

KAPA

Kūpuna Aging in Place with Assistance

Want to live in your own home but need some help?

Nā Pu'uwai, the Native Hawaiian Health Care System serving the people of Lāna'i and Moloka'i, has the perfect solution. Our new Kūpuna Aging in Place with Assistance (KAPA) program can help you safely remain independent at home at no cost.

Our program combines clinical care and traditional Native Hawaiian health practices and is modeled after a program developed by Johns Hopkins School of Nursing.

The KAPA team includes a nurse practitioner, an occupational therapist, and a home repair specialist to make your home safe and senior-friendly to prevent falls.

Our Team is Ready to Serve You



Jamie Kamalani Boyd,
PhD, FNP-BC, APRN-Rx

Native Hawaiian Health Scholarship Recipient
Holistic Nurse Practitioner - Board Certified



Elizabeth Tomoso, OTR
Occupational Therapist

Graduate, The Interior Design Institute



Nā Pu'uwai

A Native Hawaiian
Health Care System
serving Lāna'i & Moloka'i

napuuwai.org

Let Nā Pu'uwai Help You

Ask your health service provider for more information or contact Nā Pu'uwai to schedule a health assessment to see if you qualify to participate in this no-cost program. Mahalo!

(808) 560-3653



Nā Pu'uwai

*A Native Hawaiian Health Care System
serving Lāna'i & Moloka'i*

604 Maunaloa Highway · Building C
P.O. Box 130
Kaunakakai, Hawai'i 96748

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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

Kamahana Hoku Lanani Farrar

AUTHORIZED SIGNATURE

KAMAHANAHOKULANI FARRAR, EXECUTIVE DIRECTOR

PRINT NAME AND TITLE

JANUARY 16, 2020

DATE

**THE THIRTIETH LEGISLATURE
APPLICATION FOR GRANTS
CHAPTER 42F, HAWAII REVISED STATUTES**

Type of Grant Request:

Operating Capital

Legal Name of Requesting Organization or Individual: Db:

NA PU'UWAI

NA PU'UWAI

Amount of State Funds Requested: \$ 242,517

Brief Description of Request (Please attach word document to back of page if extra space is needed):

~ 3300 elders live on Moloka'i/Lana'i. Aging options for our kūpuna: 1) safely stay in their homes or live independently; 2) be cared for by 'ohana; 3) leave their family/homes for a skilled nursing facility elsewhere. 'Ohana is an important Native Hawaiian value. Na Pu'uwai is a Hawaiian Health Care System (Molokai & Lana)i. The goal of Kupuna Aging in Place with Assistance (KAPA) is to improve the social/economic well-being by helping kūpuna stay in their homes, incorporating education/training workshops on kūpuna care and aging to 20 caregivers and professional staff.

Amount of Other Funds Available:

State: \$ 242,517

Federal: \$ 2,347,614

County: \$ 42,000

Private/Other: \$ 0

Total amount of State Grants Received in the Past 5 Fiscal Years:

\$ 0

Unrestricted Assets:

\$ 1,988,718

New Service (Presently Does Not Exist): Existing Service (Presently in Operation):

Type of Business Entity:

501(C)(3) Non Profit Corporation

Other Non Profit

Other

Mailing Address:

P.O. BOX 130

City:

KAUNAKAKAI

State:

HI

Zip:

96748

Contact Person for Matters Involving this Application

Name:
Kamahanahokulani Farrar

Title:
Executive Director

Email:
kamahanahokulanifarrar@napuuwai.org

Phone:
808-681-9312

Federal Tax ID#:

State Tax ID#

Authorized Signature

Name and Title

Date Signed

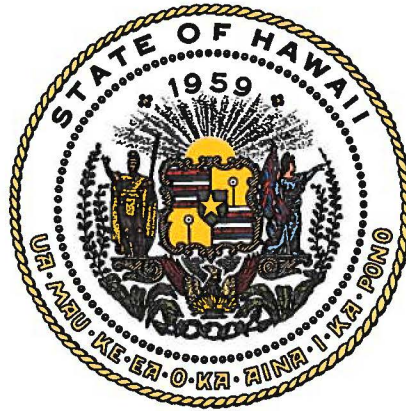
Kamahanahokulani Farrar

Kamahanahokulani Farrar, Executive Director

1-16-2020

received
1/17/20 2c

3:24pm



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

NA PU'UWAI

was incorporated under the laws of Hawaii on 11/01/1985 ; 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 07, 2020

Catherine P. Owaik-Cole

Director of Commerce and Consumer Affairs

**DECLARATION STATEMENT OF
APPLICANTS FOR GRANTS PURSUANT TO
CHAPTER 42F, HAWAII REVISIED 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'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, Hawaii'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, Hawaii'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, Hawaii'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.

Na Pu'uwai
(Typed Name of Individual or Organization)

Kamahanahokulani Farrar January 16, 2020
(Signature) (Date)

Kamahanahokulani Farrar Executive Director
(Typed Name) (Title)



Na Pu`uwai
Native Hawaiian Health Care System
PO Box 130 Kaunakakai, Hawaii 96748
(808) 560-3653 • Fax (808) 560-3385

- Na Pu`uwai Fitness Center (808) 560-5848
- Na Pu`uwai Adult Day Care (808) 560-1068
- Na Pu`uwai - Lana`i • PO Box 630713 Lana`i City, Hawaii 96763 • (808) 565-7204 • Fax (808) 565-9319

January 16, 2020

Public Purpose

Na Pu`uwai is a 501c3 in good standing. Our mission is to improve the health of the people living on Molokai and Lanai. We completed a pilot program (KAPA) modeled after the highly successful Johns Hopkins CAPABLE program. We are applying for Grant In Aid funds to serve 12 kupuna on Molokai and 12 kupuna on Lanai and to provide two different community-based trainings:

1. Training for families and caregivers
2. Training for professional staff

Na Pu`uwai declares the GIA grant funds will be used for public purpose pursuant to Section 42F-102, Hawaii Revised Statutes.

Kamahanahokulani Farrar

Kamahanahokulani Farrar, Executive Director

Printed name, Title

January 16, 2020

Date

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, 2019.

2. Declaration Statement

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

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. ([Link](#))

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;

Federal funding drove Na Pu'uwai (NP) into 21st-century healthcare provision through the Native Hawaiian Health Care Improvement Act of 1988. Native Hawaiian health is the neediest in the nation with disproportionate rates of cardiovascular disease, diabetes, hypertension, cancer, and pulmonary conditions. In Hawaii, Native Hawaiians also have the highest rate of incarceration and substance use as compared to other ethnic populations. In order to address these issues, \$2.2 million of NP operational budget comes from federal sources, which play a critical role in fostering service delivery. Federal funding has allowed NP to expand service capacity on Moloka'i and Lana'i, advocate on behalf of residents, and implement programs to address the complexities of Native Hawaiian health.

In 1992, the Native Hawaiian Health Care Improvement Act was reauthorized by Congress for an additional ten (10) years and has since been attached to the American Indian Health Act with its own funding stream for NP. NP's experience with providing

home and community-based services to persons sixty years or older is also extensive. NP currently provides Adult Day Care services on Moloka'i and has been providing such services for more than 9 years, since 2010, through its federal grant, contracts with insurers, and agreements with community partners.

NP has developed expertise, skills, abilities, knowledge, and experience in the provision of kūpuna Care programs on the islands of Moloka'i and Lana'i for over 9 years. NP's experience and capabilities are evidenced in our existing contracts for Native Hawaiian disease prevention, health education, health promotion, Adult Day Care and Adult Day Care Respite, school-based childhood obesity prevention and treatment, diabetes prevention and treatment, breast cancer promotion and support services, and health and wellness research studies.

2. The goals and objectives related to the request;

The goal is to create additional revenue for NP long-term sustainability to ensure our ability to improve the social and economic well-being of Native Hawaiian communities on Moloka'i and Lana'i. The Kupuna Aging in Place with Assistance (KAPA) program was developed to help kūpuna stay in their own homes as they age. Our current federal grant does not include the funds to provide additional care for our kupuna.

Objective 1: By the end of 12 months, there will be a 50% increase in successfully completing the Activities of Daily Living (ADL) by kūpuna who complete the assessment and service plans through the KAPA Project:

- Early identification of kūpuna who are at risk of failing the individual level of ADL functioning often results in failing to live independently.
- Kūpuna who are stroke recovery patients may be able to return to living independently in their own homes.

Objective 2: By the end of 12 months, safety and accessibility of the home environment will be improved for 50% of the kūpuna involved in the KAPA project.

By the end of 12 months, 50% of the kūpuna enrolled in the KAPA project will have an improved home environment with regards to safety and accessibility:

- Kūpuna reports that barriers to successfully complete ADL have been reduced.
- Kūpuna reports fewer falls and accidents.
- Kūpuna reports fewer hospital admission and re-admissions.

Objective 3: By the end of 12 months, knowledge of kūpuna health and wellness will be increased by an average of 50% for kūpuna, caregivers, family members, interns, and health care professionals who attend trainings and workshops as part of the KAPA.

- Local health care professionals, interns, caregivers, family members, community members, and kūpuna who have participated in KAPA workshops and trainings report increased in knowledge of kūpuna health and wellness.
- Collaborations with employer's report increased awareness of how they could positively impact the health and wellness of kūpuna.

3. The public purpose and need to be served;

Moloka'i remains the island with the most Native Hawaiian (62%) residents. Lana'i, on the other hand, has about 20% of residents who are Native Hawaiians. For the first 8 months, 51.4% of NP clients/patients from both islands were Native Hawaiians, followed by 18.3% Filipino, 14.5% Caucasian, 5.5% other Asians, and 2.8% other ethnic groups. Accessing culturally appropriate health care services is a priority that NP addresses to ensure that program planning, including outreach strategies, and events and activities are focused on these target populations. Moloka'i, especially, has more economic, social, and educational challenges than Lana'i, who is owned by a billionaire who is seeking to revive this island economically. For Moloka'i, these challenges affect the health care status because of its compromised socio-economic status. Unemployment rates increased to 13.6% in 2010 and were at 14.2% in 2014.

Currently, 21% of Moloka'i families fall below the poverty line and have an average annual per capita income of \$23,666 as compared to a statewide per capita income of \$28,882. Seven-point six (7.6%) percent of Moloka'i residents are on cash public assistance, compared to 3.3% statewide. (3) Although a minority of NP's clients are uninsured, 43% of its clients report to be on Medicaid, and 36% who report being privately insured may not have full coverage, i.e., medication, vision, or dental. These dismal statistics affect the already disproportionate rates of chronic disease. According to reports by the County of Maui and the Healthy Communities Institute who did an assessment of the Moloka'i community for the Moloka'i General Hospital in 2015, the rates of asthma, diabetes, obesity, high blood pressure and cancer on Moloka'i are significantly higher than the rates in Hawaii or nationally.

Lana'i is owned by Larry Ellison, who provides most of the financial and logistical support to the community; therefore, only 10% of Lana'i families are on Food Stamp and Temporary Assistance to Needy Families. In comparison, 35% of Molokai's families use this assistance program — double the average for the state (17.2%). Moloka'i also has the highest unemployment rate, lowest per capita income, and the highest rate of children living in poverty (23%) than anywhere else in Hawai'i. Almost 70% of Molokai's families qualify as low-income compared to 44% for the State. Unfortunately, because of Moloka'i and Lanai's isolation, goods are more costly than in most places in Hawai'i. Gas often hovers at \$5.00 per gallon. A recent subsistence study reported that 38% of Molokai's food comes from subsistence hunting, fishing, and gathering. This is a matter of survival for many Moloka'i families, not just cultural preference. Census data also reflect what we know to be true of our own families and friends: that many working-age adults leave Moloka'i and Lana'i for better jobs on other islands while their children stay behind with grandparents. This family dynamic contributes to social problems such as addiction and alcoholism that cause parents to lose custody of their children, and grandparents often become legal guardians. Our conservative estimate based on 2010 U.S. census data, is that 130 of Molokai's households are grandparents over the age of 65 raising grandchildren or great-

grandchildren. Anecdotally, this is the situation for one of the members of NP's governing Board, and another on the Kupuna Council.

Both Moloka'i and Lana'i are federally designated as "medically underserved areas." Neither have a hospital with surgical capacity. Both islands have significantly fewer primary care physicians and dentists per capita than more populous Hawaiian Islands; Moloka'i also has a shortage of mental health practitioners. On both islands, specialists fly in for only one or two days per month. Not only is it difficult to get an appointment, if a kupuna has transportation problems, a missed appointment exacerbates the time lapse between visits. In addition, Medical and Behavioral Health practitioners often leave after a few years of service, which creates a lack of continuity of care for many patients, especially the elderly. In the 2013 survey, Native Hawaiian health organizations on Moloka'i and Lana'i (as well as Maui and Kauai) identified the need for more basic health and medical services, specifically nutrition education, cardiometabolic disease care, and behavioral and mental health services.

Of public health importance is the 6.2-year disparity in life expectancy between Native Hawaiians and other ethnic groups in Hawai'i. The burden of mortality among NHs is alarming as Native Hawaiians have higher mortality rates compared to all other race groups in Hawai'i. Specifically, compared to other race groups in Hawai'i, NHs have a 68% higher mortality from heart disease; 20% higher mortality for stroke and 130% higher for diabetes. On both Moloka'i and Lana'i, Native Hawaiians have higher cumulative cardiometabolic disease risk behaviors: obesity, smoking, and chronic alcohol use, than the state average.

While Statewide heart disease-related death rates have declined for over the last decades, the mortality rate for Hawaiians has not changed, while the mortality rate for non-Hawaiians has halved.

Almost 20% of older Native Hawaiian adults have Type II diabetes – two times higher than older Caucasian adults. Managing diabetes is especially challenging for kūpuna in rural communities due to difficult access to nutritious food. Besides the physical damage caused by Type II diabetes, evidence suggests an association between diabetes and depression. Diabetes prevalence doubles the odds of comorbid depression, and depression can lead to a lack of motivation to practice healthy behaviors, non-compliance with medications, self-harm, or even death.

NP and other Native Hawaiian Health Care organizations have made tremendous inroads on diabetes awareness and self-management; however, this has not necessarily led to improved diabetes outcomes. There are many reasons why, which can be boiled down to accessibility (lack of), affordability (lack of), and acceptability (cultural relevance of caregiver's communication and treatment). Regardless, Native Hawaiian health care organizations are looking for different approaches.

Approximately 3300 elders (64 and older) live on the isolated, rural, Hawaiian Islands of Moloka'i and Lana'i. Aging options for our kūpuna (elders) are to: 1) be cared for by

their families, or 2) leave their family and home for a skilled nursing facility on another island. 'Ohana (family) is one of the most important Native Hawaiian cultural values; this is lost when a kupuna is sent away. Kūpuna who stay home suffer due to limited access to specialized care.

The issue that Moloka'i and Lana'i is facing is that the population is living longer. Proof of the growing population can be found in the "2018 census". The average annual growth rate of those 65 and older between April 1, 2010, and July 1, 2017, in Maui County was 5.5%, with the average state growth rate being only 3.9%. NP recognizes the growing needs of Maui County's older adult population by providing home and community-based services that include Adult Day Care, Adult Day Care Respite, (pending licensing) In-Home Respite, Homemaker, Personal Care, Caregiver Education Support, and Nutritional Education to residents of Moloka'i and Lana'i. These cost-effective services reduce the cost of long-term care for the client and their family, allow our Kupuna to age at home, and improve their quality of life and independence.

4. Describe the target population to be served; and

On Moloka'i, kūpuna we serve live in three small communities, the main town of 1200 people, and scattered locations along the south shore of the island. On Lana'i, most people live in or near the main town, Lana'i City.

5. Describe the geographic coverage.

The project will be conducted on the islands of Moloka'i and Lana'i in the archipelago of Hawai'i.

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 goal is to improve the economic future of NP by generating additional revenue and services. NP's mission is to improve the well-being of Native Hawaiian communities on the islands of Moloka'i and Lana'i. KAPA is designed to help kūpuna stay in their own homes as they age, through a culturally sensitive, community-integrated approach using the evidence-based methods of the Johns Hopkins School of Nursing CAPABLE program: Community Aging in Place—Advancing Better Living for Elders.¹ NP will also incorporate culturally appropriate health and wellness options, provide community education and training on kupuna care and aging, and collaborate with local

¹ Johns Hopkins School of Nursing, 2018

educational programs to develop student internships in the program to increase our islands' pool of skilled workers interested in and dedicated to kupuna care.

CAPABLE is a client-centered, home-based intervention to help low-income kūpuna increase mobility and their ability to complete the Activities of Daily Living (e.g., dressing, bathing, leaving the home). A team comprised of an Occupational Therapist, Registered Nurse, and a Home Repair Specialist ("handyman") help kūpuna attain self-identified goals by assessing their needs through interviews, creating Care Plans, and organizing services and home repairs as needed.

Community Outreach

NP will host community meetings sharing the findings of the KAPA Project. The first meetings were conducted with the Department of Public Health Nursing and with Pulama Lana'i to introduce the program and gather community ideas. Subsequent community meetings will share what we are learning and gather community feedback. We have also informed and consulted our Kupuna Council. We have distributed flyers to each post office box holder on Lana'i as well as in each island's local paper. We will also create a tab for the KAPA Project on our new website.

Client Selection

NP will continue to work with our long-standing community partners² and collaborators, other local social service and health care providers, as well as our community contacts, to receive client referrals to the KAPA Project program. Kūpuna participating in NP's Senior Care Program are also eligible. Although these kūpuna are receiving health services, they may need home repairs to improve the Activities of Daily Living (ADL)³, safety, and accessibility.

The KAPA Project. Kūpuna reported to be at risk, living alone, or individuals/couples with referrals from Primary Care Physicians, the Department of Public Health Nursing and Maui County on Aging are the target population.

Home Assessments

An Assessment Team made up of a Registered Nurse, an Occupational Therapist, and a Home Repair Technician ("handyman") will visit kūpuna in their homes. The team will initially spend 2 hours "talking story" with the kupuna(s) to assess how well they are able to perform Activities of Daily Living, their unmet behavioral health needs, their personal safety needs (e.g., fall reduction, elevated blood pressure & sugar levels, risk of violence), and their home and yard safety and accessibility.

The Assessment Team will develop an individualized Care Plan for the kupuna to ensure needed services are provided on a one-time or multiple/longer-term basis. The

² "Partners" here refers to support for Na Puuwai's overall programming, not the KAPA Project specifically.

³ E.g., getting dressed, cooking, bathing, going down stairs, getting out of the house.

Team may suggest one or more follow-up visits from program specialists: a podiatrist, a naturopathic physician, a behavioral health specialist, home health worker, social worker, dietician or other program staff. The Team may determine that the kupuna is isolated and may suggest enrollment in other community-based kupuna program activities. The Team may determine that the kupuna is interested in traditional Hawaiian health practices like the lomilomi⁴, lā'au lapa'au⁵ or ho'oponopono.⁶ Traditional healing practices address the physical, emotional, and spiritual wellbeing.⁷ NP provides these services on both Moloka'i and Lana'i; for the KAPA Program every effort will be made for our practitioners to visit kūpuna in their homes.

The Assessment team outlines improvements or repairs to the kupuna's home or yard that would improve accessibility (e.g. build wheelchair ramps, widen doorways, add staircase railings, make yard paths, lower clotheslines) and safety (e.g., fix holes in floor, add smoke detectors, replace broken windows and screens, install grab bars, vermin control). A small, \$19.99 grab bar in the shower can be the difference between a kupuna living in-home safely for another 10 years, or a serious fall that leads to hospitalization and decline.

Home Services

The Project Manager coordinates home visits from specialists and other staff as outlined in each kupuna's care plan. The specialists will meet monthly to discuss the clients, update plans, and complete documentation as needed. Home improvements will be completed by NP's professional Home Repair Technicians..

Workshops

Local Health Needs Assessments have highlighted our communities' desire for more health education, especially with diet and diabetes⁸. NP will hold two workshops per year per island (4 per year, total) on topics related to aging such as dementia, Alzheimer's, nutrition, and cardiometabolic health. One of the workshop series will be geared to the local community, specifically low-income kūpuna and family/caregivers; the second series of workshops will be designed for health professionals in the community. Workshop presenters from NP's staff, long-term collaborative contractors, and representatives from the larger health community of Hawai'i, will provide the content expertise for the workshop series.

Internships

⁴ Physical therapy, integrating body, mind, and spirit.

⁵ Herbal medicine.

⁶ Conflict resolution.

⁷ Nā Limahana o Lonopūhā Native Hawaiian Health Consortium. 2011

⁸ Belaforte et al. 2013, Moloka'i Community Health Center 2016.

Local Health Needs Assessments have also highlighted the shortage of trained health care professionals in general and from local communities.⁹ In addition, career paths for local youth are limited. NP has worked with Maui County's student internships in health services. We would like to expand to include Kupuna Health internships to encompass many aspects of kupuna care: physical health (e.g. diabetes, managing medications, nutrition); behavioral health (e.g., depression, smoking, exercise); and culturally based healing (lomi-lomi, ho'oponopono, or lā'au lapa'au). Interns will shadow professionals and assist when practical and possible. Kupuna Health interns will be trained and bound by professional confidentiality & privacy agreements. NP's Project Manager will supervise Kupuna Health interns, our pilot demonstrates the need to create Trade internships (carpentry, plumbing, minor electric) and other home repair skills. Trade interns will train with and be supervised by our Home Repair Technician(s).

We will offer 1 internship on Moloka'i and 1 internship on Lana'i, for a total of 2 internships. One will be Kupuna Health internship and one will be a Trade internship.

Assessment

Twice a year, NP will analyze implementation and performance data, using a variety of approaches and tools to categorize and summarize data. Tools and approaches include: client surveys, home visit data, client health data, provider reflections, staff reflections, and home repair implementation monitoring.

Challenges/Solutions

Home repair/improvement materials: Supplies are expensive on Moloka'i and Lana'i because they must be barged or flown in from the main islands. There is a 5-6-week time delay if materials (e.g., windows) must be shipped from the mainland U.S. We will work with local contractors, so we can add our materials to their regular shipments, saving money on shipping. On Lana'i, we will continue to work with Pulama Lana'i staff for kupuna who rent their homes owned by the company.

Accessibility: Our Assessment Team may find that a kupuna is socially isolated and would like to be involved in Senior Program activities but does not have transportation. We do have bus service on Moloka'i, but not on Lana'i. NP staff will work with our collaborative social service agencies to devise a transportation plan for these kūpuna: each solution will be different, depending on where the kupuna lives, if the family are available or reliable, or if bus service is available, and the kupuna is physically capable of riding the bus.

The willingness of kupuna to open to professional caregivers: Lack of culturally competent health providers may be one of the barriers to wellness for older Native Hawaiians. In general, Hawaii's health service providers are overwhelmingly ethnically European- or Asian American¹⁰. NP's staff has established relationships with kūpuna,

⁹ Belaforte et al. 2013, Look et al., 2013, Healthy Communities Institute, 2015

¹⁰ Hughes, 2004

families, and professionals in many communities. Most of our workforce is Native Hawaiian and born/raised in Hawaii (local). "Talking story" is our common relationship-building practice. NP staff will use community meetings and the individual home assessments to listen to what is important to our kupuna. What would they like to do in their home? What are their health goals? Kupuna's personal goals and the recommendation from the Assessment Team will be the beginning of the development of each individual care plan.

Weather: Some of our staff will be flying from Moloka'i to Lana'i, which requires a stopover on Maui or O'ahu first. Sometimes, storms can ground planes due to extreme winds or lack of visibility. Staff might not be able to travel to meet with a kupuna for a scheduled appointment. The Project Coordinator with the assistance of administration will reschedule appointments and ensure safe travel & lodging. We recognize this often requires driving to a kupuna's house (if s/he doesn't have a phone), connecting with a caregiver/family member or neighbor.

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

Dates	Year 1
	2020–2021
Tasks July 1– September 30	<ul style="list-style-type: none"> • KAPA Implementation • Secure collaborators • Start client assessments • Start client services • Public outreach
Tasks October 1 – December 31	<ul style="list-style-type: none"> • Kupuna Council • Community workshop • Health professional workshop • Mid-year program evaluation¹ design
Tasks January 1 – March 31	<ul style="list-style-type: none"> • Mid-year program evaluation¹ analysis completed & adjustment as necessary
Tasks April 1 – June 30	<ul style="list-style-type: none"> • Community workshop • Health professionals' workshop • End-year program evaluation¹ • Work with partners to create long-term program sustainability

¹ Includes participant survey, collaborator survey, and program data analysis.

² Services finished as far as this grant. The intent is to continue this program post-grant funding.

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

NP is committed to implementing quality principles and methods throughout every aspect of its organization and with all its stakeholders. NP defines its stakeholders as consumers, consumer families, the County of Maui's Office of Aging, other kūpuna programs, and NP staff members. Quality is embedded in all activities and is not treated as an isolated subject. The goal is to implement the most effective interventions through continuous monitoring and learning.

NP's Quality Assurance Plan (QAP) and Continuous Improvement Process (CIP) are designed to meet all requirements of quarterly and/or annual contract monitoring. The QAP is designed to ensure compliance with all administrative and fiscal aspects of the contract. NP provides documentation of all QAP activities and consumer records for audits scheduled by the County of Maui and other oversight agencies.

NP's Quality Management Program addresses, at a minimum, consumer complaints, grievances, appeals, and consumer satisfaction as described below and in the QAP.

NP's Quality Assurance Plan and Process

NP developed a QAP process. This plan was developed to meet the following:

- Maui County on Aging requirements.
- Health Resources and Services Administration (HRSA) Quality Assurance requirements.
- NP's internal requirements.

The QAP evaluates the delivery of services, adherence to the company mission, staff implementation, utilization of services, and numerous other areas to ensure the provision of quality care.

The QAP identifies the processes of NP's operation, which are subject to continuous improvement activities as:

- Assessment services.
- Record keeping.
- Feedback mechanisms.
- Administrative functions.

Within each of these process areas, various domains have been identified. Objectives for each domain have been delineated and standards of quality established for each domain encompassing effectiveness, efficiency, productivity, and satisfaction. The plan identifies indicators of achievement of these standards and delineates measures of the indicator, which include:

- The timeline to which the domain is evaluated.
- The scope of the evaluation (a full or partial representation of the area to be measured).

- The instrument to be used in measuring compliance with the standard.
- The standard to meet by each domain.

The Quality Assurance Specialist is responsible for these activities with various staff and oversees the execution of QA activities. The activities may be described as monitoring of key indicators of quality designed in the Quality Assurance Plan. Regular reports of these monitoring activities are reviewed quarterly. The review identifies areas for improvement, which results in corrective action in those areas. Corrective action continues to be monitored through the ongoing process of Continuous Improvement Activities.

NP tracks all Continuous Improvement Activities on a chart that is reviewed at each month by the Quality Assurance specialist. Each activity results in a report that is presented to the Executive Director and program staff at least quarterly. Below is a sample of NP's tracking of this activity:

Continuous Improvement Activities

<u>Process/Component</u>	<u>Activity</u>	<u>Reports Due</u>	<u>Persons Responsible</u>
<i>Providers</i>	<i>Credentialing Review</i>	<i>Quarterly</i>	<i>Casie Cardoso</i>
<i>Chart Completion</i>	<i>Chart Review</i>	<i>Quarterly</i>	<i>Darlene Pacheco-Rapp</i>
<i>Documentation Quality</i>	<i>Documentation Review</i>	<i>Quarterly</i>	<i>Darlene Pacheco-Rapp</i>
<i>Service Utilization</i>	<i>Electronic Health Record Review</i>	<i>Monthly</i>	<i>Melinda Nugent</i>
<i>Utilization Appropriateness</i>	<i>Chart Review</i>	<i>Monthly</i>	<i>Darlene Pacheco-Rapp</i>
<i>Service Delivery Timelines</i>	<i>Electronic Health Record Review</i>	<i>Monthly</i>	<i>Melinda Nugent</i>
<i>Stakeholder Satisfaction</i>	<i>Satisfaction Surveys</i>	<i>Annually</i>	<i>Darlene Pacheco-Rapp</i>
<i>Productivity</i>	<i>Assessment logs</i>	<i>Monthly</i>	<i>Melinda Nugent</i>

NP's Quality Assurance Plan from which Continuous Improvement Activities are derived is reviewed on an annual basis by the NP management team.

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.

<p>GOAL: To improve the social and economic well-being of Native Hawaiian communities on the islands of Moloka'i and Lana'i by helping kūpuna stay in their own homes as they age, through a culturally sensitive, community-integrated approach.</p>		
Significance	Outcomes	Indicators
<p>OBJECTIVE 1: By the end of 12 months, there will be a 50% increase in completing the Activities of Daily Living (ADL) assessment and service plans through the KAPA Project.</p>		
Primary	Early identification of kūpuna who are at risk of failing the individual level of ADL functioning which results in failing to live independently	Less kupuna fail ADL functional assessments
Secondary	Kūpuna who are stroke recovery patients may be able to return to living independently in their own homes	Increased number of kūpuna return home with support after outpatient recovery/ stroke rehabilitation
<p>OBJECTIVE 2: By the end of 12 months, safety and accessibility of the home environment will be improved for 50% of the kūpuna involved in the KAPA project.</p> <p>By the end of 12 months, 50% of the kūpuna enrolled in the KAPA project will have an improved home environment with regards to safety and accessibility.</p>		
Primary	Kūpuna report that barriers to successfully complete ADL have been reduced	Barriers to ADL are decreased
Secondary	Kūpuna report fewer falls and accidents	Falls and accidents are decreased
Secondary	Kūpuna report fewer hospital admission and re-admissions	Hospital admission and re-admissions
<p>OBJECTIVE 3: By the end of 12 months, knowledge of kūpuna health and wellness will be increased by an average of 50% for kūpuna, caregivers, family members, interns, and health care professionals who attend training and workshops as part of the KAPA Project</p>		
Primary	Local health professionals, interns, caregivers/family, community members, and kūpuna who have participated in KAPA Project workshops and training report	Increased knowledge regarding kūpuna health and wellness

	increased understanding of kūpuna health and wellness	
Secondary	Community members report increased awareness of how they're existing or new efforts could positively impact the health and wellness of kūpuna	Awareness of positive impacts on the health and wellness of kūpuna
Secondary	KAPA interns report increased interest in health and wellness careers	Increased interest in health and wellness careers

Outputs	Year 1
Number of kūpuna who receive health and home assessments, Moloka'i	12
Number of kūpuna who receive health and home assessments, Lana'i	12
Number of follow-up health visits with program staff, Moloka'i	12
Number of follow-up health visits with program staff	12
Number of follow-up visits for home & yard safety and accessibility repairs, Moloka'i	12
Number of follow-up visits for home & yard safety and accessibility repairs, Lana'i	12
Number of aging health and wellness workshops targeted to kūpuna and family caregivers, Moloka'i	2
Number of aging health and wellness workshops targeted to health professionals, Moloka'i	2
Number of aging health and wellness workshops targeted to kūpuna and family caregivers, Lana'i	2
Number of aging health and wellness workshops targeted to health professionals, Lana'i	2

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 2021.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
\$100,000.00	\$100,000.00	\$100,000.00	\$100,000.00	\$400,000.00

3. The applicant shall provide a listing of all other sources of funding that they are seeking for fiscal year 2021.
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.
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 2021 for program funding.
6. The applicant shall provide the balance of its unrestricted current assets as of December 31, 2019.

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.

Maui County on Aging – Debra Mapel

Maui County on Aging and NP will continue to collaborate to serve community members in need. Ms. Mapel provides the initial assessment and refers kupuna and/or care-givers to NP.

Johns Hopkins – Dr. Sarah Szanton

Dr. Sarah Szanton and the staff of Johns Hopkins created the original program model. NP continues monthly calls with other organizations and healthcare professionals across the nation and the Hopkins network of trained entities.

Thrive for Life, LLC – Catia Garrell

Catia Carrell is local Accessibility Specialist, she has provided NP contacts for hard to find contractors and continues to share her expertise and collaborate with NP.

Necessary Skills

NP was established as a 501(c)(3) non-profit entity in 1985 in response to the health disparities of Native Hawaiians. Native Hawaiian health is one of the poorest in the nation with disproportionately high rates of cardiovascular disease, diabetes, hypertension, cancer, and pulmonary conditions. NP's experience with older adults that may also have cognitive impairments, co-existing physical or medical conditions or disabilities, is also extensive. NP currently provides adult day care services on Moloka'i and has been providing such services for more than 8 years through contracts with insurers and agreements with community partners.

NP has the administrative, supervisory, and multi-professional staff structure to provide effective and efficient delivery of Adult Day Care, Adult Day Care Respite, and Home Care Agency services. NP's current staff has demonstrated effectiveness and competency in the provision of services to the target population. The management structure includes Executive Director, Kamahanahokulani Farrar, Jerry Clemente, Chief Financial Officer, and Darin Kawazoe, Chief Operating Officer.

NP's organizational structure is equipped with features that ensure the successful delivery of services to the target population. These features include:

A credentialed, highly trained diverse staff with experience in providing adult day care and adult day care respite services

Ongoing training and supervision for staff

A strong quality assurance program

Accountability ensured by a certified electronic health record (EHR) system with data collection and tracking capability that can produce any type of report regarding NP's services, service outcomes, and consumer demographics.

National Health Service Corp site authorized by the federal government to participate in a federal loan repayment program for all eligible providers.

Culturally competent Certified Nursing Assistant (CNA) and Nursing Assistant (NA) staff with more than three (3) decades of experience in Hawaii.

A Board of Directors and a kūpuna council consisting of community members, elders, and traditional healers that provide critical input and feedback regarding NP's services.

Experience

Federal funding drove NP into 21st-century healthcare provision through the Native Hawaiian Health Care Improvement Act of 1988. Native Hawaiian health is the neediest in the nation with disproportionate rates of cardiovascular disease, diabetes, hypertension, cancer, and pulmonary conditions. In Hawaii, Native Hawaiians also have the highest rate of incarceration and substance use as compared to other ethnic populations. In order to address these issues, \$2.2 million of NP operational budget comes from federal sources, which play a critical role in fostering service delivery.

Federal funding has allowed NP to expand service capacity on Moloka'i and Lana'i, advocate on behalf of residents, and implement programs to address the complexities of Native Hawaiian health.

In 1992, the Native Hawaiian Health Care Improvement Act was reauthorized by Congress for an additional ten (10) years and has since been attached to the American Indian Health Act with its own funding stream for NP. Hence, NP's experience with providing home and community-based services to persons sixty years or older is also extensive. NP currently provides Adult Day Care services on Moloka'i and has been providing such services for more than 8 years, since 2010, through its federal grant, contracts with insurers, and agreements with community partners.

NP has developed expertise, skills, abilities, knowledge, and experience in the provision of kūpuna Care programs on the islands of Moloka'i and Lana'i for over 9 years. NP's experience and capabilities are evidenced in our existing contracts for Native Hawaiian disease prevention, health education, health promotion, Adult Day Care and Adult Day Care Respite, school-based childhood obesity prevention and treatment, diabetes prevention and treatment, breast cancer promotion and support services, and specialty clinics.

NP has received funding from multiple sources, such as government entities, private donors, fee-for-service, and private foundations to address health disparities amongst Native Hawaiians over the past 30 years of service. NP's proven work is currently being demonstrated through U.S. Health Resources and Services Administration, which aims to improve the provision of comprehensive disease prevention, health education, and health promotion services to over 4,000 Native Hawaiians on Moloka'i and Lana'i (Contract No. 2H1CCS00015). NP has also received funding from the Maui County's Office on Aging (MCOA) grant (Contract No. C6469), the Office of Hawaiian Affairs (Project Pu'olo), Hawaii Medical Service Association (HMSA) Foundation (Ohana Diabetes Management Project), Safeway Foundation through Papa Ola Lokahi, ULU Network Grant, Women's Fund of Hawaii, and Asian Pacific Partners for Empowerment, Advocacy, and Leadership.

It is critical to note that NP submitted a Home Care Agency licensing application in September 2018. The licensing request covers in-home respite, personal care services, and homemaker services. The application is approval by the Hawaii State Department of Health, Office of Health Care Assurance. NP implemented Adult Home Care services on Moloka'i in 2019.

Additionally, NP has implemented a demonstration project, the Kūpuna Aging in Place with Assistance (KAPA) Project, to improve the social and economic well-being of Native Hawaiian communities on Moloka'i and Lana'i by helping kūpuna stay in their own homes as they age. Specifically, NP is implementing an expanded version of the Johns Hopkins' CAPABLE program. NP incorporates culturally appropriate health and wellness options, provides community education on kūpuna care and aging and offers a variety of internships to increase our islands' pool of skilled workers interested in and dedicated to providing kūpuna care. NP has Medicaid contracts with AlohaCare, Ohana Health Plan, HMSA Quest, and United Health Care.

Verifiable contracts and grants for NP's Adult Day Care services include:

NP Adult Day Care Program since 2010
Licensed by the State Department of Health
Dave Ayling
Community Ties of America, Oahu
(808) 295-8376 d.ayling@comties.com

Contract with MCOA Kūpuna Care Program since 2009
Contact: Vicki Belluomini
(808) 270-7233 vicki.belluomini@co.maui.hi.us

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.

NP's office on Moloka'i is located at Kulana Oihi Center, 604 Maunaloa Highway, Kaunakakai 96748. The NP office on Lana'i is at 832 Kiele Street, Lana'i City 96763. The facility on Moloka'i hosts Adult Day Care, administrative services, and behavioral health. The facility on Lana'i supports specialty care clinics, behavioral health, elder care, traditional healing, and maternal health. NP ensures that ADA issues are addressed appropriately and that services are provided for consumers in the community accessible locations. The facility meets ADA requirements with supportive devices for client needs (wheelchair accessible restrooms and showers with grab bars).

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.

NP Staff–Key Personnel

J. Kamailani Boyd, PhD, Board Certified Holistic Nurse Practitioner Project Director. Project Duties: plays an important role in planning, executing, monitoring, controlling, and closing the project. She will be accountable for the entire project scope, team, resources, and evaluation efforts.

Elizabeth Tomoso, Licensed Occupational Therapist (Lead). Project Duties: advocates for the client's independence and function by promoting client's own strategies to maintain and improve different areas of their life, which is amplified by OT clinical help.

Heather Ruth-Durham, RN. Project Duties: creates plan of care with the client centered on both functional goals and activities of interest identified by the client. Heather Ruth Durham helps to determine and shape the intervention based on the client's preference, mood, medications, fall risk, and strength.

Shannon Au, Home Repair Technician, NP. Project Duties: Home Repair Technician on the KAPA Project Assessment and Service Team responsible to review the recommendations of the project team for all repairs and develop a timeline for each participant's home.

Jerry Clemente, BS. Chief Fiscal Officer, NP. Project Duties: Fiscal Management Lead; includes tracking, contracting, payroll, accounts receivable. BS in Business Administration and Accounting, University of the Philippines; over 20 years of experience in accounting and fiscal management with health care institutions, including the last 14 years at NP.

Kamahanahokulani Farrar, MHRM - master's in human resource management. Executive Director, NP. Master's in human resource management from the University of Hawai'i, Mānoa. Over 25 years of experience in health services and management for underserved, minority populations, including 15 years as an executive administrator; experience includes four years as a Management Analyst at the U.S. Department of Health and Human Services.

NP Staff – Other Personnel

Kahananui Vierra, LSW, CSAC. Licensed Social Worker, Certified Substance Abuse Counselor, Community Health Specialist, Behavioral Health Specialist, Ho'oponopono Practitioner, NP. Project Duties: Provides professional services to kūpuna as part of the KAPA Project Services.

Naomi Bicoid, Billing/Fiscal Assistant, NP. Project Duties: Project billing/fiscal assistant.

Dr. Landon Opunui, ND (Doctor of Naturopathy). Project Duties: Provides services to kūpuna as part of the KAPA Project Services Team

Miki Wong, Registered Dietician. Project Duties: Provides professional services to kūpuna as part of the KAPA Project Services Team

*Dr. Gary Pitt, DPM (Doctor of Podiatric Medicine). Project Duties: Provides professional services to kūpuna as part of the KAPA Project Services Team
Management Background*

NP's executive management team, Kamahanahokulani Farrar, Executive Director (ED), and Darin Kawazoe, Chief Operating Officer (COO) along with Jerry Clemente, Chief Financial Officer (CFO), bring with them extensive experience in the delivery of kūpuna services. Together, they provide oversight of NP's programs on Moloka'i and Lana'i.

Kamahanahokulani Farrar, ED, is responsible for the overall leadership of NP and has extensive experience in health information technology where she served as a management analyst for the U.S. Department of Health and Human Services for four years. Ms. Farrar also oversaw the Community Engagement Section at the University of Hawaii, John A. Burns School of Medicine for a \$16 million dollar Multi-Disciplinary and Transitional Research Infrastructure Expansion grant. She was the former board chair for the Waianae Comprehensive Health Center, Director of Human Resources at Hale Kip, Inc., and Health Service Coordinator at Papa O Lokahi.

Darin Kawazoe is the Chief Operating Officer for NP. Previously, Mr. Kawazoe was the Hawaii's Statewide Inmate Reentry Coordinator and had provided care to adolescents and adults as a provider under CARE Hawaii, Inc. Mr. Kawazoe was the former Chief Development Officer for CARE Hawaii Inc. where he had broad experience in overseeing inpatient, residential, and outpatient treatment facilities for mental health consumers. He also directed and managed CARE's intensive and outpatient clinics for offenders under federal and state supervision. Finally, Mr. Kawazoe was the former substance abuse services officer for the Hawaii Department of Public Safety where he administered all custodial addiction services for inmates, Director of grants and development for the Adult Friends for Youth, and Director of Hawaii's first drug court.

Jerry Clemente is the CFO for NP where he has served in this capacity for the last 10 years. Mr. Clemente provides oversight of NP's Finance Department, which includes but is not limited to coordinating all external audits, maintaining all grant contracts, and developing program budgets. Mr. Clemente was also the Controller, Accountant, and Accounting Assistant for the Moloka'i General Hospital for a total of seven years

Administrative Infrastructure

NP maintains a highly effective and efficient administration. The team is highly skilled in the use of technology and has met the following challenges: completion of annual fiscal audits; technical support to staff; development; implementation and provision of orientation, training, and supervision to staff; creation and maintenance of credentialing and personnel procedures; attainment of credentialing materials, and credentialing of staff; and fiscally sound practice including accurate and timely payment of staff and accurate billing to contracting agencies. Administrative staff are highly self-motivated and have set high goals for excellence in their work. Esprit de corps is high, with workers individually and as a team taking pride in their accomplishments of the organization.

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.

See Attachment VI-2 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.

See Attachment VI-3 Compensation

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.

NP does not have any pending litigation or any outstanding judgments.

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.

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 2020-21 the activity funded by the grant if the grant of this application is:

- (a) Received by the applicant for fiscal year 2020-21, but
- (b) Not received by the applicant thereafter.

NP has strong, long-standing relationships with social service and health agencies on both islands, as well as local schools and other community groups. We are also part of Papa o Lokahi, the Hawaiian Health Care Systems, and work regularly with the University of Hawaii and Chaminade University. We are sure that this innovative program will be well received by our community. We plan to share our success and lessons learned with the wider Hawaiian Health community. We anticipate working with local and state entities to secure funding and partnerships to permanently establish this program. The program may be smaller or larger than it is now, depending on available funds and the workload of participating social service and health agencies.

BUDGET REQUEST BY SOURCE OF FUNDS - OPERATING REQUEST

Period: July 1, 2020 to June 30, 2021

Applicant: Na Pu'uwai

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	138,541	1,532,795		
2. Payroll Taxes & Assessments	17,082	185,894		
3. Fringe Benefits	4,156	220,409		
TOTAL PERSONNEL COST	159,779	1,939,098		
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island	14,538	45,600		
2. Insurance		35,200		
3. Lease/Rental of Equipment				
4. Lease/Rental of Space		50,637	25,200	
5. Staff Training		12,000		
6. Supplies	60,000	44,783		
7. Telecommunication				
8. Utilities		65,764	16,800	
9. Advertising		5,000		
10. Auto		15,600		
11. Consultant/Contractual Services	3,000	75,852		
12. Dues & Subscriptions		3,600		
13. Legal & Accounting Fees		19,500		
14. Postage & Freight		2,300		
15. Telephone	1,200	26,330		
16. Workshops	4,000			
17				
18				
19				
20				
TOTAL OTHER CURRENT EXPENSES	82,738	402,166	42,000	
C. EQUIPMENT PURCHASES		6,350		
D. MOTOR VEHICLE PURCHASES				
E. CAPITAL				
TOTAL (A+B+C+D+E)	242,517	2,347,614	42,000	
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested	242,517	Jerry J Clemente 808-560-3656		
(b) Total Federal Funds Requested	2,347,614	Name (Please type or print) Phone		
(c) Total County Funds Requested	42,000	<i>Kamahanohokulani Farrar</i> 1-16-20		
(d) Total Private/Other Funds Requested		Signature of Authorized Official Date		
TOTAL BUDGET	2,632,131	Kamahanohokulani Farrar, Executive Director Name and Title (Please type or print)		

BUDGET JUSTIFICATION - PERSONNEL SALARIES AND WAGES

Period: July 1, 2020 to June 30, 2021

Applicant: Na Pu'uwai

POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
Holistic Nurse Practitioner	0.5	\$52,000.00	100.00%	\$ 52,000.00
Occupational Therapist	0.13	\$20,000.00	100.00%	\$ 20,000.00
Nurse Case Manager	0.4	\$29,120.00	100.00%	\$ 29,120.00
Home Repair Technician	0.5	\$32,136.00	20.00%	\$ 6,427.20
Social Worker	1	\$54,384.00	10.00%	\$ 5,438.40
Doctor of Naturopathy	0.4	\$59,987.20	10.00%	\$ 5,998.72
Registered Dietitian	0.5	\$41,600.00	10.00%	\$ 4,160.00
Executive Director	1	\$100,000.00	5.00%	\$ 5,000.00
Chief Financial Officer	1	\$84,659.00	10.00%	\$ 8,465.90
Financial Assistant	0.6	\$19,306.56	10.00%	\$ 1,930.66
				\$ -
				\$ -
				\$ -
				\$ -
TOTAL:				138,540.88
JUSTIFICATION/COMMENTS:				
These are the staff who will do the KAPA project.				

BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Period: July 1, 2020 to June 30, 2021

Applicant: Na Pu'uwai

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
NONE			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:				
JUSTIFICATION/COMMENTS:				

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

BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS

Period: July 1, 2020 to June 30, 2021

Applicant: Na Pu'uwai

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: 2018-2019	FY: 2019-2020	FY:2020-2021	FY:2020-2021	FY:2021-2022	FY:2022-2023
PLANS						
LAND ACQUISITION						
DESIGN						
CONSTRUCTION						
EQUIPMENT						
TOTAL:						
JUSTIFICATION/COMMENTS:						

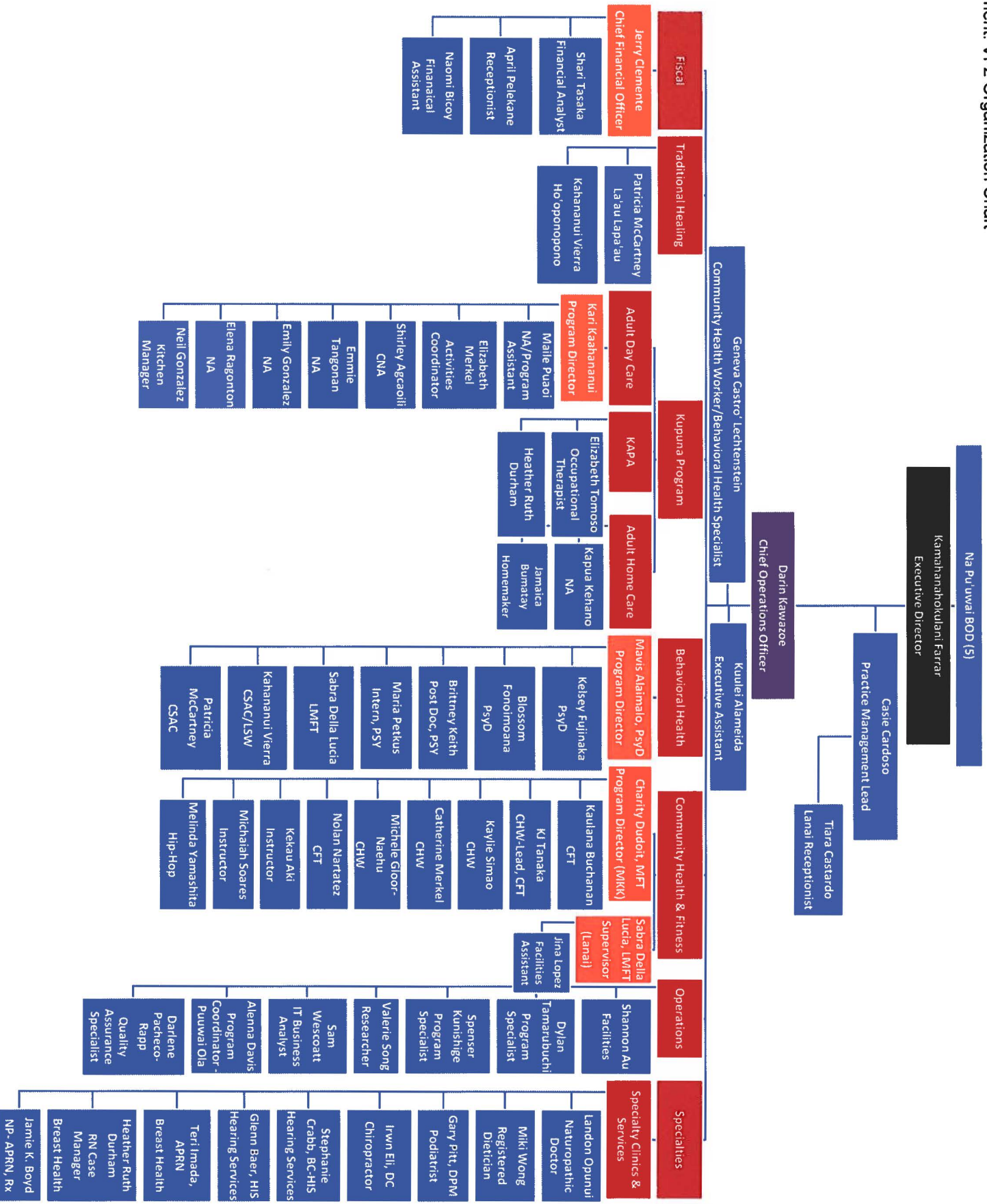
GOVERNMENT CONTRACTS, GRANTS, AND / OR GRANTS IN AID

Applicant: Na Pu'uwai

Contracts Total: 2,408,614

	CONTRACT DESCRIPTION	EFFECTIVE DATES	AGENCY	GOVERNMENT ENTITY (U.S. / State / Haw / Hon / Kau / Mau)	CONTRACT VALUE
1	Native Hawaiian Health Care Improvement Act	8/1/19 - 7/31/20	HRSA	U.S.	2,347,614
2	Adult Day Care	10/1/19 - 9/30/20	Maui County Office on Aging	Maui County	42,000
3	Substance Abuse Assessments	7/1/19 - 6/30/21	State Judiciary	State Judiciary	19,000
4					
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7					
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Attachment: VI-2 Organization Chart



Attachment VI-3 Compensation



Na Pu`uwai
Native Hawaiian Health Care System
PO Box 130 Kaunakakai, Hawaii 96748
(808) 560-3653 • Fax (808) 560-3385

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- Na Pu`uwai Fitness Center (808) 560-5848
 - Na Pu`uwai Adult Day Care (808) 560-1068
 - Na Pu`uwai - Lana`i • PO Box 630713 Lana`i City, Hawaii 96763 • (808) 565-7204 • Fax (808) 565-9319

COMPENSATION OF THREE (3) HIGHEST PAID OFFICERS, DIRECTORS OR EMPLOYEES

Position	Annual Salary
1. Director of Behavioral Health/Clinical Psychologist	\$125,000
2. Executive Director	\$100,000
3. Chief Operating Officer	\$90,000