House District(s) H District 2

Senate District(s) S District 1

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

Log No:

For Legislature's Use Only

Type of Grant Request:

☒ GRANT REQUEST – OPERATING ☐ GRANT REQUEST – CAPITAL

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

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

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

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

1. APPLICANT INFORMATION:

Legal Name of Requesting Organization or Individual:
Community First, Inc.

Dba: Community First

Street Address:
670 Ponahawai St., Suite117, Hilo, HI 96720

Mailing Address:
670 Ponahawai St., Suite 117, Hilo, HI 96720

2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:

Name ANTHONY KENT

Title Community Engagement Manager

Phone # 808-675-2750

Fax # 808-935-4472

E-mail akent@communityfirst.co

3. TYPE OF BUSINESS ENTITY:

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

6. DESCRIPTIVE TITLE OF APPLICANT'S REQUEST:

MEETING THE CRITICAL UN-MET NEEDS OF HIGH COST PATIENTS

4. FEDERAL TAX ID #: [redacted]

5. STATE TAX ID #: [redacted]

7. AMOUNT OF STATE FUNDS REQUESTED:

FISCAL YEAR 2019: $100,000

8. STATUS OF SERVICE DESCRIBED IN THIS REQUEST:

☒ NEW SERVICE (PRESENTLY DOES NOT EXIST)
☐ EXISTING SERVICE (PRESENTLY IN OPERATION)

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

STATE $_____

FEDERAL $_____

COUNTY $_____

PRIVATE/OTHER: $10,000

TYPE NAME & TITLE OF AUTHORIZED REPRESENTATIVE:

[redacted]
AUTHORIZED SIGNATURE

MIKE K. SAYAMA, PHD, EXECUTIVE DIRECTOR
NAME & TITLE

1/12/19
DATE SIGNED

Rev 11/21/17

JAN 11 2019 2:00PM

COMMUNITY FIRST

670 Ponahawai Street, Suite 117 | Hilo, Hawaii 96720 | Phone 808-675-2750

January 9, 2018

The Honorable Donovan M. Dela Cruz
Senate Committee on Ways and Means
State Capitol, Rm. 208
Honolulu, HI 96813

Re: GIA Request for "Meeting the Critical Un-met Needs of High Cost Patients"

Dear Senator Dela Cruz,

We believe that only together as a community can we meaningfully address the healthcare cost crisis in East Hawaii on Hawaii Island. We created Community First and a regional health improvement collaborative to serve as a neutral forum for all the healthcare stakeholders in East Hawaii. This past year we focused on the high need patients which consume an inordinate amount of the healthcare spend. Nationally the top 1% account for 20% of the total cost. (National Academy of Medicine, *Effective Care for the High Need Patient,* 2017, page 19) These patients have non-medical needs which impact their health outcomes resulting in avoidable emergency room visits and inpatient admissions. We therefore brought social service providers together with the medical providers in East Hawaii in a group called the Community Action Network (CAN) chaired by Darryl Oliveira and co-chaired by Randy Kurohara, two respected community leaders.

Still there are some needs which are not met by either the medical or social service system. We are requesting $100,000 to meet these critical needs which, when unmet, impair health outcomes, necessitate further, more acute medical services, and drive healthcare costs up. These funds may pay for things like taxi fare to the pharmacy, simple cell phones, food vouchers, temporary housing, or whatever unique need patients may have that their care coordinator and physician believe will significantly improve their care and lower costs. These funds will be managed by the Community Care Improvement Team, a sub-committee of CAN, let by Martha Yamada, a nurse with 30 years of public health experience in Hawaii County.

Other similar initiatives across the nation have developed the business case for addressing the non-medical needs of patients (http://www.commonwealthfund.org/publications/fund-reports/2014/may/addressing-patients-social-needs). Notably in Oregon, emergency department visits decreased by 9%, and hospital admissions for patients with certain chronic conditions decreased by up to 29%. In New York City, Montefiore Medical Center reduced the cost of care for 23,000

Medicare patients by 7% and received nearly $14 million in shared savings from CMS. In New Jersey, after working with the Camden Coalition for Healthcare Providers, monthly hospital charges among participants declined by 56% and emergency department visits declined by about 40%.

At last year's State of Reform Health Policy Conference in Honolulu former Oregon governor, John Kitzhaber made a compelling case for spending more on social needs and less on medical services to achieve better health outcomes. He described one case of a woman in her 80's whose health was stable and living independently at home, but needed an air conditioner to cope with increasing temperatures in the summer. She suffered a heat stroke and was hospitalized. Medicare paid $50,000 for her care, but could not pay several hundred dollars for an air conditioner.

We believe that healthcare costs, if unchecked, will consume the Federal and State budgets, the profitability of businesses and the salaries of employees. At the community level, for its top 200 most expensive patients in the 12 months ending in June 2016, Hilo Medical Center received health plan payments of about $3.3 million, but spent $9.3 million to care for them. The deficit is made up through State subsidies of HHSC. Moreover, unless the increasing trend of emergency room and inpatient utilization is decreased, Hilo Medical Center will need to expand facilities, a major capital expense neither the State nor our community can afford.

We believe $100,000 will serve as a catalyst to bring the community together to create innovative approaches unique to individual patients to address the critical unmet needs which impact their health and healthcare. If we only prevent a handful of hospitalizations, we will more than make up the money from the grant. We are confident we can do this, and in the process create an integrated, flexible model of medical and social services in a community.

Thank you very much for your consideration.

Sincerely,

[redacted]

Barry K. Taniguchi

President and Chair of Community First

Application for Grants

Please check the box when item/section has been completed. If any item is not applicable to the request, the applicant should enter "not applicable".

I. 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;

Community First is a 501 (c)(3) organization established in 2014. Its Board consists of Barry Taniguchi, President and Chairperson (CEO and Chairman of KTA Super Stores), Dr. Richard Lee-Ching, Vice-President (Ex-officio Director of the East Hawaii Independent Physicians Association), Roberta Chu, Treasurer (SVP of Bank of Hawaii), Ka'iu Kimura, Secretary (ED of 'Imiloa Astronomy Center), and Dan Brinkman, (CEO of Hilo Medical Center), Charlene Iboshi, (Retired, Formerly Deputy Prosecuting Attorney of Hawaii County), Darryl Oliveira (HPM Safety Officer, Formerly Fire Chief and Civil Defense Administrator of Hawaii County).

The vision of Community is a community where we not only take personal responsibility for our own health, but help each other care for our mutual well-being. Our mission is to create a sustainable medical system which provides quality care for all the people of our community. Our strategy is twofold: 1. To tip the idea of healthcare from treating disease to caring for health through grass roots initiatives to promote well-being. 2. To create collaboration among the healthcare stakeholders in the community so that they can transform the system to achieve sustainability.

The name of this project is "Meeting the Unmet Needs of High Cost Patients." It will be implemented through the Community Action Network (CAN). CAN was established by Community First to bring together the medical and social services providers in East Hawaii. Its current membership is listed in Attachment 2.

CAN's purpose is to coordinate medical and social services to coordinate the care of and address the non-medical needs of high cost and high need individuals in the East Hawaii Community. The National Academy of Medicine released a compelling study "Effective Care for High-Need Patients" in 2017 which starts by stating "Today, the top 1 percent of patients account for more than 20 percent of health care expenditures, and the top 5 percent account for nearly half of the nation's spending on healthcare....Their needs extend beyond the care for their physical ailments to social and behavioral services, which are often of central importance to their overall well-being. As a result, addressing clinical needs alone will not improve the outcomes or reduce costs for this population.

Rather, it will also be necessary to address and individual's functional, social, and behavioral needs, largely through the provision of social and community services that today are typically not the province of health care delivery systems." CAN brings together the medical and social service providers of East Hawaii to provide coordinated and effective care for the high need patients.

Not all of the critical needs of these patients are covered between the available medical and social services or cannot be responded to quickly enough given the procedures that must be followed. This proposal requests $100,000 to meet these unmet needs in the context of a community based system of care coordination and integrated medical and social services. The flexibility and responsiveness of this approach to the unique needs of each case will save far more than the funding through the reduction of avoidable emergency room visits and inpatient admissions. Avoiding even just ten admissions will result in savings of over $120,000 based on the average cost of $9,700 in 2010.

Other similar initiatives across the nation have proven the business case for addressing the non-medical needs of patients which fall between the cracks in current delivery systems. (http://www.commonwealthfund.org/publications/fund-reports/2014/may/addressing-patients-social-needs). Notably in Oregon, emergency department visits decreased by 9%, and hospital admissions for patients with certain chronic conditions decreased by up to 29%. In New York City, Montefiore Medical Center reduced the cost of care for 23,000 Medicare patients by 7% and received nearly $14 million in shared savings from CMS. In New Jersey, after working with the Camden Coalition for Healthcare Providers, monthly hospital charges among participants declined by 56% and emergency department visits declined by about 40%.

At the 2017 State of Reform Conference in Honolulu former Oregon governor, John Kitzhaber made a compelling case for spending more on social needs and less on medical services to achieve better health outcomes. He described one case of a woman in her 80's whose health was stable but needed an air conditioner to cope with increasing temperatures in the summer. She suffered a heat stroke and was hospitalized. Medicare paid $50,000 for her care, but could not pay several hundred dollars for an air conditioner.

Below are two cases from the Hilo Medical Center.
Case #1—a 70 year old female patient dependent on oxygen and insulin who moved to a new apartment was prevented from picking up her medications and oxygen tank from her temporary caregiver who had allowed her to stay at their house because she was told she owed them $50 for storage fees. The patient arrived at the physician's office with shortness of breath without her oxygen tank and consented the physician to contact Legal Aid on her behalf. A lawyer from Legal Aid was able to obtain the patient's insulin and oxygen from the temporary caregiver within a few hours.

Case #2-- a 56 year old male on dialysis with a significant cardiac history made frequent emergency room trips because he was worried he was having another heart attack and on initial application was denied a care home placement. In one month alone, he accrued 19

ER visits. With case management's help and more frequent office visits, he was approved for a care home and he subsequently made it almost 1 year without another ER visit.

2. ☒ The goals and objectives related to the request;

The goal is to improve the care and lower the costs for the high need, high cost patients in East Hawaii by coordinating medical and social services and also by meeting unmet non-medical needs which negatively impact their medical care. We believe this grant will be a catalyst to pull medical and social service providers together to find different and innovative ways to care for high need patients.

The measurable objectives are to decrease the number of avoidable ED visits and hospital admissions and to demonstrate that there is a positive return on investment in comprehensive care coordination and meeting the non-medical needs of these patients. Their medical costs will be lowered, and the savings will exceed the costs of meeting their non-medical needs.

3. ☒ The public purpose and need to be served;

Healthcare costs are a huge national crisis that plays out on all levels. It is the largest driver of the Federal deficit, and accounts for a little less than half of the unfunded liability in the State ERS system. The Insurance Commissioner has repeatedly warned of the unsustainability of health care costs, most recently in the Star Advertiser headlines of December 26, 2017 which highlighted the significant increases of HMSA and Kaiser premiums. Given current trends, in 2026 it is projected that will cost $14,000 to insure an individual and $42,000 for a family of four. Decreasing costs by developing effective care for the high need patient is a critical for a sustainable healthcare system and to prevent healthcare consuming resources needed for other public services. The problem, however, cannot be solved just within the medical system. Nations which spend less on medical services and more on social services have better health outcomes without spending more in total. This project seeks to validate this in East Hawaii.

Even more urgently and specifically, if the trend of ED and hospital utilization is not bent, the Hilo Medical Center (HMC) will have to expand their facility to meet the increasing community need. This need will be exacerbated by the large aging population in East Hawaii. Expanding the HMC facility will require a very large capital expense which neither the State nor the community can afford.

HMC also suffers losses in treating many of the high need patients. In analyzing the top 200 cases in which they lost money in the twelve months ending June 2016, it was determined that these were primarily QUEST patients which cost HMC $9.3 million to treat with only $3.3 million in reimbursements.

4. ☒ Describe the target population to be served; and

The target population will be the high need, high cost patients in East Hawaii whose care can be impacted and improved by comprehensive care coordination and addressing their non-medical needs. HMSA and the Hilo Medical Center are in the process of identifying the top 500 utilizing such variables as:

- Total Medical Cost
- Admission Count & Associated Costs
- Total Hospitalized Days
- ER Visit Count & Associated Costs
- Total Number of Chronic Conditions
- Presence of Behavioral Health Diagnosis
- Presence of Substance Abuse
- Presence of CHF
- Presence of Asthma/COPD/Chronic Bronchitis
- Presence of Diabetes

5. ☒ Describe the geographic coverage.

Our project will concentrate on the Districts of East Hawaii including Hilo, Hamakua, and Puna. According to the 2010 U.S Census the population East Hawaii is approximately 93,000 residents. Hawaii County is the fastest growing in the state with a population increase of 24.5% from 2000 to 2010. Much of this growth is East Hawaii areas of Hilo and Puna. The Health Resource and Services Administration classify Hawaii County as rural.

II. 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;

This project will create a community-centric system of care coordination and accountability that will provide effective care to high need patients and maximize the value of the $100,000 of GIA funding requested. Every high need patient will be in a medical home, with Bay Clinic and HMC's Complex Patient Centered Medical Home (C-PCMH) serving as centers of excellence to treat the patients whose needs cannot be met through the private practice of primary care. Care coordinators within the medical home will have the responsibility of coordinating care throughout the levels of care and spectrum of services which touch the person. Although many agencies have care coordination, these services stop once the patient goes beyond their scope of service. The

care coordinator in the medical home must maintain the relationship with the patient across programs and entities.

While Bay Clinic and the C-PCMH will be allotted discretionary funding to be utilized for urgent, low cost needs such as transportation to the pharmacy, it will be the responsibility of their care coordinators to present proposals which make the case for higher cost, more unconventional needs such as a refrigerator or a behavioral modification program to incent a patient to decrease avoidable emergency room use. Criteria for approval will be: 1. What is requested is not covered by any existing medical or social benefit. 2. There is a likely return on investment.

These proposals will be reviewed by members of the Community Care Improvement Team (CCIT). The CCIT is a committee of the CAN, headed by Martha Yamada, R.N. and Karen Teshima. It will serve as a quality assurance committee to analyze cases with bad outcomes and to use these learnings to improve the system. The members of the CCIT are listed in Attachment 3.

A three person subcommittee, headed by Martha Yamada and including a social worker and a representative from a social service organization, will approve or deny proposals.

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

2018
January – March: Establish processes, policies, and forms for CCIT approval process and management oversight of expenditures.

March – June: Implement pilot program with 10-20 patients with funding of $10,000 from Community First and issue first quarterly report.

July – December: Use GIA funds to meet unmet needs of high cost, high need patients.

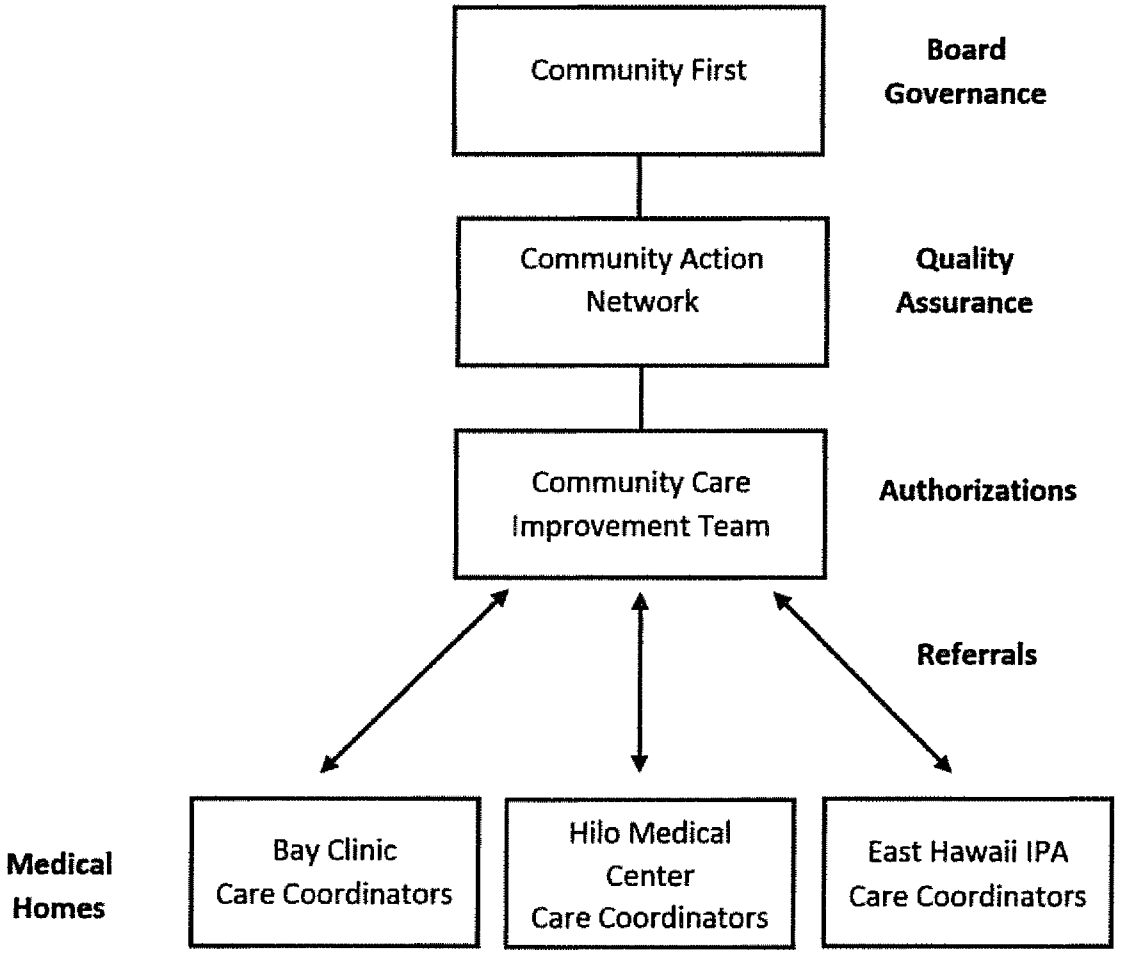
2019
January - May: Continue funding unmet needs.

June – July: Analyze results in terms of expenditures, savings, provider satisfaction, and patient satisfaction.

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

The CCIT will review all expenditures and case outcomes on a monthly basis and report them to CAN at their regular meeting which currently also occur monthly. The Community First Board will review progress and outcomes of the program quarterly. Please see the workflow below.

Workflow of Referrals, Authorizations and Quality Assurance



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.

   a. The number of patients involved and the services and needs which funds were used for will be reported.
   b. Patient satisfaction with the program
   c. Before and after utilization of ED visits and hospital admissions will be compared.
   d. Before and after costs will be compared

III. 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 2019.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
$40,000	$30,000	$20,000	$10,000	$100,000

It is imperative that we have the flexibility to meet the unique needs of the patients, which may be critical to their health and treatment. Generally speaking the funds will be used to meet patient housing, transportation, communication, food, and other miscellaneous non-medical needs.

Spending will be heaviest in Quarter 1, anticipating there will be a buildup of cases. Spending will taper off in Quarters 2-4 as the program winds down. If we succeed in demonstrating a compelling return on investment, we anticipate that insurance plans will begin to fund the program.

3. ☒ The applicant shall provide a listing of all other sources of funding that they are seeking for fiscal year 2019.
   n/a

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.

   n/a

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 2019 for program funding.

   n/a

6. ☒ The applicant shall provide the balance of its unrestricted current assets as of December 31, 2017.

   $85,000

IV. 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.

Community First is increasingly being recognized as a trusted convener of the community and healthcare stakeholders in East Hawaii. It established the Regional Health Improvement Collaborative whose members are listed in Attachment 4.

It is also gaining national recognition through the Network for Regional Health Improvement (NRHI), the national organization. In late January of 2017 a multi-sector team from Hilo consisting of Dan Brinkman, HMC CEO; Dr. Kay Nordling, HMC Family Residency Director; Brandee Menino, ED of Hope Services; Kimo Alameda, PhD, ED of the County Office of Aging; Mike Sayama, PhD, ED of Community Services; Justin Yoshimoto, Transformation Analyst of HMSA; and a representative from the State Medicaid Division will be a meeting in Austin, Texas. This meeting is convened by NRHI and Academy Health and is entitled "Striving Toward a Culture of Health: How Does Care and Costs for Non-Medical Needs Get Factored into Alternative Payment Models?" Only five teams were selected, and Hilo joined Detroit, Cincinnati, Philadelphia, and Seattle at this meeting.

Listing of Related Projects

2014 – Ongoing
Blood Pressure Educators. UHH School of Nursing Students teach 6th graders about blood pressure. The children then take digital blood pressure monitors home to take readings of adult family and friends.

2014 – Ongoing
Advanced Healthcare Directives. Working through churches, temples, and the County Office of Aging, senior volunteers inform people of their choices of care at the end of life and how to document their wishes. Our goal is to end uninformed and unnecessarily painful dying.

2014 – 2015
Hawaii County Grant to establish a Regional Health Improvement Collaborative to explore development of a Community-centric Accountable Care Organization

2015 – 2016
HMSA Foundation Grant to develop "Best Heart Care in East Hawaii, A Community Governed and Data Driven Healthcare Initiative"

2016
Network of Regional Health Improvement Grant for East Hawaii's Regional Payment Reform Summit

2016 – Ongoing
Physician Subsidy Program. Responding to the critical need for primary care and specialty physicians, Community First, health care institutions, health plans and community organizations have joined together to develop financial support packages that will subsidize new physicians who are willing to practice in the East Hawaii Community. These new physicians often face financial and other challenges when they arrive in Hawaii. This program subsidizes the cost of establishing a new physician and offers mentorship from established physicians.

2017
Network of Regional Health Improvement Grant to send a Multi-sector Hilo team to a Collaborative Convening in Austin, Texas called "Striving Toward a Culture of Health: How Does Care and Costs for Non-Medical Needs Get Factored into Alternative Payment Models?"

2017 – Ongoing
Complex Patient-centered Medical Home. There are patients whose medical and non-medical needs are complex and whose treatments are not well coordinated. Many of their visits to the emergency room and hospital could be avoided if we addressed these problems. The C-PCMH will be established as a medical home for them next to the emergency department at the Hilo Medical Center.

2017 – Ongoing
Best Palliative Care. Palliative care is not just hospice care, it offers relief from pain and the stress of coping with serious illness. Our goal is to standardize health plan benefits and workflows across providers so more families receive these services.

2017
Care Coordination Summit. The Care Coordination Summit was held on October 3, 2017. There were 75 attendees representing over 30 medical and social service providers. The goals were for attendees to make personal connections with the other providers in the community and to find participants for the Community Care Improvement Team (CCIT). The CCIT will serve as a quality assurance committee for complex patients in East Hawaii and will use case studies to drive process improvement.

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.

Community First has administrative offices which is co-located with the East Hawaii Independent Physicians Association at 670 Ponahawai Street, Suite 117, Hilo, Hawaii 96720. The services provided by CAN are distributed throughout the community in the facilities of medical and social service providers.

V. 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.

Barry Taniguchi – President and Chair of Community First and Chair of the RHIC. Mr. Taniguchi is an iconic community leader whose contributions and commitment to Hawaii County has earned him unquestioned credibility and respect. It his leadership and stature that has brought the community together to address a problem as complex and challenging as healthcare costs. He is the CEO of KTA Super Stores and serves on many community and corporate boards.

Mike Sayama, Ph.D. – Executive Director of Community First and Co-chair of the RHIC. Dr. Sayama has a doctorate in clinical psychology from the University of Michigan. He has managed behavioral health services and created the Community Care Services program from the seriously mentally ill. He was a vice-president at HMSA for 17 years in utilization management and

customer relations and has worked extensively in East Hawaii for the past 6 years with physicians, the hospital, and community groups.

Darryl Oliveira – Chair of CAN. Mr. Oliveira previously was the Fire Chief and Civil Defense Administrator of Hawaii County, and is now the Safety Officer of HPM. He has first had knowledge of how people can fall through the gaps in the social safety net and also carries tremendous respect in the community.

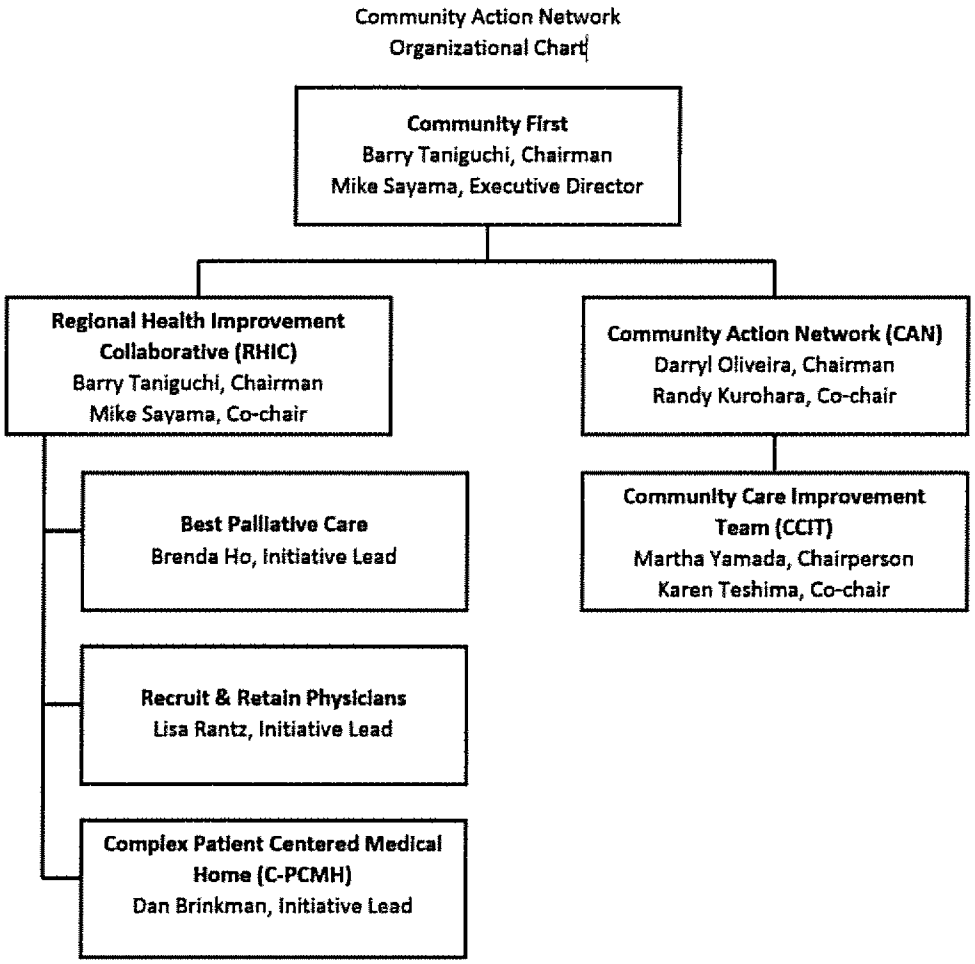
Randy Kurohara – Co-Chair of CAN. Mr. Kurohara was previously Managing Director of Hawaii County and has been extensively involved in healthcare issues for the past 6 years. He has extensive managerial and administrative experience.

Martha Yamada, RN – Chair of CCIT. Ms. Yamada is a registered nurse who has worked as a public health nurse in Hawaii County for 30 years ago and has been the Hawaii Island Supervisor for the past five years. She has intimate knowledge of the healthcare and social service system here and is committed to closing the gap between policy and the realities in the field.

Karen Teshima – Co-chair of CCIT. Ms. Teshima was formerly the Hawaii County lead on health and is currently the State Director of the Blue Zones Project. She has personal relationships with many of the healthcare and social service leaders in East Hawaii.

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.



3. ☒ Compensation

The applicant shall provide the annual salaries paid by the applicant to the three highest paid officers, directors, or employees of the organization by position.

Community First has two paid staff:
Dr. Mike Sayama, PhD, Executive Director: $155,000 (No State funds requested)
Anthony Kent, MBA, Community Engagement Manager: $47,000 (No State funds requested)

VI. 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.

n/a

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.

Member, Network for Regional Health Improvement (NRHI)

NRHI is a national organization representing over thirty five member Regional Health Improvement Collaboratives (RHICs). These multi-stakeholder organizations are working in their regions and collaborating across regions to transform the healthcare delivery system and achieve the Triple Aim: improving the patient experience of care, including quality and satisfaction; improving the health of populations; and reducing the per-capita cost of healthcare.

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.

n/a

4. ☒ Future Sustainability Plan

The applicant shall provide a plan for sustaining after fiscal year 2018-19 the activity funded by the grant if the grant of this application is:

(a) Received by the applicant for fiscal year 2018-19, but

(b) Not received by the applicant thereafter.

The sustainability of the program will come from the savings it shows both from the benefit costs to the health plans and also savings from reducing the losses to HMC. If one considers only the top 200 cases in the 12 months ending in June 2016 in which HMC loss the most money, the benefit costs to health plans was approximately $3.3 million and the costs to the hospital about $9.3 million, resulting in a net loss to HMC of about $6 million dollars a year on these patients. While health plans will have savings

from lowered utilization of emergency department and inpatient services, HMC also has the potential of savings from decreasing the losses it incurs. The cost of this program to meet the unmet needs of high cost, high need patients that neither health plans nor social service programs cover will be a very small part of the savings that are realized. If utilization drops 10%, the total savings to health plans and HMC will be close to a $1 million just on these 200 cases.

5. ☒ 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, 2017.

Attachment 1

6. ☒ Declaration Statement

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

2018GIAPage 10 (included in the application)

7. ☒ Public Purpose

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

1. The public purpose is the meet the critical unmet needs of high cost, high need patients and thereby to improve health outcomes and lower costs of care. Many of these patient are QUEST patients.
2. The services to be provided are comprehensive care coordination and services and resources not available through the medical or social service systems which will improve health outcomes and lower healthcare costs, in particular emergency room and inpatient expenses.
3. The target population is high cost, high need individuals in East Hawaii.

BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2018 to June 30, 2019

Applicant: Community First

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				
2. Payroll Taxes & Assessments				
3. Fringe Benefits				
TOTAL PERSONNEL COST				
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island				
2. Insurance				
3. Lease/Rental of Equipment				
4. Lease/Rental of Space				
5. Staff Training				
6. Supplies				
7. Telecommunication				
8. Utilities				
9 Patient Housing*	20,000			
10 Patient Transportation*	20,000			
11 Patient Communication*	20,000			
12 Patient Food*	20,000			
13 Patient Miscellaneous Expenses*	20,000			
14				
15	* Estimated expenditures. The nature of this project requires us to have maxiumum			
16	flexibility in the use of these funds. As illustrated by previous cases, patient's			
17	unique needs must be met in order to produce maximum impact.			
18				
19				
20				
TOTAL OTHER CURRENT EXPENSES	100,000			
C. EQUIPMENT PURCHASES				
D. MOTOR VEHICLE PURCHASES				
E. CAPITAL				
TOTAL (A+B+C+D+E)	**100,000**			

SOURCES OF FUNDING		Budget Prepared By:	
(a) Total State Funds Requested	100,000	Anthony Kent	808-675-2750
(b) Total Federal Funds Requested		Name (Please type or print)	Phone
(c) Total County Funds Requested		[redacted]	1/8/2018
(d) Total Private/Other Funds Requested		S	Date
TOTAL BUDGET	**100,000**	Anthony Kent, Community Engagement Manager Name and Title (Please type or print)	

BUDGET JUSTIFICATION - PERSONNEL SALARIES AND WAGES

Period: July 1, 2018 to June 30, 2019

Applicant: Community First

POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
Executive Director	1	$155,000.00	25.00%	No State Funds Requested
Community Engagement Manager	1	$47,000.00	10.00%	No State Funds Requested
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
TOTAL:				

JUSTIFICATION/COMMENTS: We are not requesting funding for personnel. 100% of requested funds will go towards direct project costs.

BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Period: July 1, 2018 to June 30, 2019

Applicant: Community First

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

JUSTIFICATION/COMMENTS: n/a

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

JUSTIFICATION/COMMENTS: n/a

BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS

Period: July 1, 2018 to June 30, 2019

Applicant: Community First

FUNDING AMOUNT REQUESTED						
TOTAL PROJECT COST	ALL SOURCES OF FUNDS RECEIVED IN PRIOR YEARS		STATE FUNDS REQUESTED	OF FUNDS REQUESTED	FUNDING REQUIRED IN SUCCEEDING YEARS	
	FY: 2016-2017	FY: 2017-2018	FY:2018-2019	FY:2018-2019	FY:2019-2020	FY:2020-2021
PLANS						
LAND ACQUISITION						
DESIGN						
CONSTRUCTION						
EQUIPMENT						
TOTAL:						
JUSTIFICATION/COMMENTS: n/a						

GOVERNMENT CONTRACTS, GRANTS, AND / OR GRANTS IN AID

Applicant: Community First

Contracts Total: -

	CONTRACT DESCRIPTION	EFFECTIVE DATES	AGENCY	GOVERNMENT ENTITY (U.S. / State / Haw / Hon / Kau / Mau)	CONTRACT VALUE
1	n/a				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

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

The undersigned authorized representative of the applicant certifies the following:

1) The applicant meets and will comply with all of the following standards for the award of grants pursuant to Section 42F-103, Hawai'i Revised Statutes:

   a) Is licensed or accredited, in accordance with federal, state, or county statutes, rules, or ordinances, to conduct the activities or provide the services for which a grant 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, Hawai'i Revised Statutes:

   a) Is incorporated under the laws of the State; and

   b) Has bylaws or policies that describe the manner in which the activities or services for which a grant is awarded shall be conducted or provided.

3) If the applicant is a non-profit organization, it meets the following requirements pursuant to Section 42F-103, Hawai'i Revised Statutes:

   a) Is determined and designated to be a non-profit organization by the Internal Revenue Service; and

   b) Has a governing board whose members have no material conflict of interest and serve without compensation.

Pursuant to Section 42F-103, Hawai'i Revised Statutes, for grants 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.

Community First
(Typed Name of Individual or Organization)

[redacted] 1/8/18
(S[redacted] (Date)

Mike K. Sayama Executive Director
(Typed Name) (Title)

Attachment 1

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

COMMUNITY FIRST, INC.

was incorporated under the laws of Hawaii on 07/14/2014 ; 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 06, 2018

Director of Commerce and Consumer Affairs

To check the authenticity of this certificate, please visit: http://hbe.ehawaii.gov/documents/authenticate.html
Authentication Code: 294376-COGS_PDF-243953D2

Attachment 2

Community Action Network Members

Darryl Oliveira (Chair), Community Representative
Randy Kurohara (Co-chair), Private Business Owner

Dr. Allyson Wong, Hilo Medical Center, Hawaii Island Family Medicine Clinic
Barry Taniguchi, Community First
Brandee Menino, Hope Services Hawaii
Brenda Ho, Hospice of Hilo
Catherine Nutting, Hilo Medical Center
Dr. Chrissy Capati, Bay Clinic
Claudia Roman, Bay Clinic
Dan Brinkman, Hilo Medical Center
Gregg Silva, Hawaii Police Department
Dr. Hannah Preston-Pita, PhD., Big Island Substance Abuse Council
Harold Wallace, Bay Clinic
Jasmine Le Fever, Hui Malama Ola Na Oiwi
Jennifer Grune, East Hawaii IPA
Dr. Jennifer Walker, Hilo Medical Center
Jesse Ebersole, Community Paramedicine (County of Hawaii Fire Department)
Karen Davis, Service for Seniors
Karen Teshima, Blue Zone Project Hawaii
Karlson Pung, American Medical Response
Karyle Yamane, County of Hawaii Office of Aging
Kevin Larkin, Hospice of Hilo
Kim Krell, Big Island Substance Abuse Council
Kimo Alameda, County of Hawaii, Office of Aging
Lance Niimi, County of Hawaii, Mayor's Office
Laura Knudsen, Legal Aid Society Hawaii
Marlo Lyman-Kekaualua, HMSA
Martha Yamada, State of Hawaii Department of Health, Public Nursing
Dr. Michelle Mitchell, East Hawaii IPA
Dr. Mike Sayama, Phd., Community First
Nic Los Banos, County of Hawaii, Aging and Disability Resource Center
Pua Puniwai-Viritua, Hui Malama Ola Na Oiwi
Raquel Chang, Big Island Substance Abuse Council
Dr. Stefan Harmeling, Community Paramedicine (County of Hawaii Fire Department)

Attachment 3

Community Care Improvement Team Members

Martha Yamada (Chairperson), State Department of Health
Karen Teshima (Co-chair), Blue Zone Project Hawaii

Anashe Brooks, Big Island Substance Abuse Council
Brandee Menino, Hope Services Hawaii
Cathy Nutting, Hilo Medical Center
Danielle Ludwig, Hilo Medical Center
JD Domizio, Hilo Medical Center Foundation
Jeanne Harano-Hernandez, Hawaii Department of Health
Jennifer Grune, East Hawaii IPA
Jesse Ebersole, Community Paramedicine (County of Hawaii Fire Department)
Joy Kekua, East Hawaii IPA
Joy Reyes, Queen Liliuokalani Trust
Kim Krell, Big Island Substance Abuse Council
Dr. Kimo Alameda, PhD., County of Hawaii Office of Aging
Koran Munafo, Hawaii Community College
Leanne Kiraha, State of Hawaii Department of Health
Letty Jane Galloway, Queen Liliuokalani Trust
Lisa Rantz, Hilo Medical Center Foundation
Marlo Lyman-Kekaualua, HMSA
Michiko Fried, Hawaii Family Health (private physician practice)
Dr. Mike Sayama, PhD., Community First
Dr. Misty Pacheco, PhD., University of Hawaii at Hilo
Odetta Rapozo-Pung, Hilo Medical Center
Qiana Foster, Hospice of Hilo
Rachelle Agrigado, Hawaii Department of Health
Roxanne E. Costa, Salvation Army
Tammy Arquero, Hawaii Department of Health
Vern Hara, Community Paramedicine (County of Hawaii Fire Department)

Attachment 4

Regional Health Improvement Collaborative Members

Barry Taniguchi (Chairman), KTA Superstores
Mike Sayama (Co-chair), Community First

Alan Okinaka, Bay Clinic
Brenda S Ho, Hospice of Hilo
Dan Brinkman, Hilo Medical Center
Dr. Daniel Belcher, Hilo Medical Center
Doug Adams, Community Representative
Elisa Yadao, HMSA
Dr. Gary Okamoto, AlohaCare
Harold Wallace, Bay Clinic
Jayme Puu, HMSA
Jerel Yamamoto, Kanoelehua Industrial Area Association
Karen Maedo, Community Representative
Dr. Kevin Kurohara, East Hawaii IPA
Lisa Rantz, Hilo Medical Center Foundation
Dr. Mark Mugiishi, HMSA
Michael Terry, University Health Alliance
Paula Arcena, AlohaCare
Dr. Peter Matsuura, East Hawaii IPA
Randy Kurohara, Creative Arts Hawaii
Toby Taniguchi, KTA Superstores