

House District 38-44
Senate District 17 to 21

**THE TWENTY-EIGHTH LEGISLATURE
APPLICATION FOR GRANTS
CHAPTER 42F, HAWAII REVISED STATUTES**

Log No:

For Legislature's Use Only

Type of Grant Request:

GRANT REQUEST – OPERATING

GRANT REQUEST – CAPITAL

"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.

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

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

DEPARTMENT OF EDUCATION

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

1. APPLICANT INFORMATION:

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

Dbas: Child and Family Service

Street Address: 91-1841 Fort Weaver Road, Ewa Beach, HI 96706

Mailing Address: 91-1841 Fort Weaver Road, Ewa Beach, HI 96706

2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:

Name JOEY KEAHIOLALO

Title Director of Oahu Programs

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3. TYPE OF BUSINESS ENTITY:

- NON PROFIT CORPORATION INCORPORATED IN HAWAII
 FOR PROFIT CORPORATION INCORPORATED IN HAWAII
 LIMITED LIABILITY COMPANY
 SOLE PROPRIETORSHIP/INDIVIDUAL
 OTHER

6. DESCRIPTIVE TITLE OF APPLICANT'S REQUEST:

HALE O ULU: DEVELOP AND IMPROVE THE SOCIAL, EMOTIONAL, AND EDUCATIONAL COMPETENCIES OF YOUTH THROUGH TRAUMA-INFORMED INTERVENTION SERVICES IN AN ALTERNATIVE LEARNING ENVIRONMENT.

4. FEDERAL TAX ID #: _____

5. STATE TAX ID #: _____

7. AMOUNT OF STATE FUNDS REQUESTED:

FISCAL YEAR 2017: \$ 175,000.00

8. STATUS OF SERVICE DESCRIBED IN THIS REQUEST:

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

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

STATE \$ 461,000.00
FEDERAL \$ _____
COUNTY \$ _____
PRIVATE/OTHER \$ 25,000.00

TYPE

PATTI BATES, EXECUTIVE VICE PRESIDENT & COO
NAME & TITLE

1/22/16
DATE SIGNED



RECEIVED
1/22/16 *Ma*

Application for Grants

I. Background and Summary

1. A brief description of the applicant's background

Since 1899, Child & Family Service (CFS) has dedicated its efforts to its mission of **“Strengthening families and fostering the healthy development of children.”** CFS has over 48 programs statewide that offer an array of effective and culturally relevant services to Hawaii’s residents in need. The broad spectrum of services provided by CFS include: domestic violence intervention, case management, residential group homes, alternative education for alienated youths, prevention and treatment of child abuse, and family, school, and community-based counseling services for children and their families. Infants, children, adolescents, young adults, older adults, individuals, and families in need benefit from these services.

In Fiscal Year 2015, CFS directly served 14,750 individuals ranging from infants to elder adults. In addition, the organization “touched” the lives of over 43,500 individuals through hot-line calls, educational presentations, and providing food and clothing to those in need.

CFS’s programs are responsive, flexible, and focused on positive outcomes. Services are provided in homes, schools and in the community as well as in CFS’s offices throughout the State. CFS provides services at 34 sites throughout the State, on the islands of Oahu, Hawaii, Kauai, Maui, Molokai, and Lanai. CFS’s strengths lie not only in its size and ability to share expertise and resources statewide, but also in its ability to adapt services so that they are unique and appropriate to the island and communities it serves.

CFS is a leader in creating a culture that is outcomes driven. We are committed to determining what interventions are working for our participants. If interventions aren’t effective, CFS analyzes the data and responds with better ways to achieve the desired outcomes. CFS invests its resources in an Electronic Health Records system so all services are documented uniformly into an organization-wide database. CFS management and direct service staff strategize together to create mission-based goals and action plans that produce valuable outcomes.

CFS has 36 years of experience providing the Hale O Ulu (HOU) Program, an alternative school program that provides academic and social services to at-risk students in the Leeward Oahu School District. These students come from middle, intermediate and high school, grades 6-12, and are identified as at-risk or their behavior and actions jeopardize the safety and well-being of other students on their home school campus. The focus of the program is to provide quality services to meet educational needs of the DOE’s most challenging youths. CFS is committed to making sure that no student is left behind. Hale O Ulu has a dedicated team of professionals who are committed to delivering the highest quality services and providing students with every possible chance to make changes and

succeed. HOU has seen a significant change in the types of referrals over the past few years. In past years, our model has proven to be effective with creating a balance between alternative learning and traditional classroom experiences. With our current referrals, we have seen a large increase in the behavioral and mental health needs of our students. Referrals often include rule violations at the student's home school that include, but are not limited to: substance abuse, solicitation of substances, alcohol abuse, concealing a weapon, and extreme physical violence.

Having such significant challenges in both behavioral and mental health, our students are at a disadvantage in school. They are unable to focus on their educational goals, because they are often dealing with past and current family challenges, oftentimes traumatic ones. CFS recognizes the need to implement an effective trauma-informed model with a highly trained staff to reach these students. Research shows that barriers to educational achievement emerge at very young ages (Hart & Risley, 1995), and without a strong support system, youths are likely to become incarcerated or rely heavily on state and federally funded programs. In fact, data produced by Washington State University shows that of high school sophomore and seniors, students experiencing adverse childhood experiences (ACEs) are 2 ½ times more likely to fail a grade; score lower on standardized tests; have language difficulties; are suspended or expelled more; are designated to special education more frequently; and have poorer health. A trauma-informed approach to service delivery has the ability to reduce the significant impact on these children and reset their path to a better life outcome. In order for HOU to provide a trauma-informed approach, with staff who are therapeutically skilled, more funding is needed. The Department of Education offers base funding for the HOU Program, thus ensuring that our students are provided an alternative educational site, while suspended. We need funding to support the expansion of services offered in HOU to ensure all students are able to recognize how their high risk behaviors are a reflection of their past trauma, so true progress can be made toward repaving their path in life.

2. The goals and objectives related to the request

The overall goal of the program is to provide trauma-informed intervention services that assist youths in an alternative educational setting with developing appropriate social behaviors, emotional competencies and coping skills thus reducing emotional and behavioral deregulation, allowing them to be successful in all aspects of their lives, particularly finishing their education. Without these supports, students will have poorer academic performance; a higher likelihood of repeat suspension/expulsion; increased use and abuse of drugs and alcohol; be placed at risk of future probation and a possible path to imprisonment (Caseload Forecast Council, June 2001).

Families, schools, and the community will benefit from expanding therapeutic support systems for these struggling youths. Helping youths identify new skills, apply them, and ask for help are key stepping stones for a better chance at a healthy, happy life.

Sixty (60) students will be served between the ages of 12-18 years old. These youths have mental health problems or exhibit behaviors that warrant mental health assessments, interventions, and referral services, as well as social, family, and educational challenges. Youths entering the HOU Alternative Education Program will have been suspended from their home school for up to 90 days in duration.

The program works to achieve the following objectives:

Objective 1: Ninety percent (90%) of students will be able to identify at least one new skill to support emotional/behavioral regulation.

Definition: Skills are defined as positive coping skills that replace adverse behaviors causing deregulation.

Method of Measurement: Students will verbalize skills used in writing in their individualized crisis support plan during sessions with HOU's Therapist IV.

Objective 2: Seventy-five percent (75%) of students will be able to ask for help when experiencing heightened emotions.

Definition: Heightened emotions include a physiological reaction that increases the risk of acting out behaviors.

Method of Measurement: Office referrals will be tracked for each student to identify when experiencing deregulations and frequency of "request for help by clinical staff."

Objective 3: Sixty-five percent (65%) of students will increase their self-control.

Definition: Self-control is defined as students' response in highly emotional or crisis situations in program.

Method of Measurement: The office referrals for emotional/behavioral deregulation will be tracked as well as progress in showing positive behaviors. The program will involve the students to track their improvements.

Objective 4: Eighty five percent (85%) of the students in the program will return to their home school environment within 90 days and have received individualized social-emotional supportive services while at HOU.

Definition: Individualized social-emotional supportive services include school therapy, assessments, and appropriate referrals for long-term individual and/or family therapy services.

Method of Measurement: Documentation of individual and/or group therapy sessions, and community referrals as reported upon discharge to home school.

Objective 5: Sixty percent (60%) of the students in the program up to 90 days will improve their self-esteem.

Definition: Self-esteem is defined as feeling better about self.

Method of Measurement: The Rosenberg Self-Esteem Scale will be administered at intake and at discharge. A decrease in score of 10% reflects an improvement in self-esteem.

To meet these objectives, funding through this grant will provide the following salaries and program supports:

- 1 full-time Master's Level Therapist IV position to provide trauma-informed assessments, individual behavior support plans, and interventions.
- 1 part-time Life Skills Specialist position to provide direct service supports and guidance.
- 1 full-time Educational Assistant to support in-class educational and behavioral needs.
- 1% of time allocated to Director of Oahu Programs, who oversees program contract and program operations.
- 1% of time allocated to Clinical Coordinator to oversee program quality assurance.
- 1% of time allocated to Clinical Director to provide clinical support and guidance on difficult cases and interventions.
- Lease of 1 computer and printer to support educational and behavioral data collection.
- Occupancy costs for office space for 1 Therapist IV and Life Skills Specialist.
- Support for General Administrative Costs (GAC): Indirect cost allocation for general contract administration.

3. The public purpose and need to be served

The U.S. Department of Education data for the 2013 to 2014 school year show that Hawaii was one of five states that saw its high school graduation rates decline from 82.4% to 81.8%. The State's graduation rate for special population categories, such as economically disadvantaged or disabilities, was even lower at 78%. A majority of the students who attend the HOU program fall into these special population categories and also struggle with mental health difficulties resulting from trauma histories.

School enrollment for the Leeward geographic area has clearly increased with the increased population growth in the area. The Department of Education's official enrollment count shows that there were 2,056 12th graders, 2,395 11th graders, and 2,616 10th graders for the 2013-2014 school year. **At a minimum, 18.2% of these youths will not graduate.**

Hawaii's high school students represent the future of our State. Graduating from high school is one of the strongest predictors on whether an individual will live a healthy, well-adjusted life. Both youths and the community at large pay an incredible price if the

youths decide to drop out of school. The National Dropout Prevention Center/Network, which operates out of Clemson University in South Carolina, cites a number of consequences associated with dropping out: those who drop out of high school are four times more likely to not have a job than those who have graduated from at least a four-year college; financial stability can be affected all the way to retirement age as those with education clearly make more than those who dropped out of school (high school graduates on the average, earn \$9,245 more per year than high school dropouts); high school dropouts have a greater chance of living in poverty or with considerably low income, and also have greater instances of seeking assistance from the public and government than their counterparts who graduated high school; and high school dropouts make up a higher proportion of convicts and inmates awaiting death row (dropouts make up as much as 82% of the prison population in the U.S.). High school dropouts are more likely to have substantially lower income which, in turn, means that there is less revenue being spent within the local and state economies. Businesses in areas with high dropout rates have fewer customers and, therefore, generate less income. These areas will also gain less revenue through sales tax, property tax and other forms of taxation that serve to provide revenue for the government.

Therefore, helping youths overcome academic and behavioral/ mental health problems, remain in school, and eventually graduate is an important community priority for the Leeward area of Oahu. HOU is committed to helping the youths we serve achieve the successful futures that they deserve.

The majority of the youths placed in the (HOU) Program have had multiple adverse childhood experiences that include various types of abuse and neglect resulting in unresolved trauma memories. These traumatic experiences often result in youths with mental health and behavioral problems, who seek unhealthy coping strategies to escape the hurt and pain of their past. Without focused intervention strategies to provide alternative coping methods to help diminish emotional and behavioral deregulation, these youths will continue to spiral down a road that will lead to higher levels of risks that could potentially become life threatening or result in future incarcerations.

CFS offers an alternative to such negative outcomes, by addressing the needs of these youths while receiving their alternative education at HOU. With increased funding to provide appropriate staffing levels, we will be able to expand our therapeutic staff to support both educational and mental health needs of each youth and provide their families with alternative methods to cope with heightened stressors and work toward healing and better life outcomes.

4. Describe the target population to be served

The target population includes students in the Leeward Oahu School District in middle, intermediate and high school, grades 6-12, who are identified as at-risk or their behavior and actions jeopardize the safety and well-being of other students on their home school campus.

A recent review of the backgrounds of students who have enrolled in the HOU Program reveals that they have histories of trauma, which impact all aspects of development, including emotional regulation, memory, cognitive processing, social skills, and physical health. These students exhibit adaptive behaviors that include non-compliance, aggression, disrespect toward authority figures, thoughts of suicide, legal problems, serious problems at home, homelessness, possession of weapons, and alcohol and substance use and abuse. The HOU Program often receives youths who are diagnosed with Attention Deficit Disorder (ADD), depression, anxiety, oppositional defiant disorder, conduct disorder, and other mental health disorders.

Youths are referred by the Department of Education; the placement of a student in the program is determined by any one of the three Leeward District Complex Area Superintendents (CAS). Students meet one or more of the following criteria:

- Has been struggling in their home school due to adverse behaviors that resulted in a suspension and requires an alternative education program for up to 90 days, and;
- Displaying behaviors that are not aligned with DOE rules, State or local criminal laws as described in HAR Sections 8-19-1 through 8-19-26, of Chapter 19, Student Misconduct, Discipline School Searches and Seizures, Reporting Offenses, Police Interviews and Arrests, and Restitution for Vandalism and Negligence

On average, the program can provide services for up to 60 students per day.

Through our 36 years of experience, we have found that students who participate in the program not only educational challenges but also have social and family problems. The majority of the students are from low economic, socially disorganized, and multi-problem families, where problems have been long-standing. Many of the students have experienced trauma and mental health disorders, display signs that are considered pre-delinquent, have substance abuse problems, poor socialization skills which cause low self- concept, and demonstrate social behaviors that are problematic. They struggle to function in the traditional school setting. Non-attendance, truancy, academic failure, difficulty regulating emotions and developing healthy relationships, and disciplinary problems are common and the students are on the verge of becoming "dropouts" or "pushouts" from school. They also demonstrate behavior that is immature and irresponsible, they are defiant, they have problems with authority, and they use the defenses of denial and projection.

The parents are often in need of support and may be experiencing challenges in life as well as parenting their child(ren). They are often indifferent to their children, have lost their parental control, or feel overwhelmed by their own problems (emotional and financial); thus they have very little to give emotionally. Many also lack parenting skills.

5. Describe the geographic coverage

The geographic area to be served is the Leeward Oahu School District which includes the following schools:

<u>Complex</u>	<u>School Name</u>
Campbell	Ewa Makai Middle Ilima Intermediate James Campbell High
Kapolei	Kapolei Middle Kapolei High
Nanakuli	Nanakuli High and Intermediate
Pearl City	Highlands Intermediate Pearl City High
Waianae	Waianae Intermediate Waianae High
Waipahu	Waipahu Intermediate Waipahu High

II. Service Summary and Outcomes

1. Describe the scope of work, tasks and responsibilities

CFS provides an alternative education program, HOU, to Hawaii's students in the Leeward Oahu District. Specifically, this proposal is requesting funds to expand upon a trauma-informed care therapeutic model to meet the more severe and changing mental health needs of the students served in the HOU Program. In order to appropriately serve youths referred to HOU, additional resources are needed. These resources include an additional Master's level Therapist IV, a Life Skills Specialist, and an Educational Assistant to support youths who are struggling to be successful in their home schools, communities, and social environments due to emotional and behavioral deregulation. CFS will work with these youths to identify their impaired self-capacities and provide therapeutic interventions to integrate positive alternative emotional and behavioral skills that will support better outcomes in all environments.

Program Design

HOU provides a structured educational and therapeutic setting. Placement in HOU is temporary and time-limited to no more than 90 days for each placement event. Students who enter the HOU Program are often struggling with mental health problems. These problems are often a result of highly stressful and often times traumatic pasts, and have often been untreated. Without structured treatment for students who have untreated trauma, it is clear they will continue to struggle and be significantly less successful than their counterparts who have not been exposed to adverse childhood experiences. CFS

believes that it is an ethical imperative to provide treatment and intervention for these children, to ensure they are given the best possible chance to be successful in life.

Using interventions, such as music, art, and positive social experiences, combined with therapeutic sessions with a qualified therapist, will offer these youths an opportunity to learn through sound, visual arts, and social activities, insight and a safe place to practice positive skill building. Students can learn to self-soothe through music and rhythm exercises; build a repertoire of visual and verbal language/expression to increase positive communication skills, and build awareness through therapy sessions on how they can overcome past trauma and adverse childhood experiences. Together, activities such as these may help to "reset" a child and put them on a better trajectory in life and prevent additional mental health interventions.

As young members of our communities, we often find youths who are expelled or suspended from school engaging in unhealthy coping strategies, such as substance abuse, unsafe behaviors (threatening or hurting others and/or self), running away, and more. CFS strongly believes that these youths are not throwaway kids and they have the ability to become positive contributors within our communities if intervention is timely and effective.

HOU integrates the concepts of responsibility, respectfulness, resourcefulness, and responsiveness into its program philosophy. These four key concepts are defined below:

Responsibility: Developing an attitude of having internal control in recognizing our clear choice in a situation and accepting the consequences (results) of our choice;

Respectfulness: Recognizing and accepting the right to make decisions for ourselves and allowing others to make theirs;

Resourcefulness: Using our existing skills and developing other skills necessary to cope with life in support of our own life goals and objectives;

Responsiveness: Showing others we care for them by listening to and considering their concerns, ideas, and beliefs. Relationships are important and necessary to our own well-being.

The philosophy also embodies a commitment to trauma-informed care (Patricia Wilcox, 2012; Trauma-Informed Treatment; The Restorative Approach) where students are able to build trusting relationships in a safe environment that will foster change in their lives. Also part of the philosophy is that students have the right to individualized service plans that will address their needs and will serve as guides in implementing services and interventions. Included in this is that families are an integral part of students' services and are an essential part of the treatment team. Services are problem-specific, developmentally focused, and time limited.

Students are encouraged to use creative thinking and there is frequent opportunity for self-expression and personal interaction. Successes are celebrated and high quality work or extreme efforts are recognized as accomplishments. For many students, the program provides their first encounter with academic success. Students are provided the opportunity to see themselves in a new light, i.e. as a successful student. The stories below illustrate how powerful this realization can be. These success stories help to paint a picture of how this program can positively impact students. However, it is important to keep in mind that, while these students were afforded a higher level of services, funding constraints have prevented us from reaching all students with this level of care. This GIA request will support expansion of clinical services for all students.

Kalei is a 13-year-old girl who was suspended from her home school for alcohol intoxication on her home school campus. She has struggled to attend school consistently and finds it hard to interact with others. Since coming to HOU, Kalei has begun to participate in our school-based substance abuse program, where she is learning how to obtain support through difficult times, rather than turn toward alcohol. She has improved her attendance, has shown an increase in letter grades, and is often found smiling and interacting in a positive way with others. Kalei also attends a weekly student support group, where for the first time, she has started to open up about her past trauma that has led to her current challenges with alcohol and school.

Peter is a 14-year-old boy who has been suspended from his home school for carrying illegal weapons to school. After a couple of weeks of in-school counseling and group participation, Peter opened up to his counselor that he has witnessed his mother physically abused for many years and has developed a fear of strangers who appear aggressive. He shared that he carries weapons to protect himself and worries for his mother constantly. Staff have been able to assess Peter for community referrals to continue mental health services after leaving HOU to ensure he and his family are able to address both his and his family's challenges.

When asked how HOU has helped them, they both shared that they had never been able to talk to anyone at their school or at home about how they were feeling about the things they experienced. They both stated that the ongoing encouragement, teen support groups, and small classrooms helped keep them motivated to do better and stay on track with their school credits. They liked having the ability to walk into the office at any time and talk through things that were bothering them. They described the staff as caring and they knew the staff were concerned and wanted them to succeed.

Hale O Ulu uses a Trauma-Informed Care model called Risking Connection®. The Risking Connection model allows staff the opportunity to offer “Respect, Information, Connection and Hope (RICH)” to each student. In Risking Connection®, staff work with the students and recognize that the negative behaviors they are displaying are adaptive, meaning their negative behaviors have worked in some capacity to meet their immediate needs despite the long-term effects they may have in their lives. Staff seek to find out what is behind the behavior rather than simply punishing the behavior. This approach

takes more time, but ultimately has better outcomes as it focuses on what is really going on for each student. For example, if a youth is yelling at the teacher, this model would have the staff and/or teacher work with the youth to find out why he/she is so upset. The old model would simply “punish” the yelling, which really doesn’t get to the real reason for the behavior. In order for this model to work, the staff must build relationships and connections with each student. Over time, they begin to understand that staff members are there, not to judge or punish, but to provide the “shaping” necessary to recognize and change inappropriate patterns. For the students, learning to look beyond their behavior to what is causing it is the most difficult task toward a new, more positive view of themselves.

Counseling and clinical interventions (including individual, group, and family therapy) are combined with individual educational programming that provides support when necessary, for overcoming the barriers that have impeded the learning process. Staff members seek to understand the causes of each student’s behaviors within the context of the classroom. For example, if the function of an inappropriate behavior is to seek the approval of classmates, staff members may separate the student so he/she can work with the Therapist IV and Life Skills Specialist to develop alternative behaviors to accomplish the same goal. Staff members will spend one-to-one tutoring time away from the other classmates to identify learning gaps or disabilities and develop a program to help build basic reading skills.

Service and Work Activities

This section describes the service and work activities offered by the HOU Program which include: referral, intervention planning, exit transitions, program calendar, program schedule, curriculum/educational plan, academic instruction, student discipline, positive behavioral support, program assessments and monitoring student progress, medication and medical emergencies, and other program requirements. The Department of Education (DOE) provides base funding for these activities. HOU’s intent is to integrate the DOE funded activities with trauma-informed interventions in this proposal.

1) Referral and Intervention/Planning

a. Referrals

The Education Coordinator or designee is the primary contact for referrals to the program. After review of the referral information, the program staff contacts the home school personnel to confirm the referral from the Complex Area Superintendent (CAS). Staff members work with the DOE team to further describe the services available through the program and to gain an increased understanding of the needs of the student. Following the preliminary decision that HOU is the most appropriate placement, the home school will refer the student. The Education Coordinator will then contact the student and parent(s) and schedule an intake appointment.

Student referrals are processed on a first come first served basis. Hale O Ulu collaborates with DOE to develop an appropriate service/treatment plan for entry into the program within ten calendar days of the date placement determination is made. Once a referral is received all efforts to process the referral immediately are made. A delay in the intake process typically is a result of the inability of parents to meet in a timely manner to complete the intake paperwork. In these cases, the student's home school, and the Leeward District Office are made aware of the delay and work in collaboration with HOU staff to expedite placement. With the addition of a Therapist IV and Life Skills Specialist, staff will be able to conduct outreach services for these types of families to engage and expedite placement of student at HOU.

If the enrollment exceeds our capacity of 60 students, HOU staff will notify the DOE to discuss how to prioritize the students or create a waitlist.

Placement in Hale O Ulu is a temporary, term-limited intervention not to exceed 90 days in duration, with the goal of returning to the general education learning environment on their home school campus. Services are determined according to the student's term at Hale O Ulu. Each student's length of stay is determined by the DOE's Leeward District Office CAS and is based on the Chapter 19 rule violation at the time of suspension. A student's social/academic plan reflects his/her needs based on his/her current academic level requirements, and his/her IEP or 504 plans if applicable. Hale O Ulu works in collaboration with the student's home school to make certain that necessary requirements are being met.

Hale O Ulu does not reject any student referral. Students who meet entrance requirements are accepted into the program. The length of stay in the program is determined based on their length of suspension with the overall goal of the student maintaining or improving their academic performance, and working on behavioral concerns. Transition into the program begins as soon as the intake meeting and planning session with the student and parent(s) occurs. Baseline data on the student is received with the DOE referral, which may include recent school-based behavioral assessments. HOU staff utilize the referral materials, including when applicable, an IEP/Behavior Support Plan. This information is reviewed with staff members prior to the student's start date. Active participation by the student in the program usually begins the first day following their intake appointment unless there are extenuating circumstances, which prevent this, such as a doctor's appointment. Individual student planning begins at intake and continues on throughout the student's stay at HOU. The parent(s) are contacted daily if a student is absent and a call explaining the absence was not received from the parent(s) or legal guardian. The staff will attempt to work with the family to engage the student in services and also report to the DOE all concerns, including absences, as they arise.

Transition into the program is planned in advance with the DOE whenever possible. Information regarding previous interventions, academic status, standardized test scores, history of aggressive behavior, effective reinforcements, strengths,

family/community resources, and any other relevant information is collected and reviewed in order to provide a smooth transition to the program and to ensure a safety plan is in place prior to first day of attendance.

The program's procedures and expectations are fully explained to the student and parent(s)/legal guardian(s) during orientation and are reviewed throughout the social and academic assessment portions of intake. The student is asked to sign relevant documents relating to placement and an agreement to abide by program expectations.

b. Intervention Planning

Intervention planning is based on the information gained from previous assessments, as well as information and observation of the student in the program. Additional ongoing assessments are also conducted, as appropriate. Planning includes input from the student, the parent(s)/guardian(s), other significant people in the student's life (as appropriate), DOE staff, program staff, and other designated individuals.

Intervention success will be evaluated on an ongoing basis with weekly case reviews involving HOU/DOE Teachers and HOU clinical staff through case consultation, and formal quarterly social reports.

2) Exit Transition

When a student is accepted into the program, staff members are committed to providing the highest quality care and providing the student with every possible chance to succeed.

Hale O Ulu staff develop a transition plan collaboratively with DOE during intake and review and modify the plan within ten calendar days prior to the transition date and/or if appropriate in accordance with the student's IEP/504. The transition plan includes steps and strategies to support the student's successful return to their home school. There is no exit without an IEP/504 change of placement decision for students in special education with IEPs/504 Modification Plans.

In the event that a student fails to make progress during their stay at HOU, or appropriate behavior declines, a service team meeting is called to develop strategies to support the student's forward progress. When behavior becomes dangerous or becomes detrimental to the school climate, a service team meeting is held to determine if other alternative placements are available. Students at HOU are never suspended or expelled for lack of progress or declining behaviors, although when safety becomes a concern for self or others, students may be sent home with homework. Parents and the student's home school Vice Principal are contacted and if necessary, a student/parent conference will be held in the morning of the following school day to problem solve and develop strategies to prevent continued unsafe behaviors.

When ongoing evaluation indicates progress on service goals and the student has demonstrated marked improvement in identified areas of concern, a team meeting may be held to discuss early transition back to the student's home school. Plans are developed to include supplemental services to provide support to the student during the transition phase.

Discharge is considered when:

- Student has completed their predetermined suspension time;
- Student has demonstrated the ability to achieve marked progress on their educational and social-emotional deficiencies prior to their predetermined suspension time;
- Student or parent(s) wishes to withdraw; or
- A student becomes unsafe to self and others and an alternate setting is determined to be a better placement option.

Staff members are available to DOE school personnel for consultation for 30 days following discharge from the program. Services and supports are implemented prior to the student's return to the home school.

Students and parent(s)/guardian(s) are provided counseling to support all types of discharges. Where appropriate, the Therapist IV will assist a student in referral to another agency for extended supportive services, such as substance abuse counseling, or long-term individual and/or family therapy.

3) Program Calendar

The Hale O Ulu program follows the DOE Single Track School Calendar. The staff are automatically scheduled vacation time during the months of October, December, March, and July to mirror the times students are out of school. This helps to ensure that HOU is fully staffed at all times and that staff have minimal absences due to sick leave or doctor appointments. The school has many years of experience providing alternative education services and continues to provide consistent educational programming.

4) Curriculum/Educational Plan

The Hale O Ulu Program offers the following academic services in compliance with the Common Core State Standards. Counseling services are integrated into the educational plan. Counseling services consist of individual, family, and peer group counseling, social services, aggressive outreach, crisis intervention, and socialization. These services are described in detail later in this section under Clinical Services. With additional funding, HOU will be able to provide additional classroom supports by hiring one additional Educational Assistant, who will provide both educational and behavioral supports in the classroom. Additionally, we will hire a Life Skills

Specialist to float between inside the classroom and outside the classroom to provide clinical intervention supports to students and also assist with family supportive services through a home visiting program component. Adding a Therapist IV to provide clinical support to students and staff alike will ensure we are supporting educational success by wrapping the academic services with clinical interventions.

a. Curriculum

The Classroom curriculum is based on each student's current academic level determined at his/her home school. Information related to his/her academic level and performance is provided to HOU upon intake.

The program provides students with access to general and special education curriculum opportunities based on the student's home school and in accordance with their IEP or 504 Modification Plan when applicable. Formative, remedial, or specialized instruction in reading is available to students reading below grade level. All classroom curriculum is provided by their home school teachers. Each referring school provides HOU Teachers with supporting books and teaching materials to ensure adequate support can be provided to the student while at HOU. School material is returned once the student has completed their term at HOU and is scheduled to return to their home school for further educational activities.

As part of the education process, program staff coordinate the subjects taught with school requirements and content standards, in order to make certain that the students will continue to receive credit toward graduation. Program instruction is designed to address the student's general curriculum and applicable special educational needs. Curriculum is available in the core courses including English Language Arts, Math, Science, and Social Studies as provided by each DOE home school.

b. Educational Plan

Students must participate in five classes lasting 45 minutes four days a week. Each class activity is standards-based and has clear overall objectives that are used as indicators of course mastery. Classes are designed to be of high interest and to achieve three purposes:

- Change negative attitudes toward learning,
- Allow the student to experience success, and
- Demonstrate core curriculum competency skills and academic knowledge that will prepare them to meet their educational goals.

The program is designed to have students transition between classrooms and teachers throughout the school day and includes daily homeroom assignments. This design helps maintain a level of familiarity with the systems in place at their home school. School bells are used between classes to announce transition between classrooms and breaks. A logical system of control and limits is always maintained. At no time is a

student unsupervised. Although the program includes a flexible, unstructured learning environment, students are held accountable to adhere to school rules and HOU has a structured referral process for in school counseling for disruptive behaviors in the classroom or during breaks.

5) Academic Instruction

a. Academic Classes

Classes are offered in all core subject areas as well as extra credit courses. These subjects are geared to meet the individual's needs from grade 6 to grade 12. Formative, remedial, or specialized instruction is provided to all students performing below proficiency to address learning gaps and increase student achievement and is provided in collaboration with their home school teachers.

Of the students served in the current program, 60% to 70% have had learning disabilities or gaps in knowledge that became very problematic in intermediate and high school. At times students are unwilling or unable to admit they have limited ideas how to approach an assignment. They may be embarrassed in front of classmates and instead tend to “act out” to distract others from the real issue. A surprising number of students referred to the program lack basic reading skills. Generally, these deficiencies are remedied with carefully planned one-to-one tutoring sessions. Furthermore, while the majority of the lessons are taught in a classroom/group setting, students are frequently instructed individually to customize assignments that capitalize on strengths and improve gaps and weaknesses. A balance between this strengths-based approach and remedial education is the key component to student success.

Academic advising is provided by the Education Coordinator with input from the HOU Teachers, as needed, during their term at HOU and recommendations are forwarded to their home school for further advising. Students work individually and in class settings and track their academic progress on a summary chart with support for their HOU Teacher.

6) Student Discipline

To appropriately serve HOU students, additional staff are needed in order to address the more severe, and changing needs of the youths that are referred. We are committed to the best outcomes possible for these youths, which require individualized interventions in the context of the trauma-informed model established in the program.

The rationale for the discipline process is not only to correct behavior, but also to allow each student the opportunity to better understand why they are behaving in a negative way. Hale O Ulu’s discipline procedures are in accordance with Chapter 19

and/or Chapter 60 guidelines. Students and staff must adhere to basic rules/expectations and logical responses described below.

With additional funding for clinical staff, we will be able to fully support students in addressing their emotional and behavioral deregulations and help them successfully adhere to the following expectations. Trauma-informed intervention techniques are also outlined in the following table:

Issue	Desired Outcome	Observation	Intervention
Maintaining Boundaries	Students keep appropriate distance from others and use touch in “okay” ways.	Students touch others appropriately.	Teach boundaries; respect cultural differences; recognize cultural biases; teach about personal bubbles; define boundaries as being “at arm’s length”; encourage alternatives to intrusive touching; teach alternative strategies for positive attention; clearly define space boundaries; use carpet squares; monitor room or seating arrangements; collaborate with parents and professionals; develop a safety plan; maintain appropriate confidentiality.
Recovering from Upsetting Events	Students can recover from upsetting events.	Students enter the classroom/ school exhibiting behaviors that suggest anger, frustration, and an inability to cope with the demands of the current environment.	Support students following upsetting events; use assistive techniques; process the event; give regular feedback; be patient with the recovery process; develop timeline of events; determine if need for professional assistance; discuss recommendations with student; transition student back into classroom when appropriate; provide skill enhancement; address cognitive distortions; proceed with caution.
Respecting Property	Student respects the property of others, as well as the student’s own.	Student destroys property.	Clearly define problem; encourage self-monitoring; give verbal or non-verbal cues; promote communication and understanding; help students who are out of control; encourage restitution; coach them through apologies; model respect and pride in ownership.
Safety	Student will be safe with others.	Student harms others with physical contact, such as hitting or kicking.	Clearly define problem; clearly establish rules; develop individual contracts; use positive reinforcement; separate students; be consistent; teach and model journaling; teach relaxation; use role modeling.

Issue	Desired Outcome	Observation	Intervention
Appropriate Self-Expression	Students express their ideas, thoughts, and emotions using non-offensive language.	Students use inappropriate language (e.g., swearing).	Clearly define offensive language; post lists of offensive and non-offensive words; send lists home to family members; establish link between self-esteem and language; teach about emotions; teach alternate ways to express anger; share feelings with others; role-play strong emotions; provide feedback; use journaling for self-expression; redirect attention; create incentives.
Following Directions	Student follows directions and rules, both at home and at school.	Student refuses to follow directions given by adults.	Clearly define problem; develop plan; use simple directions; be consistent; know when to ignore noncompliance; know when to address noncompliance; directly teach compliance; empower students in positive ways; use positive reinforcement.
Honesty	Students will be honest with themselves and others.	Students lie at home, at school, in the community, to family, peers, staff.	Clearly define problem, clearly establish rules, have specific class discussion about lying; recognize honest behavior; do not punish honesty; role-play honesty; tell stories about being honest.

a. Expectations

As CFS moves towards a trauma-informed care model recognizing that behaviors are adaptive and work in the moment for those who have experienced trauma, staff will work with each student on identifying what might be a trigger for the student and what may have prompted the behavior. Staff will offer each student the opportunity to cool down, talk about what happened and work with the student to develop coping skills that might be helpful for future situations.

The DOE recognizes that HOU's Progressive Discipline system tracks rule violations and the staff work with the students to offer counseling and support to make positive behavior changes. The DOE and HOU are committed to using bi-weekly reports to document improvements and challenges faced by the students as well as opportunities to peer review meetings when students are struggling with the HOU program.

The following forms of discipline are prohibited:

- i. Degrading punishment, corporal or other physical punishment;
- ii. Forced physical exercise solely for the purpose of eliminating behavior rather than for instructive or athletics value;
- iii. Punitive work assignments;
- iv. Group punishment for individual behavior;

- v. Medication for the purpose of punishment;
- vi. Extended isolation of the student;
- vii. Deprivation of the student rights or needs;
- viii. Painful aversive stimuli;
- ix. Use of seclusion or mechanical restraints;
- x. Use of any locked facilities; or
- xi. Administration of noxious substances.

DOE is notified of student infractions and an incident report is submitted as warranted. Hale O Ulu and the CAS must agree on exiting a student early due to disciplinary measures.

7) **Clinical Services**

The program is based on the theories of **Individual Education** developed by Dr. Raymond Corsini, a Honolulu psychologist. HOU has modified his theories to meet the needs of the target group we serve. The program has integrated clinical counseling/therapy with educational services. The program believes the ultimate purpose of a school is to help develop students individually and socially. It accomplishes this by integrating the key concepts of responsibility, respectfulness, resourcefulness and responsiveness (the Four Rs) of **Individual Education** into its program philosophy. These four key concepts are described below:

RESPONSIBILITY - developing an attitude of having internal control in recognizing our clear choice in a situation and accepting the consequences (results) of our choice.

RESPECTFULNESS - recognizing and accepting the right to make decisions for ourselves and allowing others to make theirs.

RESOURCEFULNESS - using our existing skills and developing other skills necessary to cope with life in support of our own life goals and objectives.

RESPONSIVENESS - showing others we care for them by listening to and considering their concerns, ideas and beliefs. Relationships are important and necessary to our own well-being.

a. Clinical Counseling/Therapy

A recent review of the backgrounds of students, who have enrolled in the program since 2013, has revealed that they come with more severe problems than has been the case in the past. Issues now include diagnosed attention deficit disorders, depression, anxiety, oppositional defiant disorder, conduct disorder, non-compliance, aggression, disrespect toward authority figures, thoughts of suicide, legal problems, serious problems at home, homelessness, possession of weapons, and alcohol and substance use and abuse. The trauma that has touched these youths impacts all aspects of their

development, including emotional regulation, memory, cognitive processing, social skills, and physical health. Trauma can undermine a youth’s ability to learn, handle relationships, and manage classroom requirements. This also impacts the development of communication skills, and affects executive functions required for planning and anticipating, and the capacity to engage in a classroom situation.

By providing additional clinical supports, such as staffing and intervention strategies, HOU will be able to help students overcome barriers to academic success, by addressing their behavioral/mental health needs. Our existing staffing pattern is not sufficient to meet these needs. Having only one Therapist IV presently in the program, it is impossible to reach every child in the program. In order to be successful at achieving our program outcomes, HOU will require more clinical staff in and outside of the classroom to support both student and family through this process. Without the added clinical staff and interventions, our students will continue to develop unhealthy coping strategies that inhibit their academic and life success. HOU staff want to ensure all students have the support needed to diminish emotional and behavioral deregulation, so they do not continue to spiral down a road that will lead to higher levels of risks, potentially becoming life threatening or result in other high-risk behaviors.

The National Association of School Psychologists (NASP 2010 conference), identifies clinical interventions specifically effective for individual disorders, including ADD, and ADHD, Anxiety, Depression, Obsessive Compulsive Disorder, Oppositional Defiant Disorder/Conduct Disorder, and Fears/Phobias.

Effective Interventions by Disorder - Summary:

Disorder	Interventions
ADD/ADHD	Behavior medication; positive behavioral reinforcement; parent training; Cognitive Behavior Therapy (CBT)
Anxiety	Cognitive Behavioral Therapy; Coping Skills Intervention
Depression	Cognitive Behavior Therapy
Obsessive Compulsive Disorder	Behavioral Parent Training
Oppositional Defiant Disorder/Conduct Disorder	Behavioral Parent Training; CBT; Anger Management; Parent-Child Therapy
Fears/Phobias	Graduated Exposure; Modeling; Self-Calming Techniques

To address identified disorders and provide individualized Clinical Counseling/Therapy interventions, the Therapist IV will work with students and families through individual, family, and peer group counseling, social services,

aggressive outreach, crisis intervention, and socialization. These services are described in detail below.

i. Individual Counseling

The Program Supervisor and Therapist IV try to provide individual counseling to students who need this support. Although counseling is considered an integral part of the program, we are not sufficiently able to meet this need due to lack of qualified clinical staff. If HOU were able to build out staffing capacity, we would be able to provide weekly sessions to all students who require this level of intervention. Among the areas discussed during the counseling sessions are intra-physic and interpersonal problems, patterns of behavior, individual and family problems, assuring responsibility for behavior, learning better coping and socialization skills, problems in the academic areas, and handling behavior problems that occur in the classroom which impinge on the student's academic achievement.

ii. Family Counseling

Involvement of the family in counseling has high priority and is a key segment of the program. The student's poor performance and inappropriate behavior in school is usually related to family problems or concerns. The importance of parental involvement and the expectation of parental participation are stressed during the intake process. The meetings are led by the Therapist IV and other select staff support all involved family members in identifying and obtaining family supports offered in their community to ensure extended supports exist after program discharge. With additional staffing support, we would be able to better offer families the opportunity to become a part of the overall clinical intervention process for their child.

iii. Clinical Group Work/Peer Group Counseling

The Program Supervisor, Therapist IV, and the Educational Staff provide peer group counseling. Peer groups occur daily during the homeroom periods and this is the one class that is mandatory. Although all staff are trained to provide basic counseling, we struggle to provide a clinical staff person in all homeroom periods and must rely on non-clinical staff to fulfill this need. Basic training to non-clinical staff is not sufficient to meet the needs of our program population, as many have severe physical and emotional deregulation concerns and a skilled clinician is needed to oversee this process. Right now, staff do the best they can to meet the needs for clinical group work/peer group counseling.

The Guided-Group Interaction Model is used during these group sessions. Subject areas discussed include personal and family problems, adolescent

concerns, socialization skills, development of problem solving skills, and relationship problems.

Group therapy intervention forms the foundation of the classroom community. Rotating leadership of students (guided by the Homeroom Teacher or other staff) allows each student to practice leadership skills in a simple, structured way. Psycho-educational topics are sometimes discussed as well as community issues and concerns, and/or successes. The group also provides an arena for welcoming new students and saying good-bye to departing students and staff members.

iv. Social Services

Social services are offered as an adjunct to counseling services. Many of the families have multiple problems; hence, the families are known to community agencies or are in need of other services not provided by Hale O Ulu. Social services are offered to coordinate service/treatment plans with other agencies. Information and referral is provided when needed. With additional funding, we would be able to provide clinical staff to focus their efforts on connecting families with supportive resources that may extend our help beyond just the student. By assisting families with referrals that address their basic needs and improve their external support systems, we have the ability to reduce family stressors and create an environment where therapeutic interventions can be more successful.

v. Aggressive Outreach

Aggressive outreach is provided from intake and continues throughout the student's enrollment. The students tend to be unmotivated, resistant or fearful; hence, reaching out is important. If a student or parent does not initiate an intake appointment or fails to keep an appointment, the Therapist IV or Life Skills Specialist reaches out and encourages the family to at least come in once to discuss the program. Once admitted, reaching out continues when a student fails to attend school and their home school support systems are included as part of the outreach process.

In the event that the family cannot be reached by phone, and with additional funding, the Therapist IV or Life Skills Specialist will conduct a home visit to attempt to engage the family in follow through of placement of student at HOU. Home visits will also be conducted in the event that a student's behaviors have been escalating and/or the student has become absent or chronically tardy. The attempt to engage the family and student in their natural environment helps provide a clearer picture of the family's unique challenges they may be facing that are impacting their child's behaviors and educational achievements. The information obtained during home visits is integrated into their individualized behavioral and educational support plans.

vi. Crisis Intervention

The Program Supervisor or the Therapist IV is available to assist other staff or provide services to the students and parents themselves whenever crises occur. The families tend to be crisis-oriented. It is during these periods that they are motivated more than at other times, to look at and deal with problems. They are informed about the availability of the Program Supervisor and Therapist IV and encouraged to call during crisis. Crises that occur at school are handled immediately by staff. With additional clinical staff, HOU would be able to provide a deeper level of processing for families who are struggling through crisis. This is necessary to offer families who have youths struggling in school and social environments, as oftentimes students will express their trauma from family crisis in ways that impact their success in school and socially. It is not possible to offer this level of intervention with only one Therapist IV in our program; therefore families are often left to resolve their family crisis on their own.

vii. Cultural Sensitivity

CFS is committed to providing culturally competent services throughout the State of Hawaii. The core values for staff at CFS are respect and acceptance. These values manifest themselves in daily interactions with students, their families, stakeholders, funders, community agencies, and with colleagues. CFS staff members are required to attend annual Cultural Competence training. The training is intended to increase knowledge of diverse cultural groups and develop skills that result in positive participant outcomes. Some of the topics covered in this training include understanding and being aware of one's own cultural values; being aware of, accepting and understanding cultural differences; understanding the participant's culture; and respecting differences.

8) Program Assessments and Monitoring Student Progress

All educational services are consistent with the Common Core State Standards.

Program staff collects data and document the number of hours of instruction by course. This information is used in transition planning to assist the appropriate home school in granting academic credit to and proper placement of the student. Written progress reports to the home school are also provided by program staff.

With additional funding, HOU will be able to collect data specifically related to the effectiveness of outcomes as outlined in this Proposal. The Therapist IV and Life Skills Specialist, with the support of other program staff, will be able to measure the effectiveness of clinical interventions used for students' social and behavioral modifications. These include but are not limited to: 1) building new skills to support emotional/behavioral regulation; 2) ability to ask for help when experiencing strong

emotions; 3) improvement of self control; 4) increase in supportive services at discharge; and 5) improved self-esteem.

9) Medication and Medical Emergencies

CFS procedures have been developed in consultation with health professionals.

Hale O Ulu staff members are all trained in CPR and First Aid and are recertified every three years, thereby exceeding the minimum requirement of one trained staff member present at all times. Students have an individualized crisis plan when appropriate, that outlines specific steps to be taken in the event of emergency, either medical or behavioral. This plan is reviewed with staff and updated as part of the review process. Individual case records contain the names of the student's physician, clinic or hospital in case of emergencies and written authorizations from the parent or guardian to obtain emergency care.

Telephones or cell phones, first aid kits and safety manuals are available in the program office and agency vans during program hours. Each staff member follows safety precautions and all procedures for handling medical emergencies. These procedures are outlined in the CFS organization-wide and program manuals. An arrangement for emergency services with a nearby health care facility will be formalized. Personnel involved in direct care are trained in the identification of abuse and neglect and in mandated reporting requirements.

Serious accidents, injuries, emergencies, or dangerous situations including abuse and neglect are reported to authorities following the CFS incident report procedure. CFS Incident Reports and DOE Incident Reports are completed and sent to the appropriate agency and/or school personnel. Program staff notifies CFS and/or DOE personnel of any incidents which may compromise the safety of the child within 24 hours via telephone. This report illustrates hypothesized antecedents to the event and will allow for more preventive measures in the future. Also included are interventions that were implemented to address incidents. These reports are tracked and trends are identified which may result in reviewing program procedures or making programmatic changes. Trends and patterns of incidents that occurred are logged monthly via the Quality Assurance report.

Medication is stored and administered, when necessary, according to organization policy and procedure. The organization policy and procedure includes guidelines on storage of medication, proper labeling, destruction of out-of-date medication and proper disposal of unused medication, syringes and medical waste.

10) Other Program Requirements

CFS will comply with the following requirements:

- Provide IDEA required services as necessary.

- Provide interpreter services if needed for students and their families.
- Participate in internal reviews or service testing or District and/or Complex Quality Assurance meetings.
- Participate in IEP/MP or student specific team meetings.
- Follow due process requirements.
- Provide information to DOE personnel or IEP/MP teams on program services.
- Provide all curriculum and instructional materials and equipment to implement the student's academic coursework/IEP/MP.
- Conduct emergency drills including fire, lock downs, evacuations, and hazardous materials, with proper safety maps and procedures.

Management Requirements

Day-to-Day Program Operations

Ongoing day-to-day program operations and monitoring of program staff will be the responsibility of the CFS Program Supervisor. School management, direct staff supervision, contract requirements, required training, outputs and outcomes, and participant satisfaction will be monitored by the Program Supervisor. Management of quality issues including adherence to agency values and ethics, and compliance with accreditation is overseen by the Director of Oahu Programs and the Director of Quality Assurance and Training in conjunction with the Performance and Quality Improvement Committee. CFS measures output and performance/outcome measures as established by the DOE and CFS.

The staff provides services based on *Best Practices* that are strengths-based. The Therapist IV conducts a comprehensive assessment with the student and parent/guardian. Service/treatment plans are individualized and based on the needs of the student and family. The staff meets regularly to discuss each new student and the best plan of action is decided. An additional Therapist IV in HOU will focus 100% of their efforts on implementing trauma-informed interventions. The priority is to ensure that all students will receive the necessary interventions to repave their path to academic and life success.

Adequate staff to student ratio is maintained at all times, and program staff will meet the educational requirements set by the DOE. Staff receive ongoing training and criminal history checks are conducted prior to starting in their position.

CFS will also meet all reporting requirements for program and fiscal data. CFS protects the privacy of the students' education records as required in the Family Educational Rights and Privacy Act (FERPA). CFS has processes in place that protect the parent's and student's rights with respect to their education records, provides annual notification of these rights, permits access to their records according to the law, and accounts for all requests for access.

In compliance with agency procedure, CFS employees, independent contractors, and volunteers are vigilant about protecting the youth's and family's right to privacy at all times including when services are being provided in natural settings.

2. Projected Annual Timeline for Accomplishing the Results or Outcomes of the Service

CFS projects to accomplish the outcomes in this proposal by June 30, 2017. CFS anticipates hiring an additional Therapist IV, an additional Educational Assistant, and a part time Life Skills Specialist within 30 days of award to support the students in their educational and behavioral needs while at Hale O Ulu School. Data will be collected to ensure proper tracking of program outcomes and to report progress.

3. Quality Assurance and Evaluation Plan

Educational services at Hale O Ulu are consistent with the Common Core State Standards. Program staff collect data and document the number of hours of instruction by course. This information will be used to support appropriate placement upon a student's return to his/her home school and a plan is developed during transition planning. Written monthly progress reports to the home school are also provided by program staff.

Program staff will collect the data to support performance measures. Data includes at a minimum:

- A. Satisfaction of parents and schools with the provided services. Participant Satisfaction is collected at discharge and reported on a quarterly basis. The program utilizes a standardized survey instrument designed to: provide anonymity; provide information on satisfaction or dissatisfaction with the organization's personnel and services; and include basic demographics (age, gender, race/ethnicity). Feedback from the Complex Area Superintendents and DOE personnel on the program's effectiveness is received through the Referral Source Satisfaction Survey. Survey data is then collected and reviewed/analyzed for trends. An action plan is created as needed to address any issues/concerns that may arise as a result of the survey. The data is also reported to the PQI committee and to the Board of Directors.
- B. Progress and outcome measures are developed related to academic achievement and behavioral success in school, at home and in the community. Outcome measurement is determined based upon *Best Practices*; funder requirements, and accreditation standards. Outcome activities are documented at the program level and help evaluate student progress and program effectiveness.

Quality outcomes for students are imperative. The staff is able to develop these outcomes when a functional social/behavior assessment has been completed. During intake, staff members are tasked with determining the cause or factors of the presenting behaviors and to apply *Best Practice* strategies in order to alleviate

symptoms and to correct poor performance. Starting with presenting problems and clearly identified stimuli that impede educational goals, interventions are used that will most likely result in success. In the course of service, goals and interventions are adjusted to make the most positive gains. In order to measure progress toward these goals, objectives are clearly stated and defined. Data is collected on a regular basis by reporting academic progress, monitoring behaviors, and skills development. Progress is often made when the students improve self-control and increase self-esteem.

- C. Compliance for service timelines are measured, including time from authorization of service to initiation of service and completion of documentation requirements. The program processes referrals as soon as they are made. The program documents all contacts to the student's school, District office, and parent/guardian. Furthermore, phone contacts are logged and all correspondence and progress reports are also documented.

4. Measures of effectiveness

CFS offers the following objectives to support the measurement of effectiveness of services outlined in this proposal. The overall goal of the program is to provide comprehensive alternative educational and behavioral health services so that students develop appropriate social behaviors, and emotional competencies which will allow them to successfully return to their home school campus.

Objective 1: Ninety percent (90%) of students will be able to identify at least one new skill to support emotional/behavioral regulation.

Definition: Skills are defined as positive coping skills that replace adverse behaviors causing deregulation.

Method of Measurement: Students will verbalize skills used in writing in their individualized crisis support plan during sessions with HOU's Therapist IV.

Objective 2: Seventy-five percent (75%) of students will be able to ask for help when experiencing heightened emotions.

Definition: Heightened emotions include a physiological reaction that increases the risk of acting out behaviors.

Method of Measurement: Office referrals will be tracked for each student to identify when experiencing deregulations and frequency of "request for help by clinical staff."

Objective 3: Sixty-five percent (65%) of students will increase their self-control.

Definition: Self-control is defined as students' response in highly emotional or crisis situations in program.

Method of Measurement: The office referrals for emotional/behavioral deregulation will be tracked as well as progress in showing positive behaviors. The program will involve the students to track their improvements.

Objective 4: Eighty five percent (85%) of the students in the program will return to their home school environment within 90 days and have received individualized social-emotional supportive services while at HOU.

Definition: Individualized social-emotional supportive services include school therapy, assessments, and appropriate referrals for long-term individual and/or family therapy services.

Method of Measurement: Documentation of individual and/or group therapy sessions, and community referrals as reported upon discharge to home school.

Objective 5: Sixty percent (60%) of the students in the program up to 90 days will improve their self-esteem.

Definition: Self-esteem is defined as feeling better about self.

Method of Measurement: The Rosenberg Self-Esteem Scale will be administered at intake and at discharge. A decrease in score of 10% reflects an improvement in self-esteem.

III. Financial

Budget

1. The applicant shall submit a budget utilizing the enclosed budget forms as applicable, to detail the cost of the request.

The required budget forms are attached to this proposal.

2. The applicant shall provide its anticipated quarterly funding requests for the fiscal year 2016.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
43,750	43,750	43,750	43,750	175,000

3. The applicant shall provide a listing of all other sources of funding that they are seeking for fiscal year 2017.

All funding for fiscal year 2017 has been secured and is attached to this proposal.

4. The applicant shall provide a listing of all state and federal tax credits it has been granted within the prior three years. Additionally, the applicant shall provide a listing of all state and federal tax credits they have applied for or anticipate applying for pertaining to any capital project, if applicable.

None.

5. The applicant shall provide a listing of all government contracts and grants it has been and will be receiving for program funding.

Attached is the Government Contracts and/or Grants Form.

6. The applicant shall provide the balance of its unrestricted current assets as of December 31, 2015.

\$10,987,079.00

IV. Experience and Capability

A. Necessary Skills and Experience

The Hale O Ulu (Alternative Education) Program—Demonstrated Skills, Abilities and Knowledge

CFS's current Hale O Ulu program has assisted many students who have difficulty functioning in a regular school setting. Some of the staff members have been with the program since its inception and many other staff have multiple years working in the program. These staff members have been trained in various disciplines and are culturally diverse. Most recently the staff have been training in Risking Connection®. This trauma-informed care model recognizes that behaviors are adaptive and trains staff how to address the individual needs of the students when they are often functioning the best way they know how in the moment. The current multi-disciplinary direct service team includes Program Supervisor, Education Coordinator (funded by DOE and DHS), Therapist IV, DOE Teacher (funded by DOE), HOU Special Education Teacher, Education Assistant, and a Youths Life Coach (funded by DHS). CFS is requesting funding to increase multi-disciplinary direct service staff positions by hiring an additional Therapist IV and Educational Assistant, and a Life Skills Specialist. With the additional staffing, the program milieu will consist of therapeutic, recreational and academic components and has will provide students with a repertoire of skills that will allow them to achieve academic success when returning to their home school setting. Furthermore, in 2005 Hale O Ulu was the proud recipient of the Kapolei Outstanding Achievement (KOA) award for the education category.

In March 2008, CFS developed an additional program component to Hale O Ulu, funded by the Department of Human Services. This component offers DOE students computer

training, job skills training, and male/female role training to help prevent early pregnancy and encourage delaying the experience of early parenthood. This component is supported by the Youths Life Coach and Education Coordinator.

In addition, HOU partners with another CFS program, the School-Based Substance Abuse Program, to provide substance abuse counseling and education to those students who were referred for substance use or students who disclose current use of drugs and/or alcohol. Individual and group counseling is provided as well as a transition plan when the student returns to his/her home school to continue these services as needed.

Students are referred to HOU for school problems such as truancy, non-attendance, and disciplinary issues. Merely dealing with the educational deficiencies will not suffice to remedy the larger social problems; the individual and family dysfunction also needs to be addressed. "Securing an education" is the model that Hale O Ulu uses in engaging the students and families and treating the dysfunctional problems. Since the students and parents view Hale O Ulu as being a school, they are less threatened by the program's treatment services and are more likely to utilize them rather than "traditional" treatment services. The HOU staff encourage the family's involvement from the point of referral until the student is transitioned back to their home school. They understand that each student is an individual and each family is unique and not one approach works for all. The staff works with each family to help them realize that education in and by itself is not the only reason they are referred to the program. Their genuine caring and concern helps families understand that a major part of the youths' difficulties in school is usually attributable to individual and family problems, and that the program can help the youths in these areas.

Having been involved in the service planning process with families since 1980, CFS staff members have learned not only how to adapt and improve learning interventions, but have also learned how to engage even the most challenging families in the service process. Staff are able to see when families have almost given up. They continue to encourage and support the families to give them hope. The program has learned that by providing education and support to families, they can become the key components in a comprehensive plan that works to help the student achieve success. Families are involved in the intake and are encouraged to be involved in the youth's education and success. Engaging the parents/caregivers can make a significant difference. The program encourages and welcomes communication and provides counseling to the families on all aspects of the students' progress and challenges. Families can greatly enhance the effectiveness of behavioral and academic interventions by reinforcing these strategies in the home setting. Parents often report feeling that they have failed, and that they have lost the power to be effective with their child. They are guided and supported in implementing practical, realistic strategies that are concrete and attainable. By experiencing success, their confidence as parents increases and they are once again empowered to embrace the student as an integral part of the family unit. Through their many years of experience, HOU staff understand that it is never too late to get the family engaged and involved.

The staff's willingness to connect to the student and the family can potentially result not only in the prevention of family breakdown, delinquent behavior, and placement or institutionalization, but also results in rekindling their interest in learning and securing an education. The program design offers a way for students to see a reward or payoff.

The program is based on the theories of **Individual Education** developed by Dr. Raymond Corsini, a Honolulu psychologist. Hale O Ulu has modified his theories to meet the needs of the youths we serve. The program has integrated clinical counseling/therapy with educational services. The program believes the ultimate purpose of a school is to help develop students individually and socially. It accomplishes this by integrating the key concepts of Responsibility, Respectfulness, Resourcefulness and Responsiveness (the Four Rs) of **Individual Education** into its program philosophy.

Gaps in Clinical Services and Staffing

Although the HOU Program staff are able to provide much needed educational supports, as well as minimal clinical interventions, there is clearly a need for an increase in clinical services, interventions, and personnel. Not all students who come to HOU are successful with the methods outlined above that support the student's learning potential. More services are needed to ensure that the students who are at highest risk, and who struggle in the moment, almost every moment, are cared for clinically.

Students who are screened at intake and show signs of requiring further assessment and clinical supports are only able to receive supportive counseling. Intensive clinical interventions are not provided as the Program does not have the staffing capacity to fully implement strong clinical services at this time.

Currently, students are managed through crisis behaviors and are not able to receive clinical services to address their adverse behaviors that are based on past trauma memories. Typically these youths belong to families who have a broader need, fall through the cracks, and then come to us after their children are spiraling off course in school and behaviorally. Families have limited knowledge of resources and services they are eligible for, and oftentimes have limited time or finances to put toward helping their child become more successful in school.

The proposed additional Therapist IV and the Life Skills Specialist will help to fill the gap for clinical services. They will provide the necessary screening and assessments to identify the services and interventions needed by the students and their families, provide clinical interventions while the youths are attending our school, and assist with connecting the families to community providers once the youths transition back to their home schools. The team will be able to spend more time conducting clinical outreach when needed to engage families in program services and ensure they are getting the help they need. Oftentimes, families are ashamed to speak about their family traumas, and our staff can help normalize their experiences and reframe their needs in a way that demonstrates that we are providing hope for their futures.

Furthermore, students currently receive limited in-class educational supports as the school has only one Education Assistant (EA) on staff. Although the role of the EA is to focus on providing academic supports in class, he/she is key in carrying out and supporting the clinical interventions. With limited staff available in the classrooms to deescalate youths and remind them to work on their new skills learned in sessions with the Therapist IV, the youths currently struggle through difficult times in the classroom, thus leaving the teachers to manage both academics and behavioral supports. This is not reasonable when working with adolescents who are struggling and expressing their stress in inappropriate ways. Therefore, having the additional EA in the classroom will help close the gap between academic success and in-class clinical interventions/supports.

The Hale O Ulu Program – 35 Years of Experience in Providing an Alternative Learning Center for the Leeward Oahu Community

The Hale O Ulu Program was created to meet the needs of alienated students through innovative alternative education concepts and methods. The program began in 1980 and since 1985, when funding was secured from the DOE, the Hale O Ulu Program has been supported by the Leeward Oahu School District. The program continues to serve this community and remains the only alternative education school in Leeward Oahu. CFS offers an educational model that provides time-limited, off-campus education services with the goals of successfully transitioning students back to their home school environment. To accomplish this goal, Hale O Ulu provides education, clinical counseling and therapy, and social services to students and their families who are referred by the DOE. Students referred to the Hale O Ulu Program have been identified as displaying behaviors and actions that are not aligned with the DOE rules as outlined in Chapter 19 and who jeopardize the safety and well-being of other students on their home school campus.

Hale O Ulu has provided a strengths-based, highly structured program of instruction and support for students whose behavioral difficulties precluded success in their home schools. Students benefit from research validated programming and the attention and support of an experienced multi-disciplinary team.

The additional services requested in this proposal are based on Best Practices and were designed with input from community members, research on successful behavioral interventions, local expertise, and a broad understanding of the needs of the regular or special education student. Academic success has been the goal of the program since its inception. Graduating from high school is one of the strongest predictors on whether an individual will live a healthy, well-adjusted life. Both youths and the community at large pay an incredible price if the youths decide to drop out of school. The National Dropout Prevention Center/Network, cites a number of consequences associated with dropping out: those who drop out of high school are 4 times more likely to not have a job than those who have graduated from at least a four-year college; financial stability can be affected all the way to retirement age; high school dropouts have a greater chance of living in poverty or with considerably low income, and also have greater instances of

seeking assistance from the public and government than their counterparts who graduated high school; and high school dropouts make up as much as 82% of the prison population in the U.S. Therefore, helping youths overcome academic and behavioral/mental health problems, remain in school, and eventually graduate is an important community priority for the Leeward area of Oahu. Hale O Ulu is committed to helping the youths we serve achieve the successful futures that they deserve.

Having provided this service consistently for 35 years, the team has refined and improved program components to better serve students and their families, as evidenced by the continuous successful program outcomes. Staff members have been trained in a variety of intervention techniques and have developed a coordinated team approach that maximizes program effectiveness. HOU needs to continue to expand on staffs' clinical knowledge and interventions to be as effective as possible within the limited time we have with each student. Having the capacity to bring on strong clinicians will support our need to provide a comprehensive trauma-informed clinical service model to our students and families.

The program staff has learned over the years that behavior change comes more easily in an environment that is supportive and nurturing. While this program continues to offer alternative learning opportunities, Hale O Ulu has come to recognize the importance of the development of skills that meet classroom expectations. The program helps students learn very basic classroom survival skills such as:

- Coping skills that help them sit in their seat for extended periods of time,
- How to ask for help appropriately,
- How to organize work, and
- How to communicate their needs in a respectful and effective way.

While the identification and development of these skills often needs to be approached through a cognitive-behavioral intervention, the incorporation of these skills into an appropriate learning behavior must occur in a more traditional classroom setting.

A culturally diverse group of professionals make up the current service team. Staff members have a wide variety of skills and experience, thereby presenting a rich multi-disciplinary approach to interventions. An experienced Director of Oahu Programs and a Program Supervisor I lead the team in effective, research supported interventions that balance the educational and therapeutic needs of the student and family. The Therapist IV has worked with this population for over 25 years and the HOU and DOE Teachers bring with them years of teaching experience in the public school system. The Education Coordinator, Youths Life Coach, and Administrative Secretary provide both direct and indirect service. Their combined years of experience working with adolescents makes them valuable resources.

The staff members have learned the value of working together as a cohesive, consistent team to deliver comprehensive services to the student and families. Each staff member's

opinions are valued as part of the decision making process, thereby instilling some ownership in improved program outcomes and the satisfaction of delivering the highest quality services.

In monitoring the quality of the program services, program outcomes are tracked on a regular basis. The program receives feedback from students, parents and referral sources. Some examples of behaviors that are measured include school attendance, academic performance, social skills and self-esteem.

Projects and Contracts Pertinent to the Proposed Services

Contract Name / Service Period	Description	Contractor Information (contact Name, Address Email, Phone Numbers)
Hale O Ulu, Alternative Learning Center, Leeward Oahu School District 1985-Present	Provide alternative education to alienated youths in the Leeward District.	Department of Education Alternative Learning Center, Leeward Oahu School District 601 Kamokila Boulevard, Room 418 Kapolei, HI 96707 Tammy Keller Tammy_Keller/LEEDO/HIDOE@notes.k12.hi.us 808-692-8000
Department of Human Services 2008-Present	Provide health education, male coaching, and computer/vocational training to students of Hale O Ulu.	State of Hawaii Department of Human Services 820 Mililani Street, Suite 606 Honolulu, HI 96813 Stacie Tonouchi stonouchi@dhs.hawaii.gov 808-586-7088
Hale O Ulu, In-Community Alternative Learning Center 1982-2015	Provide alternative education to status offenders in the Leeward District.	The Judiciary, State of Hawaii First Judicial Court 4675 Kapolei Parkway Kapolei, HI 96707 Mona Yano Program Specialist Office of the Deputy Chief Court Administrator (808) 954-8226 Ramona.H.Yano@courts.hawaii.gov
Foster Homes with Therapeutic Services 1988-Present	Coordination of services for students in Therapeutic Foster Homes.	Department Of Health Child and Adolescent Mental Health Division 3627 Kilauea Avenue Honolulu, HI 96816 John MacDonald Contracts Management Specialist (808) 733-9333 John.MacDonald@doh.hawaii.gov
Therapeutic Group Homes	Group living within a community-based setting for adolescents that need 24- hour care. Community-based education,	Same as above

Contract Name / Service Period	Description	Contractor Information (contact Name, Address Email, Phone Numbers)
1997-2012	recreational or occupational activities that address behavioral, emotional, or family problems. Support and assistance to foster positive participation in group living and community activities.	
Community - Based Residential 1997-Present	Residential services for adolescents requiring 24-hour care whose needs can best be met in a planned program of small group living within a community-based setting. For youths not able to attend public school due to severe emotional or behavioral problems.	Same as above
Special Schools/ Community Based Instruction for ASD/MR Students 1999-2011	Provide services that are individualized to the student's IEP/MP goals and objectives by working in conjunction with the student's IEP/MP team and home school Special Education Teacher. At both autism schools, a student's academic, communication, social, self-help, and vocational skills are addressed through a variety of mediums.	Department of Education 475 22nd Avenue, Rm 108B Honolulu, Hawaii 96816 Marilyn Jakeway, Educational Specialist (808) 203-5565 X 1629 Marilyn_jakeway@notes.k12.hi.us

B. Facilities

Child & Family Service's corporate office is located at 91-1841 Fort Weaver Road, Ewa Beach, Hawaii. CFS maintains 34 sites throughout the State. These sites are located on the islands of Hawaii, Kauai, Maui, Molokai, and Oahu.

ADA Accessibility: CFS sites meet accessibility requirements of the Americans with Disabilities Act (ADA).

Communication Accessibility: CFS has committed significant resources towards the development and maintenance of its information systems and communications network. CFS has a Wide Area Network (WAN) in place and provides data and resource sharing between its seven main offices and numerous satellite offices on five islands using frame relay technology. Our primary sites are located in Ewa Beach and Honolulu on Oahu, Kauai, Kona, Hilo, Maui and Molokai. Staff members are issued desktop or laptop computers equipped with a minimum of 4 GB of RAM, Intel based business class processors, Microsoft Windows 7 Professional, Microsoft Office 2007 Enterprise Edition (including Word, Excel, PowerPoint, Publisher, InfoPath, Outlook, and Access), Adobe Acrobat Reader, Internet Explorer 11 and enterprise email running on Exchange Server 2007.

The Organization is Well Equipped and Resources are Shared Throughout. Resources include: 1) video monitors, DVD players and VCRs for showing educational tapes; 2) an extensive library of print and electronic material covering topics such as

employment skills, parenting skills, self-esteem, family systems, family preservation, and family planning; and 3) videoconferencing capability is available at the Honolulu and Ewa sites on Oahu and at each neighbor island office. This facilitates communication between sites and creates more opportunities for training.

The Hale O Ulu Program Facility

The current program is located at the corporate office site in a series of classrooms set apart from the corporate office by an open courtyard. This location is ideal for serving students in the Leeward District because of its central location and convenient access to the public transportation system.

The air-conditioned classrooms were designed with educational instruction as the main function of the rooms. Each classroom is equipped with a large chalkboard, built-in storage closets with compartments for each student, computer ports, telephone jacks, and a sink. The four classrooms are located in the single story wing with adjacent administrative offices for the staff. ADA compliant restrooms are available to students in the same wing as the classrooms which also meet ADA standards.

A large meeting room is available as an alternate classroom, for service team meetings, IEPs, group therapy, and trainings. A kitchen is available in the main building. The close proximity to the corporate office provides the program with access to a variety of resources including office equipment and supplies, as well as easy access to the infrastructure necessary to support the operation of the program.

The program has the ability to request use of a CFS van that is utilized to transport students to community resources and activities. Recreational activities as well as other field trips to various community settings are designed to enhance community integration and social skills training.

Hale O Ulu has an on-site safety coordinator. The program also complies with organization wide safety policies and procedures and follows a designated disaster preparedness plan. Staff are trained and certified in Crisis Prevention Intervention (CPI), CPR, and First Aid.

V. Personnel: Project Organization and Staffing

A. Proposed Staffing, Staff Qualifications, Supervision and Training

1. Proposed Staffing

The proposed staffing pattern is designed/structured to facilitate timely access to alternative education services that meet DOE requirement.

a. Staffing Patterns

The proposed staffing pattern described in this section is based on utilizing two HOU teachers and one DOE Teacher in three classrooms. A fourth classroom is utilized by the Youths Life Coach to provide elective programming/curriculum.

There is a maximum of 15 students to one staff member in the classroom. The program can accommodate a maximum of 60 students per day. The student to staff ratio usually increases during the school year. The program provides a staffing pattern that addresses staff availability during times of increased activity, community activities, or times when emotions are escalated. This may be achieved through the use of practicum students under the supervision of the Therapist IV or Program Supervisor. During safety situations, additional CFS staff members are available from administrative and program offices on the Ewa campus. Staffing patterns are planned and modified throughout the school year to provide coverage during vacation, sick, and training times. CFS has created a leave schedule with teachers and staff that ensures their presence throughout the calendar year. Staff are on break when students are on break, therefore reducing the need for staff coverage. In the event that staff coverage is needed, CFS hires qualified substitute teachers to cover classrooms when the count exceeds 15:1 in a classroom.

Students are supervised constantly from the time they arrive on campus until they leave campus. Supervision is provided 60 minutes before the program starts and 60 minutes after program ends for students who arrive early or stay late.

b. Staffing Positions

Below are the staff positions and qualifications. The current staff positions are funded under the DOE and the Department of Human Services. CFS is proposing additional staff positions to provide a pilot program with intensive therapeutic interventions to address the more severe and changing needs of the youths that are referred. An additional Therapist IV, Life Skills Specialist and Educational Assistant will be recruited upon award of this contract to support the educational and behavioral needs of our students. CFS anticipates having these positions filled within 30 days of award. Due to similar positions posted in other CFS programs, CFS does not anticipate a long delay in finding the right candidates for these positions. Positions in this proposal include:

Director of Oahu Programs

Requires a Master's Degree from a school accredited by a recognized accrediting agency and over six years of experience. This position oversees the program, supervises the Program Supervisor and communicates with CFS administrative personnel and support staff around issues relating to the successful functioning of the Hale O Ulu program. This proposal includes a .01 FTE for the position.

Clinical Director

Requires a PhD in Clinical Psychology or related field and clinical license in good standing with over six years experience. This position provides clinical support, recommendations, and training to program staff requiring clinical intervention strategies. HOU staff are able to seek consultation from the Clinical Director for difficult to reach students, and other behavioral health intervention needs. This proposal includes a .01 FTE for the position.

Therapist IV

Master's Degree in Social Work or related Human Services field. This position provides clinical services to students and parents. This proposal includes a full-time (1.0 FTE) therapist to deliver the intensive therapeutic services the population requires.

Life Skills Specialist

High School Diploma, Associate's degree preferred with six months experience working with at-risk adolescent populations. This position provides activities that support the clinical interventions. The LSS may provide home visits, teach life skills, and teach positive behavior replacements for adverse behaviors. This proposal includes a .50 FTE for the position.

Education Assistant

High School Diploma. This position supports students and teachers in a classroom setting. Provides in class subject matter support based on class curriculum and instruction. One Education Assistant is provided by the DOE. CFS seeks to add one additional Education Assistant at 1.0 FTE to support student learning.

Clinical Coordinator

Master's Degree in Human Services related field. This position assists the program staff in developing their procedures and adhering to both contract and accreditation standards. This proposal includes a .01 FTE for this position.

Positions funded by other contracts:

Program Supervisor

A Bachelor's Degree in Education or related Human Services field is required for this position. The Program Supervisor manages the daily operations of the Hale O Ulu Program.

HOU and Department of Education (DOE) Teachers

Teachers require a Bachelor's Degree in Education as well as proof they have taken and passed the PRAXIS exam. HOU Teachers are hired through CFS and supervised by the Program Supervisor. One teacher holds a Special Education certification. DOE provides one teacher, under the supervision of the Leeward

Oahu District Office, who shares responsibility of instruction in required academic and elective courses.

Therapist IV

Master's Degree in Social Work or related Human Services field. This position provides clinical services to students and parents. This position currently supports the therapeutic needs of HOU students and their families through a trauma-informed approach to services.

Education Coordinator

Bachelor's Degree in Early Childhood Education, Child Development or related Human Services field. This position provides secretarial, clerical, and receptionist responsibilities, and maintains case records. The Education Coordinator also implements the Individual Education positive support and discipline requirements.

Youth Life Coach

This position requires a High School Diploma and maintains campus grounds and facilities. This position also provides instruction in select elective classes.

Administrative Secretary

High School Diploma. Provides administrative support to the Hale O Ulu School and its students and staff. Supports data tracking for program outcomes, secretarial, clerical, and receptionist responsibilities.

2. Staff Qualifications

CFS has assembled a highly qualified, multi-disciplinary team with the experience needed to deliver quality service and maintain the viability of these services at high standards. The staff delivering core academic instruction have been chosen by the HOU leadership team, with DOE input, to meet the No Child Left Behind requirements for highly qualified Teachers. Both teachers and other staff have received in-service training by HOU and DOE to provide standards based instruction.

The Director of Oahu Programs, Joey Keahiolalo, has direct management authority of the contract. She has over 10 years of management experience. She has a Master's Degree in Social Work, over 2 years experience as a CPI trainer, is a faculty trainer for the Risking Connection® Model, and has over 15 years of experience working with children, adolescents, and families.

The Clinical Director, Linda Fox, PhD., supports this program by providing case consultation and clinical support as needed. The Clinical Director will assist clinical staff with difficult clinical cases and ensure all interventions are conducted with best practice standards and model integrity.

The Program Supervisor, Sili Lualua, holds a Master's of Science degree in Kinesiology and Rehabilitation Science: Rehabilitation Counseling. She provides physical on-site leadership and staff support. Sili is responsible for the day-to-day operations of the program. She collaborates with DOE Supervisors and Principals to ensure a smooth transition of students in and out of the HOU Program and to make certain that their individual needs are met while at HOU.

Keith J. Howe is the Therapist IV for the program and has over 23 years of experience providing therapeutic counseling services to adolescents in Hale O Ulu. He has also provided outreach and counseling to young children and their families for over 25 years.

The Education Coordinator, Kim Sato-Scanlan, has a Bachelor's of Science degree in Family Resources and experience in both educational and social service settings. She assists the Program Supervisor with addressing student educational and behavioral needs at Hale O Ulu School and is the main point of contact with each school. She also assists with vocational and computer training.

The Special Education Teacher, Terry Tshako, has a Master's in Education and has over 13 years teaching special education to middle and high school students in the State of Hawaii. He specializes in special education and math; two key areas of instruction for students at HOU.

The Educational Assistant, Treven Wong, has a Bachelor's of Science degree in Sociology. Treven has extensive experience working with adolescents in a community based program geared to helping at-risk students with grade recovery. He also has extensive experience coaching adolescent students in athletic programs in Hawaii.

Raymond Mulitalo, Youths Life Coach, has a Bachelor's of Science degree in Sociology. Raymond is currently providing instruction as the Youths Life Coach under the TANF funded program. He has experience working as a youths mentor and coach to adolescents at-risk for over five years.

Missy Pasco, Administrative Secretary for HOU, holds an Associate's degree in Applied Science. She provides administrative support for the HOU program. Missy has a clear understanding of how the program supports students in their time of need, as she is a former HOU student who now has the opportunity to give back to the program who helped make a difference during her formative years.

Jennifer Vosberg, Clinical Coordinator, holds a Master of Arts degree in Organizational Management. Jennifer has over 15 years of experience working with adults, children and families in the social services field. Of the 15 years, four years were dedicated to providing educational home visiting services to families with allegations of child abuse/neglect. Ten years of the experience include program

management of contracts related to child abuse and neglect prevention/intervention as well as to low-income immigrants and refugees.

The composition of the program staff in terms of personalities, tolerance levels, and expectations is critical to the effectiveness of the program. Although the team includes a wide variety of types of professionals, there is ongoing communication and respect among the staff members. This cohesiveness is very important when working with this population. The respect shown to each other as team members is observed by the students and reflected back in their treatment of other students and the staff.

Background Checks

The Human Resources Department conducts background and reference checks on all prospective employees according to CFS's Policies and Procedures. Credentialing is also verified to ensure that prospective employees meet the qualifications of the job description. DOE employees as well as HOU teachers must meet criteria set forth by the DOE. They must also meet all prerequisites and requirement standards.

CFS credentials and re-credentials direct service staff in order to assess their qualifications and that of their supervisors during the hiring process and throughout employment on a periodic basis. This is accomplished through primary verification of education, work history, licensure, and state and federal background checks. The credentialing process makes certain that staff maintain licensure or certification requirements as required by position and program with the organization. These are our key procedures:

- At a minimum, CFS performs a local criminal background check and keeps a certified copy of the search on file with the Human Resources Department subject to review or audit by DOE. CFS will conduct fingerprint checks according to DOE requirements. Criminal background checks will be conducted every three years.
- The highest degree earned is verified and copies of diplomas, transcripts or verification letters from educational institutions are kept in the employee's personnel file. CFS's practice is to only accept degrees from accredited institutions.
- Licenses and certifications are verified for current status, expiration date and whether any complaints have been made against the individual.
- A minimum of three references are checked-at least two employment, preferably three, and one professional.
- CFS will provide DOE with updated copies of the resumes of all personnel in accordance with DOE requirements. In addition, DOE will be notified of any changes to the status of employment of all personnel providing service as defined in this proposal.
- Tuberculosis clearance is required to be submitted and kept in personnel files. The Department of Human Resources maintains records of certificates of TB examinations for employees.

These procedures apply to subcontractors and volunteers of CFS as well.

3. Supervision and Training

Focus on Supervision Organization-Wide

CFS has well established procedures and expectations for supervision. The process of supervision holds individual staff accountable for appropriate performance of their assigned duties and responsibilities, monitors the quality of participant services, and provides a mechanism for professional development. One of the major goals of the supervisory process is to provide direct line staff with the knowledge and support to remove barriers to accessing services and achieving outcomes with their participants.

The immediate supervisor is responsible for ongoing supervision of staff. The supervisory ratios will not exceed one direct service supervisor to seven full-time direct service staff. The supervisor will determine how frequently supervision sessions need to occur based on accreditation and contract standards.

Supervisory sessions may be individual sessions or group sessions as defined by contract, accreditation standards and/or professional practice. Supervisory sessions are documented in an individual supervisory file, maintained by the supervisor. The supervision notes document the date of the session, issues discussed, and related action plans. During the supervisory session, the supervisor will review case record documentation to ensure that it:

- Complies with the organization and program policies and procedures.
- Reflects implementation of direct practice principles within the scope of the program philosophy and/or method of service/treatment.

CFS has implemented participant-centered supervision which enhances the quality of participant services and provides a mechanism for professional development. Participant-centered supervision occurs monthly, at minimum, and includes the following:

- Evaluation of the participant's progress toward achieving his/her service/treatment goals.
- Review of the appropriateness of the service/treatment plan.
- Review of case record documentation.

Supervision of Program Staff - Accountability and Adherence to the Service Model and Performance Standards

The program staff members are under the direct supervision of the Program Supervisor. The Program Supervisor meets with each of the staff at least once a month for individual supervision. The initial meeting involves the development of an individual supervision plan, which identifies specific goals to be met. This plan is reviewed during supervision

to determine progress made on each of the goals. Topics addressed may include implementation of behavioral strategies, engagement with students, academic success of students, and students' responses to redirection and consequences. The Program Supervisor is located on site and is able to provide ongoing supervision and make observations.

The supervision process addresses staff accountability and close adherence to the service/treatment plan goals. Each employee has an individualized supervision and training plan based on a needs assessment completed by the supervisor. The plan identifies the required DOE and COA training that is relevant to their positions as well as additional trainings which may be needed to increase that individual's skills and knowledge base. In ongoing supervisory sessions, application of the information and skills gained in the training are stressed, with the goal of improving the employee's ability to overcome barriers and achieve service/treatment plan goals.

To maintain effective, efficient service for the student and families served, regular case reviews continue to be a part of supervision. Documentation of a supervision session is maintained by the Program Supervisor.

The Program Supervisor is able to integrate training into the supervisory sessions. There are many training opportunities provided to the staff. Also, when program staff attends training, an overview of the training is presented to the other staff. Materials from these trainings are discussed in supervision sessions as it applies to the students served in the program. This allows for theoretical knowledge to be practiced in this therapeutic environment.

The Director of Oahu Programs directly supervises the Program Supervisor. Supervisions are focused on strategically developing and implementing program systems and interventions that will support effective outcomes for student and program alike. Supervisions are reflective and aimed at ensuring proper oversight is in place for students and staff.

Training – Enhancing Skills and Knowledge

CFS is committed to increasing staff knowledge and skill development through its training program. CFS employees continue to identify the ability to learn and develop their skills as an important reason they work for CFS. The organization has invested considerable resources in training and the development of training modules, as well as videoconferencing capacity. This enables CFS staff on all islands to receive standardized information.

Orientation to the Program and the Organization

CFS's Training Committee has established requirements for orientation and ongoing training at an organization-wide level. These requirements include those topics that are

mandated for the organization to meet accreditation standards. In addition, each program has identified specific requirements for orientation and training that meet contract requirements and accreditation standards. CFS staff receive announcements of upcoming training opportunities, both internal and external, through the Quality Assurance and Training Department.

The Hale O Ulu Program provides orientation to the program within the first week of employment with the organization. In addition, CFS requires all new hires to attend an organization orientation within 60 days of employment. A new hire orientation and a supervisor orientation are offered on a monthly basis. The lists below highlight some of the topics covered in these orientations.

Program Specific Orientation – within five days of hire

Hale O Ulu provides a program specific orientation within the first week of hire, which includes:

- Overview of program's philosophy and history
- Trauma-Informed Care Training
- Positive Behavior Supports
- Discipline system
- Attendance policy
- General information
- Student orientation process
- Program services
- Individual Education Training
- Common Core State Standards
- General Learner Outcomes

New employees are required to review the CFS Employee Handbook (CFS employees), Hale O Ulu Teacher's Manual, and the Hale O Ulu Orientation Packet within the first two days of hire.

New employees are required to observe an intake with the Therapist IV and to participate in classroom observation of both homeroom and academic classes within four days of hire.

On the fifth day of employment, training using the Individual Education system is provided by the Program Supervisor and includes all staff.

Ongoing Training

Once an employee completes orientation, ongoing training opportunities are provided. An individualized training plan is developed between the supervisor and staff. The plan

identifies areas that need further development. The Program Supervisor tracks staff training and development as an integral part of regular supervision.

Hale O Ulu staff are required to be trained and certified in CPI, CPR, and First Aid. Certifications are renewed when required.

Training topics for ongoing training include but are not limited to:

- Common Core State Standards and the Hawaii State Assessment (HSA)
- Comprehensive Student Support Services (CSSS) review
- Identification of child abuse and neglect/mandated reporting requirements
- Awareness of available referral resources in the community
- Program outcomes development and measurement
- Substance use and abuse
- Case management/collaboration/coordination
- Professional boundaries

CFS/Hale O Ulu staff members are required to attend annual Cultural Competence training. The training is intended to increase knowledge of diverse cultural groups and develop skills that result in positive participant outcomes. Some of the topics covered in this training include understanding and being aware of one's own cultural values; being aware of, accepting and understanding cultural differences; understanding the participant's culture; and respecting differences. In addition to the staff, Cultural Competence topics are covered with the students in group counseling discussions by homeroom teachers and by the Therapist IV.

B. Organization Chart

The statewide CFS organization chart showing where the Hale O Ulu Program fits into the CFS structure is attached. The organization chart for the Hale O Ulu Program is also attached that illustrates the position of each staff and the line of responsibility/supervision.

C. Compensation

The annual salaries paid by the applicant to the three highest paid officers, directors, or employees are listed below:

Title	Annual Salary
President and Chief Executive Officer	\$204,647.00
Executive Vice President and Chief Operating Officer	\$135,290.00
Vice President of Programs	\$120,065.00

VI. Other

A. Litigation

Child & Family Service is not involved in any pending or current litigation.

B. Licensure or Accreditation

The Council on Accreditation (COA) has accredited CFS since 1980. As a member of COA, CFS maintains the highest standards in organization management and program delivery. In 2013, CFS successfully completed reaccreditation with COA. This was the second consecutive review in which CFS did not have a single citation that needed a response. The review involved both administrative and program reviews, and HOU was reviewed during this time. The reviewers commended CFS on its exemplary participant satisfaction responses, dedicated staff, and having one of the best Performance and Quality Improvement (PQI) systems in place with clear and precise reports and a strong PQI committee structure.

C. Federal and County Grants

The applicant shall separately specify the amount of federal and county grants awarded since July 1, 2014.

As of July 1, 2015 Hale O Ulu has not received county grant monies or direct federal funding. All secured funding is provided through the State of Hawaii. However, we do receive pass through funds from the Department of Human Services: \$100,000 for FY 2015 and \$100,000 for FY2016.

D. Private Educational Institutions

Not applicable.

E. Future Sustainability Plan

The review of current records of the youths enrolled in HOU reveal that most of them are in families utilizing Medicaid or Quest plans. Some are members of military families utilizing medical plans under those plans. A few others utilize commercial insurance.

The future sustainability plan after fiscal year 16-17 is to utilize clinically licensed personnel (social workers, licensed marriage and family therapists, and psychologists) to develop treatment plans for youths, and to provide the necessary periodic assessments to track individual progress of the youths. By utilizing clinically licensed staff who are eligible to bill Medicaid or Quest plans for services provided, CFS will

be able to provide long-term sustainable funding to support clinical services at HOU. These services in turn, will increase improved academic achievement for all students.

In the first year of the grant funding:

1. Licensed personnel will be recruited to provide hourly treatment and assessment services for the youths. HOU will initiate discussions with the health plans described above to establish the HOU location for delivery of services.
2. CFS has the expertise and resources to set up an insurance billing system.
3. Individual clinicians hired for the HOU services will pursue their individual credentialing with various health plans relevant to the HOU youths.

In the second year of grant funding:

1. Clinical staff will have been identified, hired, and credentialed by health care plans so they can provide clinical services to HOU youths.
2. Continuous recruitment of clinical staff will occur, in order to maintain the hourly staff needed to provide services.
1. Clinical staff will provide ongoing modeling, mentoring, and support for non-clinical staff in the trauma-focused model.
2. Clinical staff will also provide support and training for non-clinical staff and youths on how to track and monitor individual data.

F. Certificate of Good Standing (If the Applicant is an Organization)

A certificate of good standing is attached.

BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2016 to June 30, 2017

Applicant: Child & Family Service

BUDGET CATEGORIES	Total State Funds Requested (a)	Total Federal Funds Requested (b)	Total County Funds Requested (c)	Total Private/Other Funds Requested (d)
A. PERSONNEL COST				
1. Salaries	105,035			
2. Payroll Taxes & Assessments	12,292			
3. Fringe Benefits	17,156			
TOTAL PERSONNEL COST	134,483			
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island				
2. Insurance	2,450			
3. Lease/Rental of Equipment	900			
4. Lease/Rental of Space	4,200			
5. Staff Training	2,400			
6. Supplies	1,200			
7. Telecommunication	960			
8. Utilities				
9. Audit	875			
10. Postage	180			
11. Repair & Maintenance	600			
12. Mileage	1,052			
13. Provisions	1,200			
14. Administrative Support	24,500			
15				
16				
17				
18				
19				
20				
TOTAL OTHER CURRENT EXPENSES	40,517			
C. EQUIPMENT PURCHASES				
D. MOTOR VEHICLE PURCHASES				
E. CAPITAL				
TOTAL (A+B+C+D+E)	175,000			
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested	175,000	Darlene Flores		
(b) Total Federal Funds Requested		808-681-1405		
(c) Total County Funds Requested		Phone		
(d) Total Private/Other Funds Requested		12/29/15		
		Date		
TOTAL BUDGET	175,000	Patti Bates, Executive Vice President & COO		
		Name and Title (Please type or print)		

BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Period: July 1, 2016 to June 30, 2017

Applicant: Child & Family Service

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
TOTAL:			\$ -

JUSTIFICATION/COMMENTS:

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

JUSTIFICATION/COMMENTS:

BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS

Period: July 1, 2016 to June 30, 2017

Applicant: Child & Family Service

FUNDING AMOUNT REQUESTED					
TOTAL PROJECT COST	ALL SOURCES OF FUNDS RECEIVED IN PRIOR YEARS		STATE FUNDS REQUESTED	OF FUNDS REQUESTED	
	FY: 2014-2015	FY: 2015-2016	FY: 2016-2017	FY: 2016-2017	FY: 2018-2019
PLANS					
LAND ACQUISITION					
DESIGN					
CONSTRUCTION					
EQUIPMENT					
TOTAL:					
JUSTIFICATION/COMMENTS:					

GOVERNMENT CONTRACTS AND / OR GRANTS

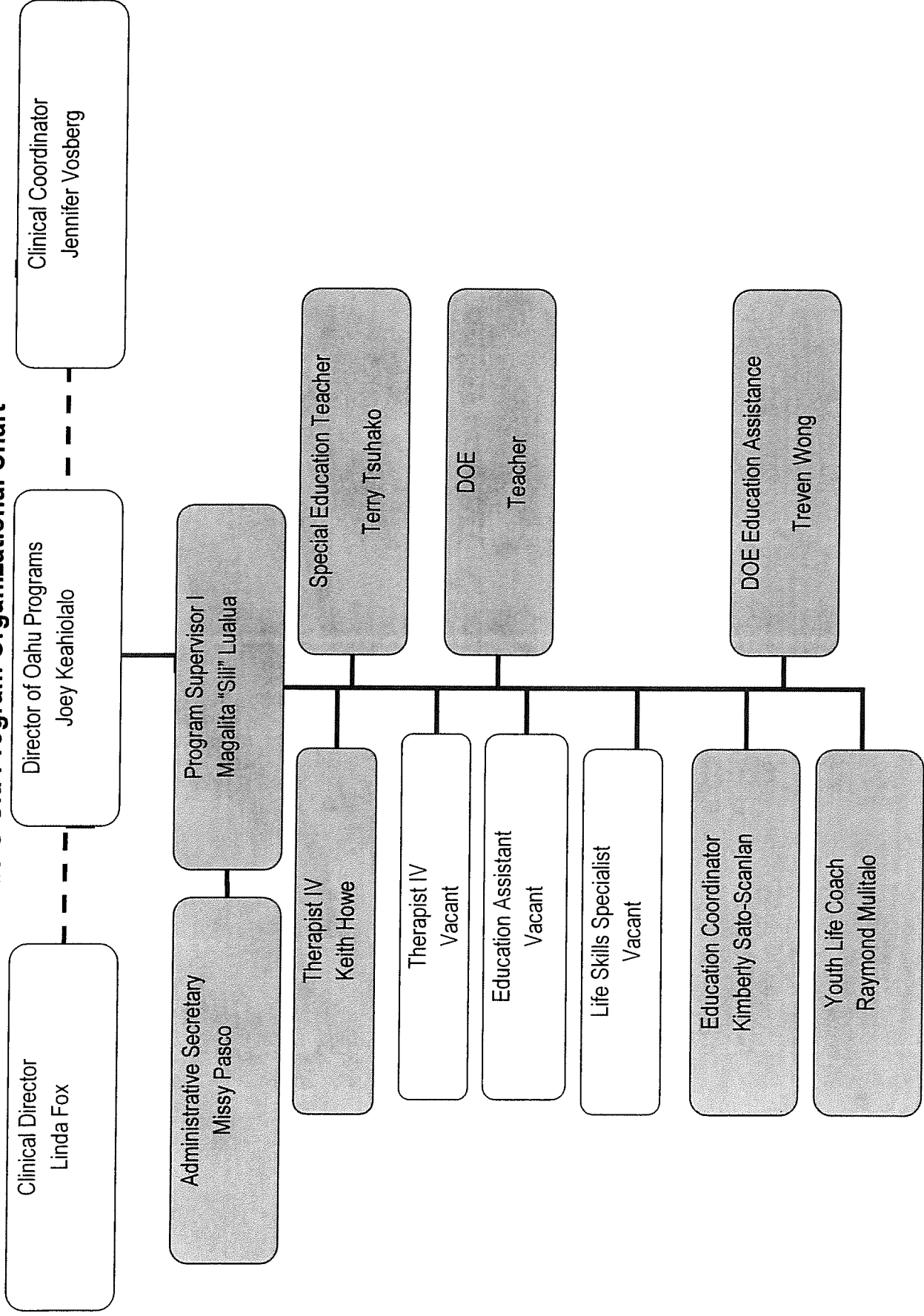
Applicant: Child & Family Service

Contracts Total:

486,000

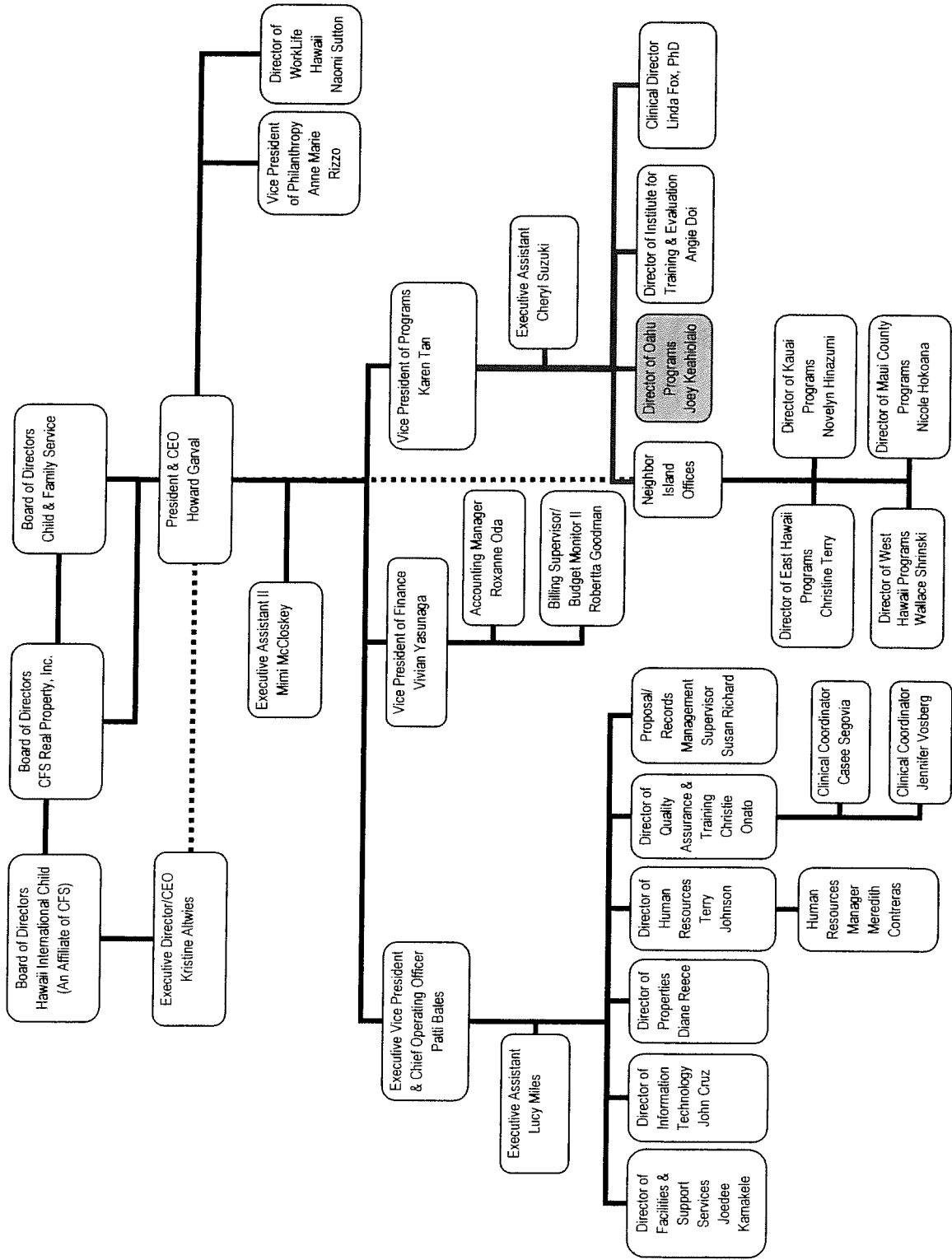
	CONTRACT DESCRIPTION	EFFECTIVE DATES	AGENCY	GOVERNMENT ENTITY (U.S. / State / Haw / Hon / Kau / Mau)	CONTRACT VALUE
1	Alternative Education- Hale O Ulu	7/01/15 - 6/30/16	Department of Education	State	\$ 361,000.00
2	Alternative Education- Hale O Ulu	1/1/15 - 12/31/15	Department of Human Service	State	\$ 100,000.00
3	Alternative Education- Hale O Ulu	7/1/15 - 6/30/16	Private Grants	Private	\$ 25,000.00
4					
5					
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Hale O Ulu Program Organizational Chart

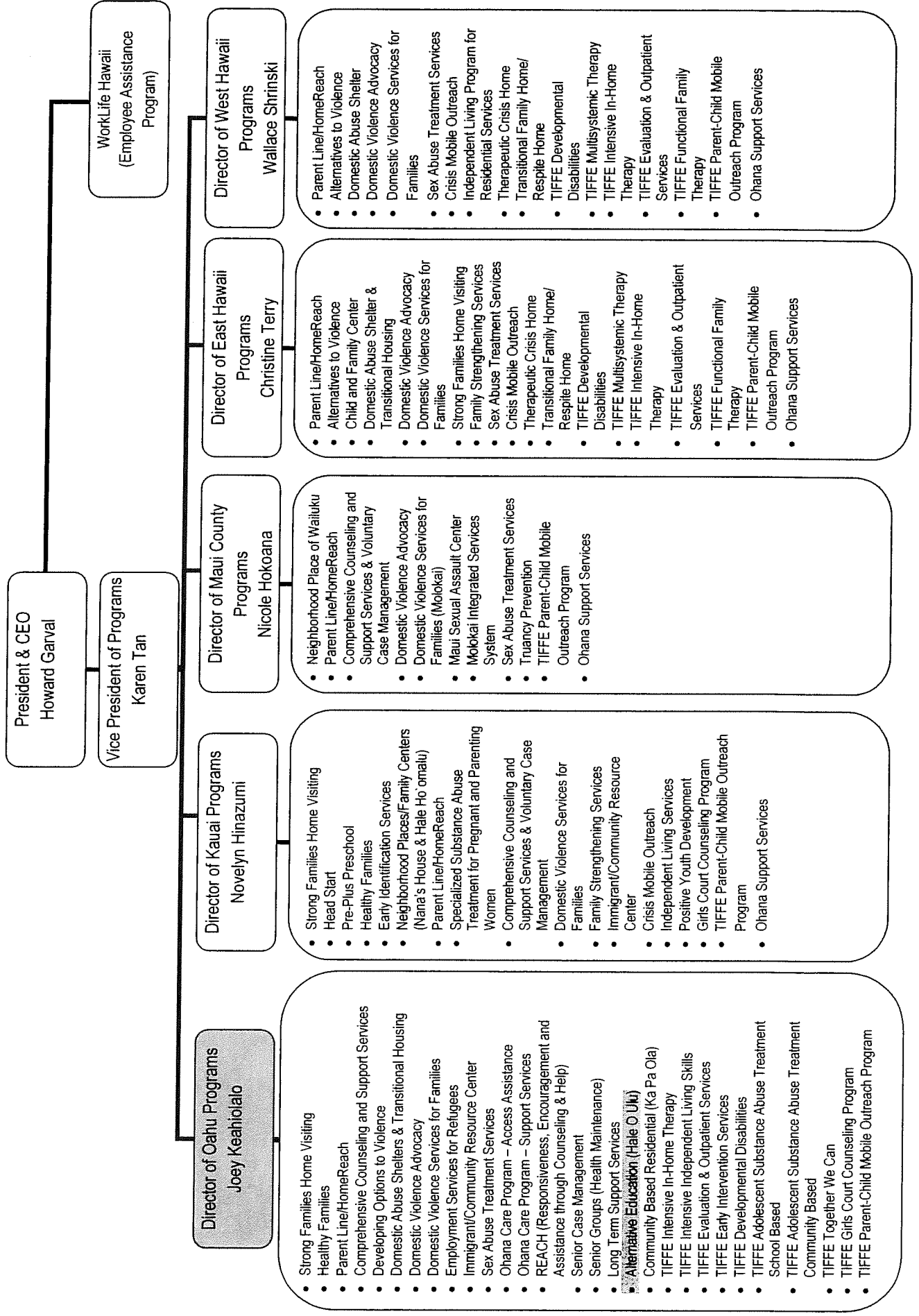


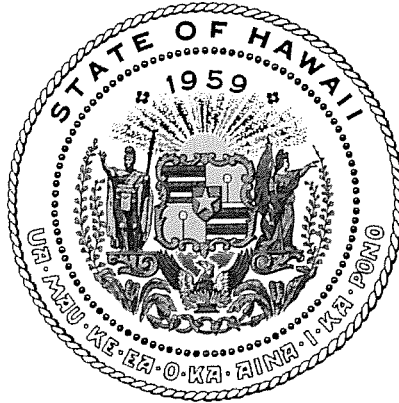
* Shaded boxes = staff funded through other sources.

Child & Family Service Organization Chart



Child & Family Service Organization Chart





Department of Commerce and Consumer Affairs

CERTIFICATE OF GOOD STANDING

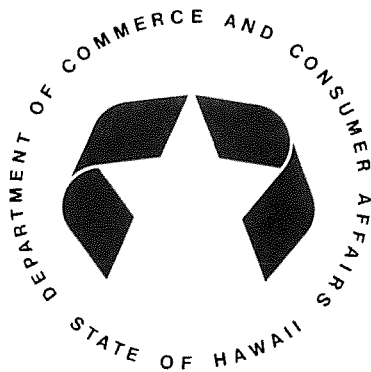
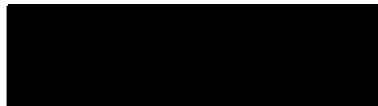
I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that

CHILD AND FAMILY SERVICE

was incorporated under the laws of Hawaii on 01/11/1941 ; that it is an existing nonprofit corporation; and that, as far as the records of this Department reveal, has complied with all of the provisions of the Hawaii Nonprofit Corporations Act, regulating domestic nonprofit corporations.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: January 11, 2016



Director of Commerce and Consumer Affairs