


## Application Submittal Checklist

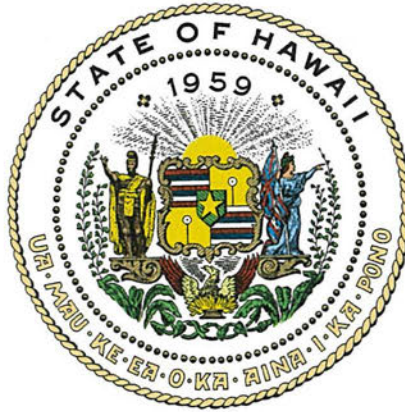
*The following items are required for submittal of the grant application. Please verify and check off that the items have been included in the application packet.*

- 1) Certificate of Good Standing (If the Applicant is an Organization)
- 2) Declaration Statement
- 3) Verify that grant shall be used for a public purpose
- 4) Background and Summary
- 5) Service Summary and Outcomes
- 6) Budget
  - a) Budget request by source of funds ([Link](#))
  - b) Personnel salaries and wages ([Link](#))
  - c) Equipment and motor vehicles ([Link](#))
  - d) Capital project details ([Link](#))
  - e) Government contracts, grants, and grants in aid ([Link](#))
- 7) Experience and Capability
- 8) Personnel: Project Organization and Staffing

  
AUTHORIZED SIGNATURE

KAREN TAN, PRESIDENT & CEO  
PRINT NAME AND TITLE

01/20/2023  
DATE



## 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 19, 2023

Director of Commerce and Consumer Affairs

**DECLARATION STATEMENT OF  
APPLICANTS FOR GRANTS PURSUANT TO  
CHAPTER 42F, HAWAII REVISED STATUTES**

The undersigned authorized representative of the applicant certifies the following:

- 1) The applicant meets and will comply with all of the following standards for the award of grants pursuant to Section 42F-103, Hawaii Revised Statutes:
  - a) Is licensed or accredited, in accordance with federal, state, or county statutes, rules, or ordinances, to conduct the activities or provide the services for which a grant is awarded;
  - b) Complies with all applicable federal and state laws prohibiting discrimination against any person on the basis of race, color, national origin, religion, creed, sex, age, sexual orientation, or disability;
  - c) Agrees not to use state funds for entertainment or lobbying activities; and
  - d) Allows the state agency to which funds for the grant were appropriated for expenditure, legislative committees and their staff, and the auditor full access to their records, reports, files, and other related documents and information for purposes of monitoring, measuring the effectiveness, and ensuring the proper expenditure of the grant.
- 2) If the applicant is an organization, the applicant meets the following requirements pursuant to Section 42F-103, Hawaii Revised Statutes:
  - a) Is incorporated under the laws of the State; and
  - b) Has bylaws or policies that describe the manner in which the activities or services for which a grant is awarded shall be conducted or provided; and
- 3) If the applicant is a non-profit organization, it meets the following requirements pursuant to Section 42F-103, Hawaii Revised Statutes:
  - a) Is determined and designated to be a non-profit organization by the Internal Revenue Service; and
  - b) Has a governing board whose members have no material conflict of interest and serve without compensation.
- 4) The use of grant-in-aid funding complies with all provisions of the Constitution of the State of Hawaii (for example, pursuant to Article X, section 1, of the Constitution, the State cannot provide "... public funds ... for the support or benefit of any sectarian or nonsectarian private educational institution...").

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

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

Child and Family Service  
(Typed Name of Individual or Organization)

*Karen Tan* 01/20/2023  
(Signature) (Date)

Karen Tan President & CEO  
(Typed Name) (Title)

**PUBLIC PURPOSE  
PURSUANT TO SECTION 42F-102,  
HAWAII REVISED STATUTES**

The undersigned authorized representative of the applicant certifies the following:

- 1) The name of the requesting organization or individual:

Child and Family Service  
91-1841 Ft. Weaver Rd., Ewa Beach 96706

**Project location: Administrative and program offices will be located at  
91-1841 Ft. Weaver Rd., Ewa Beach 96706**

- 2) The public purpose for the grant:

**Grant-in-Aid** request is for the prevention of child sexual abuse among families at-risk through the provision of individualized and supportive family services, which **equitably serves** children ages 4-17 who were victims of sexual abuse and their families regardless of race, gender identification or socioeconomic factor. The Program provides a **public benefit to Hawaii's victims of intra-familial sexual abuse, non-abusive spouses/caregivers/partners, adult offenders, sexually reactive youth, and siblings at risk on Oahu.**

- 3) The services to be supported by the grant:

An array of comprehensive, responsive, and integrated services using evidence-based and/or evidence-informed best practices that address the family system problems of sex abuse within a family unit. Services are individually designed with participants and highly-qualified staff who use a strengths-based and trauma-informed approach to attend to participant's emotional and physical safety as they work with family members to develop their protective factors and resiliency for a safe home environment.

- 4) The target group:

Victims of intra-familial sexual abuse, non-abusive spouses/caregivers/partners, adult offenders, sexually reactive youth, and siblings at risk.

- 5) The cost of the grant and the budget:

Grant-in-Aid request is \$200,000.00, for the victims of intra-familial sexual abuse, non-abusive spouses/caregivers/partners, adult offenders, sexually reactive youth, and siblings at risk.

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

Child and Family Service  
\_\_\_\_\_  
(Typed Name of Individual or Organization)

*Karen Tan* 1/20/2023  
\_\_\_\_\_  
(Signature) (Date)

Karen Tan President & Chief Executive Officer  
\_\_\_\_\_  
(Typed Name) (Title)



**GIA Cover Page:****Brief Description of Request: ...continued...**

Our services will address children's safety within the home to preserve families whose children may be at-risk for re-abuse and hold offenders accountable for their actions while supporting their motivation for change, eliminating violence/abuse of children and adverse impacts on children and their families. By providing comprehensive, high-quality, and appropriate evidence-based/informed best practices interventions promptly for families in crisis. Working with family members, stakeholders, and foster or adoptive parents to develop and identify attainable goals that increase their ability to protect and care for their child(ren); expanding their Protective Factors to include emotional and social competence of children; nurturing and attachment; knowledge of child and youth development; knowledge of parenting techniques; concrete supports for parents; parental resilience; and social connections.

## Application for Grants

*If any item is not applicable to the request, the applicant should enter "not applicable".*

### I. Certification – Please attach immediately after cover page

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

If the applicant is an organization, the applicant shall submit one (1) copy of a certificate of good standing from the Director of Commerce and Consumer Affairs that is dated no earlier than December 1, 2022.

#### 2. Declaration Statement

The applicant shall submit a declaration statement affirming its compliance with Section 42F-103, Hawaii Revised Statutes.

#### 3. Public Purpose

The applicant shall specify whether the grant will be used for a public purpose pursuant to Section 42F-102, Hawaii Revised Statutes.

### II. Background and Summary

This section shall clearly and concisely summarize and highlight the contents of the request in such a way as to provide the State Legislature with a broad understanding of the request. Please include the following:

1. A brief description of the applicant's background;  
**CFS Vision, Mission and Goals:** CFS is a private nonprofit organization serving Hawaii's families continuously since 1899 – dedicated to its mission of **“Strengthening families and fostering the healthy development of children.”** Our vision and philosophy build on the strengths of youth and families to address a wide range of human challenges. CFS incorporates a Trauma-Informed Care approach that focuses on early identification of families' inherent strengths and abilities and their need to connect to others and develop positive, supportive relationships in order to succeed. CFS programs are based on:
  - The belief that families have the potential for increasing their emotional health and stability, and are most likely to fulfill their potential in an environment which fosters self-empowerment, positive reinforcement for desired behaviors, and consistent respect for the uniqueness of each individual.
  - Successful early intervention may diminish the need for more restrictive services later on. Family involvement is emphasized, with family members



encouraged to be full participants in aspects of the planning and delivery of services.

- Families are encouraged to create a home environment in which they can grow, thrive, and achieve their goals and dreams together.
- Safety of the victims is the ultimate priority;
- Sex abuse treatment services is specialized and individualized to the participant;
- Continued research on Best Practices is incorporated into treatment and services;
- A coordinated community response for effective intervention;
- Intervention services for abusers are a critical component in increasing survivor safety;
- Providing domestic violence, and sex assault treatment, recognizing its core of power and control;
- Holding the offenders accountable, the treatment identified triggers and cognitive distortions;
- Training, supervision and quality assurance measures result in compliance with performance standards;
- Knowledge of Parenting and Child Development builds resiliency;
- The Parental Resiliency and how it contributes to family well-being;
- Social Connections and Concrete Supports that strengthen the family's protective factors; and
- The Social-Emotional Competence of Children that positively influences intergenerational cycles of opportunity.

2. The goals and objectives related to the request;

Project Goal: To prioritize families residing in rural areas in need of sexual abuse counseling. The project will use relevant data to advocate for sustainable preventative services to further reduce victimization and to hold offenders accountable

Objectives: To provide sex abuse counseling to 75 participants. Services include group, individual and family counseling to children 4-17 years old who are victims of sexual abuse and to their families. Families can include the perpetrator, child victim, siblings, and the non-offending parent or caregiver.

Outcomes proposed:

- 0 % recidivism rate for offenders who are in treatment.
- 95% of victims increased their ability to protect themselves from future harm, express emotion, and advocate for themselves;
- 95% of siblings increased understanding of harm to the victim and the ability to advocate for themselves;
- 80% of sexually reactive youth under age 12 increased prosocial peer relations/activities, understanding of age appropriate behavior, and ability to communicate needs, feelings, and concerns;

- 80% of sexually reactive youth over age 13 increased empathy to the victim, understanding of age-appropriate sexual behaviors/personal boundaries; and
- 95% of non-offending caregivers developed and applied the ability to recognize the harm to the victim, protect the child, provide a safe home, and identify the risk factors contributing to harm.

3. The public purpose and need to be served;  
 Need for Service: Child and Family Service served families coping with intrafamilial sexual abuse for over thirty-seven years. In the past four years we have seen the demand of counseling services increase by nearly 50%. CFS currently has a waiting list of 6 months for services, and we have exceeded the State’s expectations by over 187% All of the families we have worked with, the offender has been family member or relative. CFS is only providers who specializes in the intra-familial sexual abuse of families.

<b>Fiscal Year</b>	<b>Number of Participants Contracted to Serve per Year</b>	<b>Outputs Provided by Program</b>	<b>Variance</b>	<b>Increase in Service Need</b>
<b>FY 19</b>	130	182 participants served	140% contract utilization	-----
<b>FY 20</b>	130	203 participants served	156% contract utilization	16%
<b>FY 21</b>	130	238 participants served	183% contract utilization	27%
<b>FY 22</b>	130	243 participants served	187% contract utilization	19%

4. Describe the target population to be served; and  
 The target population for the program is children ages 4-17 who were victims of sexual abuse and their families residing in Oahu. An estimated 75 participants will be served, inclusive of victims of intra-familial sexual abuse, non-abusive spouses/caregivers/partners, adult offenders, sexually reactive youth, and siblings at risk. Services shall be provided to all referrals and their families, regardless of gender or sexual orientation. Priority of referrals shall be given to families residing in rural and in poverty.

5. Describe the geographic coverage.  
 The geographic area of service for this proposal is all of Oahu Island.

### **III. Service Summary and Outcomes**

The Service Summary shall include a detailed discussion of the applicant's approach to the request. The applicant shall clearly and concisely specify the results, outcomes, and measures of effectiveness from this request. The applicant shall:

1. Describe the scope of work, tasks and responsibilities:

The proposed Oahu Intra-Familial Sex Abuse Treatment Services (SATS) Program will provide an array of comprehensive, responsive, and integrated services using evidence-based and/or evidence-informed best practices that address the family system problems of sex abuse within a family unit. Our staff understand this trauma is devastating to the lives of everyone in the family, and our community. The discovery that someone a child loves and trusts has sexually abused them is extremely stressful and can bring up feelings within the family unit of shock, rage, confusion, denial, disbelief shame and guilt. Services are individually designed with participants and highly-qualified staff who use a strengths-based and trauma-informed approach to attend to participant's emotional and physical safety as they work with family members to develop their protective factors and resiliency for a safe home environment.

**CFS's Service Philosophy & Vision for SATS Program Services:** CFS's Oahu SATS Program provides comprehensive services to families as early as possible to prevent children from being re-abused, and assure their safety within the home through family strengthening of protective factors and integration of the 2-Gen approach (DHS's 'Ohana Nui initiative; "*a multigenerational philosophy of service delivery is more effective than one that separately addresses individuals' needs*"). SATS services focus on helping the whole family access individualized supports and resources. We support their need to learn and strengthen skills to provide and maintain safe and stable homes for all family members. It is our philosophy that each family is unique in their challenges and strengths, and requires an individualized and supportive response for service activities to improve family functioning. We believe parents are striving to do the best they can, and with effective supports and guidance, they can maintain a healthy, safe, and caring environment for their children.

CFS believes that incorporating information and education about the researched-based Protective Factors Framework is essential in working with families who are at-risk for sexual abuse or re-abuse. Research supports the common-sense notion that when Protective Factors are well-established among all family members, the likelihood of child sexual abuse and neglect diminishes. Protective Factors have been shown to build family strengths, parental self-efficacy, and a family environment that promotes optimal child/youth development.

The goals of the Oahu SATS Program include:

- The prevention of child sexual abuse among families at-risk through the provision of individualized and supportive family services which improve their ability to problem-solve, manage stress, connect with positive peers, and reduce risks for children's safety.
- Addressing children's safety within the home to preserve families whose children may be at-risk for re-abuse.
- Holding offenders accountable for their actions while supporting their motivation for changes that eliminate violence/abuse of children and adverse impacts on children and their family.
- Providing timely services, using comprehensive high-quality and appropriate evidence based/informed best practices interventions for families in crisis, working with the DHS, family members, and other stakeholders to support informed decisions and identification of attainable goals with objectives by biological, foster, or adoptive parents' which increases their ability to protect and care for their child(ren).
- Promotion of the Protective Factors: emotional and social competence of children; nurturing and attachment; knowledge of child and youth development; knowledge of parenting techniques; concrete supports for parents; parental resilience; and social connections.
- Supporting families to access services that are respectful of and responsive to the family's strengths, values, and needs, while reinforcing their cultural and community ties.
- Emphasize a family-centered, strengths/needs-based, integrated approach to prevention of re-abuse or risk of re-abuse and prevention of unnecessary out of home placement. Associated with this will be the development of skills and behaviors necessary for youth to succeed in multiple aspects of their environment including family, school, and the community.
- Address barriers through a variety of interventions in collaboration with the participant and family, if applicable. Available resources are accessed and adapted to meet the needs of participants, and specific strategies are developed to guide participants in the attainment and practice of skills to meet new challenges and benefit from their SATS services; and
- Identify and utilize the unique strengths of each participant to maximize progress.

**SATS Program Service Activities:** CFS has established written procedures for SATS service activities with identified timelines and qualified staff responsible for implementation. Our procedures also guide our staff training to maintain high-quality services for participants and their families. We have implemented an organization-wide Performance Quality Improvement (PQI) process to regularly assess and monitor the impacts of SATS program services inclusive of Individual/Group/Family Therapy; Initial/Ongoing Assessments of Child Safety, and Progress of Participants; Social Skill

Building; Assertiveness Skill Building; Communication Skill Building; Prevention and Safety Planning; Individual/Group Educational Services; Case Management; Referrals, Monitoring, Aftercare, and Individual/Group Peer Support and Self-help activities. Treatment/non-treatment services are offered to each referred participant and available family members. Services are based on the diagnostic assessment and service plan developed with participants during intake. The program model emphasizes working with the entire family, offering a spectrum of services depending on a participant's needs. The individual family members may be involved in some combination of goal-oriented individual, group therapy, skills building, and educational supports as indicated. All services are provided with the consideration of age, individualized special needs, and motivation of the participant accessing supports. Services for child victims under the age of 4 will not be available without the involvement of the non-offending spouse/partner/caregiver in planning service activities. In general, treatment is expected to be long-term in nature (up to 12 months) in as much as the problems are severe, of complex etiology, with the possibility of multi-generational trauma within the family. The intensity of services may decrease over the period of individualized services based on participant and family needs, as well as the clinical status of participants. Prior to any changes in intensity/frequency of services, participants and stakeholders meet with staff to review and collaborate in order to maintain continuity of care and participant engagement.

All participants receive individualized services, with groups offered to support recovery. Groups are an effective method of assisting participants in making changes and can provide a supportive structure that makes it easier for victims, siblings, and non-abusive spouses/partners/caregivers to cope with their anger, guilt and shame that many live with every day. Peer support is also effective in engaging offenders with pursuing their goals for recovery. A structured after-care group for pre-adjudicated offenders (maintenance group) may be offered to help offenders sustain/reinforce gains made in treatment. Groups have been proven to facilitate offenders' accountability, furthering their understanding of the trauma caused by sexually deviant behaviors. Groups are formed when at least 3 or more participants are identified as willing and able to appropriately participate in group interventions.

2. Provide a projected annual timeline for accomplishing the results or outcomes of the service;

Month/Year	Project Goal	Related Objective	Activity	Completion Estimated Date	Person Responsible
Contract Award-month 3	Prioritize families residing in rural areas needing sexual abuse counseling. The project will use relevant data to advocate sustainable preventative services to further reduce victimization and to hold offenders accountable.	Provide sex abuse counseling to 75 participants. Services to include group, individual and family counseling to children ages 4-17 who were victims of sexual abuse and their families. Families can include the perpetrator, child victim, siblings, and the non-offending parent or caregiver.	Requisition staff to contractual position; Structure electronic health record to record all data points in proposal; Begin providing services to families who are on the waitlist for treatment.	Month 1  Month 2  Month 3	Program Administrator  Back up-Director of Oahu Programs  Therapist IVs
Month 4-6	Serve families residing in poverty and in rural areas needing sexual abuse counseling. The project will use relevant data to advocate sustainable preventative services to further reduce victimization and to hold offenders accountable.	Provide sex abuse counseling to 75 families. Services to include group, individual and family counseling to children ages 4-17 who were victims of sexual abuse and their families. Families can include the perpetrator, child victim, siblings, and the non-offending parent or caregiver.	Analyze first 6 months of participant data for trend;  Programmatic changes to occur to meet any unmet needs of program or participants.  Begin to share data with stakeholders, partners in the community for sustainability planning	Month 4  Month 5 and ongoing.	Program Administrator  Therapist IVs  Back up: Director of Oahu Programs,

Month/Year	Project Goal	Related Objective	Activity	Completion Estimated Date	Person Responsible
Year 1- Year 2	Serve families residing in poverty and in rural areas needing sexual abuse counseling. The project will use relevant data to advocate sustainable preventative services to further reduce victimization and to hold offenders accountable.	Provide sex abuse counseling to 75 families. Services to include group, individual and family counseling to children ages 4-17 who were victims of sexual abuse and their families. Families can include the perpetrator, child victim, siblings, and the non-offending parent or caregiver.	Analyze first 6 months of participant data for trend;  Programmatic changes to occur to meet any unmet needs of program or participants.  Begin to share data with stakeholders, partners in the community.	Year 1. Quarterly review thereafter.  Quarterly review  Middle of Year 1.	Program Administrator, Robert Boyack  Therapist IV (vacant)  Psychosexual Assessor, Kenda Mohica  Back up: Director of Oahu Programs, Amanda Pump

- Describe its quality assurance and evaluation plans for the request. Specify how the applicant plans to monitor, evaluate, and improve their results; and

All programs are closely monitored and actively involved in the CFS Performance and Quality Improvement (PQI) process. A program specific PQI process is currently used for each program in CFS. The plan includes a comprehensive methodology, incorporating case reviews, outcome measurements, stakeholder feedback, participant feedback, and review of clinical related issues as needed with our Clinical Director. Our Quality Assurance (QA) Specialist works closely with the program on an on-going basis to ensure program procedures and operations meet or exceed the requirements set forth by the State.

**Performance and Quality Improvement Activities:** The structure of CFS’s PQI process consists of the subcommittees that meet, gather, analyze, and document data applicable to its purpose. This data consists of performance indicators in each area created by the various subcommittees and addressed by the subcommittee. It is reported quarterly to the Data Analyst and aggregated in order to be analyzed by the subcommittees and the Performance and Quality Improvement Committee for trends and areas identified for improvement if necessary. In addition to this mechanism, the following are specific PQI activities:

**PQI Quarterly Program and Department Meetings:** Each quarter, programs meet as a team to review their Annual Program Plan goals, quality of service/operations, policies and procedure adherence, program participant trends analysis, performance measures and indicators using Results-Based Accountability™ (RBA), areas for improvement, strengths, and other themes that arise pertaining to the PQI process. The goals of these team meetings are to evaluate the quality of services being provided based on predefined outcomes and generate or review ongoing plans regarding quality improvements. In order to meet these goals, the programs analyze several variables in which data is gathered prior to the meeting. These variables include: Measurement of Community Satisfaction based on Participant Feedback, Referral Source Feedback, Feedback to Stakeholders, Program Participant performance measures, and indicators, Program Participant Case Record Reviews, Program Participant Information, Training Reports, Participant Grievances, Incident Reports and Sentinel Events, and External Monitoring.

All data is collected, analyzed, and used for future planning for the programs, it is reported in the CAMHD Quarterly Quality Assurance Summary. The QA Specialist compiles the information that is submitted by the Director of Oahu Programs and/or the Program Administrator. It is also used for analysis by the applicable PQI Subcommittee and the PQI Committee.

CFS departments, including Information Technology, Human Resources, Facilities, and Fiscal Department also complete a similar process quarterly. The purpose of these meetings is to improve processes that support programs. In these department meetings, department staff review the performance of the department based on goals for their specific department. This information is used for future planning and improvement of the department as well as reported to the Performance and Training Department for inclusion in the Quarterly PQI report reviewed by the PQI Committee.

**Internal Quality Monitoring:** Upon contract award a Contract Implementation and Program Review will be conducted to include all contract requirements. Program staff and department staff including staff from Human Resources and Fiscal participate to ensure contract compliance. To maintain contract compliance and ensure program success, programs receive ongoing internal quality monitoring through a Program Review Summary process in which a team made up of the Quality Assurance Specialist and other Performance and Training Department staff conduct a program review to assess compliance with contract requirements and Council on Accreditation Standards. The process includes a comprehensive methodology incorporating case reviews, performance measures, stakeholder feedback, participant feedback, and review of any clinical related documentation by the Director of Oahu Programs. The Quality Assurance Specialist works closely with the program on an ongoing basis to ensure procedures and operations meet or exceed the requirements set forth by the contract. This process is designed to provide support and guidance to



program management toward improved accreditation readiness and use of Best Practices. To complete the summary, the team reviews the program procedures, program participant charts, current staffing trends and challenges, trainings, supervision, performance measures, other documentation as needed, and interviews the program staff. Once the program review summary is completed, the QA Specialist uses the information to write a narrative of findings, which includes strengths, areas in need of improvement, recommendations, and timelines. A meeting with the Director of Oahu Programs and Program Administrator is scheduled to discuss strengths and areas for improvement. A corrective action plan is generated which details deficient areas, tasks to be completed, and timelines to correct the deficiencies. The completed summary, narrative of findings and a corrective action plan will be sent to the Director of Oahu Programs and Program Administrator of the specific program for review. The QA Specialist will provide follow up on the program's corrective action plan to monitor task completion by the designated timeline. The QA Specialist will complete a program review no more than quarterly and no less than every six months.

To further strengthen this process, the QA Specialist, Program Administrator and Director of Oahu Programs will implement program specific meetings. The purpose of these meetings is to promote the program's quality of service delivery by; providing timely follow up on projects assigned; reviewing compliance to contract and COA requirements; implementing revised CFS Administrative Policies and Procedures; identifying service gaps; and the efficiency of the use of the electronic record system ETO. This process will further support the program and provide learning opportunities to provide the best services. These meetings will be held according to the needs and compliance status of the program, which can range from once a month, quarterly to every six months.

The QA Specialist will also participate in the development, implementation and monitoring of the program's Quality Assurance and Improvement Plan (QAIP). This plan identifies areas of improvement utilizing the following information; case record findings from peer reviews; chart review findings; productivity reports; external monitoring review reports; internal monitoring review reports; participant feedback surveys; outcome (RBA) reports; and staff feedback.

The Program Administrator will review the QAIP quarterly with their staff, but also address any concerns during the monthly supervision and consultation meetings. The QA Specialist provides technical assistance to the program to monitor completion of the QAIP.

4. List the measure(s) of effectiveness that will be reported to the State agency through which grant funds are appropriated (the expending agency). The measure(s) will provide a standard and objective way for the State to assess the program's achievement or accomplishment. Please note that if the level of

appropriation differs from the amount included in this application that the measure(s) of effectiveness will need to be updated and transmitted to the expending agency.

**Program Outputs:**

To provide sex abuse counseling to 75 participants. Services include group, individual and family counseling to children 4-17 years old who are victims of sexual abuse and to their families. Families can include the perpetrator, child victim, siblings, and the non-offending parent or caregiver.

Measurement of Success: 75 participants shall sign a Consent to Service, allowing CFS to provide counseling and supportive services.

**Program Outcomes proposed:**

0 % recidivism rate for offenders who are in treatment.

Measurement: As reported by Child Welfare, Judiciary, by Self Disclosure and/or polygraph examination.

95% of victims increased their ability to protect themselves from future harm, express emotion, and advocate for themselves;

Measurement: As reported by child victim who is enrolled in services, in addition to service plan measurements.

95% of siblings increased understanding of harm to the victim and the ability to advocate for themselves;

Measurement: As reported by child who is enrolled in services, in addition to service plan measurements.

80% of sexually reactive youth under age 12 increased prosocial peer relations/activities, understanding of age appropriate behavior, and ability to communicate needs, feelings, and concerns;

Measurement: As reported by child who is enrolled in services, in addition to service plan measurements.

80% of sexually reactive youth over age 13 increased empathy to the victim, understanding of age-appropriate sexual behaviors/personal boundaries;

Measurement: As reported by child who is enrolled in services, in addition to service plan measurements.

95% of non-offending caregivers developed and applied the ability to recognize the harm to the victim, protect the child, provide a safe home, and identify the risk factors contributing to harm.

Measurement: As reported by non-offending caregiver who is enrolled in services, in addition to service plan measurements.

**IV. Financial**

**Budget**

1. The applicant shall submit a budget utilizing the enclosed budget forms as applicable, to detail the cost of the request.
  - a. Budget request by source of funds (Link)
  - b. Personnel salaries and wages (Link)
  - c. Equipment and motor vehicles (Link)
  - d. Capital project details (Link)
  - e. Government contracts, grants, and grants in aid (Link)
  
2. The applicant shall provide its anticipated quarterly funding requests for the fiscal year 2024.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
\$50,000	\$50,000	\$50,000	\$50,000	\$200,000

3. The applicant shall provide a listing of all other sources of funding that they are seeking for fiscal year 2024.  
 Department of Human Services, BESSD, TANF Eligible Families: Secured  
 Department of Human Services, SSD, Intrafamilial Sex Abuse Treatment Services: Unsecured  
 Judiciary, Children’s Justice Center: Unsecured
  
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.

CFS received the credit for the Families First Coronavirus Response Act and Under The CARES Act when it was available.

5. The applicant shall provide a listing of all federal, state, and county government contracts, grants, and grants in aid it has been granted within the prior three years and will be receiving for fiscal year 2024 for program funding.
  - DHS TANF funding is new. The contract will be from 01/01/2023 to 12/31/2023 once it is executed.
  - Current Department of Human Services funding ends at 06/30/2023. Unsecured. Proposals to continue funding are in process.
  - Current Judiciary Funding for Sex Abuse Treatment Service for Sexually Reactive Youth ends at 06/30/2023. Funding may be offered to continue but has not been secured.
  - Current federal OJJDP funding ends at 09/30/2023.

- Expired Attorney General Funding at 09/30/2022 provided Sex Abuse Treatment along with screening and counseling for sex trafficking.

6. The applicant shall provide the balance of its unrestricted current assets as of December 31, 2022.

FY22 \$12,863,978

**V. Experience and Capability**

**1. Necessary Skills and Experience**

The applicant shall demonstrate that it has the necessary skills, abilities, knowledge of, and experience relating to the request. State your experience and appropriateness for providing the service proposed in this application. The applicant shall also provide a listing of verifiable experience of related projects or contracts for the most recent three years that are pertinent to the request.

Child & Family Service has been working with families who are coping with intra-familial sexual abuse for over thirty-seven years. Since 1986 we have worked in partnership with the Department of Human Services (DHS), serving offenders, non-offending parents, child victims, siblings, and sexually reactive youth. We have developed the capacity to effectively deliver the types and models of services that support families to develop safe home environments and positive parent-child relationships. Child & Family Service serves over 500 participants whose families have been experiencing sexual abuse for a year. Demonstration of our success is below:

Program Title / (Year of Program Inception) / Description Current CFS Locations	Outcomes
<p><b>Intra-Familial Sex Abuse Treatment Services</b> (Since 1986) Provide a comprehensive model for families and individuals who have experienced intra-familial sexual abuse. East Hawaii / West Hawaii / Maui / Oahu</p>	<ul style="list-style-type: none"> <li>• 96% of child victims increased their ability to protect themselves from future harm, to express emotions, and to advocate for themselves to meet their emotional and physical needs. (Target: 90%)</li> <li>• 100% of child victims increased their ability to protect themselves from future harm, to express emotions, and to advocate for themselves to meet their emotional and physical needs. (Target: 90%)</li> </ul>
<p><b>Sexual Assault Support Services (Maui Sexual Assault Center)</b> (Since 2010)</p>	<ul style="list-style-type: none"> <li>• 85% of participants reported an increase in coping skills. (Target 80%)</li> </ul>

<p>Provides crisis intervention, clinical, and community health promotion services to residents of the County of Maui. Clinical services are for survivors of sexual abuse, child or adult, and their families. Crisis Services include a crisis hotline and face to face crisis hotline and face to face crisis stabilization services. Community Health Promotion services involve protection and prevention education presentations to groups throughout the county. Maui County (Maui, Molokai, Lanai)</p>	<ul style="list-style-type: none"> <li>100% of participants demonstrated an increase in knowledge and skills related to safety, boundaries, and reporting. (Target 80%)</li> </ul>
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For over thirty-seven years, CFS has been a high performer in building resilience, safety planning, educating non-offending parents/caregivers, and providing victims with a nurturing place to heal. The Oahu Sex Abuse Treatment Program (SATS) has a 0% recidivism rate for offenders in treatment. Other FY 22 outcomes achieved include: 100% of victims increased their ability to protect themselves from future harm, express emotion, and advocate for themselves; 100% of siblings increased understanding of harm to the victim and the ability to advocate for themselves; 80% of sexually reactive youth under age 12 increased prosocial peer relations/activities, understanding of age-appropriate behavior, and ability to communicate needs, feelings, and concerns; 80% of sexually reactive youth over age 13 increased empathy to the victim, understanding of age-appropriate sexual behaviors/personal boundaries; and 98% of non-offending caregivers developed and applied the ability to recognize the harm to the victim, protect the child, provide a safe home, and identify the risk factors contributing to harm. In prior years:

Contracted Outcome	FY19	FY20	FY 21
80%% of victims who have an increased ability to protect themselves from future harm, to express emotion, and to advocate for themselves to meet their emotional and physical needs.	Q4: 92%	Q4:94%	Q4:90%
80% of siblings who have an increased understanding of harm to the victim, the ability to communicate feelings, needs, and concerns, and the ability to advocate for themselves.	Q4:100%	Q4:100%	Q4:100%
80% of non-offending caregivers who develop and apply the abilities to recognize the harm to the victim, protect the child, provide a safe home,	Q4:100%	Q4:88%	Q4:86%

and identify the risk factors that contribute to harm.			
50% of adult offenders who accept full responsibility for the harm to the victims and demonstrate increased empathy to the victim, have increased cognitive, emotional, and behavioral self-regulation skills, and have developed healthy relationships and prosocial activities.	Q4:70%	Q4:84%	Q4:82%

**2. Facilities**

The applicant shall provide a description of its facilities and demonstrate its adequacy in relation to the request. If facilities are not presently available, describe plans to secure facilities.

The CFS Administrative office is located at 91-1841 Fort Weaver Road in Ewa Beach. The facility meets the accessibility requirements of the Americans with Disabilities Act (ADA) and has two handicapped parking stalls beside the ramped side entrance. The facility is centrally located and within one block of the Queen’s West Medical Center and near medical/dental offices, financial institutions, post office, state and private social service providers in Waipahu and Ewa Beach. There is a bus stop directly in front of the facility.

The Program will operate out of our Ewa Beach Campus, with additional locations for staff being statewide.

The following lists CFS’s locations throughout the State. Each location listed meets ADA accessibility requirements and provides ample parking, office space, and the necessary equipment needed to successfully support the SATS Program. Staff members will be able to use these facilities to make phone calls, complete chart notes, and attend staff meetings and trainings.

- Oahu at 91-1841 Fort Weaver Road in Ewa Beach;
- Maui at 392 N. Market Street in Wailuku;
- Kauai at 2970 Kele Street, Suite 203 in Lihue;
- Kauai at 4-1112 Kuhio Highway in Kapaa;
- Kauai at 9875 Waimea Road in Waimea;
- East Hawaii 1045A Kilauea Avenue in Hilo;
- West Hawaii at 81-6587 Mamalahoa Highway, Building C in Kealahou.

**Confidentiality:** CFS is one of Hawaii's largest most comprehensive provider of human services and has well established safety protocols in place protecting all participant information. For CFS, maintaining confidentiality is paramount to preserving the safety, privacy, and trust of those seeking services. Minimizing the risks to participants is an integral part of providing services to families. CFS accomplishes this by collecting only information essential to provision of services; documenting only relevant service related information; only using aggregate information whenever possible in reporting requirements; limiting access to case records by obtaining informed, written, reasonably time-limited consent from the participant prior to obtaining or releasing information unless required by law; supervisor review of case records to ensure case documentation is limited to necessary service information, training of staff is appropriate, and Policies and Procedures are currently in place.

CFS utilizes an electronic health record system called Efforts to Outcomes/Social Solutions (ETO). This impact data management system provides CFS with a high-quality data management system that will help measure the incremental progress of our program participants, understand the effectiveness of our programs, and demonstrate impact to funders and key stakeholders both quickly and easily. ETO allows staff to input participant demographics, conduct assessments, and monitor participant goals and outcomes. Participant records are confidential: access is limited to authorized personnel. Our Efforts to Outcomes (ETO) system is HIPAA compliant and is fully secured. All staff are expected to uphold our documentation and confidentiality policies and procedures.

Sessions are conducted wherever the participants feel safe. This can be in a confidential CFS office, or in the participants home. Whenever a CFS staff conducts a home visit they review their surroundings to be sure the participant is in a confidential location. This means sometimes conducting services on the back patio, or during a time the participant may be home alone. Office locations as space on each island to allow participant and staff access to safe, confidential, comfortable offices. Lastly telehealth options are available for participants. Services are designed to take place in the least restrictive environments to which staff ensures low barriers to accessing care.

**Emergency and Disaster Readiness:** CFS has procedures in place to provide for the safety of staff and program participants in the event of a natural or manmade emergency/disaster. Should a disaster occur, the Director of Oahu Programs and Program Administrator, in conjunction with the various Directors of Island Programs will ensure that staff and program participants follow the emergency plan, maintain consistent staffing during the emergency, and contact the Chief Program Officer.

**Telehealth Facilities:** CFS offers Telehealth via HIPAA compliant Zoom. CFS has a signed BAA agreement from Zoom for HIPAA compliance video

conferencing. Our agency computers are connected to the internet using Palo Alto Next Generation Firewall for added security. CFS Internet speed is capable of an aggregate speed of 1Gigabit synchronous for download/upload. Each computer is throttled to have a cap at 400Mb/400Mb for better Quality of Service (QOS) across the network and to help prevent audio and video lagging. Zoom is capable of full-screen bi-directional and CFS staffs are provided with Web camera capable of High Definition (HD) quality. Zoom meeting sessions are encrypted using 256-bit Advance Encryption Standard (AES).

## **VI. Personnel: Project Organization and Staffing**

### **1. Proposed Staffing, Staff Qualifications, Supervision and Training**

The applicant shall describe the proposed staffing pattern and proposed service capacity appropriate for the viability of the request. The applicant shall provide the qualifications and experience of personnel for the request and shall describe its ability to supervise, train and provide administrative direction relative to the request.

CFS's SATS Program staff continue to demonstrate the commitment and courage to assist family members to cope with the emotional pain surrounding sexual abuse of their child by a family member. Our qualified and experienced staff have helped hundreds of family members recognize there is hope, that they can heal and prevent further abuse of their child(ren). We understand the challenges of providing an array of high-quality individualized, culturally enriched, multi-generational trauma-informed services in order to engage our participants in fulfilling their goals for safety and family resilience. Our proposed staffing pattern:



Job Title / FTE	Client/ Staff Ratio	Caseload Capacity	Responsibilities/Service Activities
<p>Director of Oahu Programs                      CFS 1.000 FTE                      SATS 0.025 FTE</p>	<p>Backup only</p>	<p>May provide backup or coverage as needed and handle participant crisis.</p>	<p>Under the direct supervision of the Chief Program Officer. Primary oversight responsibility for services and Oahu programs; member of the Senior Leadership Team, being a part of the overall management team. Implements and develops performance-based measurement; exercises all normal supervisory functions for their direct reports; provides input to the CPO of Programs on programmatic issues; attends CFS Board of Directors meetings; may be selected to participate in Committees and Task Forces throughout CFS, as determined by the CPO; provides general supervision of program/department (&gt;25 employees) usually through lower level supervisors; has responsibility for selecting, training, and disciplining employees, subject only to general policy or budget limits.</p>

<p>Program Administrator CFS 1.000 FTE SATS 0.05FTE</p>	<p>1 to 3 if program is at capacity.</p>	<p>Caseload: Generally N.A, however caseload may apply if program is at capacity.</p> <p>Provides daily oversight, support, budget analysis, performance analysis</p>	<p>Under the supervision of the Director of Oahu Programs, the Program Administrator provides oversight and leadership for programs as assigned. Plans, organizes, coordinates, monitors, and evaluates services. General supervision of program/department with over 5 to 25 employees; possibly through the use of 1 or more lower level supervisor(s). Full responsibility for selecting, training, and discipline - - subject only to general policy or budget limits.</p>
<p>Therapist IV CFS 1.00 FTE SATS 0.40FTE</p> <p>Therapist IV CFS 1.00 FTE SATS 0.40FTE</p> <p>Therapist IV CFS 1.00 FTE SATS 0.40FTE</p> <p>Therapist IV CFS 1.00 FTE SATS 0.40FTE</p>	<p>1 to 25</p>	<p>Up to 25 participants at varying phases of treatment for 1.00 FTE, with a total number of 65 participants annually.</p>	<p>Under the supervision of the Program Director II, the Therapist IV is responsible for the implementation of program services, linking the assessment, design, implementation and evaluation of therapeutic interventions with the purpose of achieving successful case outcome. Provides individual, conjoint, family and group therapy according to treatment needs, and outreach. Provision of on-call crisis response with 24/7 availability.</p>

Our SATS program staff are knowledgeable in the areas of child sex abuse, including the accountability and responsibility of the offender, the impact of trauma at the various stages of development, power dynamics and the understanding of symptoms and treatment approaches such as Post-Traumatic Stress Disorder, Depression, Anxiety Disorder and Attachment Disorders. Staff are also skilled in providing individual therapy that includes social skill building, assertiveness skill building, communications skill building, safety planning, relapse prevention, and other relevant supports to prevent the re-occurrence of sex abuse. They have received training in Best Practices and can provide conjoint and dyad therapy within the sex abuse treatment model as determined appropriate, and consistent with victim safety.

Our staffing pattern for the SATS Program has effectively maintained an average ratio of 20-25 participants per full-time equivalency (FTE) direct-service position. The proposed annual caseload capacity of the SATS Program is anticipated to be over 75 participants at varying stages of service utilization and healing. The program oversight, development, and success are maintained through teamwork and cooperation between the direct service staff and our administrative staff. The Program Administrator will be responsible for coordinating SATS services Island wide.

#### Staff Qualifications:

Director of Oahu Program: **Minimum Requirements:** Master's Degree in Human Services and six years post Master's experience in supervision and administration with strong leadership skills. **Incumbent:** Robert Boyack: Masters degree in Social Work. Licensed in the State of Florida. Has over 30 years of experience in the field of human service with over 10 years working with high risk youth. 15 years of experience in leadership. *Exceeds Qualifications:*

Program Administrator: **Minimum Requirements:** Master's Degree in Human Services and four years post Master's supervisory and administrative experience in community or social services settings. **Incumbent:** Katherina Bui: Masters degree in Mental Health Counseling. Licensed in Hawaii as a Mental Health Counselor. Ten years of experience working with high risk youth. Five years of experience in leadership. *Exceeds qualifications*

Therapist IV **Minimum Requirements:** Master's Degree in the behavioral or social sciences granted by an accredited institution of education. Experience in the area of victimology, sex therapy, human sexuality, or sex offender treatment as demonstrated by documented training and supervised clinical experience. Experience working with domestic violence, substance abuse, and permanency issues. Compliant with SOMT qualification guidelines as applicable.

#### **Incumbents:**

Dr. Francisco Najera: Doctorate Degree in Clinical Psychology, 29 years experience in the area of intra-familial sex abuse prevention education and treatment and 29 years experience in the field of mental health – 10 years inpatient psychiatric hospitals, 12 years outpatient mental health centers, 2 years outpatient community health centers, 1 year youth residential treatment facility, and 17 years sex abuse treatment programs. *Exceeds qualifications.*

Jessica Candaso: Masters degree in mental health counseling. 6 years of experience working with sexual abuse victims, non offending parents, and siblings. *Exceeds Qualifications.*

Maria Coloma: Masters degree in Marriage and Family Therapy. Five years of experience working with families who experienced domestic violence. Five years of experience working with non offending caregivers, offenders, child victims and siblings coping with sexual abuse. *Exceeds qualifications.*

Mia Anduha-Hermosura: Masters degree in Mental Health Counseling. Four years of experience working with child victims, non offending parents and siblings of sexual abuse. Three years of experience working with youth with mental health concerns. *Exceeds qualifications.*

Other experts in the Field not Allocated to the Project: Although not allocated to this project, the following staff will provide direct support to program services.

Dr. Linda Fox, **Clinical Director:** a Licensed Psychologist in the State of Hawaii (#153). Also licensed in the State of Maryland (#896). Listed by the Council for the National Register of Health Service Providers in Psychology (#19665). She has 40 years experience in clinical and administrative supervision, and direct clinical work with children and families; training, supervision, and quality management oversight of programs for children and families through the Hawaii Department of Health, and also in agencies contracted by the Department of Health.

Michelle Rho, **Quality Assurance Specialist:** Master's Degree in Social Work. Over 12 years experience in human services. Over 10 years post-Master's experience which included counseling, case management, and crisis intervention services. Over 3 years of supervisory experience.

Amanda Pump, **Chief Program Officer:** Master's Degree in Human Service. Hawaii Substance Abuse Counselor. Over ten years of experience working in the field of sexual abuse. 20 years of experience in the field of human service. Has conducted trainings in the field of sexual abuse for various stakeholders. Considered expert in the field of sexual abuse.

**Supervision of SATS Staff:** 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, ensures 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 service staff with the knowledge and support to remove barriers to accessing services and achieving outcomes with their program participants. CFS's Program Administrator is directly responsible for ensuring all supervision is consistently received by program staff. Weekly for 2-3 hours, staff meet to discuss the progress, barriers, or success of treatment for all program participants. Family safety planning, visitation schedules, anticipated discharge dates, and thoughts of aftercare planning are all discussed among the team. This supervision meeting is mandatory for staff, unless previously excused by the Program Administrator. As a team, our collaboration through supervision ensures case oversight, as staff are provided both with direct supervision and clinical case guidance, along with peer feedback. By regularly and effectively communicating about their participants, direct-service staff are uniformly relaying the information back to the participants and their families to ensure high-quality service delivery; this helps case

progression immensely. For complex cases, the Clinical Director uses these opportunities to provide case consultation and training opportunities.

Each staff also receives weekly check-ins, and at minimum bi-weekly (twice a month) individual supervision sessions. For newer staff who have less than 2 years in the field, weekly supervision is offered. This helps further coach staff and further enhances clinical skills. Individual reports are also reviewed and feedback is given and documented in staff supervision records.

All supervisory sessions are documented in an individual supervisory file, electronically maintained by the supervisor. The supervision notes document the session dates, issues discussed, and related action plans. During the supervisory session, the supervisor reviews case record documentation to ensure that the documentation:

- 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 provides participant-centered supervision which enhances the quality of participant services and provides a mechanism for professional development. Participant-centered supervision includes the following:

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

**Reflective Supervision:** During individual supervision, the Program Administrator (PA) provides reflective supervision with staff, which is distinct from administrative supervision. Complementing the goals and practices of trauma-informed care, the process of reflective supervision builds on each staff's use of his/her thoughts, feelings, and values within a service encounter. During supervision, the PA and staff member will review case performance, with the staff choosing the direction of the discussion and the PA guiding staff to examine his/her feelings or thoughts about the case, using this awareness to better serve the program participant. In reflective supervision, the relationship between the PA and staff provides a model for the desired therapeutic and helping relationship between staff and the families they serve. In particular, the relationship is based on collaboration, choice, trust, and control. This approach is consistent with trauma-informed care. Reflective supervision emphasizes that all relationships are important, including the relationships between staff and supervisor; staff and family; and family members and their children. While conducting reflective supervision, the PA listens and waits, providing the opportunity for staff to discover solutions, concepts, and perceptions on his/her own without interruption.

During supervision, assessments are reviewed for completeness and discussion occurs on the risk factors that have been identified. The service plan is reviewed and discussed for thoroughness, appropriateness of goals, and the level of the family members'

participation in the establishment of an agreement to the goals. Staff shares with the PA their latest contacts and interventions with the family, as well as the family's response to the interventions and any progress made on goals. Staff discusses challenges and barriers in working with families, including families who do not seem to be benefiting from services, allowing the PA and staff to brainstorm new interventions that the staff may try. Examples of reflective questions that the PA may ask include: How does it impact staff when families are not achieving their goals? How do staff feel when families choose a goal that is not meaningful to staff? These types of questions help staff become more effective in their interactions with the family and the interventions they provide. During the supervisory session, the PA will also review the case record documentation to ensure that the documentation complies with the CFS procedures and reflects the implementation of the service model.

All supervisors encourage staff to address the vicarious trauma they may experience when working in the field with families. They facilitate discussion on the RICH® relationship approach in our Risking Connection® Trauma-Informed model. They ensure staff are receiving the support they need and are engaging in self-care activities. In addition, CFS utilizes our Employee Assistance Program (EAP) as a referral source for employees who are experiencing personal issues that impact their lives.

**Administrative Supervision:** This provides an opportunity for staff to stay connected with the overall status of the program, review policies and procedures, case management issues, and community resource linkages with other staff. General personnel issues like standards of conduct and schedules for holidays and/or vacations, reviewing of organization code of ethics or program training requirements are also reviewed at these administrative meetings. Specific individual supervisory disciplinary concerns involving personal coaching, timeliness or adherence to attendance rules are conducted in one-on-one sessions and action plans with follow-up dates are created with staff.

## 2. Organization Chart

The applicant shall illustrate the position of each staff and line of responsibility/supervision. If the request is part of a large, multi-purpose organization, include an organization chart that illustrates the placement of this request.

The Child & Family Service Organization-wide chart is attached. Also attached is the SATS Program specific organization chart.

### 3. Compensation

The applicant shall provide an annual salary range paid by the applicant to the three highest paid officers, directors, or employees of the organization by position title, not employee name.

<b>Position Title</b>	<b>Reportable Compensation</b>
President & CEO	\$240,000-\$260,000
Chief Administrative Officer	\$160,000-\$170,000
Chief Program Officer	\$160,000-\$170,000

## VII. Other

### 1. Litigation

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgement. If applicable, please explain.

CFS is not currently a part of any pending or active litigation.

### 2. Licensure or Accreditation

The applicant shall specify any special qualifications, including but not limited to licensure or accreditation that the applicant possesses relevant to this request.

**Evidence of Accreditation:** CFS has been accredited by the Council on Accreditation (COA) since 1980. Every four years COA conducts an extensive reaccreditation site visit and reviews all CFS programs, quality assurance and risk management systems, administrative areas, and board functioning. In the last three reviews, COA did not have any program related findings requiring a response. CFS is very proud of these results and it serves as a validation of the importance CFS places on being a high-quality organization with high quality programs.

### 3. Private Educational Institutions

The applicant shall specify whether the grant will be used to support or benefit a sectarian or non-sectarian private educational institution. Please see Article X, Section 1, of the State Constitution for the relevance of this question.

Not Applicable.

### 4. Future Sustainability Plan

The applicant shall provide a plan for sustaining after fiscal year 2023-24 the activity funded by the grant if the grant of this application is:

- (a) Received by the applicant for fiscal year 2023-24, but
- (b) Not received by the applicant thereafter.

Sustainability Plan: Child & Family Service (CFS) has 50+ programs funded through government contracts and private donors. CFS is a longstanding nonprofit organization that prioritizes efficiency and sustainability to assure ongoing full-service/family-centered services to families. "It takes a village to raise a child". CFS recognizes it takes a community and believes strongly in collaboration. CFS will bring together key partners from different organizations in the community as well as systems partners to discuss the challenges and successes of the community collectively, to learn from and connect, and to brainstorm creative and sustainable solutions.

CFS has cultivated relationships with various State/Government funders and private donors to support program services and will continue to invest in these community relationships to secure long-term funding for this project. CFS will gather and record data into our electronic data management system, Social Solutions- Efforts to Outcomes and report to potential donors and funders to prove our effectiveness. CFS will strategically partner with identified critical stakeholders to educate the community with our findings on successful outcomes. CFS will identify various applicable grants and RFPs on an ongoing basis targeted at helping high-risk youth and their families and apply to utilize the data yielded to demonstrate the need and effectiveness of this project in bringing awareness to the community and helping families heal. CFS will educate potential funders on why sustaining this project is necessary for the Native Hawaiian population, which is the top ethnicity served over the past seven years.

Program data is critical to ensure an accurate evaluation of this project. The aggregate data presentations will educate critical stakeholders to help improve community awareness and obtain funding to sustain for years.

Relevant data collected will ensure we are improving program services and meeting program indicators. To prove effectiveness, CFS utilizes Results Based Accountability (RBA) to measure and improve the performance of this project by measuring the performance indicators identified in the contract if this project is awarded. The goal of RBA is for CFS to impact families in a way that they are 'better off' after services compared to when they came into services, so they can sustain their gains and ultimately heal from their trauma.

CFS recognizes the effectiveness of its services as it improves the lives of children, families, and the community; thus, CFS continually works to identify and improve our practices and outcomes. We have a systematic evaluation in place to review the effectiveness and efficiency of services, which includes the review of incident reports, participant complaints, and grievances, internal and external monitoring reports, participant satisfaction surveys, outcomes, case record/utilization reviews, quarterly performance indicators, and program accreditation review reports. CFS will review RBA data and all other relevant data quarterlies; tracking and monitoring will help when seeking funding to maintain the sustainability of this project beyond the one-year period.



## BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2023 to June 30, 2024

Applicant: Child and 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	115,658			
2. Payroll Taxes & Assessments	17,852			
3. Fringe Benefits	12,005			
TOTAL PERSONNEL COST	145,515			
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island				
2. Insurance	1,378			
3. Lease/Rental of Equipment				
4. Lease/Rental of Space	11,000			
5. Staff Training	2,000			
6. Supplies	4,360			
7. Telecommunication				
8. Utilities				
9. Audit	344			
10. Client Assistance	9,316			
11. Indirect Cost	26,087			
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
TOTAL OTHER CURRENT EXPENSES	54,485			
C. EQUIPMENT PURCHASES				
D. MOTOR VEHICLE PURCHASES				
E. CAPITAL				
<b>TOTAL (A+B+C+D+E)</b>	<b>200,000</b>			
<b>SOURCES OF FUNDING</b>		Budget Prepared By:		
(a) Total State Funds Requested	200,000	Bobbi Goodman, Management Analyst      808-681-1441		
(b) Total Federal Funds Requested		Name (Please type or print)      Phone		
(c) Total County Funds Requested		1/19/2023		
(d) Total Private/Other Funds Requested		Signature of Authorized Official      Date		
<b>TOTAL BUDGET</b>	<b>200,000</b>	RoxAnne Oda, Acting Director of Finance		
		Name and Title (Please type or print)		

## BUDGET JUSTIFICATION - PERSONNEL SALARIES AND WAGES

Period: July 1, 2023 to June 30, 2024

Applicant: Child and Family Service

POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
Director of Oahu Programs	1.00	\$112,402	2.50%	\$ 2,810
Program Admininstrator	1.00	\$83,117	5.00%	\$ 4,156
Therapist IV	1.00	\$67,934	40.00%	\$ 27,173
Therapist IV	1.00	\$67,934	40.00%	\$ 27,173
Therapist IV	1.00	\$67,934	40.00%	\$ 27,173
Therapist IV	1.00	\$67,934	40.00%	\$ 27,173
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
<b>TOTAL:</b>				<b>\$ 115,658</b>
<b>JUSTIFICATION/COMMENTS:</b>				

## BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Period: July 1, 2023 to June 30, 2024

Applicant: Child and Family Service'

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
N/A			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:				
JUSTIFICATION/COMMENTS:				

DESCRIPTION OF MOTOR VEHICLE	NO. OF VEHICLES	COST PER VEHICLE	TOTAL COST	TOTAL BUDGETED
N/A			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:				
JUSTIFICATION/COMMENTS:				

## BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS

Period: July 1, 2023 to June 30, 2024

Applicant: Child and Family Service

FUNDING AMOUNT REQUESTED						
TOTAL PROJECT COST	ALL SOURCES OF FUNDS RECEIVED IN PRIOR YEARS		STATE FUNDS REQUESTED	OTHER SOURCES OF FUNDS REQUESTED	FUNDING REQUIRED IN SUCCEEDING YEARS	
	FY: 2021-2022	FY: 2022-2023	FY:2023-2024	FY:2023-2024	FY:2024-2025	FY:2025-2026
PLANS	0	0	0	0	0	0
LAND ACQUISITION	0	0	0	0	0	0
DESIGN	0	0	0	0	0	0
CONSTRUCTION	0	0	0	0	0	0
EQUIPMENT	0	0	0	0	0	0
<b>TOTAL:</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>JUSTIFICATION/COMMENTS:</b>						

**GOVERNMENT CONTRACTS, GRANTS, AND / OR GRANTS IN AID**

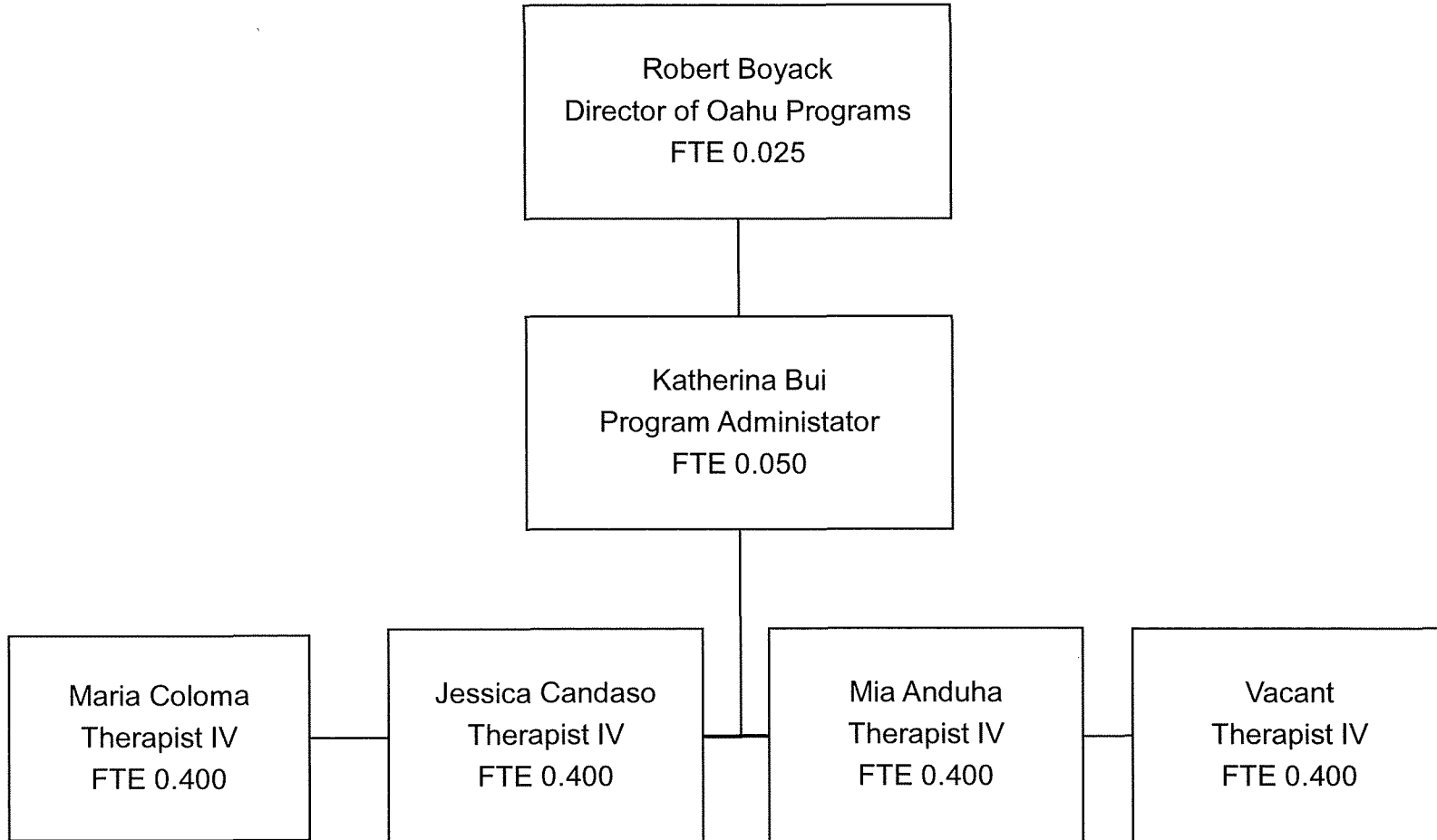
Applicant: Child and Family Service

Contracts Total: \$5,257,139.57

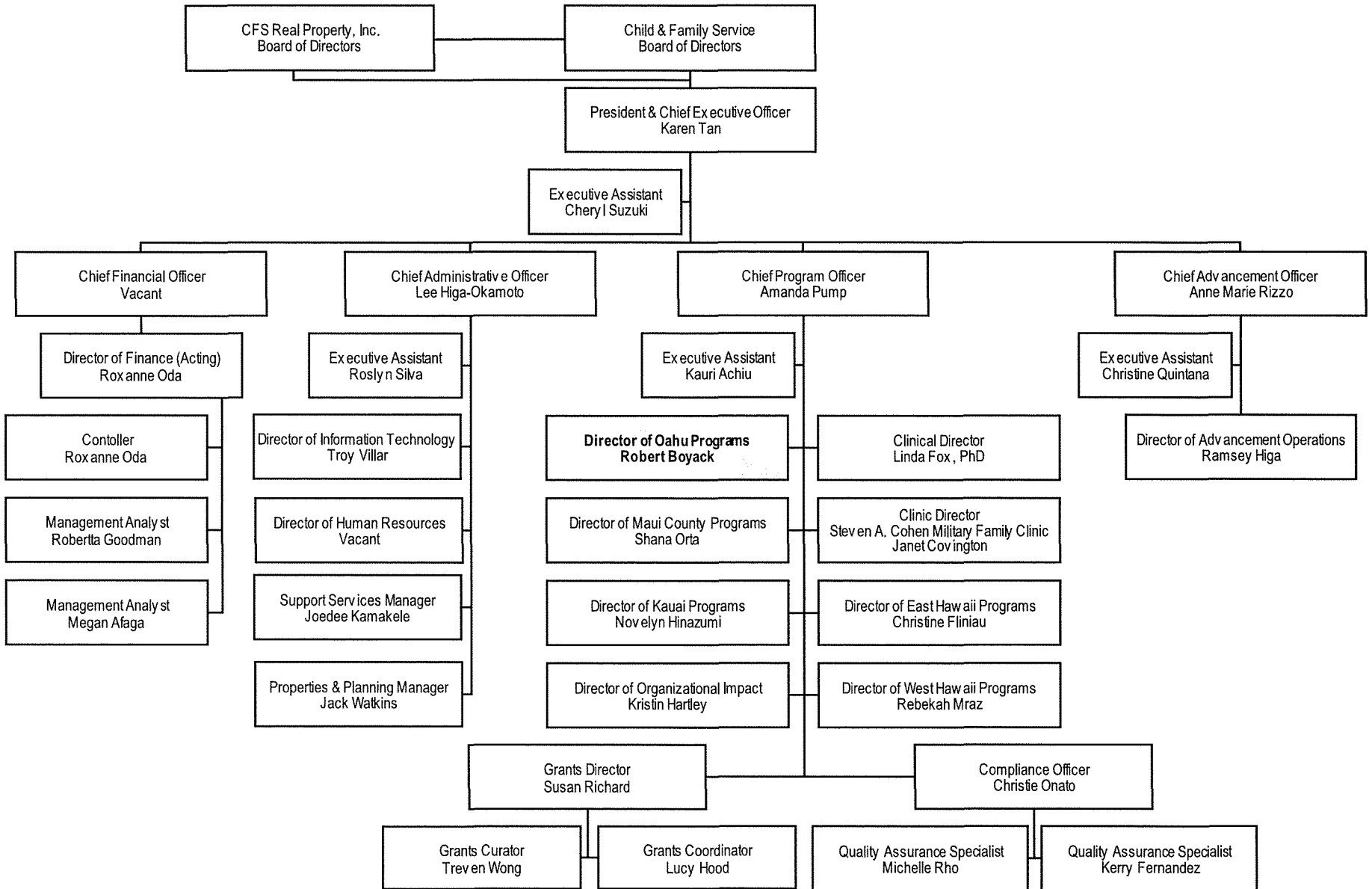
	<b>CONTRACT DESCRIPTION</b>	<b>EFFECTIVE DATES</b>	<b>AGENCY</b>	<b>GOVERNMENT ENTITY (U.S./State/Hawaii/ Honolulu/ Kauai/ Maui County)</b>	<b>CONTRACT VALUE</b>
1	CFS Sexual Abuse Treatment Services DOJ OJJDP Supportive Interventions for Adolescent Sex Offenders and YSBPP: Services provided are provided to adolescent offenders and children with sexual problematic behavior child victims, siblings, and non-abusive spouses/partners. The service activities are designed to: Emphasize a family-centered, strengths/needs-based integrated approach to prevention of re-abuse or risk of re-abuse, and prevention of unnecessary out of home placement.	10/01/2020-09/30/2023	Department of Justice	U.S.	\$450,000.00
2	CFS Sexual Abuse Treatment Services for Sexually Reactive Youth offers victim advocacy and crisis outreach and intervention to families involved in reports of sexual abuse with a sexually reactive child/youth under the age of 12.	01/01/2022-06/30/2023	The Judiciary	State	\$8,000.00

3	<p>Intrafamilial Sex Abuse Treatment Services provides comprehensive services for families and individuals who have experienced intrafamilial sexual abuse. CFS has provided these services on Oahu since 1999. Provides comprehensive services for families and individuals who have experienced sexual abuse within the family. Services are provided to child and adult victims, non-offending partners, alleged juvenile and adult offenders, and siblings. Treatment is provided through individual, dyad, family therapy and an extensive group program. The various components of the program are designed to reinforce each other for more comprehensive treatment.</p>	01/01/2018-06/30/2023	Department of Human Services	State	\$3,300,066.57
4	<p>Hope &amp; Healing offers sexual abuse counseling, trafficking screening, sex trafficking intervention services to any child ages 4-17 Oahu who is a victim of sexual abuse. A combination of individual, group, family therapy, mentoring, and peer support is provided. The various components of the program are designed to reinforce each other for more comprehensive treatment. *Services on Oahu are conducted in partnership with Ho'ola Na Pua and Catholic Charities and,</p>	08/01/2018-07/31/2021 01/01/2022-09/30/2022	Department of the Attorney General	State	\$1,049,073.00
5	<p>Hope &amp; Healing Program for TANF Eligible Families offers services to any child ages 4-17 as a victim of sexual abuse. Services address child safety within the home, empowering victims of sexual abuse and their siblings by teaching them healthy relationships, safe sex practices, and provides resources. Individual and supportive family services improve participants' ability to problem-solve, manage stress, connect with positive peers, and reduce safety risks of children.</p>	01/01/2023-12/31/2023	Department of Human Services	State	\$450,000.00

Child and Family Service  
Sex Abuse Treatment Services Program Organization Chart



## Child & Family Service Organization Chart





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