



Maui Family Support Services, Inc.

...because keiki matter!!!

January 29, 2014

Chief Executive Officer:

L. Jani Sheppard



Board of Directors:

President

Michael E. Kim, M.D.

Vice President

Grant E. Howe, CCIM

Secretary

James W. Geiger, Esq.

Treasurer

Steve E. Clark, M.D.

Members:

Williet "Poni" Medeiros

ShyAnn Pebria

Debi Roling

**Audit and Finance
Committee:**

Thomas Douma

Clyde Kono

Honorary Members:

Edy Salenger

Mamoru Yamasaki (deceased)

Liaison Members:

April Apana, R.N.

Shirley Chun-Ming, R.N.



Programs:

Early Head Start

• Center-Based

• Home-Based

Enhanced Healthy Start

Fatherhood Involvement Team (FIT)

Healthy Start

Lana 'i Family Support Services

Moloka 'i Family Support Services

Ohana Support Services

Raising Our Keiki's Keiki (ROKK)

Teen Voices – Pregnancy & Substance

Abuse Prevention & Parenting Support

Lana 'i WIC

Rod Becker

Senate Committee on Ways and Means

Hawaii State Capitol, Room 208

415 South Beretania Street

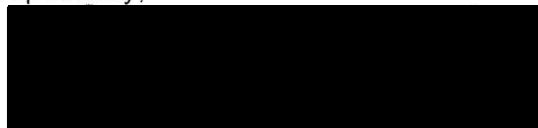
Honolulu, Hawaii 96813

Dear Mr. Becker,

Enclosed please find the Grant in Aid applications for CIP and Operating for Maui Family Support Services, Inc. On behalf of our Maui County community and the children and families we serve, I extend a warm mahalo for your time, review, and consideration. If you have any questions regarding our services or the attached funding application, please feel free to contact me directly at 242-0900, ext. 223.

Mahalo nui loa for your commitment to ensure a safety net for the most vulnerable members of our Maui County Community and for your service to all of Hawaii.

Respectfully,



L. Jani Sheppard

CC:

Senator Gilbert Keith-Agaran

Speaker Joseph Souki

Representative Justin Woodson

Senator Rosalyn Baker

Representative Angus McKelvey

Representative Kaniela Ing

Senator J. Kalani English

Representative Kyle Yamashita

Representative Mele Carroll

Representative Ty Cullen

1844 Wili Pa Loop, Wailuku, HI 96793 • Phone (808) 242-0900 • Fax (808) 249-2800

P.O. Box 1658, Kaunakakai, HI 96748 • Phone (808) 553-8114 • Fax (808) 553-8115

P.O. Box 631043, Lanai, HI 96763 • Phone (808) 565-7484 • Fax (808) 565-7484 *51

www.mfss.org • / @ mauifamilysupportservices

Maui
United Way



House District _____
Senate District _____

**THE TWENTY-SEVENTH LEGISLATURE
APPLICATION FOR GRANTS AND SUBSIDIES
CHAPTER 42F, HAWAII REVISED STATUTES**

Log No:

For Legislature's Use Only

Type of Grant or Subsidy Request:

- GRANT REQUEST – OPERATING GRANT REQUEST – CAPITAL SUBSIDY REQUEST

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

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

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

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

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

1. APPLICANT INFORMATION:

Legal Name of Requesting Organization or Individual:

MAUI FAMILY SUPPORT SERVICES, INC.

Dba:

Street Address: 1844 Wili Pa Loop, Wailuku, HI 96793

Mailing Address:

2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:

Name JANI SHEPPARD

Title Chief Executive Officer

Phone # 808-242-0900 Ext 223

Fax # 808-249-2800

e-mail Jani@mfss.org

3. TYPE OF BUSINESS ENTITY:

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

6. DESCRIPTIVE TITLE OF APPLICANT'S REQUEST:

RESTORATION AND EXPANSION OF SERVICES FOR FAMILIES WITH 0-3 AGED CHILDREN AND LATE-BORNS

4. FEDERAL TAX ID #: _____

5. STATE TAX ID #: _____

7. AMOUNT OF STATE FUNDS REQUESTED:

FISCAL YEAR 2015: \$927,532

8. STATUS OF SERVICE DESCRIBED IN THIS REQUEST:

- NEW SERVICE (PRESENTLY DOES NOT EXIST)
 EXISTING SERVICE (PRESENTLY IN OPERATION)
FOR A COMBINATION OF BOTH EXISTING AND NEW SERVICES

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

STATE \$0
FEDERAL \$1.25 MIL
COUNTY \$68,000
PRIVATE/OTHER \$ PENDING

JANI SHEPPARD, CHIEF EXECUTIVE OFFICER
NAME & TITLE

1/29/2014
DATE SIGNED

Application for Grants and Subsidies

I. Background and Summary

1. Brief Description of Applicant's Background

The Mission of MFSS is “to promote healthy family functioning by providing supportive services which build on family strengths.” The Prime Directive is “to utilize our collective resources toward the prevention of child abuse and neglect.” For fiscal year ending June 30, 2013, MFSS served over 5,500 individuals. In November 2013, MFSS celebrated 33 years of service to families with young children on the islands of Lana`i, Moloka`i, and Maui. MFSS is accredited by the National Council on Accreditation for Children and Families (COA) and received another 4 year expedited accreditation (highest level) acknowledging excellence in Program, Administrative and Finance Operations. MFSS' A-133 Audit has had no findings or concerns in 4 years. The Board of Directors meets monthly to review financial and program activities and to conduct planning. MFSS provides a myriad of services to address co-occurring risk factors for child abuse and neglect (CAN).

The majority of families with whom MFSS works with are low income families and experience low socio-economic status. MFSS conducts outreach to engage pregnant women and expectant fathers, as well as pregnant and parenting teens, to engage them in services early to promote positive birth and child outcomes. MFSS provides strength-based, culturally and linguistically relevant, and participant-centered services to prevent child abuse and neglect by: 1) increasing Protective Factors and decreasing risk factors for CAN; 2) promoting maternal and child health including preconception health; 3) providing family strengthening services; and 4) promoting optimal child development in the 5 domains and school readiness. MFSS has formal Memoranda of Agreement and collaborations with our community partners to support a seamless system of care and support for children and families. We work to avoid duplication of services by partnering with other organizations via mutual referral, inclusion in the resources provided to participants, training for professional development, knowledge of current resources and sharing of resources and information to better serve participants.

2. The Goals and Objectives Related To The Request

- Increase capacity by identifying and screening un-served families at high risk for CAN in Maui County.
- Identify families at high risk for CAN in census tracts not eliminated due to funding cuts. Restore capacity to screen and assess high risk families in census tracts 306-313 so they can receive CAN services.
- Ensure capacity to provide services to un-served families who screen as high risk for CAN by restoring services to Moloka`i, Lana`i, and uncovered census tracts on Maui.
- Provide EHS services to income and categorically eligible high risk families in un-served Lana`i, Moloka`i, and un-served census tracts on Maui.
- CAN prevention and early childhood services to gap group of high risk families with children 3-5 years old.
- Increase capacity to provide underserved community of families involved in CWS at high risk for CAN.

The Public Purpose and Need To Be Served

Maui is designated as a Medically Underserved Population (MUP) by the Public Health Service Act (PHS). Child abuse and neglect, prenatal care, early identification of confirmed or suspected developmental delays, nutrition, poor health, and access to timely and affordable care/treatment are among the challenges of these families.

According to a 2012 Center for Disease Control report on the cost of Child Abuse and Neglect (CAN) financial costs for CAN rival other major health and public health concerns (http://www.cdc.gov/media/releases/2012/p0201_child_abuse.html).

This report highlighted the following:

ESTIMATED AVERAGE LIFETIME COST PER NONFATAL VICTIM:

- \$32,648 in childhood health care costs
- \$10,530 in adult medical costs
- \$144,360 in productivity losses
- \$7,728 in child welfare costs
- \$6,747 in criminal justice costs
- \$7,999 in special education costs

ESTIMATED AVERAGE LIFETIME COST PER CHILD DEATH INCLUDES:

- \$14,100 in medical costs
- **\$1,258,800** in productivity losses

The cost per child for this grant request is \$1,507/year, way lower than the cost of CAN as indicated in the above report.

The Public Purpose is to:

- 1. Restore and increase the capacity of safety-net services in Maui County to prevent Child Abuse and Neglect.***
- 2. Provide services for unserved high-risk families in unserved census tracts;***
- 3. Provide effective, evidenced-based, cost-effective services that promote optimal child health and development, strengthen families and promote family self-sufficiency.***

Prior to the 2009 funding cuts, in 2008 MFSS served 504 children at high risk for child abuse and neglect. When the program was cut completely in 2009, MFSS used savings and applied for foundation funding to maintain a small program in hopes that funding would be restored. The following demonstrates the relationship between need, capacity and funding:

	Children Served	Comments
FY 2008	504	Adequately funded
Jan – Aug 2009	390	First wave of cuts
Aug 2009 – June 2010	88	Funded via MFSS savings and foundation grants
FY 2010	50	Funded via MFSS savings and one (1) foundation grant
FY 2011	48	Funded via MFSS savings and one (1) foundation grant
FY 2012	28	Funded via MFSS savings and one (1) foundation grant
FY 2013	73	Partial restoration of state funding
Effective 1/1/14	10	Elimination of funding with exception of Lana`i

The most recent 2012 child abuse and neglect report for the Hawaii Department of Human Services (DHS) indicates that while Maui County comprises 11% of Hawaii's population, 17% of the confirmed cases of abuse are from Maui County compared to other counties such as Honolulu which is 70% of the population and 54% of confirmed cases. This DHS report further indicates that 40% of reported cases in Maui County are confirmed for child abuse and neglect.

The table below shows the number of families that MFSS screened from FY 2008 through 2013:

	Parents of Newborns Screened	Variance	Comments
FY 2008	1710		Adequately funded
August 2009 – June 30, 2010	1162	-548	Funding eliminated; staffing reduced from 4 FTE to 1.6 FTE ; MFSS used savings and two (2) Foundation grants
FY 2010	1123	-39	.8 FTE Funded via MFSS savings and one (1) foundation grant; screening tool shortened and only screen income eligible families to meet reduced capacity
FY 2011	1090	-33	.8 FTE Funded via MFSS savings and one (1) foundation grant; screening tool shortened and only screen income eligible families to meet reduced capacity
FY 2012	1016	-74	.6 FTE Funded via MFSS savings and one (1) foundation grant
FY 2013	1201	+185	2.0 FTE Partial restoration of State funding with significantly increased requirements for screening
Effective 1/1/14			Funded for selected Census tracts in Maui County. Not selected: Moloka`i, Lana`i, Haiku, Kula, Makawao, Lahaina/West Side

The major precipitating factors of child maltreatment include an inability to cope with parenting problems and life stressors, such as inadequacies in income and housing, substance abuse, mental health issues, especially maternal depression, and Intimate Partner Abuse (IPA). Other risk indicators include low birth weight, teen pregnancy, tobacco use in the home, children with confirmed or suspected developmental delay, and low school achievement. These are all areas of comprehensive screening, early identification, and referral in which MFSS has demonstrated competency. Early identification, both pre- and post-natal, of families eligible for services is crucial to the protection of children from abuse and neglect.

Need related to Co-Occurring Risk Factors For Child Abuse and Neglect

Poverty

According to the 2013 Report from the Hawaii Health Care Association the highest poverty rates in the county are found on the Island of Moloka`i, on the north shore of the Island of Maui, and among Native Hawaiian and Pacific Islander populations. The report further states, this population is "largely driven by economic insecurity, social issues such as unemployment, education, alcoholism, and domestic violence all influence a community's health." Low-income families are affected by challenging and stressful social

factors that limit opportunities for economic self-sufficiency and advancement. Furthermore the resulting stress has a negative effect on individual family and community health. Although Maui County compares well to other Hawaii counties in data indicators, the heavy impact that the social environment has on health makes this area a key priority in addressing community health. The 2010 DOH Hawaii Primary Care Needs assessment indicates 26.5% of Maui County residents fall below the 200% Federal Poverty Level and the County has the highest rate of uninsured adults.

Alcohol and Other Drug Use

Development and strengthening of coping and problem solving skills are protective factors for substance abuse and mental health concerns. This includes providing skills and resources, including treatment readiness and treatment services, to families with limited ability to cope with the antecedents and consequences of substance abuse and untreated mental illness in order to promote positive parenting and environments that support child wellness.

There are severely limited residential treatment slots available for individuals on QUEST or using ADAP funding. In Maui County in 2006-2010, the overall percent of hospital admissions that were associated with a substance related disorder was higher (11.9%) than any other County in Hawai'i and more than the state average of 8.9%. The hospitalizations related to substance disorders were particularly high in Lahaina (17.0%), Hana (14.2%), and Makawao (12.3%). Each of these areas is among the unserved census tracts discussed in this funding request.

Mental Health

Mental health services need to include case management, housing for adults with serious issues, and substance abuse treatment; both Maui and Moloka'i are federally designated mental health professional shortage areas.

Teen Pregnancy

Abused children are **25% more likely** to experience teen pregnancy. According to the 2011 National Campaign to Prevent Teen Pregnancy Report, the cost of Teen births in Hawai'i was \$37.4mil/annually. Of the teens giving birth in 2011: 30% were 15-17 years old; 69% 18-19 years old; 31% was their first teen pregnancy; and 6% was a subsequent teen pregnancy.

Developmental Delay

School readiness and early learning opportunities for children are protective factors for overall child wellness. Evidence-based assessment and intervention for suspected or confirmed developmental (cognitive, social, physical, emotional, behavioral) delays are integral components of our prevention efforts. The proposed program works to build protective factors by providing assessments and referrals for suspected delays, providing parents with tools, activities, and resources to promote optimal child development.

Grandparents Raising Grandchildren

According to the US Census Bureau, it is estimated that 12,600 grandparents in Hawai'i are raising their grandchildren. The most common reasons include: grandparents are relative resource caregivers for children who are in the Child Welfare system due to child abuse and neglect, the parent(s) are abusing

alcohol or other drugs or are in treatment for substance abuse; and the parent(s) have mental health concerns.

Access to Health Care

Residents throughout Maui County experience transportation and availability of care challenges. On Lana'i, women must travel to Maui or Oahu to give birth. Maui is also designated as a dental health professional shortage area. Because many health services are based on Oahu, Maui County families have limited access to both primary and specialty care physicians. According to the 2009 Race and Ethnicity Health Care Brief, The Role of Health Coverage for Communities of Color by the Kaiser Foundation, 3.8 mil or 32% of Asian/Native Hawaii/Pacific Islanders "were publicly covered or uninsured." It is expected that Health Care reform will positively affect the number of uninsured individuals. The Hana Community Health Clinic on Maui reports, "... the rate for inadequate prenatal care is almost 42%, nearly twice the County and State averages" (Nativehawaiianhealth.net).

3. Target Population To Be Served

The Target Population is:

- pregnant women, expectant fathers, and families (including single parents, resource families and grandparents raising their grandchildren) with children ages 0-8, and;
- living in un-served/under-served census tracts on Maui, Moloka'i and Lana'i, and;
- at high risk for Child Abuse and Neglect, and /or;
- financially (below poverty level) or categorically eligible for Early Head Start.

4. The Geographic Coverage

The Coverage Area is Maui County which includes the islands of Maui, Moloka'i and Lana'i. Specifically, the requested funding will provide services in un-served and under-served census tracts.

II. Service Summary and Outcomes

1. Scope of Work, Tasks and Responsibilities

The scope of work includes:

1. The early identification of families at high-risk for child abuse and neglect due to a myriad of co-occurring risk factors as determined by an evidenced based screen;
2. The provision of comprehensive, home-visiting services provided by a multidisciplinary team which includes mental health, substance abuse and child development specialists.

Early Identification - Families giving birth at Maui Memorial Medical Center, those presenting at Moloka'i General Prenatal Clinic will be screened and assessed for CAN risk factors using an evidence-based screen/assessment. Pregnant women on the island of Lana'i go to Oahu or Maui to give birth. MFSS will

screen those families giving birth on Maui. Additionally, referrals from community partners, and OB/GYN's will be screened and assessed on each island. In an effort to identify families prenatally, EID Specialists conduct outreach in appropriate places such as the Women Infants and Children (WIC) offices. In addition to excellent partnerships and weekly visits to the WIC offices, MFSS provides WIC services for the Lana'i community. Finally, families who are assessed as moderate to high-risk will be served by the home-visiting team with funding requested through this application. Income and categorically eligible families will be referred to MFSS Early Head Start. Low to moderate risk families will be referred to partners in the Home-Visiting Network in our community. All families, regardless of risk factors are provided with the MFSS resource packet for expectant parents and parents of newborns. This comprehensive packet includes a resource list, information on father involvement, Shaken Baby Syndrome DVD, childcare resources, resources for basic needs.

Evidence-Based Home-Visiting- HFA - The intensity and frequency of home-visiting services is based on family need and strength. As families served through this grant request are at high risk for CAN, they will receive weekly home visits. The home visiting team includes a Child Development Specialist, Clinical Specialist, and Family Support Worker (FSW). The team is supported by a Clinical Supervisor.

Enhanced Healthy Start – Home-visiting services are provided to families already involved in the child welfare system and at high risk for CAN. MFSS receives referrals directly from CWS including the diversion program. Families receive weekly home-visits from the Home Visiting Team which includes a Registered Nurse, Mental Health/Substance Abuse Specialist, and Family Support Worker (FSW). The team is supervised by a Clinical Supervisor. Due to the intensity of services, it is best practice that each FSW serve no more than 18 families at any given time. Due to the critical need and the fact that the Enhanced program is not permitted to have a waitlist, FSW's are serving an average of 22 families and a total of 107 children, at any given time. However, over 20% of these families also include Resource Caregivers, thereby significantly increasing the actual number of families served by each FSW. Funding for services in this request includes an additional team to ensure the safety net is available for these underserved families who are at very high risk for child abuse and neglect.

For calendar year 2013, MFSS had funding to provide a fatherhood facilitator to the enhanced team. This was exceptionally effective and well received; currently 50% of participants are dads and 6% are single dads.

Early Head Start – Weekly home-visits are provided by Parent-Child Educators (PCE). The home visiting team is supported by Maternal Child Health Specialist, including a Registered Nurse Health Specialist. Specialist services are also provided in the areas of mental health, substance abuse, education, nutrition, disabilities, and family and community partnerships. Families also participate in twice-per-month socializations to reduce isolation and to work on child development and parent-child interaction goals as identified in the Family Partnership Agreement developed by staff and parent. PCEs, in collaboration with the Education Specialist, use the evidence-based Teaching Strategies GOLD Assessment to identify and address school readiness goals. The program includes services and support for fathers to help ensure children and families experience the benefits and joys of on-going positive fatherhood involvement.

2. Projected Annual Timeline For Accomplishing The Results Or Outcomes Of The Service

Quarter 1 – Notify CWS, Home-Visiting Network, Regional Office for the Administration of Children and Families, and other Community Partners of restored and increased capacity. Hire and train new staff.

Quarter 2 – Provide Services

Quarter 3 – Provide Services, review semi-annual outcomes/outputs

Quarter 4 – Provide Services, review annual outcomes/outputs

In all quarters, apply for Federal (including but not limited MIECHV – Maternal Infant Early Childhood Home-Visiting) and other funding to sustain services.

3. Quality Assurance and Evaluation Plans for the Request

MFSS is committed to strong and effective services that include evidence-based and best practices curricula and approaches. We conduct ongoing Performance and Quality Improvement (PQI) activities to regularly monitor program outcomes and make adjustments as needed. PQI also includes soliciting and integrating participant feedback on services, pre- and post- tests for changes in knowledge, skill or behavior, and adjusting services or approaches as appropriate and feasible. One of our primary measures will be the ability to secure funding to sustain services. MFSS will apply for MIECHV and other home-visiting funding using our state funds to leverage these requests. We have also submitted a CIP designed to generate income for long-term sustainability for our mission related services. MFSS will continue to do fundraising and applications for Foundation funding. MFSS was able to commit funding for a Resource Development position through June 30, 2014. Our GIA request includes funding to continue this position, whose primary function is to identify and secure funding for MFSS services.

Quality Assurance and Evaluation

MFSS is dedicated to providing high quality, evidenced-based and best practice services to individuals and families, and is accountable to those entities which fund these services, as well as the families themselves. MFSS meets or exceeds program requirements, has an excellent track record for delivering outcomes, and completes projects in the time stated.

MFSS closely monitors projects: When we anticipate circumstances beyond our control will affect our timeline, we make adjustments and communicate with our funders. Our PQI review process is set by the Mission of the organization. PQI focuses on:

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

MFSS has a Performance and Quality Assurance Coordinator (PQAC), who serves as the Coordinator of the PQI Committee. MFSS places significant efforts and resources into its PQI activities. A strength-based approach is used with staff in supervision. The PQI activities are also strength-based. These include Quarterly Case Record Reviews, Reflective Supervision, Training, multi-level review of program

outputs and outcomes, and review of our monitoring and accreditation reports, review and update our policies and procedures, and adherence to accreditation, state and federal standards. All Supervisors have critical tasks in the PQI process. The purpose of case reviews is to maintain case record documentation standards that aid in the refinement of service delivery and documentation. Improvement Plans are developed and implemented to strengthen areas that may be uncovered as part of the Case Record Review process. They are then reviewed with the appropriate staff person, with the goal of improving the individual's performance, rather than in a punitive manner. MFSS adopts COA's approach to excellence, which sees that a broad-based, agency wide quality improvement process, including all staff and stakeholders, is a vital and essential management tool. EHS program specific standards include the Performance Standards and Quality Assurance activities which support continuous quality improvement in adherence to the standards, on-going evaluation, and completion of the quality improvement plans.

PQI is a part of each employee's job description, orientation, and performance evaluation. The PQAC, with support from the Executive Leadership Team, is vested with the coordination of the PQI activities. MFSS has a clear defined agenda and structure for PQI orientation. This PQI orientation is conducted during the first month of employment. Often, the group is one that crosses program lines, which enriches the experience of the staff as they learn the parameters of the other programs, along with the procedures and principles involved in the PQI process. PQI is also a part of team and monthly staff meetings.

4. Measures of Effectiveness That Will Be Reported to the State Agency

- 75 - Families at high risk for CAN who are currently in un-served census tracts on Maui and on un-served Moloka'i and Lana'i will receive evidenced-based home-visiting services to prevent the occurrence of CAN.
- 250 - Families giving birth at Maui Memorial Medical Center who live in un-served census tracts as well as the un-served census tracks of Moloka'i and Lana'i, will receive screen/assessment for early identification of high risk factors of CAN and prenatal families presenting at Molokai Prenatal Clinic so they can provide prevention and early intervention services to prevent CAN.
- 25 un-served families eligible for participation in Enhanced Healthy Start services will receive services to prevent the re-occurrence of CAN among these families.
- Financially (200% below poverty level) and categorically eligible families in un-served census tracks on Maui, Lana'i, and Moloka'i will receive Early Head Start services, promote optimal child development, identify and address suspected development delays, strengthen families, and prevent the occurrence of CAN.

III. Financial

Budget

1. Budget Utilizing the Enclosed Budget Forms to Detail the Cost of the Request.

Please see attached.

2. Anticipated Quarterly Funding Requests for the Fiscal Year 2015.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
\$245,383	\$231,883	\$231,883	\$218,383	\$927,532

3. Listing of All Other Sources of Funding We Are Seeking for Fiscal Year 2015.

- Federal Early Head Start - \$1.25 Million
- Maui County Early Head Start Line Item -\$68,000
- Office of Youth Services – Seven Grants totaling \$447,800.00
- Maui United Way – Amount unknown – dependent of availability of funds.

4. State and Federal Tax Credits Granted Within the Prior Three Years.
No tax credits granted.

5. Balance of Unrestricted Current Assets as of December 31, 2013.

Please see attached.

IV. Experience and Capability

A. Necessary Skills and Experience

Early Head Start (EHS), continuous service since 1998 (Laura Candeloro, Program Specialist, Office of Head Start) laura.candeloro@acf.hhs.gov; (415) 437-8563 – Maintains enrollment of 134 families with children 0-3yrs old. In addition to EHS Home Visiting services throughout the County, MFSS provides two (2) licensed EHS Child Development Centers with services at no charge to income and categorically eligible families working or attending school. The evidenced based, federally-funded program serves low income prenatal women and families with children up to three years of age on Maui, Lana`i and Moloka`i and includes specialist services in the areas of maternal and child health, education, disabilities, fatherhood, child and adult mental health and child development.

Early Identification (EID) Team, continuous service since 1983 (N. Tod Robertson, Statewide Home Visiting Network Coordinator, Maternal and Child Health Branch, Department of Health) nickey.robertson@doh.hawaii.gov; (808) 733-9041 – services provided 360 days/year. The hospital-based component provides face-to-face screening and assessment interview to families with newborns (or by phone/home visit if the participant is not available at the hospital) to assess for CAN risk factors and determine eligibility for MFSS services. Prenatal participants are admitted to services through outreach to WIC offices and other prenatal providers, as well as medical, community and self-referrals, informational packets, resource list(ing)s and community referrals to all families with newborns. Effective 1/1/14, EID is not funded for Lana`i or Moloka`i and several Census tracts on Maui.

Healthy Start Home Visiting, 1988 – December 2013 on Maui, 1994 – 2012 on Lana`i, and 2005 – 2012 on Moloka`i (N. Tod Robertson, Statewide Home Visiting Network Coordinator, Maternal and

Child Health Branch, Department of Health) nickey.robertson@doh.hawaii.gov; (808) 733-9041 – Provides services to high risk families with children 0-3 years of age to avoid involvement with the Child Welfare System. The program provides home visiting services to prevent child abuse and neglect by enhancing family functioning, addressing high risk factors for CAN, and increasing Protective Factors; teaching problem solving skills and improving family support systems; promoting healthy child development and positive birth outcomes; promoting positive Parent-Child Interaction (PCI) including bonding and attachment. Effective January 2014, the service is only funded for Lana`i.

Enhanced Healthy Start, continuous operation since 2005 (Christine Gamboa, POS Program Specialist, Department of Human Services, Social Services Division) cgamboa@dhs.hawaii.gov; (808) 586-5687 – Provides home-visiting services for families already involved with Child Welfare Services (CWS) for CAN. The team consists of a Mental Health/Substance Abuse Specialist, a Registered Nurse focused on maternal and child health and child development, and Home Visitors. Intimate Partner Abuse (IPA), substance abuse and mental health issues are predominant elements with over 90% of these families.

Lana`i Women, Infants and Children (WIC), continuous operation since 2011 (Iris Takahashi, Clinic Operations Supervisor WIC Service Branch) iris.takahashi@wic.org; (808) 586-8080 – MFSS provides WIC services on the island of Lana`i to 150 low income pregnant, breastfeeding and non-breastfeeding post-partum women, infants and children up to five years of age to prevent and address low-birth weight and poverty, and prevent infant mortality. Special food packages are provided for homeless pregnant women, mothers, and infants.

Tobacco Cessation, continuous since 2011 (Roella Foronda, Program Associate, Hawai`i Community Foundation) rforonda@hcf-hawaii.org; (808) 566-5536 – This program addresses the risk factor of tobacco use as it relates to infant mortality, maternal and infant health including child asthma and respiratory illness, and low birth weight, particularly for prenatal families. The program provides screening, cessation information, Brief Intervention counseling, and healthy life style support groups. Information is also provided to all families giving birth at Maui Memorial Medical Center. MFSS provides the Not-On-Tobacco (N.O.T) © Curriculum to high school students.

USDA, continuous since 2004 (Shayne Kitano, Shayne Kitano/OHCNP/HIDOE@notes.k12.hi.us and/or Eleanore Fong-Severance, Eleanore Fong-Severance/OHCNP/HIDOE@notes.k12.hi.us Program Specialist (808) 587-3600) – MFSS receives USDA funds to provide meals and snacks to the children participating in our EHS Child Development Centers. Our USDA food service began in August 2004. MFSS is in full compliance with all service, financial, and reporting requirements. This program addresses risk indicators of poverty.

Teen Voices, continuous since 1998 (Nora Kawasaki) nora.kawasaki@notes.k12.hi.us – Provides support groups for pregnant and parenting teens as well as extensive outreach to help prevent teen pregnancies. The program uses evidenced-based Life Skills © curriculum in the intermediate and high schools on Maui and Lana`i. Services were also provided on Moloka`i until the 2012 funding reduction.

Connect for Success, since 2013 (Roella Foronda, Program Associate, Hawai`i Community Foundation), rforonda@hcf-hawaii.org (808) 566-5536 – Provides dropout prevention services to 90

intermediate school students identified via the Hawai'i Early Warning System (HEWS) as very high risk for dropping out of school. Provides a 3 part program: classroom evidenced-based Success Highways Curriculum ©, after- school programs for youth and their parents, and home visits. Contracted through 2016.

Fatherhood Involvement Team (FIT), continuous since 2005 (Jud Cunningham, CEO, Aloha House) Judc@aloha.net; (808) 579-8414 – FIT targets prenatal/expectant fathers, teen dads, fathers with children under the age of eight, promotes positive and regular father involvement to lessen the potential for CAN, increasing Protective Factors, and promotes optimal child development (social, emotional, cognitive, physical, psychological and school readiness/achievement). Provides multiple weekly groups, home visits and individual services, focused on the importance of regular, positive father involvement, and responsible parenting. Facilitators provide father-specific education and support using evidenced-based 24-7 Dad © Curriculum as well as other curricula. Coordinator is a member of the State Commission on Fatherhood and Trainer for the Inside-Outside © curriculum for fathers scheduled for release from prison, the 24-7 Dad© and “the 7 Habits of the Highly Effective Father © curricula”. MFSS is currently working with University of Hawai'i on a research related to 24-7 Dad.

Good Beginnings, continuous since 2000 (Kaina Bonacorsi, Maui County Early Childhood Resource Coordinator) Kaina.Bonacorsi@co.maui.hi.us; (808) 270-5557 – Provides childcare subsidy and works in partnership with the Maui County Early Childhood Resource Coordinator to support families with children 0-8 years of age.

Raising Our Keiki's Keiki (ROKK), continuous since 2006 (Jan Shishido, Deputy Director, DHHS) janice.shishido@co.maui.hi.us; (808) 270-7805 – Provides support and information groups for grandparents raising their grandchildren. The group includes the evidenced-based curriculum, Guiding Good Choices©, to help grandparents provide nurturing parenting skills, promote positive child development and health outcomes, and prevent alcohol and other drug use by their grandchildren to break the cycle of risk factors for CAN and poor child health outcomes.

B. Facilities

MFSS' main office is located in Central Maui on one of the few bus lines. The Agency occupies both floors of the 9,240 square foot building with the Kupukupu Early Head Start Child Development Center and classrooms, Early Head Start Content Area Specialists, Administrative Support, and conference rooms (on the first floor), Home Visitors for Healthy Start, Enhanced Healthy Start, and Early Head Start, EID, EHS and Healthy Start Clinical and Home Visiting Supervisors, ROKK, and Administration (on the second floor). The main Wailuku facility including the parking lots and child development playscapes meet ADA requirements. The 2nd Early Head Start Child Development Center is located within the Ka Hale A Ke Ola Resource Center-Westside. The MFSS Center and playscape there are also ADA accessible and compliant.

The MFSS Lana'i and Moloka'i offices are each centrally located in their communities and meet ADA requirements. The DOO, DECES/EHS, and Home Visiting Supervisors visit MFSS facilities on Moloka'i and Lana'i regularly for supervision, training, and support. Observations and completion of safety and

compliance reviews help to ensure ADA and other compliance. MFSS is able to accept TDD/TDY telephone calls to ensure access to services for the hearing impaired. In addition, ADA compliant public facilities such as community centers, church halls, and parks are used for program and group activities. We have included on our liability policy, the most frequently used community facilities as “additionally insured” and increased liability insurance in July 2010 to meet new state contracting requirements. Emergency procedures also address evacuation of persons with physical/mental limitations.

The WIC Clinic on Lana'i is located in the County Cottage and is ADA accessible, including ramps for wheelchair access onto the lanai waiting area. There are also toys and games to occupy children when families are waiting.

The Lana'i facility is ADA compliant. It is located with the majority of the human and social service providers on Lana'i and is within yards of the health clinic and within two blocks of the MFSS WIC clinic.

Private areas such as conference rooms and offices with doors are available for private meetings with families. Families sometimes choose to meet outside so their children can play in the developmental playscape. The location of the meetings allow for privacy and confidentiality.

The Wailuku and Lahaina facilities where the EHS infant/toddler classrooms are located are only accessible with a key card and the building has 24-hour camera surveillance. The teachers and reception staff can view visitors on monitors before letting them in the building.

V. Personnel: Project Organization and Staffing

A. Proposed Staffing, Staff Qualifications, Supervision and Training

This funding request includes the addition of Early Identification and Home-Visiting teams to provide services in un-served census tracts of Maui County.

EID – (3) FTE Family Assessment Workers and (1) FTE Supervisor

HFA – (1) FTE Clinical Supervisor; (4) FTE Family Support Workers (FSW) (Home Visitors)

EHS – (1) FTE Home Visiting Supervisor; (3) FTE Parent-Child Educators and (5) Specialists in the area of Maternal Child Health (physical, nutrition, mental health, disabilities, and family partnerships) and Education Specialists

All staff receive weekly individual supervision sessions. Home-Visiting staff also receives group supervision, twice per month. Each staff member has a Professional Development plan that is reviewed and updated at each evaluation session. Staff receive performance evaluations at the end of their 1st 3 months of employment and annually thereafter. All staff receive a minimum of 50 hours of training per year and attend monthly all-staff meetings for communication and training on topics relevant to all staff. All staff meet or exceed minimum position requirements. All hires are contingent upon FBI, Child Abuse and Neglect, and State Criminal background Checks as well as Traffic Abstracts.

B. Organization Chart

Please see attached Organizational chart.

C. Compensation

- Chief Executive Officer - \$86,791.53
- Enhanced Healthy Start Registered Nurse Child Development Specialist - \$65,322.57
- Director of Early Head Start and Early Childhood Education and Services - \$64,870.22

VI. Other

A. Litigation

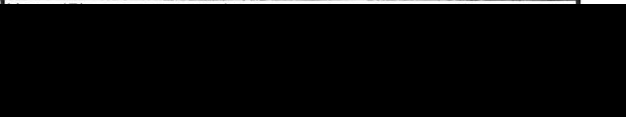
Maui Family Support Services, Inc. does not have pending litigation to which we are a party nor any outstanding judgments.

B. Licensure or Accreditation

MFSS is accredited by the National Council on Accreditation for children and families. MFSS has received expedited (highest level) accreditation for the past 8 years. Each of the child development centers are licensed by the Hawaii Department of Human Services. MFSS is adding a new accreditation for Healthy Families America and the site visit is scheduled for spring 2014.

BUDGET REQUEST BY SOURCE OF FUNDS
(Period: July 1, 2014 to June 30, 2015)

Applicant: Maui Family Support Services, Inc.

BUDGET CATEGORIES	Total State Funds Requested (a)	Other Funding Source (b)	Total Project (c)	(d)
A. PERSONNEL COST				
1. Salaries	543,973	1,678,438	2,222,411	
2. Payroll Taxes & Assessments	88,994	280,928	369,922	
3. Fringe Benefits	130,393	242,434	372,827	
TOTAL PERSONNEL COST	763,360	2,201,800	2,965,160	
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island	822	1,096	1,918	
2. Insurance	13,201		13,201	
3. Lease/Rental of Equipment				
4. Lease/Rental of Space	23,750	3,000	26,750	
5. Staff Training	5,700		5,700	
6. Supplies	19,346		19,346	
7. Telecommunication	13,180	600	13,780	
8. Utilities	17,400		17,400	
9. Audit	7,500	4,500	12,000	
10. Contractual-Admin	9,220		9,220	
11. Contractual-Sub contractors	5,281	7,041	12,321	
12. Postage, Freight	4,000	1,000	5,000	
13. Printing, Copying & Publication	9,250		9,250	
14. Repair & Maintenance	11,520	5,793	17,313	
15. Local Travel	8,661	1,800	10,461	
16. Per Diem/Subsistence	1,840		1,840	
17				
18				
19				
20				
TOTAL OTHER CURRENT EXPENSES	150,671	24,830	175,501	
C. EQUIPMENT PURCHASES	13,500		13,500	
D. MOTOR VEHICLE PURCHASES				
E. CAPITAL				
TOTAL (A+B+C+D+E)	927,532	2,226,630	3,154,161	
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested	927,532	Debbie Butay 808-242-0900		
(b) Other funding source	2,226,630			
(c)				
(d)				
TOTAL BUDGET	3,154,162	L. Jani Sheppard, CEO Name and Title (Please type or print)		

BUDGET JUSTIFICATION PERSONNEL - SALARIES AND WAGES

Applicant: Maui Family Support Services, Inc.

Period: July 1, 2014 to June 30, 2015

POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
Family Support Worker, Enhanced Healthy Start Maui	1	\$30,000.00	100.00%	\$ 30,000.00
Family Support Worker, Enhanced Healthy Start Maui	1	\$30,000.00	100.00%	\$ 30,000.00
Parent Child Educator, Early Head Start Maui	1	\$30,000.00	100.00%	\$ 30,000.00
Clinical Specialist, Early Head Start Maui	1	\$40,000.00	5.00%	\$ 2,000.00
Disability Specialist, Early Head Start Maui	1	\$45,000.00	5.00%	\$ 2,250.00
Education Specialist, Early Head Start Maui	1	\$44,100.00	5.00%	\$ 2,205.00
Family & Community Specialist, Early Head Start Maui	1	\$33,600.00	5.00%	\$ 1,680.00
Health Specialist, Early Head Start Maui	0.5	\$57,761.00	5.00%	\$ 2,888.05
Clinical Supervisor, Early Head Start Maui	0.75	\$40,000.00	25.00%	\$ 10,000.00
Family Support Worker, Healthy Family Maui	1	\$30,000.00	100.00%	\$ 30,000.00
Family Support Worker, Healthy Family Maui	0.5	\$15,000.00	100.00%	\$ 15,000.00
Clinical Specialist, Healthy Family Maui	0.5	\$20,000.00	100.00%	\$ 20,000.00
Child Development Specialist, Healthy Family Maui	0.5	\$16,000.00	100.00%	\$ 16,000.00
Clinical Supervisor, Healthy Family Maui	0.5	\$20,000.00	100.00%	\$ 20,000.00
TOTAL:				212,023.05
JUSTIFICATION/COMMENTS:				

BUDGET JUSTIFICATION PERSONNEL - SALARIES AND WAGES

Applicant: Maui Family Support Services, Inc.

Period: July 1, 2014 to June 30, 2015

POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
Family Assessment Worker, Maui	1	\$30,000.00	100.00%	\$ 30,000.00
Family Assessment Worker, Lanai	0.1	\$3,000.00	100.00%	\$ 3,000.00
Family Assessment Worker, Molokai	0.1	\$3,000.00	100.00%	\$ 3,000.00
Family Support Worker, Healthy Family Lanai	0.25	\$7,500.00	100.00%	\$ 7,500.00
Clinical Specialist, Healthy Family Lanai	0.25	\$10,000.00	100.00%	\$ 10,000.00
Child Development Specialist, Healthy Family Lanai	0.25	\$8,000.00	100.00%	\$ 8,000.00
Clinical Supervisor, Healthy Family Lanai	0.25	\$10,000.00	100.00%	\$ 10,000.00
Family Support Worker, Healthy Family Molokai	0.5	\$15,000.00	100.00%	\$ 15,000.00
Clinical Specialist, Healthy Family Molokai	0.25	\$10,000.00	100.00%	\$ 10,000.00
Child Development Specialist, Healthy Family Molokai	0.25	\$8,000.00	100.00%	\$ 8,000.00
Clinical Supervisor, Healthy Family Molokai	0.25	\$10,000.00	100.00%	\$ 10,000.00
Family Support Worker, Enhanced Healthy Start Molokai	0.5	\$15,000.00	100.00%	\$ 15,000.00
Mental Health Specialist, Enhanced Healthy Start Molokai	0.25	\$10,000.00	100.00%	\$ 10,000.00
Child Development Specialist, Enhanced Healthy Start Molokai	0.25	\$8,750.00	100.00%	\$ 8,750.00
Clinical Supervisor, Enhanced Healthy Start Molokai	0.25	\$10,000.00	100.00%	\$ 10,000.00
TOTAL:				158,250.00
JUSTIFICATION/COMMENTS:				

BUDGET JUSTIFICATION PERSONNEL - SALARIES AND WAGES

Applicant: Maui Family Support Services, Inc.

Period: July 1, 2014 to June 30, 2015

POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
CEO	1	\$86,792.00	10.00%	\$ 8,679.20
Executive Assistant	1	\$36,000.00	10.00%	\$ 3,600.00
Resource and Program Development Director	1	\$60,000.00	100.00%	\$ 60,000.00
Director of Finance	1	\$60,000.00	5.00%	\$ 3,000.00
Accounting Specialist II	0.5	\$21,000.00	100.00%	\$ 21,000.00
Accounting Specialist	1	\$35,000.00	10.00%	\$ 3,500.00
Administrative Supervisor	1	\$43,250.00	10.00%	\$ 4,325.00
Administrative Assistant	0.5	\$14,000.00	100.00%	\$ 14,000.00
Director of Early Childhood Education Services	1	\$64,900.00	4.00%	\$ 2,596.00
Director of Program Services	1	\$55,000.00	20.00%	\$ 11,000.00
Associate Director of Program Services	1	\$48,000.00	25.00%	\$ 12,000.00
Program Assistant	1	\$30,000.00	100.00%	\$ 30,000.00
				\$ -
				\$ -
				\$ -
TOTAL:				173,700.20
JUSTIFICATION/COMMENTS: Personnel listed above are administrative staff				

BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Applicant: Maui Family Support Services, Inc. Period: July 1, 2014 to June 30, 2015

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
Laptop	10.00	\$1,200.00	\$ 12,000.00	12000
Printer	3	\$500.00	\$ 1,500.00	1500
			\$ -	
			\$ -	
			\$ -	
TOTAL:	13		\$ 13,500.00	13,500
JUSTIFICATION/COMMENTS:				

DESCRIPTION OF MOTOR VEHICLE	NO. OF VEHICLES	COST PER VEHICLE	TOTAL COST	TOTAL BUDGETED
None			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:				
JUSTIFICATION/COMMENTS:				

BUDGET JUSTIFICATION CAPITAL PROJECT DETAILS

Applicant: Maui Family Support Services, Inc.

Period: July 1, 2014 to June 30, 2015

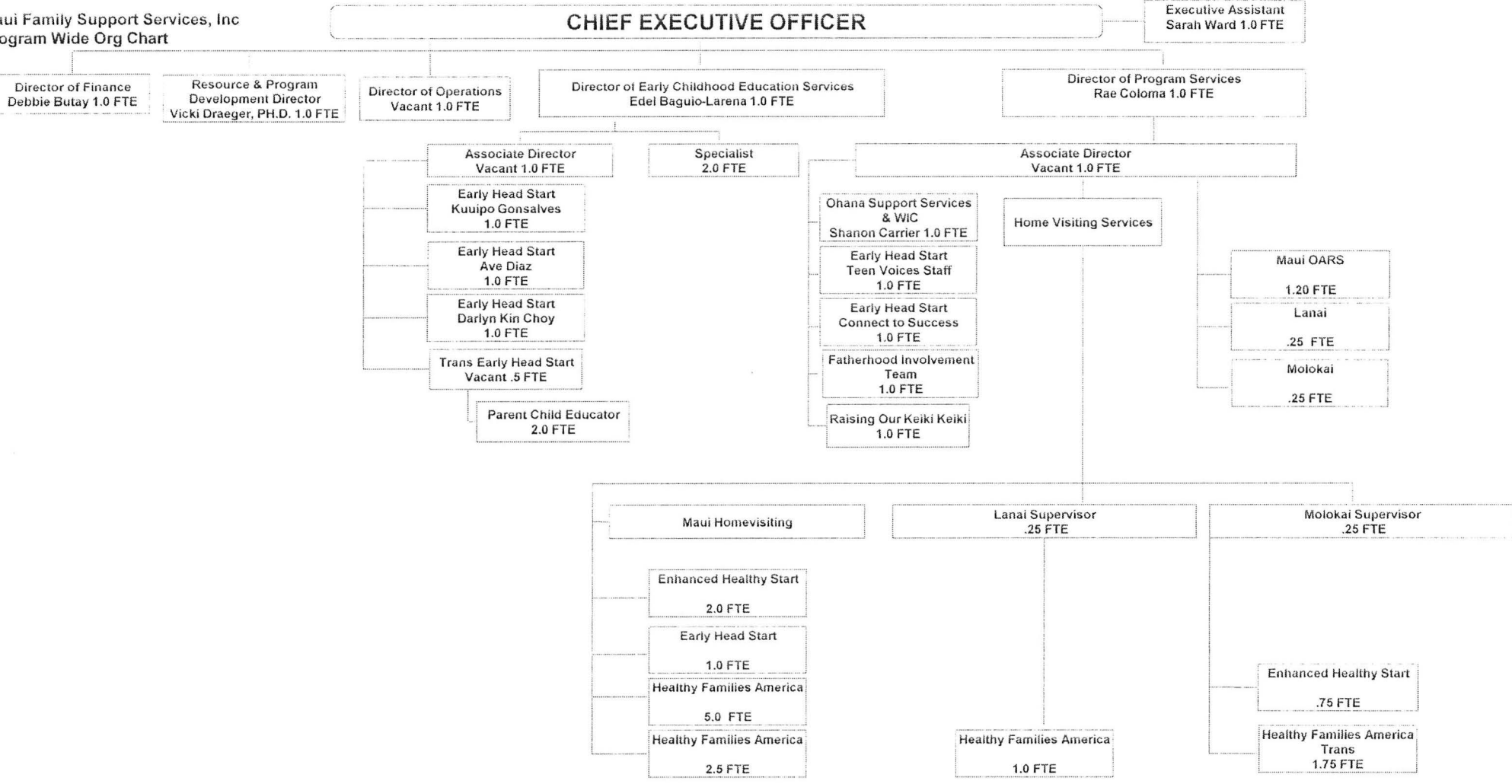
FUNDING AMOUNT REQUESTED						
TOTAL PROJECT COST	ALL SOURCES OF FUNDS RECEIVED IN PRIOR YEARS		STATE FUNDS REQUESTED	OF FUNDS REQUESTED	FUNDING REQUIRED IN SUCCEEDING YEARS	
	FY: 2012-2013	FY: 2013-2014	FY:2014-2015	FY:2014-2015	FY:2015-2016	FY:2016-2017
PLANS						
LAND ACQUISITION						
DESIGN						
CONSTRUCTION						
EQUIPMENT						
TOTAL:						
JUSTIFICATION/COMMENTS:						

Maui Family Support Services, Inc.

Unrestricted Current Assets as of December 31, 2013

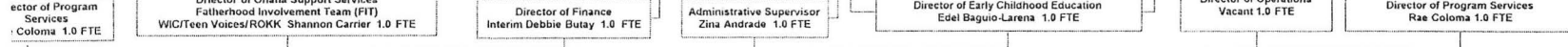
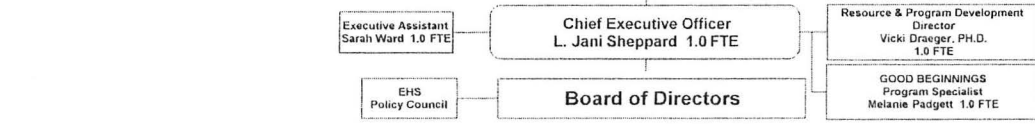
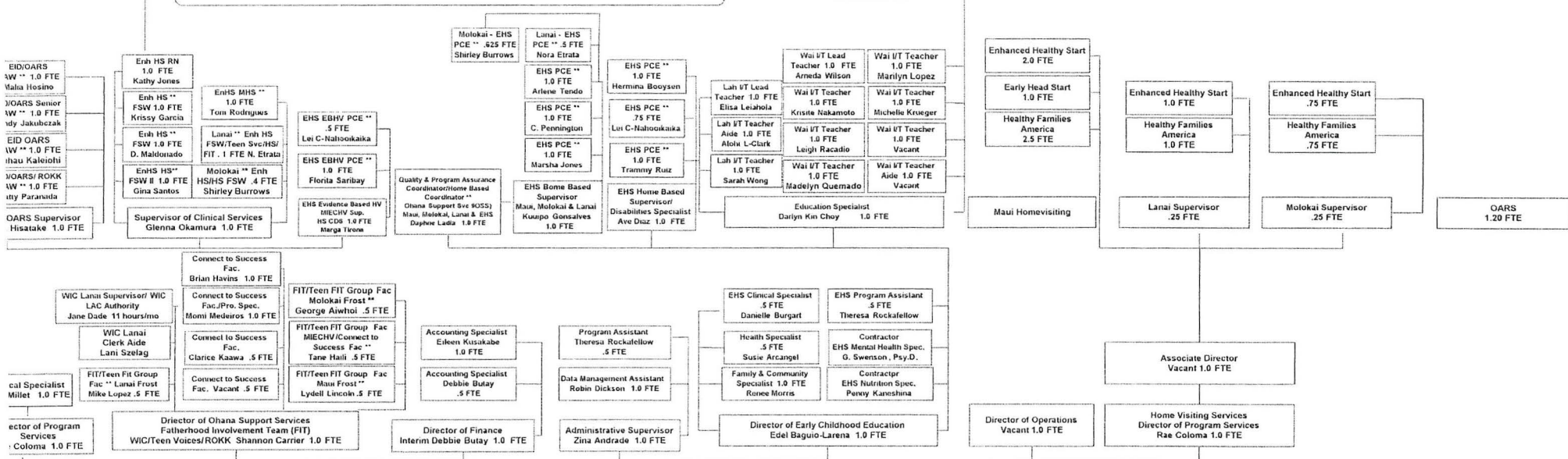
Maui County Federal Credit Union – CD	\$250,000.00
Maui County Federal Credit Union – Savings	\$5,194.26
State Farm Money Market	\$255,480.59
Bank of Hawaii – Savings	\$45,073.21

Maui Family Support Services, Inc
Program Wide Org Chart



Family Support Services, Inc
 ncny Wide Org Chart

PARTICIPANTS



**DECLARATION STATEMENT OF
APPLICANTS FOR GRANTS AND SUBSIDIES PURSUANT TO
CHAPTER 42F, HAWAI'I REVISED STATUTES**

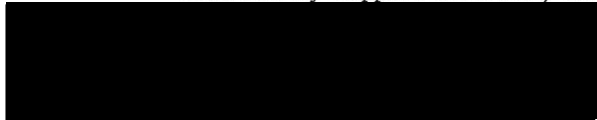
The undersigned authorized representative of the applicant certifies the following:

- 1) The applicant meets and will comply with all of the following standards for the award of grants and subsidies pursuant to Section 42F-103, Hawai'i Revised Statutes:
 - a) 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;
 - b) Complies with all applicable federal and state laws prohibiting discrimination against any person on the basis of race, color, national origin, religion, creed, sex, age, sexual orientation, or disability;
 - c) Agrees not to use state funds for entertainment or lobbying activities; and
 - d) Allows the state agency to which funds for the grant or subsidy were appropriated for expenditure, legislative committees and their staff, and the auditor full access to their records, reports, files, and other related documents and information for purposes of monitoring, measuring the effectiveness, and ensuring the proper expenditure of the grant or subsidy.
- 2) The applicant meets the following requirements pursuant to Section 42F-103, Hawai'i Revised Statutes:
 - a) Is incorporated under the laws of the State; and
 - b) 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.
- 3) If the applicant is a non-profit organization, it meets the following requirements pursuant to Section 42F-103, Hawai'i Revised Statutes:
 - a) Is determined and designated to be a non-profit organization by the Internal Revenue Service; and
 - b) Has a governing board whose members have no material conflict of interest and serve without compensation.

Pursuant to Section 42F-103, Hawai'i Revised Statutes, for grants or subsidies used for the acquisition of land, when the organization discontinues the activities or services on the land acquired for which the grant or subsidy was awarded and disposes of the land in fee simple or by lease, the organization shall negotiate with the expending agency for a lump sum or installment repayment to the State of the amount of the grant or subsidy used for the acquisition of the land.

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

Maui Family Support Services, Inc.



(Signature)

1/30/14
(Date)

L. Jani Sheppard, Chief Executive Officer

(Typed Name)

(Title)