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IA-000000873

Individual Application Application ID IA-000000873 Account **Application Status** Contact Diane Mullin Submitted **ACT 310 - Application for Grants DBA** Legal Name of Easter Seals Hawaii Easterseals Hawaii Requesting Org/Individual **Existing** Type of Business 501 (C)(3) Non-Profit Corporation Yes Service(Presently in **Entity** Operation) **Mailing Address** 710 Green Street **Amount of State** \$2,000,000.00 **Funds Requested** Honolulu. Hawaii 96813 **United States** Island Oahu

Program	

Our Home and Community-Based Services (HCBS) program delivers support to adults with I/DD, including goal setting, life-skills training, and community integration, to over 215 adult participants. This program is vital for increasing self-sufficiency, preventing caregiver burnout, and supporting families across Hawaii.

Program 2 Overview

Our Early Intervention (EI) program provides specialized therapy (physical, occupational, speech, and

socialization) for over 1,600 infants and toddlers with developmental delays. Disruptions here cause children to miss critical developmental growth windows, leading to significantly higher costs and needs later in life.

Program 3 Overview Our Autism Services (AS) program delivers evidence-based Applied Behavior Analysis (ABA) therapy to youth and families across the state. These services are essential for reducing challenging behaviors and

increasing communication skills for the growing I/DD population.

Department Notes

Agency Eligbility

Recipient of No Able to Provide Yes
Terminated Federal Documentation
Funding Evidence

Serves Negatively Yes Narrative Impacted Populations

Easterseals Hawaii (ESH) submits the following documentation to show that its patient population overlaps with and is negatively affected by systemic federal funding reductions, qualifying ESH as an "Indirectly Affected Provider" under Act 310.

ESH works with a population that will be significantly impacted by federal funding cuts. This includes potential cuts to our Early Intervention (EI), Autism Services (AS), and Home and Community-Based Services (HCBS).

ESH's financial stabilization efforts are justified by verifiable reports confirming

the systemic risk to Hawaii's social safety net, plus increases in demographics impacted by federal funding:

UHERO Report on Nonprofit Vulnerability (Oct 2025): The University of Hawaii Economic Research Organization (UHERO) reported that Hawaii's nonprofit sector faces a shortfall of \$126 million in vulnerable federal grants, with over half of the risk concentrated in healthcare and human services. The report warns that cuts in these sectors will "compound strains from reductions in Medicaid, SNAP, and other safety net programs." This confirms the funding environment for ESH's lowincome population is under duress.

Growing older adult I/DD Demographic: ESH's 2024 Impact Report projects that the number of kupuna with I/DD over the age of 60 will nearly double by 2030. This demographic shift places future stress on Hawaii's long-term care and Medicaid systems, making the need for stabilization now an urgent public necessity. Aging caregivers are another issue that impacts the adult I/DD population. If there are fewer safety net programs, caregiver burnout may increase over time.

Growing I/DD Child Population: Since 2000, the rate of autism in children has risen exponentially, going from 1 in 150 children in 2000 to 1 in 31 children twenty-two years later, and 1 in 6 children is diagnosed with I/DD. The reasons for this increase aren't entirely clear, but growing awareness and shifting diagnostic criteria play a role (Riles, 2023). For this population, early intervention has significant positive effects on core symptoms of autism (communication, socialization) as well as common co-occurring difficulties (challenging behaviors, adaptive skills deficits). Federal funding cuts will alter this group's progress, which means children miss critical developmental growth windows, leading to higher needs and costs later in life.

Please see the uploaded documentation for further information.

Date Funding Stopped 1/1/2026

Amount of Other Funds Available

State Fund Total County Fund Total Amount Amount

Federal Fund Total Private/Other Fund
Amount Total Amount

Total Amount of State \$0.00 Unrestricted Assets \$27,062,090.00

Contact Person for Matters Involving this Application

Applicant Name Eric Chamberlain Applicant Title Senior Manager of Development

Applicant Phone (808) 829-9931 Applicant Email eric.chamberlain@eshawaii.org

State of Hawaii Eligibility

Organization is Yes Nonprofit is a 501c3 Yes

Licensed or Accredited

Complies with Anti- Yes Nonprofit has Yes

Discrimination Laws Governing Board

Will not Use State Yes Is Incorporated Under Yes Funds for Lobbying Laws of State

Will Allow Access to Yes Has Bylaws and Yes

Audit Records Policies

Account Information

Organization Name Easter Seals Hawaii Organization DBA Easterseals Hawaii

EIN Street 710 Green Street

Account Email info@eshawaii.org City Honolulu

Account Phone (808) 536-1015 State HI

Website https://www.eastersealshawaii.org/ Zip 96813

Mission Statement Easterseals Hawaii provides

individualized, family-centered services to empower people with intellectual or developmental disabilities to achieve their goals and live independent, fulfilling

lives.

Point of Contact

Point of Contact First Eric Point of Contact Last Chamberlain

Name Name

Point of Contact Title Senior Manager of Development Point of Contact Email eric.chamberlain@eshawaii.org

Point of Contact (808) 829-9931

Leadership

Leadership First Name Andrea Leadership Last Name Pettiford

Leadership Title Chief Executive Officer Leadership Email andrea.pettiford@eshawaiil.org

Leadership Phone (808) 536-1015

Background and Summary

Applicant Background Easterseals Hawaii (ESH) has served the state for over 75 years, beginning in 1946. Our mission is to

provide exceptional, individualized, and family-centered services that empower children and adults with intellectual and developmental disabilities (I/DD), including autism, Down syndrome, and cerebral palsy, to achieve their goals. We offer a lifelong continuum of care, delivering over 286,000 service hours annually to

more than 2,000 individuals and families across the Hawaii Islands.

Funding Request Purpose Act 310 emergency funding will support the following goals for our Early Intervention (EI), Autism Services (AS), and Home and Community-Based Services (HCBS) during the grant period: Goal 1: ESH will maximize lifespan service continuity for children and adults with disabilities. Objective: ESH will preserve 100% of the 50+ frontline positions (DSPs, RBTs, therapists) to ensure zero program closures across all services (EI, AS, HCBS) and maintain 100% of the 243,000+ HCBS service hours throughout the grant period. Goal 2: ESH will elevate adult independence and community integration. Objective: For HCBS participants, ESH will

achieve an 80% success rate in achieving their two highest-priority life skills goals and provide 40 unique group-based community activities across all islands to counteract social isolation. Goal 3: ESH will achieve meaningful vocational outcomes for adults with I/DD. Objective: ESH will increase HCBS job placements for adults by 10% over 2024 (7 placements). Goal 4: ESH will support I/DD children's developmental milestones. Objective: In EI and AS, ESH will ensure 80% of children meet their personalized developmental milestones during the grant period.

Geographic Coverage Served

ESH supports children and adults with I/DD across Hawaii, including:

Oahu - Honolulu (headquarters), Kailua, Ewa Beach, and Kapolei Hawaii Island - Hilo and Keaau Kauai - Līhue, Kapāa, and Waimea Maui - Kahului Lanai Molokai

Offering service statewide counteracts the geographic isolation that prevents access to specialized care in rural and remote communities. This extensive coverage relies in part on the flow of Medicaid and grant funding. An Act 310 emergency grant will allow us to maintain this critical cross-island footprint, particularly due to high operational costs and community vulnerability:

Oahu: Our Honolulu, Kailua, Ewa Beach, Mililani, and Kapolei sites serve the largest number of individuals statewide and provide critical administrative and clinical support to all Neighbor Islands. Any Oahu service reduction would impact the entire state.

Kauai: Our Līhue, Kapāa, and Waimea sites serve nearly 100 participants. Without bridge funding, families would lose much-needed local support and, in some cases, need to quit jobs to care for their loved ones. This consequence is both inequitable and unsustainable.

Hawaii Island (Hilo and Keaau): HCBS and Early Intervention programs are at risk of losing staff and transportation support. If this happens, it will endanger service continuity for clients who rely on daily care, plus lead to increasing isolation in rural areas.

Maui: In Maui, post-wildfire challenges and rising costs have strained operations. Federal cuts could eliminate therapy hours and increase waitlists for families navigating recovery from these challenges.

Public Purpose or Need Served

The public purpose served by our services is preserving the right of children and adults with intellectual and developmental disabilities (I/DD) to live independent, fulfilling lives across Hawaii, so that they can thrive. This commitment addresses a critical public need by ensuring services are available from birth onward. ESH provides essential Early Intervention and Autism Services to children to close developmental gaps early and increase their future self-sufficiency. For adults, HCBS decreases social isolation and promotes self-sufficiency for the vulnerable population. We currently serve over 2,000 clients with I/DD, where 99% of HCBS participants receive Medicaid Vouchers, and an additional 60% of EI services rely on federal funding, meaning participants qualify under HUD for support. A pause in services could disrupt family financial stability, increase social isolation, and widen the service gap for families statewide.

The need for stable adult services is growing in Hawaii. Projections show that the number of kupuna with I/DD over 60 will almost double by 2030. This rise underscores the long-term need for dependable, lifelong support, which ESH provides - we currently serve 6 participants between the ages of 66-85, and anticipate this increasing over time. For children, rates of I/DD diagnosis are currently at 1 in 6, and the rate of autism has risen exponentially between 2000 and 2022, going from 1 in 150 children in 2000 to 1 in 31 children. This growing population needs our services.

An Act 310 grant will create a \$2,000,000 safety net against federal funding instability. As a Medicaid Waiver provider, ESH is highly exposed to federal budget risks. This emergency buffer will prevent staffing crises that would force cuts to the services that keep disabled individuals and their families connected to their communities, allowing us to continue supporting the disabled community in Hawaii so that they can thrive despite federal financial uncertainty.

Target Population Served

ESH supports children and adults with I/DD across Hawaii, including:

Oahu - Honolulu (headquarters), Kailua, Ewa Beach, and Kapolei Hawaii Island - Hilo and Keaau Kauai - Līhue, Kapāa, and Waimea Maui - Kahului Lanai Molokai

Our program includes individuals with autism spectrum disorder, cerebral palsy, and Down syndrome, and other diagnoses. In HCBS, we anticipate serving approximately 215 unique adult participants during the grant

period. In EI, we anticipate serving 1,600+ children from birth to age 3. And for AS, we anticipate serving 115+ clients.

99% of HCBS participants receive Medicaid Vouchers, and an additional 60% of EI services rely on federal funding. Because their services rely heavily on government funding streams, cuts or instability in federal grants threatens this safety net for low-income Hawaiian families.

Summary and Outcomes

Measure(s) of Effectiveness

Act 310 emergency grant funds will ensure ESH sustains its core mission, resulting in significant and lasting change for participants and the community of Hawaii. The intended outcomes are:

1. Developmental Milestones Achieved: Goal is to have 80% of children meet their primary developmental milestones/goals as documented in their IFSPs/treatment plans.

Increased Self-Determination: Adults with disabilities will demonstrate measurable increases in their capacity for self-care. This means participants will be more likely to manage their own affairs, make informed choices, and perform daily life tasks independently, such as managing money and using public transit.

- 2. Reduced Social Isolation: Participants will strengthen their social connections by engaging in community activities, volunteerism, and social skills groups. Participation in these areas reduces caregiver burden and enhances the participant's overall quality of life.
- 3. Enhanced Economic Self-Sufficiency: Participants will successfully transition from training to meaningful, sustained employment in local Hawaii businesses. This increases participants' personal income and reduces reliance on safety net programs.
- 4. Operational Stability: ESH will sustain its Direct Service Provider (DSP) workforce from federal funding volatility. Keeping this core staff ensures the continuity of our participants statewide.

The following verifiable metrics will be reported to the expending State agency to assess the program's accomplishment across all islands:

- 1. Continuity rate: Our target is to maintain 100% of the 286,000+ service hours from FY 2024.
- 2. Developmental milestones: Our goal is to have 80% of AS and EI participants reach their individual developmental milestones.

Individual goal achievement rate: Our goal is to have 75% of HCBS participants successfully achieve their two highest-priority, measurable goals within the service year, as documented in quarterly plans.

- 3. Community integration activity completion: We aim to provide 40 community learning and engagement activities during the grant period for HCBS participants. We will also host 2 social skills groups for EI and AS participants.
- 4. Vocational placement success rate: Our target is to increase hiring rates by 10% compared to 2024. DSPs will monitor this throughout the grant period.

DSP workforce retention: We seek to retain at least 90% of our DSP workforce during the grant period.

Projected Annual Timeline

Anticipated timeline for the grant period:

Quarter 1 (January 2026-March 2026) - After the first grant disbursement, we will:

Our specialized staff across all programs (Therapists, RBTs, DSPs) will ensure uninterrupted therapy sessions for children in EI and AS, update all treatment plans and goal milestones for new enrollees, and execute the first 25% of adult community activities (HCBS).

Plan for HCBS outings/trainings for Quarter 2.

Report results as required.

Quarter 2 (April 2026-June 2026) - After the second grant disbursement, we will:

Staff continue daily therapy and support services for all participants. Program Managers will conduct midyear progress reviews toward developmental and independence milestones, while completing 50% of adult community activities.

Plan for HCBS outings/trainings for Quarter 3.

Report results as required.

Quarter 3 (July 2026-September 2026) - After the third grant disbursement, we will:

Staff prioritize transitioning children meeting EI benchmarks into the next phase of care, while continuing intensive AS and HCBS services. The next 25% of adult community activities are completed, bringing the total to 75% for the year.

Plan HCBS for outings/trainings for Quarter 4.

Report results as required.

Quarter 4 (October 2026-December 2026) - After the fourth grant disbursement, we will:

Achieve 100% of adult community activities (40 total) and finalize developmental progress reports for all children in EI/AS (Goal 4). Continuous staffing and planning for 2027 are maintained, protecting service continuity across all programs.

Plan for outings/trainings for the first Quarter of 2027. Report results as required.

Quality Assurance and Evaluation Plans

Quality assurance (QA) at ESH is client-driven. We do this to ensure services stay centered on the participant's personal goals. Our multi-layered evaluation plan monitors, evaluates, and continuously improves results.

Monitoring and Evaluation: Every HCBS participant has a personalized plan with specific, measurable goals. Our DSPs are responsible for daily tracking and service delivery documentation against these goals. This level of monitoring ensures fidelity to their plan and compliance with DOH-DDD and Medicaid Waiver requirements. We provide quarterly progress reports to participants and their families, which serve as a formal review tool to measure achievement toward the goals of independence and self-determination. For community and vocational objectives, we track output metrics like the number of unique community activities completed and the number of job placements secured, ensuring our 10% placement increase objective is met.

Quality Improvement: To ensure the highest standard of care, ESH conducts both scheduled and unannounced observational visits to services. This qualitative data, combined with regular feedback from client families, helps us understand the personal impact of our work and identify areas for staff training or service adjustment. Our organization-wide Client Satisfaction Score is continually monitored. In 2024, this score was 4.54 out of 5, and we want to maintain this high standard while continually improving the program through client feedback. Any fluctuation triggers a root-cause analysis by our Program Managers to implement improvements, ensuring ESH maintains its reputation for providing exceptional care throughout Hawaii.

Scope of Work

The overall scope of work is the sustained delivery of lifespan services for children and adults with I/DD across Hawaii. A \$2,000,000 grant will secure the specialized staff required to provide essential program elements: Early Intervention (Therapists) and Autism Services (RBTs) provide center and in-home therapy to close developmental gaps for children. Annually, these professionals support 1,693 children in EI and 118 clients in AS through evidence-based practices, ensuring participants meet developmental milestones from birth, and providing caregivers with the skills to support their children. HCBS (DSPs) provides over 243,000 hours of adult support, including life skills training and vocational coaching. ESH staff craft personalized plans, document daily progress, and report per DOH-DDD, Medicaid, and IDEA requirements across all programs. Throughout the grant period, HCBS staff will provide at least 40 unique group-based activities, focusing on volunteerism, skills training, and pre-employment preparedness.

State and Federal Tax

Credits

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 Q1 Requested Amount
 \$500,000.00
 Q3 Requested Amount
 \$500,000.00

 Q2 Requested Amount
 \$500,000.00
 Q4 Requested Amount
 \$500,000.00

Sources of Funding Safeway Foundation, \$34,000, Awarded

Matson Foundation, \$10,000, Awarded Campbell Foundation, \$50,000, Pending Caplan Foundation LOI, \$100,000, LOI

Pending

Hawaii Island Charity Walk, \$12,000,

Pending

Aloha UW Partner Application, Unknown,

N/Δ

Atherton Foundation Program Grant,

\$60,000, Pending

Bank of Hawaii Foundation, \$25,000,

Pending

State and Federal Contracts and Grants

Hawaii Grant in Aid, 2023, \$300,000

Prior FY Balance of Unrestricted Assets \$27,062,090

2023: ESH received \$987,000 in

Employee Retention Credits

Experience, Capability, and Personnel

Skills and Experience

ESH has the history, operational scale, and expertise to execute its programs and manage the \$2,000,000 emergency grant funds. We have provided services to individuals with disabilities in Hawaii for over 75 years, offering a comprehensive model of care from birth through adulthood. Our infrastructure supports this commitment, which delivered over 286,000 total service hours to more than 2,000 individuals and families statewide in 2024.

We are a qualified Medicaid Waiver provider (HCBS) and a key provider of services funded by IDEA Part C (EI). We have proven expertise in navigating complex federal and state funding structures while ensuring compliance with regulatory documentation (DOH-DDD), and delivering high-fidelity, person-centered care.

Our dedication to quality is demonstrated by our current Client Satisfaction Score of 4.54 out of 5.

Our expertise spans the entire lifespan:

- Early Intervention (EI) and Autism Services (AS): We delivered 23,346 service hours for EI and 20,340 hours for AS in 2024, utilizing our Therapists and Registered Behavior Technicians. This demonstrates our capacity to manage a high-volume of evidence-based services that focus on children with I/DD and their support systems.
- -Home and Community-Based Services (HCBS): We delivered over 243,000 service hours annually to approximately 215 adults with I/DD. This shows our capacity to manage a large clientele caseload while administering high-compliance care mandated by DOH-DDD.
- Vocational and Community Integration: Our established Employment Services successfully connected seven participants with meaningful employment in 2024, proving specialized expertise in job coaching and forging local partnerships.
- Logistics: ESH manages a service delivery network spanning six islands (Oahu, Hawaii Island, Kauai, Maui, Lanai, and Molokai). Our logistical capability demonstrates our ability to reach isolated and rural populations, which is vital for meeting the geographic scope of this request.

Facilities

ESH uses a multi-site model that spans six islands across Hawaii. Many of our 286,000 service hours are delivered in participants' homes or community settings, showing community integration. ESH maintains multiple accessible administrative and service centers that provide coordination, clinical oversight, and group training. Our main center on Green Street in Honolulu serves as our administrative and clinical headquarters. This location supports all Neighbor Island operations. Service centers are maintained across the Neighbor Islands, including locations in Kahului (Maui), Līhue/Kapāa (Kauai), and Hilo/Keaau (Hawaii Island). These local facilities function as staff hubs for Direct Service Providers, host vocational training classes, and provide accessible spaces for group learning services, ensuring continuity of care even in rural and isolated communities.

This network of centers, combined with our use of telehealth and community sites, demonstrates our ability to meet the needs of our clients and staff. Our facilities support the staff and logistics needed to operate a high-volume, statewide program serving the most rural and isolated communities across Hawaii.

Proposed Staffing and Service Capacity

ESH employs specialized practitioners for all age groups that we serve. Therapists (for EI) possess state licensure and advanced clinical degrees. RBTs (for Autism Services) are certified through the Behavior Analyst Certification Board. DSPs (for HCBS) possess verified experience working with adults with I/DD and complete extensive training in person-centered planning, behavioral support, and life-skills facilitation. All participants benefit from this specialized care, since it targets their individual and family needs.

All clinical staff are overseen by Program Managers and Board-Certified Behavior Analysts (BCBAs). This supervision is responsible for casework fidelity, compliance with DOH-DDD, Medicaid, and IDEA requirements, and direct field supervision, including both scheduled and unannounced observational visits across all six islands.

ESH maintains a continuous, year-round staff training protocol covering best practices across the lifespan, including community integration, family coaching, and safety protocols. The \$2,000,000 Act 310 grant will support our service capacity goal to retain at least 90% of our DSP, RBT, and Therapist workforce during a period of high federal uncertainty, ensuring continuous care for all 2,000 participants.

Staff Position(s) and Compensation

Clinical Manager, \$125,287 Clinical Manager, \$125,038

Speech Language Pathologist, \$116,448

Other Information

Pending Litigation N/A

Special Licensure or Accreditations Our Adult Day Health programs (HCBS), Early Intervention services, and ABA services are accredited by CARF International (Commission on Accreditation of Rehabilitation Facilities). This three-year accreditation is the highest level of accreditation that CARF awards.

Private Educational Institutions

N/A

Confirmations

Documentation of Federal Impacts



Hawaii Compliance Express Certificate

✓

Active Status with the Hawaii AG



IRS Determination Letter	✓	Certificate of Good Standing by the DCCA					
Records Retention Policy	✓		By-laws or Corporate Resolutions				
Authorized Representative Certification	✓	Signee Title Senior		Senior Director of De	evelopment		
System Information	on						
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