiian or Polynesian men developed specifically for use at FPC. The Emerge model is the oldest batterer's intervention program in the country with thirty years of documented effectiveness in changing batterer behavior (Adams 2002). Of the clients who complete the Kuleana services, over 95% report an increase in the knowledge and skills necessary for non-abusive behavior in intimate relationships and also take responsibility for their abusive behavior.

*"[I liked that this program] made me realize that I have choices. I needed to be here not only cause of the incident that brought me here, but I have found that I have live in anger and aggression everyday and didn't even know it" [from Client Satisfaction Survey of Kuleana client].*

• ***Demonstrated Expertise in the Development of Culturally-Specific Services***

PACT and Family Peace Center have demonstrated expertise in the area of community-based, culturally-specific, intervention with the Native Hawaiian community. Over its 42-year history, PACT has designed, implemented and partnered with other community organizations in several projects specifically centered on service for the Hawaiian community. Historically, Family Peace





Center clientele has been 30-40% Native Hawaiian and FPC staff have consistently been 10-20% Native Hawaiian, thus allowing FPC to develop concrete knowledge and skills about how to work effectively with this community. FPC's responsiveness to the Hawaiian community is evidenced by referral and/or collaboration with organizations such as Ke Ola Mamo and Kamehameha Schools. Over the years, FPC has learned from staff, clients and community partners that traditional Hawaiian values and beliefs vary from many the Western values typically promoted in social services.

It is this history of experience with the Hawaiian community on Oahu, both as clientele and as community partners, which led Family Peace Center to develop culturally-specific interventions for Native Hawaiians batterers, in collaboration with Native Hawaiian researcher and domestic violence expert Dr. Val Kalei Kanuha from the University of Hawaii at Manoa. Namelehuapono Kane is the only model for Native Hawaiians batterers currently in existence. It is parallel to the Emerge model but incorporates the use of Native Hawaiian culture, history and practice as a teaching tool. For example, the connection between spirituality, the land and people is more integrated in Hawaiian culture than in conventional Western settings. Native Hawaiians also view identity as embedded in place, ancestors and family—not just in the individual person. These concepts and others are incorporated into the Namelehuapono Kane curriculum, which is described in detail in the Service Delivery section below. [FPC also has a Namelehuapono model for victim/survivors that is supported by other funding.]

*“For me it was about combining Hawaiian life with my situation and [learning to accountably] express my feelings and thoughts” [from Client Satisfaction Survey of Namelehuapono Kane client].*

• **Oahu Family Peace Center's Puuhonua Victim/Survivor Unit:**

Family Peace Center's Puuhonua Victim/Survivor Services Unit provides support, counseling and advocacy for adult victims of domestic violence through crisis, group and individual counseling as well as case coordination. The stand-alone Puuhonua crisis services program of PACT merged with FPC in 2007, which allowed for one seamless system of care for victims with increased effectiveness in the coordination and provision of crisis intervention, referral to resources and on-going counseling. Over the past four years, FPC has provided counseling to 400 or more victim/survivors a year, 98% of whom (in FY10) demonstrated an increased awareness of safety knowledge and skills as well as an increase in positive coping skills.

*“Emerging from a time and place of chaos and despair, your program has allowed me to change my life into one of peace, hope, and love. While participating in Puuhonua...I learned what a healthy relationship should be... That very concept of self-care has empowered me to create a better life ...” [from a letter by a Puuhonua client].*

• **Oahu Family Peace Center's Haupoa Family Unit:**

FPC's children services began in 1991 as a model for the state. The Haupoa Family Unit emphasizes the importance of addressing children's needs through coordinated work with parents, other family members and care providers. Clients participating in these services typically show marked improvement. Of Haupoa clients who complete services, 95% of the children completing services demonstrated an improvement in their use of positive coping skills while 85% of the parents completing their services showed an improvement in positive parenting skills and knowledge.



An innovation of the Haupoa Family Unit is the Keiki Safe Project. This project is the only one of its kind in the State of Hawaii. The Keiki Safe Project provides school-based counseling for children who have witnessed domestic violence through partnering with Oahu-based public schools. Entering its ninth year of operation, the Keiki Safe Project has made a significant positive impact participating, with teachers reporting that 76% of students participating in these services demonstrated an overall improvement in functioning as a result of the intervention.

*"This program has been here for me longer than my father ever was, thank you for helping my mom and I as well. ....what you all taught me [is that] even though my childhood was bad or I come from a broken home or I only have one parent, my life is still blessed and even though my past was bad, my future will always remain bright"  
 [from a letter by a child who participated in Haupoa services].*

**National Attention for FPC's Haupoa Family Unit:**

Over the past five years, Family Peace Center has collaborated with Dr. Charles Mueller, a clinical psychologist and professor at the University of Hawaii's Department of Psychology, to study treatment outcomes for children and parents involved in FPC's Haupoa Family Unit services. The results of Dr. Mueller's analysis revealed that children and parents demonstrated significant improvement during the course of their services at FPC and that a substantial number of children with clinical levels of presenting problems exhibited a reduction in these problems by the end of their services. The results and description of this study have been published in the *Journal of Emotional Abuse* (Becker, K. D.; Mathis, G; Mueller, C.W.; Issari, K.; Atta, S.S., 2008). Community-Based Treatment Outcomes for Parents and Children Exposed to Domestic Violence. (In *Journal of Emotional Abuse*; Volume: 8, Issue: 1/2. PA: Haworth Press Inc.) and another article that evaluates the barriers to treatment for mothers involved in Haupoa services are currently in review.

**Verifiable Experience & History of Providing Domestic Violence Intervention Services**

Type of Service	Year	Contract Number	Contracting Agency	Contact Person	Phone Number
Domestic violence victim, batterer and child counseling services	7/1/07-6/30/11 7/1/03-6/30/07	#J04060	State of Hawaii, Judiciary First Circuit	Maureen Kiehm	539-4406 maureen.n.kiehm@courts.state.hi.us
Domestic violence victim services	10/15/10-10/15/11 7/1/09-6/30/10 2/1/07-1/31/08	#09-WF-01 #02-WF-10 AG-CPJAD-VAWA-2005-WF	Hawai'i Department of the Attorney General	Kathy Mitchell	586-1389 Kathleen.M.Mitchell@hawaii.gov
Intervention research project to design and test a treatment model for children exposed to	1/1/11-6/30/12	Sub-contract in final stages	Subcontract with the University of Hawaii at	Kalei Kanuha	956-7717 kanuha@hawaii.edu



Type of Service	Year	Contract Number	Contracting Agency	Contact Person	Phone Number
domestic violence and their mothers.			Manoa with funds from the Department of Justice Office of Juvenile Justice and Delinquency Programs		
Domestic violence crisis services	8/1/10-7/31/11 12/15/09-7/31/10 12/15/08-12/14/09 10/1/07-9/30/08	Various	City and County of Honolulu Community Development Block Grant (CDBG) Program	Steve Karel	768-7753 skarel@honolulu.gov
Culturally-specific domestic violence intervention services for Native Hawaiian and Polynesian men.	6/1/07-5/31/08	#2095	Office of Hawaiian Affairs	Nalani Takushi	594-1835
Parent Education, Support and Skill-Building/ Non-Violence Family Education Children's Counseling Program: Rural Windward Oahu	7/1/07-6/30/09	#HTH-550, #HTH-550-4-5-A and #HTH-550-4-5-B	State of Hawaii, Department of Health, Family Health Services Division, Maternal Child Health Branch	Lynn Niitani	733-4954 LNiitani@fhsd.health.state.hi.us

## B. Facilities

### Facilities Overview

PACT service locations meet all the requirements of the American Disabilities Act (ADA) regarding client and employee access as well as OSHA requirements for safety. Every effort is made to maintain services that are centrally located in each community where target populations are served. PACT's Facilities Manager ensures that all sites provide maximum accessibility, safety and support for service delivery. The Director of Quality Assurance oversees a Safety



Program that includes facilities compliance with all safety regulations, including fire drills and monthly facilities inspections.

Family Peace Center's main office is located at 1505 Dillingham Plaza, Suite 208 in Honolulu. This office suite is shared with another PACT program, Early Intervention and Family Support Services. The office is easily accessible by public transportation and meets ADA requirements, with appropriate entry and elevators. FPC provides physical communication and programmatic access to persons with disabilities as needed. Clients have access to several bathrooms, adequate parking, on-site security and central air conditioning.

Staff members have ample space to conduct client interviews in a safe and private environment. The program carefully maintains clinical records in secure areas. The FPC office has four separate confidential meeting spaces available, so that groups may run concurrently whether in a coordinated fashion (as with the parent and child groups in the Haupoa Family Unit) or separately (as with the different stage groups for offenders in the Kuleana Offender Unit). Clients use a waiting room when they arrive for services, with locked interior doors to ensure both safety and confidentiality. There is a separate waiting area for victims, so they do not have to wait in the area designated for offenders.

In addition to services provided at FPC's office, the program also rents or borrows space from community organizations around Oahu in order to deliver sessions as much as possible in clients' home communities. The FPC Office Manager coordinates with staff at these locations to ensure the confidentiality, safety and comfort of clients.

#### **Attention to Client and Staff Safety**

In addition to the agency-wide safety and security described above, FPC employs specific procedures to monitor the unique risks of domestic violence service provision. These procedures maintain safety for both staff and clients. When clients enter the program they are carefully screened for potential use of violence, imminent risk of experiencing violence from others and the existence of any restraining orders. Staff engage any clients at risk of perpetrating violence in violence-prevention activities and also assist clients in danger to develop specific safety plans.

As long as there is any risk of violence present, batterers and victims are kept separate—physically—as well as during service provision. When clients enter FPC premises, for example, batterers are always asked to wait in a separate location from victim/survivors and children. Employees closely monitor both these waiting areas, so as to immediately address any problematic or threatening behavior. Clients who enter the FPC suite are escorted by staff at all times and are never unaccompanied. Two alternate exits are available in case of immediate threat of danger to staff or clients.

All staff also has a confidential and secure messaging system on the computer to simultaneously alert them of any special or urgent conditions relating to staff or client safety. Every office is equipped with a phone that contains an intercom system that allows any staff person to immediately call for help and/or be notified of danger. Children are always released only into the care of the parent bringing them in for service. FPC staff is thoroughly trained in emergency procedures for handling hostile clients, diffusing threatening situations and intervening with clients who may be suicidal or homicidal. This training is reviewed and updated annually for all staff. All FPC off-site locations are regularly evaluated for their appropriateness, safety and adherence to ADA requirements.



## V. PERSONNEL: PROJECT ORGANIZATION AND STAFFING

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

#### **Staffing Patterns & Qualifications**

Family Peace Center has over 35 full-time and part-time staff positions. Personnel are reflective of the ethnic and linguistic populations that comprise the communities FPC serves. Almost 60% of the FPC staff have worked with the program for over five years, 30% for ten to twenty years, which speaks to their skill and expertise in providing domestic violence intervention. All FPC supervisors have at least three year's experience specifically providing supervision to staff in a domestic violence service setting. Many FPC employees are also recognized as local and national experts in the area of intervention and prevention of violence against women and children.

Staffing patterns are established in order to maximize quality support and a seamless system of care for all individuals and families who participate in Family Peace Center. In order to model a "community" response and to maintain cost efficiencies, many individual staff have contact with clients throughout their services. The staffing patterns and ratios under this proposal are designed to maximize individualized attention to each client's needs while maintaining fiscal responsibility. FPC's staffing structure reflects program efforts to maximize staff attention to clients while balancing the multiple needs of the high volume of clients, the many different types of clients and budget limitations. Personnel in each area of service (or unit) function as a team, working to ensure the smooth clinical and operational functioning of the program. All teams work cooperatively to meet program and agency goals. Service units consist of the number of staff needed to provide effective intervention. All units integrate and coordinate effective intervention through the teamwork of direct service staff and the leadership of the supervisors.

The Family Peace Center staff positions included in this proposal are summarized below and reflect the minimum number of staff needed to maintain the program integrity and standardized approach described in the Service Summary section.

#### ***Staff/Client Ratios and Caseload Viability***

Since Family Peace Center utilizes the team approach to service delivery (described above), staff do not have "caseloads" per se. Staff/client ratios are determined by the number of direct service hours, the length of the contact with clients and the number of clients in a group. Staff/client ratios are configured to provide optimal attention to clients within budget limitations. Although all FPC staff provide some form of direct assistance to clients, most direct services are provided by Counselor/Advocates, Group Facilitators, Program Supervisors and the Intake Specialist. Oversight of program models and service delivery is provided by Program Supervisors and the Program Director. The following provides a summary of FPC employee clinical duties and contact, with an overview of staff duties and qualifications provided in the chart following.

- **Counselor/Advocates** provide an average of 25-30 hours of direct client service a week (which is separate from clinical record keeping and contact with systems personnel). The duties of Counselor/Advocates include phone and in-person crisis intervention, conducting intake/assessments and co-facilitating groups. Puuhonua and Haupoa Unit counselors also provide in-community crisis response, as well as case



management and advocacy. One Counselor/Advocate typically conducts three to five assessment sessions a week (an assessment is two to three hours in length), co-facilitates one to two groups a week and uses the remainder of their time to conduct follow-up with agency collaterals (such as probation officers) or provide crisis intervention and case coordination/advocacy to victims.

- **Group Facilitators** are employed on an hourly basis to lead groups. Group Facilitators lead groups in teams (unless the group membership is less than five and/or if there is a staff vacancy). Victim support groups average 8-10 members, offender groups average 12-24 members and children's groups average 5-8 members, each with two staff present. The offender groups are facilitated by male-female teams; the victim groups are led by female-female teams and the children's groups are led by either male-female or female-female teams, as staffing allows.
- **Program Supervisors** provide an average of 15-20 hours of direct client service a week, which includes three assessment appointments, up to two individual counseling sessions, one group a week and response to crisis and/or follow-up needs of clients. Program Supervisors also monthly review each case (as documented in the client's file) and at least quarterly observe staff delivering services at group.
- The **Intake Specialist** provides an average of 28-30 hours a week of intake work with clients by phone and in person (the average intake is 15 minutes in length) as well as case coordination and follow-up for intake purposes with collaterals such as probation officers.
- The **Administrative Assistant** provides an average of 25 hours a week of work with clients, including phone and in-person intake, assisting clients with fee information and payment revision agreements, providing information and referral and responding to general requests from collaterals such as probation officers.
- The **Office Manager** provides an average of 20-25 hours a week of direct client contact, including backing-up phone and in-person intake, backing-up client payment revision agreements, providing information and referral and responding to general requests from or assisting with referral case coordination with collaterals such as probation officers.

### *Staffing Qualifications*

Family Peace Center sets a high standard for staff expertise with clients. Staff hired to work at FPC are carefully screened to ensure they possess the knowledge, capacity, skills and experience to provide proficient domestic violence intervention services. All personnel must submit a criminal record check prior to final hiring. This is updated annually. Staff that work regularly with children also must obtain the national criminal history database check, which is updated every four years. Copies of these criminal history record checks are placed in the employee's personnel file and are available for review. At least one staff person on the premises is currently certified in First Aid and CPR. Individuals hired for the Family Peace Center are expected to follow the ethical guidelines outlined in the HBIPS #4.2, which establishes guidelines for conduct that supplement the PACT Code of Ethics.

The following chart presents the job titles, responsibilities, and minimum qualifications for positions providing proposed services.



Position and Responsibilities	Minimum Qualifications
<p>The <b>Program Director</b> is responsible for:</p> <ul style="list-style-type: none"> <li>• Oversight of the program, contracts, budget and operations including acting as the liaison to contractors and community entities;</li> <li>• Assuring quality evaluation and compliance with funder requirements;</li> <li>• Community education and professional training;</li> <li>• Supervision of management staff as well as clinical oversight of all client services;</li> <li>• <i>Kata Issari, M.S.W. holds this position and her background is described below.</i></li> </ul>	<ul style="list-style-type: none"> <li>• Master's degree</li> <li>• Three years experience in domestic violence</li> <li>• Two years supervisory experience.</li> </ul>
<p><b>Program Supervisors</b> are responsible for:</p> <ul style="list-style-type: none"> <li>• Management of day-to-day coordination of services; including supervise all program staff;</li> <li>• Quality assurance/improvement activities including program development;</li> <li>• Conducting assessments; providing crisis or individual counseling; group facilitation; and community education and training.</li> </ul> <p>Positions held by:</p> <ul style="list-style-type: none"> <li>• <i>Su Shen Atta has 23 years of experience in the field of domestic violence, over 15 at FPC, 12 as a supervisor and holds a Bachelor's Degree in Developmental Psychology.</i></li> <li>• <i>Nanette Kaiwi has 20 years of experience in the field of domestic violence intervention and 8 years as a supervisor and holds an Associate's Degree.</i></li> <li>• <i>S. Annie England has 14 years of experience in the field of violence against women, 8 years at FPC; she has over 9 years of experience as a supervisor and extensive training in this field.</i></li> </ul>	<ul style="list-style-type: none"> <li>• Master's Degree or equivalent in a human services field;</li> <li>• Two years experience in domestic violence counseling;</li> </ul> <p style="text-align: center;"><i>Or</i></p> <ul style="list-style-type: none"> <li>• Bachelor's Degree in human services field; and</li> <li>• Five years of experience in domestic violence counseling.</li> </ul>
<p><b>Counselor/Advocates</b> are responsible for:</p> <ul style="list-style-type: none"> <li>• Providing advocacy, counseling, information/referral and support services to clients;</li> <li>• Conducting assessments; crisis intervention; individual and group counseling; and</li> <li>• Coordinating with community partners and referral sources.</li> <li>• <i>Positions held by a variety of staff with a range of experience from 4 to 15 years of counseling in this</i></li> </ul>	<ul style="list-style-type: none"> <li>• Associate's Degree and</li> <li>• One year counseling experience in domestic violence/child development</li> </ul> <p style="text-align: center;"><i>Or</i></p> <ul style="list-style-type: none"> <li>• A High School diploma and</li> <li>• Three years counseling experience in domestic violence/child development.</li> </ul>



Position and Responsibilities	Minimum Qualifications
<p><i>field as well as education and training requisite for the position.</i></p>	
<p><b>The Intake Specialist</b> is responsible for:</p> <ul style="list-style-type: none"> <li>• Client intake and scheduling clients for appointments;</li> <li>• Addressing immediate safety needs of clients upon first contact;</li> <li>• Administrative tracking of clinical information and general office support</li> </ul> <p><i>Tamara Smith has a Bachelor's Degree and three years experience in domestic violence, 2 years at FPC.</i></p>	<ul style="list-style-type: none"> <li>• A High School diploma.</li> </ul>
<p><b>The Administrative Assistant</b> is responsible for:</p> <ul style="list-style-type: none"> <li>• Responsible for all financial processing, billing, journal entry and record keeping;</li> <li>• Assists with client intake and addressing immediate safety needs of clients upon first contact and general office support.</li> <li>• <i>This position is currently vacant due to budget restrictions, but FPC proposes to fill this vacancy under this application.</i></li> </ul>	<ul style="list-style-type: none"> <li>• A High School diploma.</li> <li>• One year experience in accounting and fiscal record keeping.</li> </ul>
<p><b>The Office Manager</b> is responsible for:</p> <ul style="list-style-type: none"> <li>• Coordinating and supervising administrative activities and staff;</li> <li>• Off-site facilities manager and program safety officer;</li> <li>• Processing of human resources paperwork;</li> <li>• Acting as back-up for intake and addressing immediate safety needs of clients upon first contact as well as for fiscal duties and client payment revisions.</li> <li>• <i>Rjoya Atu has 23 years experience in the field of domestic violence, 19 years at Family Peace Center and an extensive background providing clerical and legal support.</i></li> </ul>	<ul style="list-style-type: none"> <li>• A High School diploma.</li> <li>• Two years clerical experience</li> <li>• One year supervisory experience</li> </ul>
<p><b>Group Facilitators</b> are responsible for:</p> <ul style="list-style-type: none"> <li>• Conducting support/skill building groups; and</li> <li>• Providing crisis intervention and information/referral as needed through answering the Puuhonua Domestic Violence Crisis Counseling line.</li> </ul>	<ul style="list-style-type: none"> <li>• A High School diploma and</li> <li>• Must be familiar with the dynamics of domestic violence and group</li> </ul>





Position and Responsibilities	Minimum Qualifications
• <i>Positions held by various staff.</i>	facilitation

### Supervision

Family Peace Center promotes frequent and regular supervision of all staff in order to promote fidelity of treatment that maintains program integrity while conforming to ethical standards of care established by the agency, the State of Hawaii, national promising approaches and the field of domestic violence practice. Supervision is also a vehicle to ensure that employees are properly implementing best practices, meeting program goals and enhancing client participation or retention in services. Finally, supervision serves an important role in supporting staff members by addressing their professional development, well-being and any possible compassion fatigue.

The Program Director of the Family Peace Center is responsible for the overall administration of the program. The Vice President of Programs supervises all of PACT's program directors except for Early Head Start/Head Start, and including the FPC Program Director. The President and CEO supervises the Vice President of Programs. The President and CEO is accountable to the PACT Board of Directors. The Program Director directly supervises the Program Supervisors and Office Manager. Program Supervisors supervise Counselor/Advocates, Group Facilitators and Childcare Providers. The Office Manager supervises the Intake Specialist and Administrative Assistant.

Supervision at the FPC level is provided through regularly scheduled individual and group supervision. Formal supervision of all full-time staff occurs at least bi-weekly for one hour, with informal supervision occurring weekly (but more often on an as-needed basis) for an average of ninety minutes per individual employee. Group Facilitators receive monthly formal supervision, with informal supervision occurring weekly by phone and in person. All FPC staff are required to attend a two-hour monthly training and group supervision session. The Program Director confers at least bi-monthly with all supervisors about supervision issues.

Supervisors, with the assistance and oversight of the Program Director, carefully monitor all clinical and related program activities. Ongoing supervision is provided through case review and observation. Program Supervisors sign-off on all client records completed by each staff person, reviewing each case at least monthly and observing service provision (usually group) at least quarterly as recommended in the literature (Latessa, Traves, Fulton & Stichman, 1998). Case and group supervision is documented in the client file. Supervisors document each supervisory session with individual staff, contents of group supervision sessions and the results of service observation and place these documents in each employee's individual supervision file (per HBIPS #5.3). These supervisory notes serve as a history of each employee's supervision and provide data for employee performance evaluations. Employees are evaluated annually and goals for staff performance are established at this time (HBIPS #5.3). Regular feedback on progress towards these goals is provided during supervision sessions and at informal discussions throughout the year (as recommended by Latessa, Travis, Fulton & Stichman, 1998).

Other opportunities for supervision of child and parent services come from mentoring and modeling by Program Supervisors who monitor and evaluate the skills and abilities of each



staff member on an on-going basis. This allows Program Supervisors to assess and regularly enhance the competency of the staff as they provide services.

### **Training**

Family Peace Center's staff training and development program is built upon the premise that staff are its greatest resource. Staff development activities are designed to support the overall goals and objectives of services, to ensure that services are implemented in a uniform and ethical manner. Training enables personnel to improve their knowledge, skills and abilities, while promoting awareness and sensitivity to cultural backgrounds. PACT has established minimum training standards for all staff members (described below for FPC). Additional training needs are identified at each staff meeting as well as at each supervisory session.

When staff members are initially hired they attend a mandatory eight-hour organization-wide orientation and training session to familiarize them with PACT policies and work culture before they begin to provide services. At the program level, they are then orientated about program policies and their essential job functions. New employees are provided with a list of their job related tasks and also shadow other staff to learn their duties in detail. This process promotes effective job performance. The new staff orientation includes but is not limited to training on behavioral management; health and safety; PACT policies and code of ethics; the PACT PQI Plan; and emergency preparedness.

Family Peace Center is proactive in meeting the training needs of its workers and expects staff members to take advantage of a variety of training opportunities throughout the year. All FPC staff initially receive a minimum of 30-40 hours of mandatory training by the Program Director on a range of topics related to domestic violence intervention, as well as a minimum of 25 hours of annual training thereafter (per HBIPS #5.4). The content of staff training corresponds to that identified in the HBIPS #5.1 and national best practices about training for staff of domestic violence programs. FPC staff members are also required to attend mandatory agency-wide trainings in accordance with the standards set by the Council on Accreditation, funders and best practice in the field of domestic violence. All supervisors, for instance, must attend over 70 hours of supervisory training. All personnel are required to sign in and out of all trainings. Training records and certificates of completion are placed in their personnel files. Tracking of attendance to mandatory training sessions is accomplished through PACT's Human Resources office. Compliance data and future training opportunities are communicated to the FPC Program Director in order to assure staff member attendance.

### **Administrative Direction**

The Program Director provides administrative and clinical direction to the program. The Program Director is responsible for the overall effective functioning of the program and for maintaining the program's vision and excellence in the area of domestic violence. Ultimately, it is the Program Director who clinically manages and oversees all treatment services. As a result, all program development, clinical service planning and direct services are carefully supervised by the Program Director. The Program Director also shares responsibility with program supervisors for monitoring client progress via case supervision and observation.

The Program Director annually works with all staff to establish a Short Term Plan (as part of the PQI process) from which is derived a specific work plan for each staff person corresponding to their job duties and the program's contractual obligations. All staff work



plans are synchronized and integrated by the Program Director in order to maintain an appropriate client/staff ratio and staffing pattern that is sufficient for meeting service goals and contract requirements. The Program Director meets bi-weekly with the Program Supervisor of each service component and at least monthly with the team of counselors who provide services within that component. During these meetings the Program Director monitors the status of each staff's work plan as well as the progress toward proposed service outcomes and outputs. Specific client, staff and community needs or concerns are also addressed during this meeting. Planning for the ongoing implementation of proposed goals as well as evaluation of specific service processes and outcomes is an integral part of these meetings.

FPC's Program Director, Kata Issari, possesses a Master's in Social Work and 28 years of experience in the field of domestic and sexual violence treatment, prevention and advocacy. She has done a variety of work in this field, including counseling, crisis intervention, group facilitation, professional training, program development and administration. Ms. Issari has extensive experience in designing, implementing and supervising a crisis-line for victims who included in-community intervention and case advocacy. She is a trainer for the Advocacy Learning Center of Praxis International, a national project to teach advocates in the violence-against-women field to sharpen their skills and knowledge. She is a skilled supervisor and trains supervisors (at PACT and other agencies) in how to provide optimal supervision. She has thorough knowledge and skills in collaborating with the criminal justice system, including police training and collaboration with court officers. Ms. Issari is an experienced clinician and clinical supervisor, well versed in providing a variety of effective services to both batterers and victims. She has worked on local, state and national levels to address violence against women in the community, including lecturing extensively throughout the United States and serving as the President of the National Coalition Against Sexual Assault.

## **B. Organization Chart**

Attached are both the Family Peace Center and the PACT agency Organizational Charts. Proposed FPC staff's line of responsibility/supervision as well as title, name and full time equivalency for each position are depicted. Because employees holding the Group Facilitator positions vary from group cycle to group cycle their names are not listed on the organizational chart.

## **VI. Other**

### **A. Litigation**

PACT has no litigation pending.

### **B. Licensure or Accreditation**

Parents And Children Together is fully accredited by the national Council on Accreditation (COA).





# Budget



**BUDGET REQUEST BY SOURCE OF FUNDS**  
(Period: July 1, 2011 to June 30, 2012)

Applicant: Parents And Children Together's Family Peace Center

<b>BUDGET CATEGORIES</b>	<b>Total State Funds Requested (a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>
<b>A. PERSONNEL COST</b>				
1. Salaries	82,352	82,352		
2. Payroll Taxes & Assessments	10,253	10,253		
3. Fringe Benefits	10,246	10,246		
<b>TOTAL PERSONNEL COST</b>	<b>102,851</b>	<b>102,851</b>		
<b>B. OTHER CURRENT EXPENSES</b>				
1. Airfare, Inter-Island	0	0		
3. Audit Services	572	572		
4. Contractual Services - Administrative	3,279	3,279		
5. Contractual Services - Subcontracts	0	0		
6. Insurance	864	864		
7. Lease/Rental of Equipment	271	271		
8. Lease/Rental of Motor Vehicle	0	0		
9. Lease/Rental of Space	15,173	15,173		
10. Mileage	431	431		
11. Postage, Freight & Delivery	657	657		
12. Publication & Printing	31	31		
13. Repair & Maintenance	1,274	1,274		
14. Staff Training	123	123		
15. Substance/Per Diem	0	0		
16. Supplies	1,496	1,496		
17. Telecommunication	2,190	2,190		
18. Transportation	0	0		
19. Utilities	3,452	3,452		
20. Beneficiary Cost	919	919		
21. Other -General & Administrative	21,745	21,745		
<b>TOTAL OTHER CURRENT EXPENSES</b>	<b>52,477</b>	<b>52,477</b>		
<b>C. EQUIPMENT PURCHASES</b>				
<b>D. MOTOR VEHICLE PURCHASES</b>				
<b>E. CAPITAL</b>				
<b>TOTAL (A+B+C+D+E)</b>	<b>155,328</b>	<b>155,328</b>		
<b>SOURCES OF FUNDING</b>		Budget Prepared By:		
(a) Total State Funds Requested	155,328	 <small>Signature of Authorizing Official</small>		
(b)		 <small>Date</small>		
(c)				
(d)				
<b>TOTAL BUDGET</b>	<b>155,328</b>	Ruthann Quitiquit, President and CEO <small>Name and Title (Please type or print)</small>		

## BUDGET JUSTIFICATION PERSONNEL - SALARIES AND WAGES

Applicant: Parents And Children Together's Family Peace Cent

Period: July 1, 2011 to June 30, 2012

	POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
	Program Director	1.00	63,345	17.22%	10,908
	Office Manager	1.00	35,000	18.72%	6,551
	Intake Specialist	1.00	30,000	9.36%	5,616
	Admin Assistant	1.00	30,000	9.36%	2,808
	Program Supervisor (Haupoa)	1.00	45,000	14.04%	6,318
	Counselor/Advocate (Haupoa)	1.00	36,000	3.18%	1,146
	Counselor/Advocate (Haupoa)	1.00	36,000	18.72%	6,739
	Program Supervisor (Puuhonua)	1.00	45,000	9.92%	4,465
	Counselor/Advocate (Puuhonua)	1.00	36,000	3.18%	1,146
	Counselor/Advocate (Puuhonua)	1.00	36,000	3.18%	1,146
	Program Supervisor (Kuleana)	1.00	45,000	18.72%	8,424
	Counselor/Advocate (Kuleana)	1.00	36,000	12.17%	4,380
	Counselor/Advocate (Kuleana)	1.00	36,000	12.17%	4,380
	Group Facilitators for all units	Hourly	111,716	16.40%	18,325
<b>TOTAL:</b>					<b>82,352.00</b>
<b>JUSTIFICATION/COMMENTS:</b>					

## BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Applicant: Parents And Children Together's Family      Period: July 1, 2011 to June 30, 2012

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
<b>NONE</b>			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
<b>TOTAL:</b>			\$ -	
<b>JUSTIFICATION/COMMENTS:</b>				

DESCRIPTION OF MOTOR VEHICLE	NO. OF VEHICLES	COST PER VEHICLE	TOTAL COST	TOTAL BUDGETED
<b>NONE</b>			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
<b>TOTAL:</b>			\$ -	
<b>JUSTIFICATION/COMMENTS:</b>				

**BUDGET JUSTIFICATION  
CAPITAL PROJECT DETAILS**

Applicant: Parents And Children Together's F.

Period: July 1, 2011 to June 30, 2012

FUNDING AMOUNT REQUESTED						
TOTAL PROJECT COST	ALL SOURCES OF FUNDS RECEIVED IN PRIOR YEARS		STATE FUNDS REQUESTED	OF FUNDS	FUNDING REQUIRED IN SUCCEEDING YEARS	
	FY: 2009-2010	FY: 2010-2011	FY:2011-2012	FY:2011-2012	FY:2012-2013	FY:2013-2014
PLANS	0	0	0	0	0	0
LAND ACQUISITION	0	0	0	0	0	0
DESIGN	0	0	0	0	0	0
CONSTRUCTION	0	0	0	0	0	0
EQUIPMENT	0	0	0	0	0	0
<b>TOTAL:</b>						
<b>JUSTIFICATION/COMMENTS:</b>						



# Required & Supporting Attachments



# Timeline



**FAMILY PEACE CENTER TIMELINE & WORKPLAN 2011-2012**

MONTH	PUUHONUA VICTIM/SURVIVOR UNIT		KULEANA OFFENDER UNIT		HAUPOA FAMILY UNIT	
	WHAT	WHO	WHAT	WHO	WHAT	WHO
July 2011	<i>ON-GOING ACTIVITIES:</i>		<i>ON-GOING ACTIVITIES:</i>		<i>ON-GOING ACTIVITIES:</i>	
	<i>Intake</i>	Intake Specialist and Administrative Assistant	<i>Intake</i>	Intake Specialist and Administrative Assistant	<i>Intake</i>	Intake Specialist and Administrative Assistant
			<i>Orientation</i>	Program Supervisor or Program Director		
	<i>Assessments</i>	Counselor/Adv. & Program Supervisor	<i>Assessments</i>	Counselor/Adv & Program Supervisor	<i>Assessments</i>	Counselor/Adv. & Program Supervisor
	<i>Individual Sessions (as needed)</i>	Counselor/Adv & Program Supervisor	<i>Individual Sessions for high risk offenders (for all others as needed)</i>	Counselor/Adv & Program Supervisor	<i>Individual Sessions (as needed)</i>	Counselor/Adv & Program Supervisor
	<i>First Phase Groups</i>	Facilitators, Counselor/Adv & Program Supervisor	<i>1. Stage 1 Groups (standard) 2. Namelehuapo no Kane Stage-1 Groups 3. Groups for Women Who Have Used Violence</i>	Counselor/Adv & Program Supervisor	<i>Groups: 1. School-Age Child and Parent Groups 2. Keiki Safe Groups</i>	Facilitators, Counselor/Adv & Program Supervisor
			<i>1. Stage 2 Groups (standard) 2. Namelehuapo no Kane Stage-2 Groups</i>	Facilitators, Counselor/Advocates & Program Supervisor		
	<i>Second Phase Groups</i>	Facilitator, Counselor/Adv & Program Supervisor		Counselor/Adv & Program Supervisor	<i>Family and/or individual sessions</i>	Facilitators, Counselor/Adv & Program Supervisor
	<i>Risk Assessment and Safety Planning</i>	Facilitators, Counselor/Adv & Program Supervisor	<i>Risk Assessment and Safety Planning</i>	Facilitators, Counselor/Adv & Program Supervisor	<i>Risk Assessment and Safety Planning</i>	Facilitators, Counselor/Adv & Program Supervisor
	<i>Attention to victim safety</i>	All staff	<i>Attention to victim safety</i>	All staff	<i>Attention to victim/child safety</i>	All staff
	<i>Crisis intervention &amp; Information and Referral</i>	Counselor/Adv, Facilitators & Program Supervisor	<i>Information and Referral to clients</i>	All staff as needed	<i>Information and Referral to clients</i>	All staff as needed
	<i>In-Community crisis response and assistance</i>	Counselor/Adv, Facilitators & Program Supervisor				
	<i>Case Coordination &amp; Advocacy</i>	Counselor/Adv & Program Supervisor	<i>Case coordination as needed</i>	All staff as needed	<i>Case Coordination &amp; Advocacy</i>	All staff as needed
	<i>Safety Check Calls (victim contact)</i>	Counselor/Adv & Program Supervisor	<i>Requests of extra Safety Check Calls (victim contact)</i>	Facilitators, Counselor/Adv & Program Supervisor		

<b>MONTH</b>	<b>PUGHONUA VICTIM/SURVIVOR UNIT</b>		<b>KULEPANA OFFENDER UNIT</b>		<b>HAUPOA FAMILY UNIT</b>	
July 2011 cont.	<i>Outreach and recruitment of program participants</i>	Counselor/Adv & Program Supervisor			<i>Outreach and recruitment of program participants</i>	Counselor/Adv & Program Supervisor
	<i>Reports &amp; Communication with Judiciary and other referral sources</i>	Counselor/Adv Program Supervisor, Intake Specialist, Administrative Assistant & Office Manager	<i>Reports &amp; Communication with Judiciary and other referral sources</i>	Counselor/Adv Program Supervisor, Intake Specialist, Administrative Assistant & Office Manager	<i>Reports &amp; Communication with Judiciary and other referral sources</i>	Counselor/Adv Program Supervisor, Intake Specialist, Administrative Assistant & Office Manager
	<i>Client Satisfaction Surveys</i>	Facilitators, Counselor/Adv, Program Supervisor & Program Director	<i>Client Satisfaction Surveys</i>	Facilitators, Counselor/Adv, Program Supervisor & Program Director	<i>Client Satisfaction Surveys</i>	Facilitators, Counselor/Adv, Program Coordinator & Program Director
	<i>Case Review</i>	Program Supervisor & Program Director	<i>Case Review</i>	Program Supervisor & Program Director	<i>Case Review</i>	Program Supervisor & Program Director
	<i>Supervision</i>	Program Supervisor	<i>Supervision</i>	Program Supervisor	<i>Supervision</i>	Program Supervisor
	<i>Case Consultation</i>	Counselor/Adv, Program Supervisor & Program Director	<i>Case Consultation</i>	Counselor/Adv, Program Supervisor & Program Director	<i>Case Consultation</i>	Counselor/Adv, Program Supervisor & Program Director
	<i>Staff performance evaluations</i>	Program Supervisors and/or Program Director	<i>Staff performance evaluations</i>	Program Supervisors and/or Program Director	<i>Staff performance evaluations</i>	Program Supervisors and/or Program Director
	<i>New staff orientation &amp; training</i>	Program Supervisors & Program Director	<i>New staff orientation &amp; training</i>	Program Supervisors & Program Director	<i>New staff orientation &amp; training</i>	Program Supervisors & Program Director
	<b>ACTIVITIES SPECIFIC TO THE MONTH:</b>		<b>ACTIVITIES SPECIFIC TO THE MONTH:</b>		<b>ACTIVITIES SPECIFIC TO THE MONTH:</b>	
	<i>QAIP Case Record Review</i>	All staff	<i>QAIP Case Record Review</i>	All staff	<i>QAIP Case Record Review</i>	All staff
August 2011	<i>ON-GOING ACTIVITIES: As listed above</i>	<i>ON-GOING ACTIVITIES: As listed above</i>	<i>ON-GOING ACTIVITIES: As listed above</i>	<i>ON-GOING ACTIVITIES: As listed above</i>	<i>ON-GOING ACTIVITIES: As listed above</i>	<i>ON-GOING ACTIVITIES: As listed above</i>
	<b>ACTIVITIES SPECIFIC TO THE MONTH:</b>		<b>ACTIVITIES SPECIFIC TO THE MONTH:</b>		<b>ACTIVITIES SPECIFIC TO THE MONTH:</b>	
September 2011	<i>ON-GOING ACTIVITIES: As listed above</i>	<i>ON-GOING ACTIVITIES: As listed above</i>	<i>ON-GOING ACTIVITIES: As listed above</i>	<i>ON-GOING ACTIVITIES: As listed above</i>	<i>ON-GOING ACTIVITIES: As listed above</i>	<i>ON-GOING ACTIVITIES: As listed above</i>
October 2011	<i>ON-GOING ACTIVITIES: As listed above</i>	<i>ON-GOING ACTIVITIES: As listed above</i>	<i>ON-GOING ACTIVITIES: As listed above</i>	<i>ON-GOING ACTIVITIES: As listed above</i>	<i>ON-GOING ACTIVITIES: As listed above</i>	<i>ON-GOING ACTIVITIES: As listed above</i>
	<b>ACTIVITIES SPECIFIC TO THE MONTH:</b>		<b>ACTIVITIES SPECIFIC TO THE MONTH:</b>		<b>ACTIVITIES SPECIFIC TO THE MONTH:</b>	
	<i>Group and other service observation</i>	Program Supervisors & Program Director	<i>Group and other service observation</i>	Program Supervisors & Program Director	<i>Group and other service observation</i>	Program Supervisors & Program Director

MONTH	PUUHONUA VICTIM/SURVIVOR UNIT		KULEANA OFFENDER UNIT		HAUPOA FAMILY UNIT	
October 2011 cont.	<i>QAIP Case Record Review</i>	All staff	<i>QAIP Case Record Review</i>	All staff	<i>QAIP Case Record Review</i>	All staff
November 2011	<i>ON-GOING ACTIVITIES: As listed above</i>	<i>ON-GOING ACTIVITIES: As listed above</i>	<i>ON-GOING ACTIVITIES: As listed above</i>	<i>ON-GOING ACTIVITIES: As listed above</i>	<i>ON-GOING ACTIVITIES: As listed above</i>	<i>ON-GOING ACTIVITIES: As listed above</i>
December 2011	<i>ON-GOING ACTIVITIES: As listed above</i>	<i>ON-GOING ACTIVITIES: As listed above</i>	<i>ON-GOING ACTIVITIES: As listed above</i>	<i>ON-GOING ACTIVITIES: As listed above</i>	<i>ON-GOING ACTIVITIES: As listed above</i>	<i>ON-GOING ACTIVITIES: As listed above</i>
January 2012	<i>ON-GOING ACTIVITIES: As listed above</i>	<i>ON-GOING ACTIVITIES: As listed above</i>	<i>ON-GOING ACTIVITIES: As listed above</i>	<i>ON-GOING ACTIVITIES: As listed above</i>	<i>ON-GOING ACTIVITIES: As listed above</i>	<i>ON-GOING ACTIVITIES: As listed above</i>
	<i>ACTIVITIES SPECIFIC TO THE MONTH:</i>		<i>ACTIVITIES SPECIFIC TO THE MONTH:</i>		<i>ACTIVITIES SPECIFIC TO THE MONTH:</i>	
	<i>Group and other service observation</i>	Program Supervisors & Program Director	<i>Group and other service observation</i>	Program Supervisors & Program Director	<i>Group and other service observation</i>	Program Supervisors & Program Director
	<i>Staff planning retreat (mid-year evaluation)</i>	Program Director, with input from all staff	<i>Staff planning retreat (mid-year evaluation)</i>	Program Director, with input from all staff	<i>Staff planning retreat (mid-year evaluation)</i>	Program Director, with input from all staff
	<i>QAIP Case Record Review</i>	All staff	<i>QAIP Case Record Review</i>	All staff	<i>QAIP Case Record Review</i>	All staff
February 2012	<i>ON-GOING ACTIVITIES: As listed above</i>	<i>ON-GOING ACTIVITIES: As listed above</i>	<i>ON-GOING ACTIVITIES: As listed above</i>	<i>ON-GOING ACTIVITIES: As listed above</i>	<i>ON-GOING ACTIVITIES: As listed above</i>	<i>ON-GOING ACTIVITIES: As listed above</i>
	<i>ACTIVITIES SPECIFIC TO THE MONTH:</i>		<i>ACTIVITIES SPECIFIC TO THE MONTH:</i>		<i>ACTIVITIES SPECIFIC TO THE MONTH:</i>	
	<i>Implement mid-year program evaluation feedback</i>	Program Director, with input from all staff	<i>Implement mid-year program evaluation feedback</i>	Program Director, with input from all staff	<i>Implement mid-year program evaluation feedback</i>	Program Director, with input from all staff
March 2012	<i>ON-GOING ACTIVITIES: As listed above</i>	<i>ON-GOING ACTIVITIES: As listed above</i>	<i>ON-GOING ACTIVITIES: As listed above</i>	<i>ON-GOING ACTIVITIES: As listed above</i>	<i>ON-GOING ACTIVITIES: As listed above</i>	<i>ON-GOING ACTIVITIES: As listed above</i>
April 2012	<i>ON-GOING ACTIVITIES: As listed above</i>	<i>ON-GOING ACTIVITIES: As listed above</i>	<i>ON-GOING ACTIVITIES: As listed above</i>	<i>ON-GOING ACTIVITIES: As listed above</i>	<i>ON-GOING ACTIVITIES: As listed above</i>	<i>ON-GOING ACTIVITIES: As listed above</i>
	<i>ACTIVITIES SPECIFIC TO THE MONTH:</i>		<i>ACTIVITIES SPECIFIC TO THE MONTH:</i>		<i>ACTIVITIES SPECIFIC TO THE MONTH:</i>	
	<i>Group and other service observation</i>	Program supervisors & Program Director	<i>Group and other service observation</i>	Program supervisors & Program Director	<i>Group and other service observation</i>	Program Supervisors & Program Director



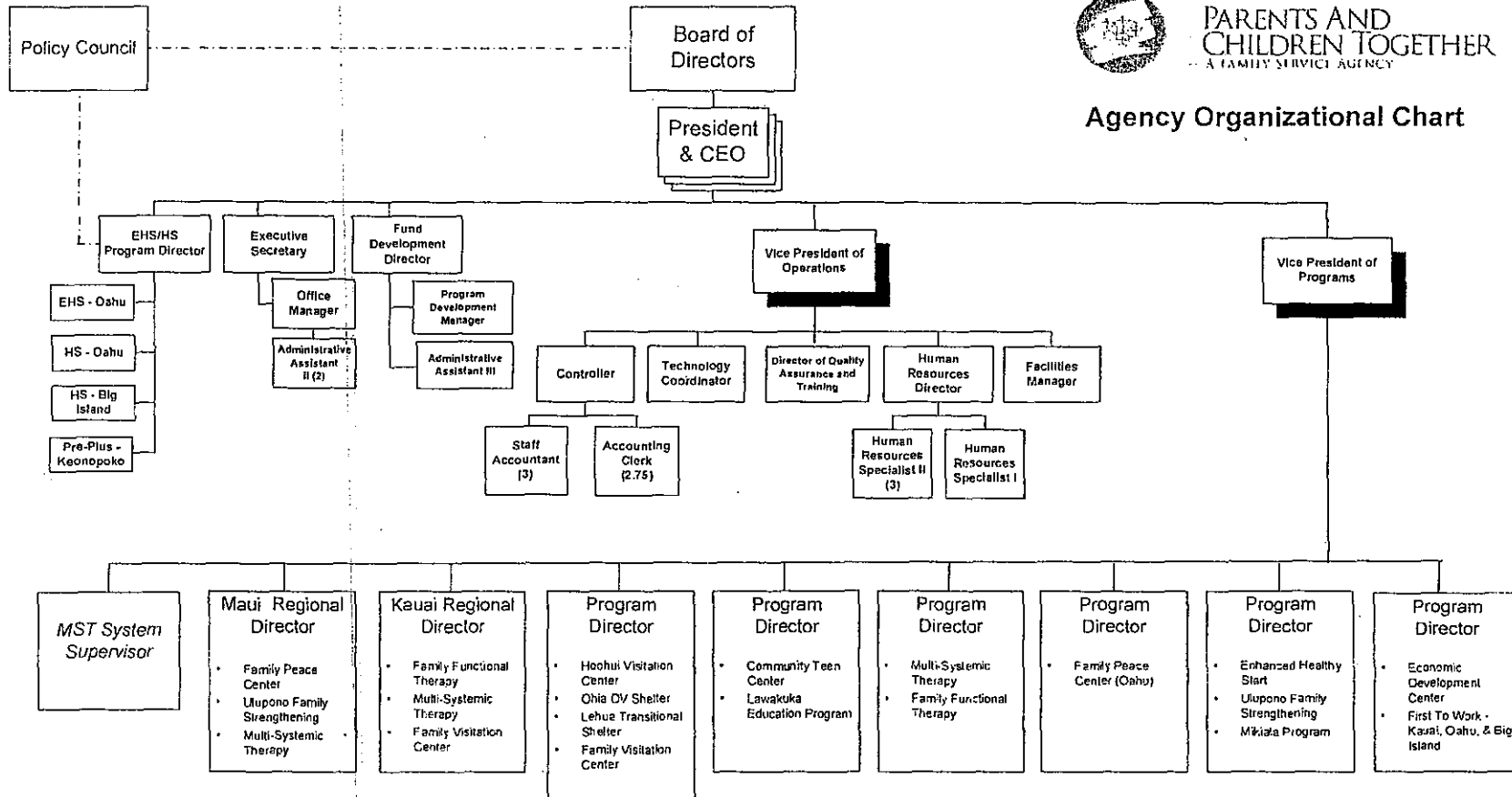
# Organizational Charts





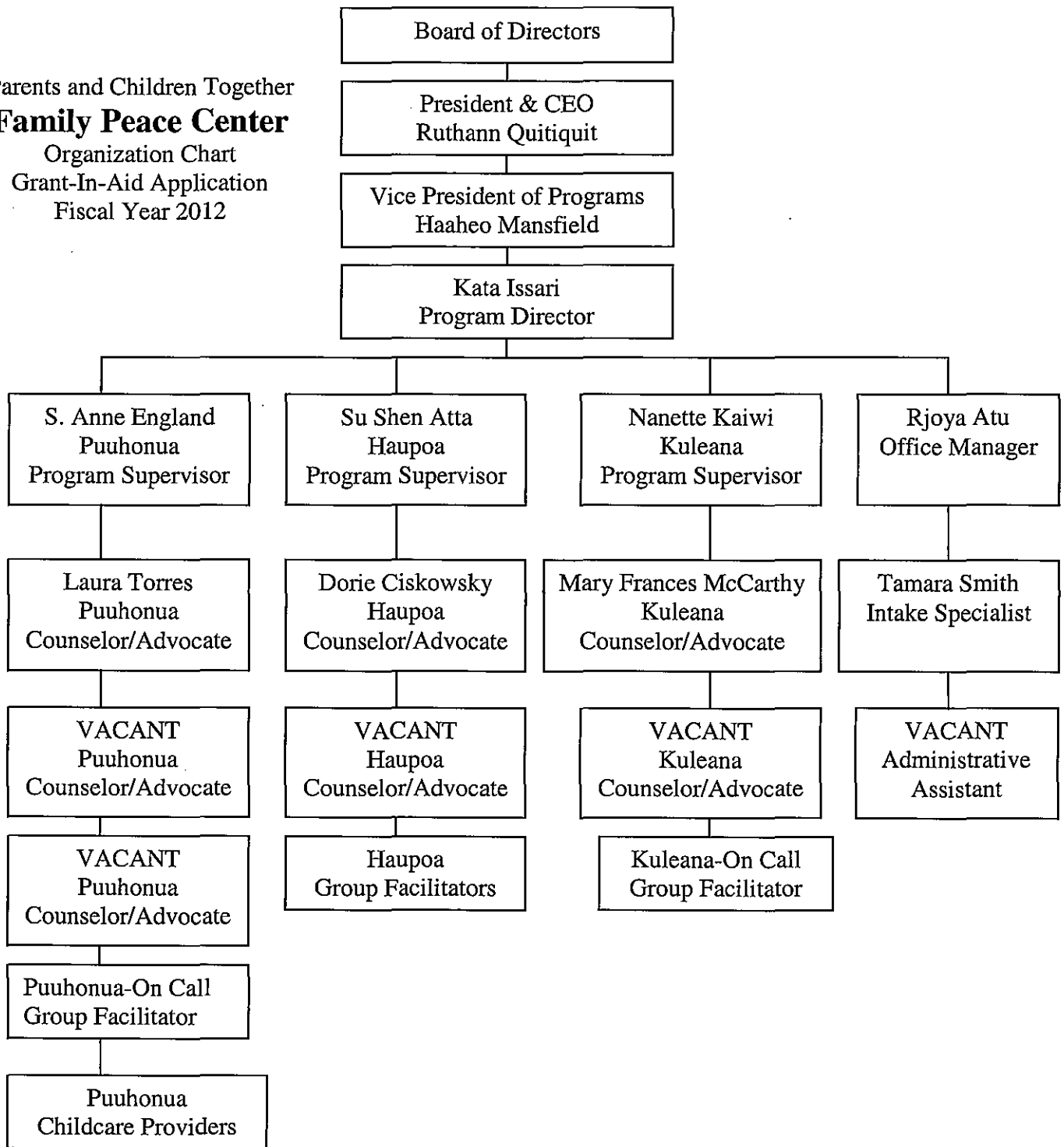
**PARENTS AND CHILDREN TOGETHER**  
A FAMILY SERVICE AGENCY

### Agency Organizational Chart





Parents and Children Together  
**Family Peace Center**  
 Organization Chart  
 Grant-In-Aid Application  
 Fiscal Year 2012



# Declaration Statement



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

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

- (1) Is licensed or accredited, in accordance with federal, state, or county statutes, rules, or ordinances to conduct the activities or provide the services for which a grant or subsidy is awarded;
- (2) Comply with all applicable federal and state laws prohibiting discrimination against any person on the basis of race, color, national origin, religion, creed, 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 to 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.

Parents And Children Together

(Typed Name of Individual or Organization)

(Signature)

January 30, 2008

(Date)

Ruthann Quitiquit

(Typed Name)

President & CEO

(Title)