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

Type of Grant Request:

☐ Operating ☒ Capital

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

Dba: Mālama I Ke Ola Health Center

Amount of State Funds Requested: $440,000

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

Mālama I Ke Ola Health Center proposes to use the funds requested to create two interventions to improve the health of the community served under two specific goals: 1) Strengthening equipment needs within the existing clinical care model, and 2) Remodeling existing space to create an innovative collaborative care space based on architectural flexibility These two specific interventions would support the delivery of care to populations that experience high levels of disparity in healthcare access, education & self-advocacy, housing and transportation security, and financial stability.

Amount of Other Funds Available:

State: $

Federal: $50,000

County: $

Private/Other: $

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

$4,116,687

Unrestricted Assets:

$8,112,028

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:

1881 Nani Street

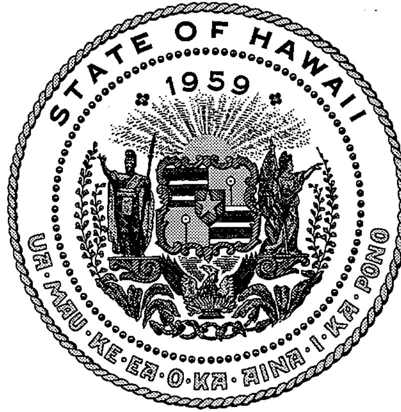
City:	State:	Zip:
Wailuku	HI	96793

Contact Person for Matters Involving this Application

Name: Cassie Savell	Title: Chief Operating Officer
Email: Csavell@ccmaui.org	Phone: 808-872-4016

ID#: [redacted]

Cassie Savell	Cassie Savell Chief Operating Officer	01/21/2022
Authorized Signature	Name and Title	Date Signed



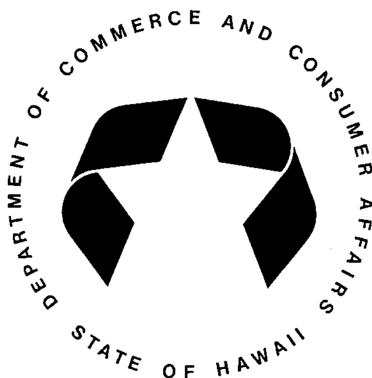
Department of Commerce and Consumer Affairs

CERTIFICATE OF GOOD STANDING

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

COMMUNITY CLINIC OF MAUI, INC.

was incorporated under the laws of Hawaii on 02/03/1993 ; 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 05, 2022

Director of Commerce and Consumer Affairs

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 Clinic of Maui, Inc. dba Mālama I Ke Ola Health Center
(Typed Name of Individual or Organization)

Cassie Savell — 01/21/2022
(Signature) — (Date)

Cassie Savell — Chief Operating Officer
(Typed Name) — (Title)

Applicant Community Clinic of Maui, Inc. dba Mālama I Ke Ola Health Center

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

Cassie Savell	Cassie Savell	01/21/2022
AUTHORIZED SIGNATURE	PRINT NAME AND TITLE	DATE

I. CERTIFICATION

1. Certificate of Good Standing

Attached

2. Declaration Statement

Attached

II. BACKGROUND AND SUMMARY

1. APPLICANT'S BACKGROUND

In 1993, concerned community members and agencies troubled by the absence of accessible, affordable and appropriate health services for the poor, uninsured and homeless on Maui established the Community Clinic of Maui, Inc. dba Mālama I Ke Ola Health Center. Volunteer physicians from the community provided primary care services in the Catholic Charities Homeless Shelter in Pu'unene for one year and then, with assistance from the Department of Health, Mālama I Ke Ola Health Center opened a new facility at the Ka Hale A Ke Ola Homeless Resource Center in Wailuku, staffed with a full-time nurse practitioner. Shortly thereafter, Mālama I Ke Ola Health Center obtained its 501(c)3 status. A second, larger clinic with expanded Primary Care and Ob/Gyn services was added in 1996 to serve the growing need in Kahului, and in 1998, a third clinic was opened at the Lahaina Civic Center (later relocated to Na Hale O Waine'e Homeless Resource Center). On September 7, 2009, the Community Clinic of Maui dba Mālama I Ke Ola Health Center opened its new 35,697 square foot facility (16,391 developed to date) in Wailuku to replace the Kahului facility. This state-of-the-art facility was constructed to provide a one-stop shop for the most vulnerable members of our community, with the goal of providing the same quality care in quality facilities as those provided to individuals who can pay for their own health care.

Mālama I Ke Ola Health Center, a community health center (CHC) funded in part by grants from the Bureau of Primary Health Care, was deemed a federally qualified health center (FQHC) in July 2000. By law FQHCs serve the working poor, uninsured, and high-risk populations. Guidelines outlined in Section 330 of the Public Health Service Act are the basis for Mālama I Ke Ola Health Center's model of care, which includes minimizing geographic, cultural, linguistic and financial barriers, while providing a comprehensive array of medical and social services that emphasize prevention, education, screening, and treatment of chronic illnesses. The mission of the Community Clinic of Maui, Inc. is to provide culturally sensitive, coordinated primary care services emphasizing education, prevention, and advocacy, regardless of one's ability to pay at

the time of visit, and our vision is that every man, woman and child on Maui has access to the highest quality, affordable health care. Mālama I Ke Ola Health Center is recognized as a level 2 Patient Centered Medical Home by the National Committee for Quality Assurance. Mālama I Ke Ola Health Center chose this model as it is designed to meet the healthcare needs patients have as a result of the disparities they face. Specifically, the model is patient-centered or "holistic" and includes the family and community; provides care continuity, coordination and integration across settings and providers; manages chronic diseases; ensures the provision of patient education; prevention and wellness services; and facilitates information management.

Over the last 25 years, Mālama I Ke Ola Health Center has implemented comprehensive primary care medical services for all life cycles, ranging from preventive care to acute and chronic disease services. Medical services include: internal medicine, pediatrics, obstetrics/gynecology, and infectious disease care. Dental care includes: preventative, emergency, restorative, some rehabilitative and oral surgery services. Integrated Health services include psychology, traditional psychotherapy, and treatment for addiction. Ancillary services encompass community referrals, assistance with enrollment in Medicaid, and nutrition education and counseling. Enabling services include: outreach, assistance with enrollment in Medicaid and State Insurance Exchange programs, translation, transportation coordination, culturally appropriate patient education/counseling, advocacy, and case management.

Our Community Engagement department includes a team of 8 community health workers (CHWs) that target patients with transportation, housing and language barriers, as well as food insecurity. The CHWs are local champions who are plugged into the needs of Maui's most vulnerable populations, and provide resource awareness, case management, health education, medical translation, transportation to and from appointments, and care coordination. The department's Street Medicine Team provides Medicaid enrollment, telehealth service connection to our primary care providers, and wound care for our unsheltered community in partnership with Maui Rescue Mission. This partnership increases access to quality mental and behavioral health services for our unsheltered community.

COVID-19 has pushed Mālama I Ke Ola Health Center to explore unconventional community partnerships as we work towards recovery and rebuild resilience in our community. A unique three-way partnership between Mālama I Ke Ola Health Center, Boys & Girls Club of Maui (BGCM), and Kanu Ka 'Ike (KKI) represent a true community response to a shared threat. Each entity has committed to stretching beyond our comfort zones and combining our diverse areas of expertise in response to the needs of our local families. BGCM provides the physical space for all 3 organizations to collaborate and host programs in a COVID-safe environment. Mālama I Ke Ola Health Center houses 2 CHWs at the BGCM to address social determinants of health, and increase access to community, state, and federal resources and programs. KKI facilitates culturally grounded wellness programs, provides a non-judgmental space for people to

connect and process the hardship resulting from COVID-19, ultimately helping to reduce the growing stress our families are facing.

By providing preventative care to underserved patient populations, FQHCs relieve pressure on hospital emergency rooms and ultimately save lives. Since the onset of the COVID-19 pandemic, Mālama I Ke Ola Health Center has stepped up in unprecedented ways to continue to provide innovative and compassionate care to our patients – ensuring patients with chronic illness can still have access to lifesaving primary care via telehealth, transitioning quickly and efficiently to become a testing and vaccination center, and continuing to assist patients who need to sign up for health insurance as well as where they can access local services.

2. GOALS AND OBJECTIVES RELATED TO THE REQUEST

Mālama I Ke Ola Health Center proposes to use the funds requested to create two interventions to improve the health of the community served under two specific goals:

GOAL 1: Strengthening equipment needs within the existing clinical care model
Obtaining needed equipment for medical, dental, and behavioral health departments to allow uninterrupted services to be provided to our patient population in-house.

GOAL 2: Remodeling existing space to create an innovative collaborative care space based on architectural flexibility for "Continuum of Care" events.
This would allow for the development of an existing space of 1,300ft that is currently undeveloped and used for storage. This collaborative care space would be used to bring together a multidisciplinary team and technology to create culturally relevant clinical care and learning experiences that take a patient through the continuum of care and education that often does not occur due to the fragmentation of the healthcare service spectrum on Maui. We aim to term these "Continuum of Care" events.

These two specific interventions would support the delivery of care to populations that experience high levels of disparity in healthcare access, education & self-advocacy, housing and transportation security, and financial stability.

3. THE PUBLIC PURPOSE AND NEED TO BE SERVED

Care coordination is identified by the Institute of Medicine as a key strategy that has the potential to improve the effectiveness, safety, and efficiency of the American health care system (Agency for Healthcare Research & Quality, 2018). Well-designed, targeted care coordination that is delivered to the right people can improve outcomes for everyone: patients, providers, and payers. Including a collaborative care space for continuum of care is important for several reasons:

- Current health care systems on Maui are often disjointed, and processes vary among and between primary care sites and specialty sites.
- Patients are often unclear about why they are being referred from primary care to a specialist, how to make appointments, and what to do after seeing a specialist.
- Specialists do not consistently receive clear reasons for the referral or adequate information on tests that have already been done. Primary care physicians do not often receive information about what happened in a referral visit.
- Referral staff deal with many different processes and lost information, which means that care is less efficient.

The main goal of care coordination is to meet patients' needs and preferences in the delivery of high-quality health care. This means that the patient's needs and preferences are known and communicated at the right time to the right people, and that this information is used to guide the delivery of safe, appropriate, and effective care. The benefits of collaborative coordinated care include:

1. Reducing transportation and cost barriers to the community by providing services within the community health center that would normally need an external referral.

By providing equipment that allows our staff to practice to the full extent of their license and scope of privileges, the health center could deliver care that patients would either opt-out of or be unable to pursue due to cost or transportation barriers at an outside referral destination. Our OB/GYN department alone meets a distinct need in our community due to the fact that we are the only practice outside of Kaiser that accepts Medicaid. In order to keep our departments current and efficient, we need to replace some equipment that has passed its usefulness date. Examples of necessary equipment would be:

- Dental:
  - Purchasing pediatric dental lasers - This would allow treatment at the health center for our underinsured and uninsured pediatric patients for developmentally impeding conditions such as tongue-tie (attached frenulum) and painful oral sores/ulcers. Our current experience is that many families cannot afford to do this at external referral sources due to prohibitive costs and/or transportation issues, thus the conditions go untreated.
  - Replace Progeny Arm X-ray units – they were purchased in Dec 2015, and their useful life was 6 years.
- OB/GYN:
  - LEEP equipment for gynecology- Loop Electrosurgical Excision Procedure (LEEP) equipment allows for diagnosis and treatment of pre-cancerous or early cancerous cervical lesions. For our patients who are uninsured or underinsured, having this equipment would make the decision to get this effective early intervention easier to make as opposed

to considering the additional costs and navigation involved in getting this done as a hospital or surgical center procedure.
    - Purchase Butterfly IQ x 3 machines to replace an additional portable machine. These are handheld ultrasounds that connect to an iPhone or iPad and would allow us to instantly transfer images to the MFM team on Oahu so we could consult them instantly anytime we see something off instead of having to wait for them to arrive the following month.
    - Replace current Ultrasound machines with Voluson E10 Ultrasound solution. The current machines were purchased in Sept 2014. Useful Life was projected to be 7 years.
- Pediatrics:
    - Bilirubin Meter for pediatrics - Jaundice in newborns can lead to seizures which is a preventable condition. Traditional bilirubin levels are measured by venous blood draws at the lab which has varying degrees of follow-up from patients. However, a bilirubin meter would allow for in-clinic readings to be taken with timely advice given to anxious parents of appropriate next steps.

2. Delivery of evidence-based and best practice of care for chronic conditions in a collaborative care space that focuses on bringing the entire continuum of curative and preventive care and patient learning in one place.

The care of people with chronic disease has been termed "the challenge of the century" and it is shown that co-locating practitioners and equipment improves access and chronic disease management (Rumball-Smith et al, 2014). Fragmentation of care occurs when a patient gets various aspects of their care at different geographic locations for common conditions, especially in the vulnerable populations the community health center serves.

For example, care for diabetes can involve the patient having to navigate the following pathway: A visit with the PCP with some point of care testing and best practices; some education done by the medical provider and/or nurse around diabetes jammed in with a host of other primary care topics; a referral to a separate appointment with the dietitian; a referral to an ophthalmologist for a diabetes eye exam; and possibly a trip to the lab for a blood draw. Our proposed collaborative care space would create a "Diabetes Continuum of Care" experience for every patient living with diabetes to go through at least once a year with stations dedicated to appropriate screening by medical assistants, care planning and medical management by their medical provider, education by nursing, individualized or group class by our dietician, interactive learning modules using technological solutions or culturally relevant food/lifestyle demonstrations, and partnerships with contracted lab phlebotomy and optometrists/ophthalmologists to do, respectively, venous blood draws and the diabetic eye screen. By aiming to create a flexible space that would allow for modular set-up, we could arrange equipment to allow clinical and non-clinical staff and partners to come together for this focused period of time to deliver the full range of culturally relevant care and education to populations that would otherwise go without.

Collaborative learning spaces provide opportunities for engaging and empowering individuals and families, and increased patient participation in their health needs. Another use for this type of space that would meet a significant community need is group treatment for substance abuse patients. During the pandemic relapse rates have increased by 90% for our patient population. Group therapy is a powerful therapeutic tool for treating substance abuse, one that is as helpful as individual therapy, and sometimes more successful (Kanas and Barr 1983). One reason is that people who abuse substances often are more likely to remain abstinent and committed to recovery when treatment is provided in groups, apparently because of rewarding and therapeutic forces such as affiliation, support, and identification.

This capacity of group therapy to bond patients to treatment is an important asset because the greater the amount, quality, and duration of treatment, the better the client's prognosis (Leshner 1997; Project MATCH Research Group 1997). An example of a successful coordinated care program at a community health center is the Kitsap Mental Health Services (KMHS) program in Washington state. In response to a community need to improve the physical health of individuals seeking mental healthcare. KMHS designed a program called "Race to Health!" to improve clients' physical health as well as their mental health and any co-occurring substance use disorders, while also reducing healthcare costs. As part of multidisciplinary teams, staff members received training on physical health conditions, substance use, chronic diseases such as diabetes, enhanced care coordination with primary care, and patient self-management programs. According to the HCIA – Behavioral Health/Substance Abuse Awards: Third Annual Report, Race to Health! was successful in conducting physical health screenings, scheduling follow-up screenings for high-risk clients, targeting resources to clients with the most need, and improving clients' health status in some measures (Rural Health Information Hub, 2011). KMHS staff reported:

- Better awareness of and focus on physical health, which improved staff's ability to:
  - Advocate for clients
  - Discuss physical health issues with clients
  - Connect clients to other medical services
- More informed decision-making on prescribing medications, thanks to data from clients' primary care providers
- Stronger ability to help clients improve their health
- Feeling supported in their work while adjusting to new responsibilities

Race to Health! also reduced:

- Emergency department visits for Medicare patients
- Hospitalizations for Medicare and Medicaid patients
- Healthcare costs for Medicare patients (total savings of $5,144,000 for Medicare patients)

3. Efficient use of healthcare workforce by creating flexible collaborative teams around a care continuum for a focused patient care need.

The pandemic has increased the strain on staffing our healthcare system with clinical staff especially medical providers and nursing, and behavioral health providers. While our system works in a team-based care method with primary medical care seeking consults during primary care visits from behavioral health, nutrition, social work, and community health workers, all consultative departments manage consults between a regular panel of scheduled patients with differing needs. It would not be practical for consultative services to open only, for example, to diabetes referrals through the week because: 1) patients with needs around diabetes are scattered around the general primary care schedule with varying predictability; 2) this would also prevent other services behavioral health and nutrition need to deliver to patients.

By gathering a multidisciplinary team in a collaborative care space for a finite (4-8hrs/week) but the cyclic frequency (once every week), this allows teams to come together to provide a culturally relevant care continuum around conditions such as diabetes management, hypertension management, heart disease, women's health, weight management for adults and children, high-risk pregnancy management, etc. These focused, finite, and predictably cyclic time periods of pulling together a multidisciplinary team would allow us to do:1) targeted scheduling of especially vulnerable patients with similar needs in this time and space 2) coordinate with external partners to be present in our space to deliver the full spectrum of care.

Another example of the benefits of this type of multidisciplinary team in a collaborative space is our Pregnancy & Parenting Partners (P3) program, which we have provided for the past five years. The P3 program is attempting to address prenatal (PN) care disparities and short interpregnancy interval spacing (IPI). Almost a third of women do not receive adequate PN care in Hawaii with higher rates in Maui County (16%). The majority of the population receiving women's care services at Mālama I Ke Ola Health Center are socially disadvantaged and children born into poverty are more likely to have inadequate prenatal care and are at higher risk of preterm and low birth-weight, infant injuries, and infant mortality. The gap between actual and desired birth outcomes is attributed to the limited availability of high-quality, comprehensive PN care as a remediable cause of this disparity.

P3 seeks to improve PN, postpartum, and infant health in underserved populations in a group-based setting. The program offers medical care, psychosocial support and education at group sessions to nulli- and multiparous mothers. P3 brings groups of 10-12 women together beginning early in pregnancy (12-18 weeks) through the infant's first two months of life. P3 offers biweekly sessions to provide consistent medical care and create regular opportunities for support. A comprehensive curriculum encouraging participation and interactive discussion, enhances knowledge and skills, and supports critical thinking. This topic is planned to be discussed in the large group, personal experiences shared by peer mentors, and individually followed-up by P3 staff to solidify family planning and contraceptive plans for participants. Over the past few years, the P3 staff and participants have been committed yet flexible in changing locations and

doing some classes virtually. This collaborative care space will provide predictability and consistency for the healthcare staff and participants who are involved.

4. Create culturally responsive and adaptive care models to heal historical trauma and achieve better care outcomes for Native Hawaiian, Micronesian, Ilocano, and other Pacific Islander populations.

Many of our most vulnerable populations experiencing disparity are Native Hawaiians, Micronesians, other Pacific Islanders, and Ilocano populations. Barriers to care that is ***socially just*** originate from root factors such as:

- Systemically unaddressed language barriers
- Care plans and advice based on a largely eurocentric medical and behavioral health model and hence not culturally responsive or adaptive.

According to Kaholokula et al. (2018), "most evidence-based interventions (EBI) are developed using Western-centric theories of behavior change and behavioral strategies tested in a sample of predominantly non-Hispanic whites." The suggestions made are to develop culturally responsive health interventions that range between cultural adaptation and culturally-grounded approaches. In cultural adaptation, a scientifically proven intervention is modified by either surface structure modifications (e.g., changing a program's name or adapting foods to local foods) or deep-structure modifications (i.e., incorporating the target group's perspectives of worldviews and values into the core elements of the intervention). Culturally-grounded approaches are used in situations where there is an urgency for intervention, established evidence is lacking, and there is an anticipated high impact of "ground up" intervention. Culturally-grounded approaches use the sociocultural context (worldviews, beliefs, and customs) of the target group to work "ground up" via community-based participatory research (CBPR) and create interventions.

Some examples of the early success of cultural adaptation and culturally-grounded approaches are, respectively, the PILI Lifestyle program and the KāHOLO project. The PILI Lifestyle program was a cultural adaptation of the Diabetes Prevention Program-Lifestyle Intervention (DPP-LI) from the CDC, using surface- and deep-structure modifications. The program was targeted at diabetes, pre-diabetes, and obesity in NHOPI with demonstrable success. The KāHOLO project was based on a culturally-grounded approach to use the traditional dance of hula to address CVD in NHOPI (Kaholokula et al., 2018). The results were statistically significant, with a reduction in systolic blood pressure compared to control (-18.3 vs. -7.6mmHg, respectively). Given the success of these culturally-responsive methods, it would be prudent in terms of efficacy, the healing of historical trauma, and the affirmation of identity of these vulnerable populations to develop more culturally-adapted or culturally-grounded interventions.

A collaborative coordinated care model is conducive to including cultural values important to Native Hawaiians and other Pacific Islanders, such as Lokahi (balance), 'Ohana (family), and Aloha (love, compassion). Lokahi is central to Native Hawaiian understanding of health. Health is holistic; one is healthy when the physical, mental and spiritual parts of a person are all in harmony. Traditionally, healing for the physical body

cannot occur without setting right any problems within the mental or spiritual realm (Stanford School of Medicine, 2014). This requires spending time with the patient in order to get to know them and ascertaining the true origins of an illness. Many Hawaiian patients still live with Ohana in multi-generational homes. Illness affects the entire family and therefore, family members need to be involved in the decision-making and treatment plans. Aloha has many meanings but the majority center around the concepts of love, caring and compassion. Our approach entails the establishment of trust so that patients feel that they are being respected and cared for, and are more likely to be willing partners in the patient-physician relationship.

In our proposal to create a collaborative care space, it is our intent to incorporate these culturally adaptive and responsive models through a partnership with traditional healers, teachers, and leaders from the communities our patients come from, into our traditional care model.

In addition, we intend to add a visible design component to the area that pays homage to and serves as a powerful reminder of cultural aspects of Native Hawaiian and Pacific Islander culture. During a recent staff cultural competency training by Dr. Nia Aitaoto Ph.D., a remark she made caught several staff by surprise, "To a Marshallese patient or another Micronesian patient, coming into this clinic may not be as simple or as comfortable as it is for you or me. They might as well be stepping onto a spaceship." Our desire is to create more inclusive spaces that are holistically healing of cultural and historical trauma. The use of art and design, either through paintings or murals from local artists with a deep understanding and respect of Hawaiian and Pacific Islander culture, can evoke healing through reconnection to culture and history, in addition to medical care plans.

5. Reduce the patient experience of the fragmented healthcare services spectrum on Maui

The health center is also part of an often incomplete and transiently resourced (due to the inward and outward migration of healthcare professionals to the island) healthcare spectrum with poorly developed formal networks for communication, transitions of care, and strategic alignment around community needs.

This creates a "referral distance" for a patient from the primary care provider (PCP), which can often be a driver of loss to follow up on a care plan. This is because a patient has to navigate all the barriers they navigated to get to their PCP, but do it anew to get their various referral destinations. Navigating the healthcare system can be challenging for any individual. Those with language and cultural barriers face more challenges when seeking healthcare services that require insurance coverage, referral, and follow-up. Many customer service agents for the healthcare system do not understand how a language barrier affects an individual's ability to schedule his/her own appointments and follow office protocols and treatment recommendations. Limited health literacy also affects how individuals will prioritize their health care. This causes health care staff to become frustrated and sometimes causes poor treatment toward the individual.

Creating a collaborative care space will allow us to bring much of these referral services under one roof. We anticipate this will reduce loss to follow up and improve population health by closing care gaps in these vulnerable populations.

6. Pursue a culturally responsive approach to diet and the role of diet in promoting health and addressing chronic medical illness.

Chronic illness disproportionately affects Native Hawaiian, Micronesian, other Pacific Islander, and Filipino populations. A key component to promoting better health is food and diet. In recognizing the importance of diet, it is important to acknowledge the separate role of the composition of the diet; and the relationship of different communities with food that is rooted in cultural, historical, and social relevance.

Unfortunately, most of the guidance and evidence base around the importance of diet for both wellness and chronic illness is based on Western diets and cultural practices. This evidence base then translates into clinical advice around diet and behavior that does not intersect relevantly with foods and food-family-social relationships that are predominant in Hawaii, with little resultant movement towards the best possible health.

A community based participatory research (CBPR) study done on residents in Waimānalo and Waianae based on a process called Building the Beloved Community rooted in 'ai pono (to eat or nourish with balance, harmony, ease, and in perfect wholeness), showed a deeper understanding of factors that are absent from current medical advice. These factors fell under four categories: 1) Family roles and responsibilities 2) Aspects of the community and physical environment that facilitate or create barriers towards healthy eating 3) Deeper spiritual meaning of food 4) Ways of operationalizing personal eating choices. The study found that "food choices were associated with past and present family relationships, experiences, and the meaningfulness brought to the participant's life," (Oneha et al., 2016). Another key realization of the Building the Beloved Community process was each generation's different food legacies. These legacies are key to address and reconcile in the multigenerational households common in Hawaii. Advice around food and diet are likely to happen at a family unit level versus an individual level and include knowledge of the cultural significance of foods. The Uli'eo Koa Program, Warrior Preparedness Program, a yearlong pilot program, was the first to test Traditional Hawaiian Diets (THD) on the impact on chronic disease, health, and physical fitness. The program's culturally relevant and responsive nature led to participants having an increased consumption of milk, vegetables, fruits, and whole grains - a dietary composition with significantly positive health benefits.

We propose to outfit the collaborative care area to offer culturally responsive education around food and diet by partnering with respected community leaders and experts around traditional foods and diet. This grant would enable us to equip the space for cooking demonstrations by these partners, facilitate family unit and community discussion around food and culture, and access to educational technology to truly bring 'ai pono one step closer to our patient community.

4. DESCRIBE THE TARGET POPULATION TO BE SERVED

As a Federally Qualified Health Center (FQHC), we serve a high need community; of the 9,669 patients seen at Mālama I Ke Ola Health Center during 2020, approximately 1,507 had Medicaid, 214 had Medicare, and 352 patients did not have insurance (UDS 2020). All people who come to our clinic without insurance are offered the opportunity to secure it with the help of our member services department. Based on federal guidelines, the entire Island of Maui is a Medically Underserved Population (MUP) and a Health Professional Shortage Area (HPSA) concerning primary care, dental and mental health services. Healthcare utilization rates among residents are poor, attributed to many factors that include the lack of health insurance, transportation, and knowledge of the importance of preventative care. The low rates of health-care utilization and preventative care are reflected in the general health status of residents. Compared to statewide standards, more residents report poor health and have difficulty managing activities of daily living because of a health-related condition.

A variety of non-medical factors, called social determinants of health, influence how patients interact with the health care system and how well they are able to manage their health. These include education level, income, employment, housing quality and stability, the strength or weakness of social relationships, access to transportation, and availability of nutritious and affordable food. Problems in any of these areas can contribute to increased chronic conditions, substance abuse disorders, and shorter life expectancy (Rural Health Information Hub, 2011).

5. DESCRIBE THE GEOGRAPHIC COVERAGE

Based on federal guidelines, the entire Island of Maui is a Medically Underserved Population (MUP) and a Health Professional Shortage Area (HPSA) concerning primary care, dental and mental health services. The Hana and Haiku areas are Medically Underserved Areas (MUA). One of the primary geographic factors impacting access to quality health care is the remoteness of Maui's main population centers from each other. These include Central, South, West Upcountry, and East Maui. The majority of health care services, including the only second level hospital, are located in Kahului and Wailuku (Central Maui). While Kahului and Wailuku, which share a border, make up the most populous area, 75% of all Maui residents live in other parts of the island (South, West, Upcountry and East Maui). South and Upcountry Maui are both approximately a 20-40 minute drive from Central Maui, and West Maui is roughly a 30-50 minute drive from Central Maui. Traveling to and from West Maui to Central Maui is particularly difficult given that the 2-lane road along the West Maui coastline which is heavily traveled and frequently congested is also closed for several hours at a time due to traffic accidents. East Maui is a 4-hour remote drive along the East Maui coastline on a 2-lane road that is often impacted by heavy rains, mudslides, and debris, making it often impassable.

Given Hawaii's unique geographic feature of being a state composed of islands, most health care resources are concentrated in Honolulu on the island of Oahu where the majority of the State's residents live. These include tertiary care, medical, mental health, and dental service providers and specialists, as well as various screening and diagnostic service providers. The lack of multiple service providers and specialists on Maui means that patients have to take a commercial flight, arrange ground transportation and in some cases even spend the night in Honolulu to access certain service providers and specialists. Commercial interisland flights now range from $170-250 round trip, and typically a one-way taxi fare to downtown Honolulu is a minimum of $30 from the Honolulu Airport. Traveling by bus in Honolulu is also difficult given challenges with coordination of bus pick-up times, route stops and traffic congestion.

III. SERVICE SUMMARY AND OUTCOMES

1. SCOPE OF WORK, TASKS, AND RESPONSIBILITIES

GOAL 1: Strengthening equipment needs within the existing care model
Obtain needed equipment for medical, dental, and behavioral health departments to allow uninterrupted services to be provided to our patient population in-house.

GOAL 2: Remodeling existing space to create an innovative collaborative care space based on architectural flexibility
With the support of the State of Hawai'i, Mālama I Ke Ola Health Center will remodel an existing space of approximately 1,300 square feet that is currently designated for storage into a space for collaborative and culturally adaptive clinical care and education. We intend to develop this area based on the principle of architectural flexibility and using modular design that will allow the same area to be set up in different configurations based on the continuum of care to be delivered.

The objective of the space will be to bring together clinical staff, culturally relevant community partners, interactive technology for learning, and equipment in a single space and time, to create a seamless experience for a patient for all aspects of care related to a particular health need (e.g. women's health) or chronic medical condition (e.g. diabetes mellitus, or heart disease). This will involve:

- Floor, wall, and ceiling work to create a space that is amenable to clinical care and community education
- Lighting
- Plumbing for clinical care, community education & demonstrations (e.g. cooking demonstrations)
- Air conditioning and ventilation as this currently not a climate-controlled space

- Modular furniture to rearrange based on the change in patient and staff flow on different care focus days.
- Interactive technology for patient and community learning
- Community demonstration kitchen equipment
- Medical beds and medical equipment

Coordination of remodeling services to facilities and purchase of equipment will be handled by the Chief Financial Officer and Chief Operations Officer.

2. PROJECTED ANNUAL TIMELINE

The timeline for planning, designing, and building the collaborative care space covers one year.....

Description of Activity	Anticipated Completion Date
Select and contract with an architectural/interior design firm	February 28, 2022
Create design plans with architectural/design firm	March/April 2022
Finalize design plans	May 2022
Submit design plans and permitting to Maui County	June 2022
Submit an RFP for a General Contractor	June 2022
Place orders for all Equipment	July 2022
Begin renovations	October 2022
Complete renovations	February 2023
Installation of equipment	March 2023

3. DESCRIBE ITS QUALITY ASSURANCE AND EVALUATION PLANS FOR THE REQUEST.

Mālama I Ke Ola Health Center determines an annual Quality Management Plan that is approved by the Board of Directors in conjunction with the leadership team and the Quality and Risk Manager. The Quality Management Plan is based on eight broad categories for organizing metrics (measures) within the context of a Patient Centered Medical Home (PCMH) care model. The categories and some examples of metrics are listed below:

1. **Access & Cycle Time:**

Access to Primary Care Provider	95% of the patients are seen by their documented PCP, including for Same Day appointments.

2. **Comprehensive, Coordinated & Integrated Care**

Diabetic Ophthalmology Referrals	100% of patients with diabetes will have a yearly ophthalmology referral

3. **Clinical Quality & Safety**

Diabetes Hemoglobin A1C Control	Reduce the percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c >9.0% during the measurement period, to below 20%.

4. **Prevention & Health Promotion**

Cervical Cancer Screening	Increase to 70 % the number of patient completing a colorectal cancer screening age 50-75. 100% of patients will have a screening ordered.

5. **Patient and Community Relationships**

Cultural competency education of health center staff in care for Pacific Islander populations	Conduct group and individual ongoing trainings to improve culturally competent care by staff for Pacific Islander populations

6. **Health Information Technology**

Medication reconciliation	100% of patients with transition of care undergo medication reconciliation.

7. **Patient Satisfaction & Loyalty**

Patient Satisfaction Survey	75 % of the patients will grade a 4 or higher for the net promoter question on the PSAT.

8. Business Process Quality

Days in Operating Reserves	Organization meets monthly target

These are measured and reported to the Board of Directors on a quarterly basis.

Clinical quality indicators are also reported as comparative trends in time, to the attendees of the Quality and Risk Management Committee meeting and the Board of Directors on a monthly basis. The clinical quality indicators reported at these forums are as follows:

- Diabetes Hemoglobin A1C Control
- Controlling High Blood Pressure
- BMI Screening and Follow up Plan
- Childhood Immunization Status
- Prenatal Care
- Cervical Cancer Screening
- Colorectal Cancer Screening
- Dental Sealant

Finally QI/QA assessments are done by clinical providers on their peers and these results are tabulated, analyzed and used to generate a narrative inclusive of improvement activities/steps (the latter in a work plan format).

Indicators that the organization monitors for operational performance include:

- Organizational establishment of clinical guidelines - The health center recognizes that clinical guidelines, best practices, and standards of care are prone to change and updates. Due to this, the health center identifies and ascribes to accepted sources of guidelines as organizational best practice.
- HIT enabled clinical decision support - clinical staff are enabled to follow standards of care using clinical decision support tools available by HIT solutions. These include the following:

1. Hosting of the health center's electronic health record by Alliance of Chicago, which contractually performs monthly updates to the following decision support options to ensure that the most recent and accepted clinical guidelines are followed.
2. Population Health Management Vendor i2i. This population health tool allows individual patient level visit summaries to quickly and accurately reflect "care gaps" in common chronic conditions that are updated according to accepted and recent clinical guidelines.

- Quarterly clinical provider Quality Assurance peer reviews based on standards of care and evidence based medicine

As an FQHC, we must meet requirements including annual reporting of performance metrics for quality and fiscal to HRSA. Every three years we must undergo an Operational Site Visit that includes an audit of administration, governance, clinical, and fiscal components.

Mālama I Ke Ola employs Sage MIP, a fund accounting system, to track revenue and expenses by multiple funds and grant fiscal years. Accounting policies and procedures that are consistent with accounting principles generally accepted in the U.S. are in place to ensure compliance with federal and state laws and regulations, contracts and grant agreements. Mālama I Ke Ola's financial policies and procedures ensure separation of duties by authorization, custody, record keeping, and reconciliation functions and provide a clear audit trail.

Per Mālama I Ke Ola's financial policies and procedures, all purchases require authorization as to the necessity of the purchase, amount and general ledger coding. Staff in the finance department review the financial policies and procedures on a regular basis and attend trainings, usually facilitated by the Hawaii Primary Care Association, when practical to do so. Additionally, the CFO conducts the final review of all check requests to confirm general ledger coding and ensure that all grant funds are expended in accordance with specific grant requirements and regulations. This includes compliance with the terms and conditions of Federal Awards and Federal Cost Principles.

4. LIST THE MEASURES OF EFFECTIVENESS THAT WILL BE REPORTED TO THE STATE AGENCY THROUGH WHICH GRANTS ARE APPROPRIATED.

Process Measures:

1. Completion of design plans to be completed by mid-late spring 2022.
2. Completion of purchases of proposed equipment by end of July 2022.
3. Completion of facilities remodeling within 9-12 months of receiving funding support.
4. Assembly of equipment and modular furniture in remodeled space by early 2023.

5. "Go live" of "Continuum of Care" services in the space by early spring 2023.
6. At least 20 "Continuum of Care" events are to be completed between Go Live and Dec 31st 2023.

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 (Attached)

   b. Personnel salaries and wages (Not Applicable)

   c. Equipment and motor vehicles (Attached)

   d. Capital project details (Attached)

   e. Government contracts, grants, and grants in aid (Attached)

2. The applicant shall provide its anticipated quarterly funding requests for the fiscal year 2023.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
127,250	190,750	92,750	29,250	440,000

3. The applicant shall provide a listing of all other sources of funding that they are seeking for fiscal year 2023. *(Just for this project) None*

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. *(Not 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 2023 for program funding. *(Attached)*

6. The applicant shall provide the balance of its unrestricted current assets as of December 31, 2021. *($3,835,097)*

IV. EXPERIENCE AND CAPABILITY

1. Necessary Skills and Experience

Mālama I Ke Ola Health Center has managed numerous construction/remodel projects during its 25 year existence. Within the past three years relevant projects include:

In 2020, through a grant from the HDS Foundation, we were able to renovate our dental department and update critical equipment to be in compliance with ADA and CDC requirements for infection control. The ADA states that COVID-19 can be transmitted via aerosol, which is a common occurrence in oral care. Dental settings have unique characteristics that warrant specific infection control considerations. Through the renovations, we are now able to provide care in a way that minimizes harm to patients from delaying care and harm to personnel and patients from potential exposure to SARS-CoV-2 infection. In order to follow ADA and CDC recommendations for proper maintenance of ventilation systems and patient placement in dental settings we had to install HEPA filters and upgrade some of our equipment. We reopened all twelve of our operatory rooms in 2021 and are working to getting back up to 70% of pre-COVID patient encounters. We worked with several vendors locally, in-state, and on the mainland to complete the project within the grant budget and proposed timeline.

Also in 2020, we hired Akinaka Construction, Inc., a local minority-owned firm to install medical sliding doors for the large clinical staff pod in our Adult Medicine department. The doors were successfully installed and effectively reduced the risk of healthcare provider exposure to SARS□CoV□2 in the largest and most heavily trafficked department in the clinic, helping meet OSHA guidelines.

We have also successfully managed and completed two capital projects with federal funds for the build-out of an in-house pharmacy and photovoltaic system.

2. Facilities

Mālama I Ke Ola Health Center operates from three sites; its main clinic in Wailuku and two satellite clinics located in homeless resource centers in Wailuku and Lahaina

<u>Main Clinic</u>

Mālama I Ke Ola Health Center operates its main clinic in a 36,000 sq. ft. newly renovated facility in Wailuku. Interior space includes the following:

First floor:

- Greeting/Reception Intake Area;

- Dedicated areas for Adult Medicine, Pediatric and Ob/Gyn Departments. With a total of 28 exam/procedure rooms in the aggregate, each dedicated area has its own exam/procedure rooms, waiting rooms (pediatrics has both a well and sick waiting room), restrooms, CLIA-waived laboratory, and medication room so staff are able to tailor the areas to meet the specific needs of these populations. Each dedicated area also has large workstations designed to house 2-4 physicians and 6-8 nursing staff so the teams can work side-by-side. The Ob/Gyn and Pediatric areas share a dedicated playroom for children. The Adult Medicine Department has two nursing/provider stations. The larger of the two stations accommodates a Behaviorist and Tobacco Treatment Specialist;

- 1,950 sq. ft. 12 operatory Dental Clinic with a reception area, waiting room, sterilization room, laboratory, staff workroom, and nitrous storage procedure room;

- Eight-office Integrated Health Department with a waiting room to house Mālama I Ke Ola Health Center's Behaviorists, Nutritionist/Registered Dietician, Behavioral Health Case Manager/Clerk, Outreach and enrollment assistance workers (responsible for assisting patients with enrollment in public insurance programs);

- Future Laboratory Service Area with a waiting room, lab tech office, phlebotomy draw room, restroom (sink housed outside of restroom to support future urine drug testing);

- Future Radiology Service Area with a waiting room, intake area changing room, x-ray unit room, and tech station;

- Education room for educational class offerings during and after hours;

- Janitorial/Housekeeping storeroom and floor sink; and

- Washer/Dryer room.

Second Floor:

- 100-person Conference/Break Room with stove, refrigerators, and sink;

- Female and male locker room with showering facilities;

- Individual offices to house administrative staff;

- Health Information Technology to house active and archived medical records and Mālama I Ke Ola Health Center's call center.

- 8-cubical Finance/Billing area;

- Rest Area for practitioners who have been on nighttime hospital call and need a place to rest for brief periods of time prior to resuming job duties;

- Storage Room;

- Wiring Closest; and

- Computer Room (Houses all servers).

Mālama I Ke Ola Health Center's main facility has met the following programmatic needs the organization had for many years:

- Patient/client privacy and confidentiality during registration, waiting, examination and treatment;

- Clustered office and treatment areas to facilitate interdisciplinary practice and collaboration, clinical teaching and access to necessary support services;

- Structural flexibility to accommodate rapidly changing technology in information systems and medical instrumentation; and

- Isolated examining rooms with sinks and well-ventilated, adequately sized waiting rooms to prevent the transmission of communicable disease.

Satellite Clinics:

Mālama I Ke Ola Health Center operates its *Wailuku* satellite clinic in a 1,200 sq. ft. facility in the Ka Hale A Ke Ola Homeless Resource Center in Wailuku. Interior space includes:

Three (3) exam rooms, one (1) pre-conferencing/triage room, one (1) laboratory/medication room, one (1) office each for practitioners and nurses, one (1) restroom, and one (1) designated private area for individual and group therapy sessions and one (1) designated area for Member Services. This site is staffed 3 days/week (due to its close proximity – 2.5 miles and a 5-minute drive or bus ride – to the main clinic site) by a Family Nurse Practitioner and support staff. This site maintains an "open schedule" to afford patients the ability to schedule appointments based on what accommodates their schedule. This site makes available same day appointment slots as well as phone and in-person triage services to ensure patients needing Medical are able to receive immediate assessment and services as they need them. The site's location within a

homeless resource facility makes it convenient for residents, and other patients prefer the smaller facility where wait times are typically shorter.

Mālama I Ke Ola Health Center operates its *Lahaina* satellite clinic in a 1,200 sq. ft. facility in the Na Hale O Wainee Homeless Resource Center in Lahaina. Interior space includes:

Four (4) exam rooms, one (1) pre-conferencing/triage room, one (1) laboratory/medication room, one (1) office each for practitioners and nurses, one (1) restroom, and one (1) designated private area for individual and group therapy sessions and one (1) designated area shared with Member Services on a rotational basis, as this site is 21 miles (and a 30- to 40-minute bus ride) from the main clinic. Patients needing a higher level of general medical care, and demonstrating need, are afforded transportation to the main clinic per Mālama I Ke Ola Health Center's transportation policy. This site is open 3 days a week by a Family Nurse Practitioner and support staff, as patient volumes are low at this time, and Pediatricians and Ob/Gyns rotate through the site on a bi-weekly basis. This site maintains an "open schedule" to afford patients the ability to schedule appointments based on what accommodates their schedule. This site makes available same day appointment slots as well as phone and in-person triage services to ensure patients needing Medical, and Integrated Health Services are able to receive immediate assessment and services as they need them. As with the Wailuku satellite, its location within a homeless resource facility makes it convenient for residents, and other patients prefer the smaller facility where wait times are typically shorter.

V. PERSONNEL: PROJECT ORGANIZATION AND STAFFING

1. Proposed Staffing, Staff Qualifications, Supervision and Training

- Chief Executive Officer has been the Mālama I Ke Ola Health Center Chief Executive Officer since April 2017. She had been Acting CEO for the previous 18 months while the former CEO was on leave of absence. Prior to that BJ served as Chief Financial Officer for 24 years, while also serving as Deputy Director for 16 years.She is Mālama I Ke Ola Health Center's representative on the Hawai'i Primary Care Association Board, where she chairs the Finance Committee, and serves on the Payment Reform Advisory and External Affairs Committees. BJ is the current Board Treasurer of AlohaCare, a health-center founded Medicaid managed care plan, and also serves on the Executive, Compliance, Finance (as Chair) and External Affairs Committees for the organization. She was appointed by the Governor to serve on the Hawai'i Health Systems Corporation Maui Regional Board from 2008 to 2015, where she chaired both the Audit and the IT Committees. She served twice on the Maui AIDS Foundation Board for a total of 12 years, eight as Board President.
- Chief Financial Officer joined the Executive Team of Mālama I Ke Ola Health Center in August 2018 and brings 19 years of extensive FQHC experience in financial management,

operations, electronic practice management systems and medical records, data collection and analysis.

- Chief Medical Officer joined Mālama I Ke Ola Health Center in April 2017. He holds board certifications from the American Board of Internal Medicine in both Internal Medicine and Infectious Disease. He completed medical school at the St. John's National Academy of Health Sciences, Bangalore, India in 2006. He then completed an Internal Medicine residency at the University of Connecticut Health Center, Farmington, CT as well as an Infectious Disease fellowship at the University of Maryland Medical Center, Baltimore, MD. His focus and passion in clinical care include HIV treatment and prevention (including PrEP), Hepatitis B and C management, LGB care, transgender affirming care, and substance use disorder treatment (including medication assisted treatment). As the CMO at Mālama I Ke Ola Health Center, he is passionate about helping the organization grow in principles of Trauma Informed Care, in an awareness about social determinants of health and their impact on health and wellness, in a multidisciplinary team-based approach, as well as person-centered approach to patient care, and finally in engagement of patients as leaders of their own care. He also promotes Joy in Practice, psychological safety, continuous learning, and growth of local leadership for the staff at the health center because he believes staff who both enjoy and are proud of their work give the best care to our patients.
- Chief Operating Officer has been with Mālama I Ke Ola Health Center since 2013, where she previously served as Assistant Chief Financial Officer, and is currently serving as the Chief Operating Officer. Prior to her career in health care, she held various positions in the supply chain/logistics industry, and has over 16 years of business administration experience to include data, accounting, financial, and economic reporting and analysis, database management, project management, planning and forecasting, process improvement, as well as budget and operational management. She also has extensive knowledge and experience working with data and statistical analysis, as well as market and economic research. She holds a Bachelor of Science degree in Finance and Investment Management as well as a Master of Business Administration from the University of Arkansas, a Master of Health Administration from Louisiana State University, and is currently pursuing a Doctorate degree in Health Sciences at A.T. Still University. She is also a member of the American College of Healthcare Executives.
- Adult Department Head is a Family Nurse Practitioner since 2016 working in Women's Health and Adult Medicine. She graduated from Olivet Nazarene University with a Master's of Science in Nursing and continued to work in the Chicagoland area until moving back to Maui in 2018. She joined Mālama I Ke Ola Health Center in June 2019. Her passion has been working in women's and reproductive health.
- OB/GYN Physician/P3 Program Clinical Lead is board certified in Obstetrics & Gynecology. She graduated from the University of Florida College of Medicine and completed her residency in Obstetrics & Gynecology at the University of Hawaiʻi. She has been serving our patients at Mālama I Ke Ola Health Center since 2014. In 2018, she realized her dream of offering group prenatal care in our clinic with the implementation of the P3 (Pregnancy and Parenting Partners) Program. Created by the University of Colorado and supported by grants from the March of Dimes and the Atherton Foundation, P3 promotes patient-centered education in groups of 8-10 women due around the same time.

2. Organization Chart

Attached

3. Compensation of three highest paid employees

$332,900 MD OB/GYN (2 employees)
$332,290 MD OB/GYN (2 employees)

VII. Other

1. Litigation

We have two open claims filed in 2021 that are currently pending Medical Inquiry and Conciliation Panel (MICP) review.

2. Licensure or Accreditation

Certified Patient-Centered Medical Home (PCMH)

Federally Qualified Health Center (FQHC)

3. Private Educational Institutions

The grant will not be used to support or benefit a sectarian or non-sectarian private educational institution.

4. Future Sustainability Plan

General funds will be used to pay for the maintenance and upkeep of the collaborative care space and all equipment purchased.

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Community Clinic of Maui Organizational Chart

COMMUNITY

BOARD OF DIRECTORS

CHIEF EXECUTIVE OFFICER
B. J. Ott 11.1a

- CHIEF HUMAN RESOURCES OFFICER — Linda Kay Whitney, SPHR-SHRM-SCP 11.1e
  - HR CLERK
- EXECUTIVE ADMINISTRATIVE ASSISTANT — Mary Teter

CHIEF MEDICAL OFFICER — John Vaz, MD 11.1b
- DENTAL DIRECTOR — Lawrence Shin, DDS
  - Pediatric Dentist
  - Adult Dentist
  - Dental Residents (NYU)
  - Lead Dental Assistant
    - Dental Assistants
    - Dental Receptionists
- MEDICAL PROVIDERS
  - Adult Medicine
  - OB/GYN
  - Pediatrics
  - Psychiatry
  - MD/DO, NP REGULAR/LOCUMS
- ADMIN. SERVICES COORDINATOR — Gina Vista
- QUALITY & RISK MANAGER — Irene Bala, 11.1l
- CLINICAL OPERATIONS DIRECTOR — Emmanuel Agcolicol, RN
  - RN TEAM MANAGER OB/GYN — Jojie Inong
    - MEDICAL ASSISTANTS
    - REGISTERED NURSES
    - RN PERINATAL CASE MGR
  - RN TEAM MANAGER Pediatrics — Asia Ueki
    - MEDICAL ASSISTANTS
    - REGISTERED NURSES
  - RN TEAM MANAGER Adult Medicine Interim — R. Craig Mims
    - LEAD MEDICAL ASSISTANTS
    - MEDICAL ASSISTANTS
    - REGISTERED NURSES & CASE MANAGER
  - *PATIENT ACCESS COORDINATORS*
  - COVID SCREENERS

CHIEF FINANCIAL OFFICER — Monique van der Aa 11.1c
- CONTROLLER — Dianna Grundhauser
  - PAYROLL & PURCHASING
  - SENIOR ACCOUNTANT
  - RECEIVING CLERK
  - ACCOUNTS PAYABLE
- REVENUE CYCLE MANAGER — Melody-Lei Iwamoto
  - REVENUE CYCLE PHARMACY COORDINATORS
- HIT MANAGER — Mary Martin
  - HIT LEAD
  - HIT REPRESENTATIVES
  - CALL CENTER REPRESENTATIVES
  - HIT SUPPORT TECHNICIAN

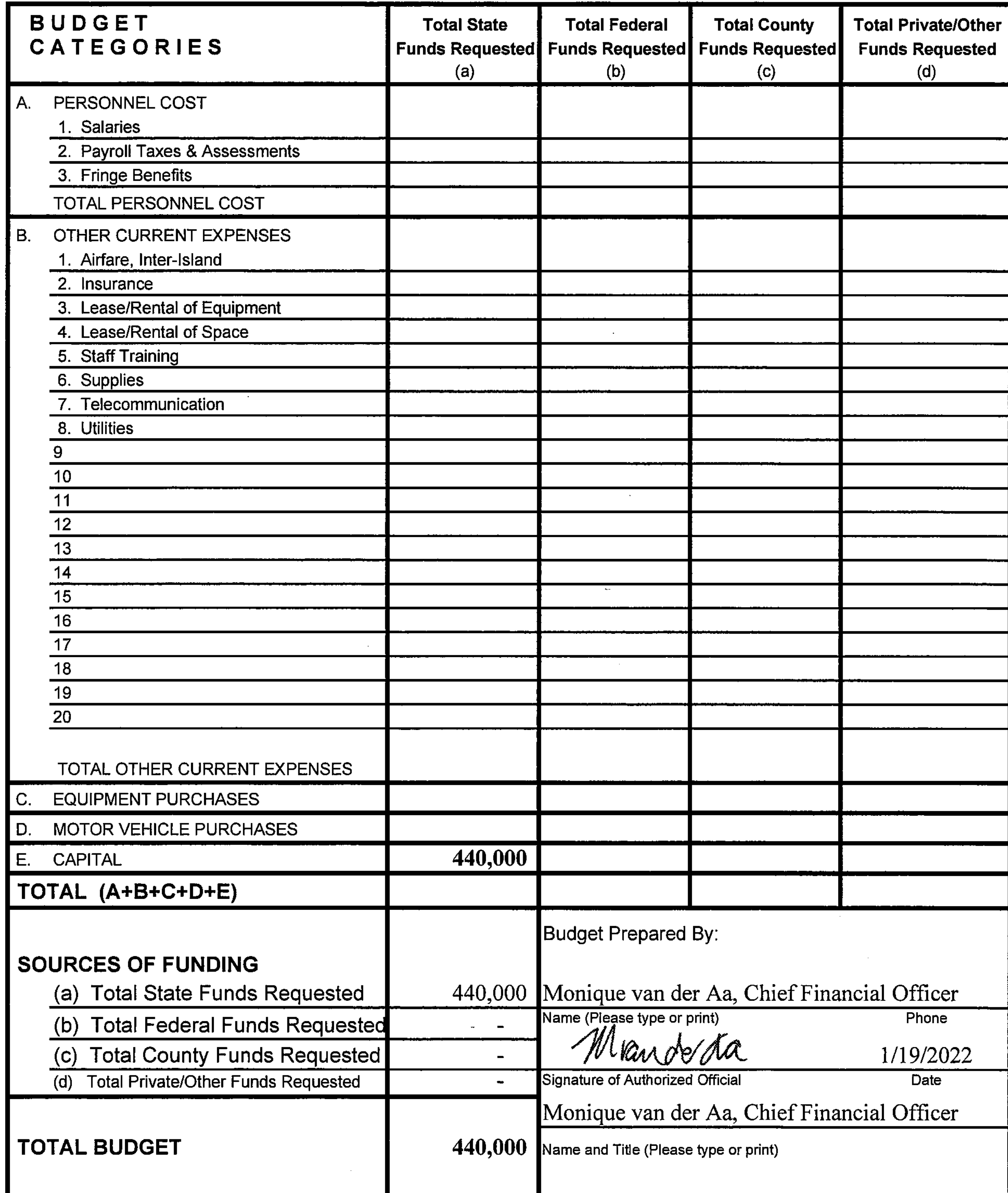
CHIEF OPERATING OFFICER — Cassie Savell 11.1d
- INTERGRATED HEALTH DIRECTOR — Daniel Nead, PhD,
  - Registered Dietician
  - Primary Care Psychologists
  - Referral Specialists
  - Behavioral Health Clerk/ Case Worker
  - LCSWs/Tobacco Cessation Specialist
  - Certified Substance Abuse Counselors
- MEMBER SERVICES DIRECTOR — Helene Cannella
  - OUTREACH ELIGIBILITY WORKERS
- GRANTS MANAGER — Meghan Cunningham
- OFFICE MANAGER — Marlene Purdy
  - RECEPTIONISTS
  - HOUSEKEEPING
  - MAINTENANCE & FACILITIES
- PROGRAM MANAGER — Risa Yarborough
  - COMMUNITY HEALTH WORKERs
- PROGRAM DIRECTOR — C. Malia Purdy

Rev. 04/27/2021

BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2022 to June 30, 2023

Applicant: Community Clinic of Maui, Inc. dba Malama I Ke Ola Health Cente



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				
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TOTAL OTHER CURRENT EXPENSES				
C. EQUIPMENT PURCHASES				
D. MOTOR VEHICLE PURCHASES				
E. CAPITAL	**440,000**			
TOTAL (A+B+C+D+E)				

SOURCES OF FUNDING		
(a) Total State Funds Requested	440,000	Budget Prepared By: Monique van der Aa, Chief Financial Officer
(b) Total Federal Funds Requested	-	Name (Please type or print) / Phone
(c) Total County Funds Requested	-	[signature] 1/19/2022
(d) Total Private/Other Funds Requested	-	Signature of Authorized Official / Date
TOTAL BUDGET	**440,000**	Monique van der Aa, Chief Financial Officer Name and Title (Please type or print)

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POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
TOTAL:				

JUSTIFICATION/COMMENTS:

Not applicable

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EQUIPMENT DESCRIPTION	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
GOAL 1: Strengthening equipment needs within the existing clinical care model				
Dräger Jaundice Meter (Bilirubin Meter)	2	5,000	10,000	10,000
Voluson E10 Ultrasound Solution	2	75,000	150,000	150,000
Corometrics 170 Series Fetal Monitor	1	6,500	6,500	6,500
Butterfly IQ+ Handheld Portable Ultrasound	5	3,000	15,000	15,000
CooperSurgical Loop Electrosurgical Excision Procedure (LEEP)	1	8,000	8,000	8,000
Picasso Lite Diode Laser unit	1	5,000	5,000	5,000
Progeny Preva DC 66" Arm X-ray units	12	5,000	60,000	60,000
GOAL 2: Remodeling existing space to create an innovative collaborative care space based on architectural flexibility				
Moveable/Modular furniture (tables/chairs/wall panels)	1	30,000	30,000	30,000
Interactive technology for patient and community learning (Samsung 80" tv)	2	1,500	3,000	3,000
Kitchen equipment for cooking demonstrations	1	5,000	5,000	5,000
Midmark Ritter 224 Power Exam Table	1	6,000	6,000	6,000
Welch Allyn Spot Vital Signs Monitor & Diagnostic Set	1	4,500	4,500	4,500
Art/Mural of Native Hawaiian and Pacific Island Culture	1	10,000	10,000	10,000
			-	-
			-	-
				313,000

JUSTIFICATION/COMMENTS:

Goal 1 - Strengthening equipment needs within the existing clinical care model:
Obtaining the above listed equipment for medical and dental would allow new services to be provided to our patient population in-house, thereby eliminating the need for our patients to travel to an outside referral provider. More often than not, our patients would opt out of getting this additional care due to cost or transportation barriers.

GOAL 2: Remodeling existing space to create an innovative collaborative care space based on architectural flexibility for “Continuum of Care” events:
The equipment items listed will enable us to provide the entire continuum of curative and preventive care and patient learning in one space.

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FUNDING AMOUNT REQUESTED

TOTAL PROJECT COST	ALL SOURCES OF FUNDS RECEIVED IN PRIOR YEARS		STATE FUNDS REQUESTED	OTHER SOURCES OF FUNDS REQUESTED	FUNDING REQUIRED IN SUCCEEDING YEARS	
	FY: 2020-2021	FY: 2021-2022	FY:2022-2023	FY:2022-2023	FY:2023-2024	FY:2024-2025
PLANS		35,000				
LAND ACQUISITION						
DESIGN		15,000				
CONSTRUCTION			127,000			
EQUIPMENT			313,000			
TOTAL:		50,000	440,000			

JUSTIFICATION/COMMENTS:

The Design and Architectural Plans have begun and are being funded by existing resources.
Construction: The development of an existing 1,300 sq. ft. space that is currently used for storage. Construction would include replacement of the flooring, final finishes to the walls, installation of a retractable wall and a suspended ceiling. Additional electrical, plumbing and mechanical work is needed to make the space habitable.
This collaborative care space would be used to bring together a multidisciplinary team and technology to create culturally relevant clinical care and learning experiences that take a patient through the continuum of care and education that often does not occur due to the fragmentation of the healthcare service spectrum on Maui. We aim to term these "Continuum of Care" events.

GOVERNMENT CONTRACTS, GRANTS, AND / OR GRANTS IN AID

Applicant: Community Clinic of Maui, Inc. dba Malama I Ke Ola Health Center

Contracts Total: 2,490,000

	CONTRACT DESCRIPTION	EFFECTIVE DATES	AGENCY	GOVERNMENT ENTITY (U.S./State/Hawaii/ Honolulu/ Kauai/ Maui County)	CONTRACT VALUE
1	To provide comprehensive primary care services including medical, dental & behavioral health to the uninsured and underinsured community of Maui.	5/1/22 - 4/30/23	Dept of Health & Human Services - Health Resources & Services	US	2,000,000
2	To provide comprehensive primary care services including medical, dental & behavioral health to the uninsured and underinsured community of Maui.	7/1/22 - 6/30/23	Dept of Health	State	430,000
3	Substance Abuse Treatment	7/1/22 - 6/30/23	Dept of Housing and Human Concerns	Maui County	60,000
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