Quarterly Data Report
Rural Healthcare Pilot Program
Pacific Broadband Telehealth Demonstration Project
HCP Number: 17242
October 29, 2010

1. Project Contact and Coordination Information

a. Identify the project leader(s) and respective business affiliations.

Project Coordinator:
Norman Okamura, Principal Investigator
Telecommunications and Information Policy Group
Social Science Research Institute, University of Hawaii

Associate Project Coordinator:
Christina Higa, Associate Director
Telecommunications and Information Policy Group
Social Science Research Institute, University of Hawaii

b. Provide a complete address for postal delivery and the telephone, fax, and e-mail address for the responsible administrative official.

Norman Okamura
2424 Maile Way, #713
Honolulu, HI 96822
Phone: (808) 956-2909
Fax: (808) 956-8019
Email: norman@tipg.net

Christina Higa
2424 Maile Way, #713
Honolulu, HI 96822
Phone: (808) 956-7224
Fax: (808) 956-8019
Email: christina@tipg.net

c. Identify the organization that is legally and financially responsible for the conduct of activities supported by the award.

Telecommunications and Information Policy Group
Social Science Research Institute, University of Hawaii

d. Explain how project is being coordinated throughout the state or region.

The Pacific Broadband Telehealth Demonstration Project is a regional project involving many public and private healthcare organizations in Hawaii and the Pacific Region territories. The project is coordinated through a Technical Committee, individual health care provider sites, and through telehealth user groups. An Advisory Committee and Clinical Applications Committee will be established at a later date.

The Technical Committee includes representatives from each major network partners including the State Department of Health (Health Information Systems Office), University of Hawaii (Information Technology Services and TIPG), and the Hawaii Health Systems Corporation (Chief Information Officer). The Technical Committee meets on a regular basis to exchange information regarding the status on the State Institutional Network interconnection; to obtain current equipment inventory, and to coordinate network planning and configuration.

The Project Team also conducts individual health care provider site meetings to share information, coordinate activities, evaluate technical options and pricing for the individual sites.

In addition to technical coordination, the Project Team is also coordinating with several key telehealth, telemedicine and health informatics stakeholders to obtain current network users needs and inform these groups on the status of the PBTDP network development and coordination. These groups include the Hawaii Telehealth Collaborative; the Hawaii Information and Management Systems Society; the Hawaii Information Exchange project; and various State of Hawaii Department of Health agencies.

A wiki site has also been setup with access for each site to contribute information and coordinate efforts.

2. Identify all health care facilities included in the network.

See list in Attachment 1.

3. Network Narrative: In the first quarterly report following the completion of the competitive bidding process and the selection of vendors, the selected participant must submit an updated technical description of the communications network that it intends to implement, which takes into account the results its network design studies and negotiations with its vendors. This technical description should provide, where applicable:

a. *Brief description of the backbone network of the dedicated health care network, e.g., MPLS network, carrier-provided VPN, a SONET ring;*

The network backbone is being designed and will consist of several types of technologies. These technologies include carrier-provided circuits (either clear-channel T1s or IP Data Services) with VPN tunnels, newly installed fiber optics for

cross-connection into the existing State backbone with wave division multiplexing, short-haul wireless links, and some other possible technologies which are being considered.

b. Explanation of how health care provider sites will connect to (or access) the network, including the access technologies/services and transmission speeds;

We are currently in the process of finalizing contracts to build out parts of the network as well as authorizing other RFP's/IFB's with USAC. The contracts will establish T-1 links running at a minimum of 1.544Mbps. Some HCP's will utilize one (1) T-1 while other sites will utilize multiple T-1's.

The RFP's/IFB's will help to determine the optimal option for connecting via fiber, point-to-point leased services, or short range wireless technologies. These technologies provide various transmission speeds and will be dependant on the needs of the individual sites.

c. Explanation of how and where the network will connect to a national backbone such as NLR or Internet2;

We are not able to identify all of the health care providers that are or will be connected to the Internet2 and therefore at this time we will not plan for network connection to Internet2. Currently there are no organizational relationships between PBTDN sites and Internet2 health care providers. This is something we hope to pursue more in the future.

d. Number of miles of fiber construction, and whether the fiber is buried or aerial;

The length of fiber construction is being analyzed along with the feasibility of both buried and aerial fiber and will be addressed after considering the options proposed as a response to the RFPs.

e. Special systems or services for network management or maintenance (if applicable) and where such systems reside or are based.

Cross-connections to sites will transit several organizational networks due to the large number of participating sites. Each major system that is participating will manage and maintain portions of the network as appropriate. Final responsibilities are to be determined.

4. List of Connected Health Care Providers: Provide information below for all eligible and non-eligible health care provider sites that, as of the close of the most recent reporting period, are connected to the network and operational.

a. Health care provider site; Molokai General Hospital

b. Eligible provider (Yes/No);Yes

c. Type of network connection (e.g., fiber, copper, wireless); Fiber.

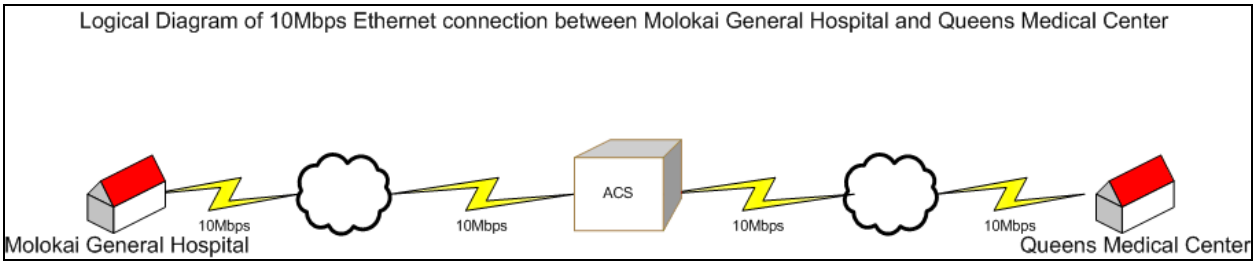
d. How connection is provided (e.g., carrier-provided service; self-constructed; leased facility); Carrier-provided service

e. Service and/or speed of connection (e.g., DS1, DS3, DSL, OC3, Metro Ethernet (10 Mbps); 10Mbps

f. Gateway to NLR, Internet2, or the Public Internet (Yes/No); No
Federal Communications Commission FCC 07-19874

g. Site Equipment (e.g., router, switch, SONET ADM, WDM), including manufacturer name and model number. NA – utilized existing equipment, no funds were used for equipment.

h. Provide a logical diagram or map of the network. See below:



5. Identify the following non-recurring and recurring costs, where applicable shown both as budgeted and actually incurred for the applicable quarter and funding year to-date.

a. Network Design: Molokai General Hospital

b. Network Equipment, including engineering and installation: Installation One Time Charge of $3,750.00

c. Infrastructure Deployment/Outside Plant: NA
i. Engineering

ii. Construction

d. Internet2, NLR, or Public Internet Connection: Public Internet Connection.

e. Leased Facilities or Tariffed Services: Monthly Recurring Charge of $1,400.00

f. Network Management, Maintenance, and Operation Costs (not captured elsewhere)

g. Other Non-Recurring and Recurring Costs

6. Describe how costs have been apportioned and the sources of the funds to pay them:

a. Explain how costs are identified, allocated among, and apportioned to both eligible and ineligible network participants.

All network participants are eligible healthcare facilities. Costs will be identified and apportioned according to the specific links, bandwidth, and applications required at each site.

b. Describe the source of funds from:
i. Eligible Pilot Program network participants

Each site has or will appropriate matching funds for their share of network communication costs. In many cases the source of funds for sites have

already been budgeted for communication costs which will be modified based on the final design of this project. In anticipation of the Pilot Program many sites have included funding in their operating budget to accommodate implementation and/or maintenance of telecommunication capacity provided under the Pilot Program.

In addition, and in particular to the State agencies, initial discussions and planning has taken place for securing project matching funds and potentially leveraging the PBTDP project with the American Reinvestment and Recovery Act funds for broadband initiatives.

ii. Ineligible Pilot Program network participants

There are no ineligible participants in our project.

c. Show contributions from all other sources (e.g., local, state, and federal sources, and other grants).

i. Identify source of financial support and anticipated revenues that is paying for costs not covered by the fund and by Pilot Program participants.

The University of Hawaii, together with key project partners, sought and received two funding proposals to purchase high definition bridging equipment and video codecs. These are ineligible cost items under the Pilot program. The grants were received from:

(1) Rural Utilities Service (RUS), U.S. Department of Agriculture

ii. Identify the respective amounts and remaining time for such assistance.

RUS Grant:

a. To purchase 17- HD Video Codecs and MCU
b. Total Project Amount - $590,447 (15% Local Match)
c. Grant Period – October 1, 2008 to September 30, 2011

d. Explain how the selected participant's minimum 15 percent contribution is helping to achieve both the selected participant's identified goals and objectives and the overarching goals of the Pilot Program.

The participants' contribution will aid in establishing the network infrastructure to achieve the identified goals of the Pilot Project.

7. Identify any technical or non-technical requirements or procedures necessary for ineligible entities to connect to the participant's network.

NA – There are no ineligible participants in our project.

8. Provide on update on the project management plan, detailing:

a. The project's current leadership and management structure and any changes to the management structure since the last data report; and

There are no changes to report.

b. In the first quarterly report, the selected applicant should provide a detailed project plan and schedule. The schedule must provide a list of key project deliverables or tasks, and their anticipated completion dates. Among the deliverables, participants must indicate the dates when each health care provider site is expected to be connected to the network and operational. Subsequent quarterly reports should identify which project deliverables, scheduled for the previous quarter, were met, and which were not met. In the event a project deliverable is not achieved, or the work and deliverables deviate from the work plan, the selected participant must provide an explanation.

Attachment 2 includes a general project plan. There have been updates to the timeline in regards to the posting of the RFP and other processes that follow. The Project Team will be working with the RHCPP Coach to review and confirm the accuracy of the RFP timeline.

9. Provide detail on whether network is or will become self sustaining. Selected participants should provide an explanation of how network is self sustaining.

Network sustainability will be achieved in several ways. First, the PBTDP will build on the existing State Telehealth Access Network that has a well established partnering fee structure for administration, network support and operations. This is maintained through partnering agreements between the STAN HCP sites and the UH TIPG. The UH TIPG serves as the Network Operations Center (NOC) with seven-day a week operations and technical support. The UH TIPG NOC also manages the network and video teleconference scheduling, emergency and end-user support. It is anticipated that the PBTDP will follow a similar sustainability structure however the Project Team will work with the Advisory Committee to design the most appropriate and fair cost recovery mechanism for the PBTDP network members.

The sustainability plan also incorporates the anticipated internal HCP cost saving from the implementation of this project. For example, under this project some sites will connect to the State of Hawaii's Institutional Network that in turn will eliminate monthly recurring telecommunication network costs. Some of the funds that are made available through this cost saving may be reallocated to cover the partnering fees, network maintenance and upgrade. Other cost savings involve the participation in the regular Rural Health Care Program. Many sites are eligible for this program but are not currently participating. An analysis is currently being conducted for each HCP site to determine the potential cost savings through network reconfiguration and RHCP participation. Initial analysis indicate that we will be able to support an increased capacity at a lower cost to the participating HCP sites and enable the continued operation of the network. Further cost savings may be achieved with network expansion; the cost of the Network Operations Center support may be distributed among more HCPs possibly lowering the partnering fee for individual HCPs.

Finally the increased network capacity, higher number of participants, and availability of sites allow for the introduction of additional telemedicine services which will contribute to the revenue of participants further enabling the continuation of network services.

10. Provide detail on how the supported network has advanced telemedicine benefits:

Critical support of applications that include patient clinical records, medical imagery transfers and storage for cardiology, radiology and neurology; patient records and financial records for psychiatric and human service counseling; the continuing medical, nursing, and health education and training, including Grand Rounds; and web based information resources for patients and the community.

a. Explain how the supported network has achieved the goals and objectives outlined in selected participant's Pilot Program application;

b. Explain how the supported network has brought the benefits of innovative telehealth and, in particular, telemedicine services to those areas of the country where the need for those benefits is most acute;

c. Explain how the supported network has allowed patients access to critically needed medical specialists in a variety of practices without leaving their homes or communities;

d. Explain how the supported network has allowed health care providers access to government research institutions, and/or academic, public, and private health care institutions that are repositories of medical expertise and information;

e. Explain how the supported network has allowed health care professional to monitor critically ill patients at multiple locations around the clock, provide access to advanced applications in continuing education and research, and/or enhanced the health care community's ability to provide a rapid and coordinated response in the event of a national crisis.

11. Provide detail on how the supported network has complied with HHS health IT initiatives:

See Point 10 above.

a. Explain how the supported network has used health IT systems and products that meet interoperability standards recognized by the HHS Secretary;

b. Explain how the supported network has used health IT products certified by the Certification Commission for Healthcare Information Technology;

c. Explain how the supported network has supported the Nationwide Health Information Network (NHIN) architecture by coordinating activities with organizations performing NHIN trial implementations;

d. Explain how the supported network has used resources available at HHS's Agency for Healthcare Research and Quality (AHRQ) National Resource Center for Health Information Technology;

e. Explain how the selected participant has educated themselves concerning the Pandemic and All Hazards Preparedness Act and coordinated with the HHS Assistant Secretary for Public Response as a resource for telehealth inventory and for the implementation of other preparedness and response initiatives; and

f. Explain how the supported network has used resources available through HHS's Centers for Disease Control and Prevention (CDC) Public Health Information Network (PHIN) to facilitate interoperability with public health and emergency organizations.

12. Explain how the selected participants coordinated in the use of their health care networks with the Department of Health and Human Services (HHS) and, in particular, with its Centers for Disease Control and Prevention (CDC) in instances of national, regional, or local public health emergencies (e.g., pandemics, bioterrorism). In such instances, where feasible, explain how selected participants provided access to their supported networks to HHS, including CDC, and other public health officials.

To Be Determined.

Task ID	Task Name	FY 2010- 2011											
		1st Quarter (July 10 - Sept. 10)			2nd Quarter (Oct. 10 - Dec. 10)			3rd Quarter (Jan. 11 - Mar 11)			4th Quarter (April 11 - June 11)		
	Administrative Objectives												
1.0	Services Request - Submit to USAC for Review and Approval												
	Form 465												
	465 Attachment												
	RFP - Telecom Circuts, Equipment, Fiber												
	RFP - Design/Engineering/Management												
	Info on Assistance												
1.1	RFP Process												
	Issue RFP(s)												
	Bids Due												
	Bids Review by Committee												
	Award Recommendation to USAC for Approval												
	Contract Issued												
1.2	Services Funding Request and Certification												
	Form 466-A - 1 Form Per Vendor												
	Form 466-A Attachment												
	Post Competitive Bidding Document to SharePoint												
	Post Contract Documentation to SharePoint												
	Network Cost Worksheet												
	File Certification with FCC												
	466-A Package Review by PR (14-days)												
1.3	Receive Funding Commitment Letter(s)												
1.4	Sustainability Plan												
	Submit to USAC for Review and Approval												
1.5	Finalize Project Budget												
	Network Design												
	Equipment Cost												
	Telecommunication Circut Cost												
	15% Match by HCPs												
1.6	Quarterly Reports												
	Records - Keep for 5-Years after funding												
	Coordination												
2.0	Letters of Agency (LOA)												
	Obtain LOA from Remaining Sites												
2.1	Technical Committee Meetings												
2.2	Advisory Committee Meetings (and Stakeholders)												
2.3	Clinical Application Committee Meetings												
2.4	HCP Site Meetings												
	Site-by-Site Meetings												
	Total Site Briefing - Program Update												
	Network Design												
3.0	**Sites**												
	HCP Site-by-Site Assessment												
	- Technical Inventory												
	- Mapping Technical Options												
3.1	**Network Connections**												
	Institutional Network (I-Net) Site Planning												
	Telecom Circuits from Service Providers												
	Local Loop												
	- Microduct Fiber												
	- Overhead Fiber												
	- Wireless												
3.2	**Equipment**												
	Network Equipment												
	Video Codecs (not RHCPP funded)												
	Implementation												
4.0	Sites												
	Coordination with Sites												
4.1	Equipment												
	Purchase												
	Network Equipment												
	Video Codecs (not RHCPP funded)												
	Video MCU (not RHCPP funded)												

Task ID	Task Name	FY 2010- 2011											
		1st Quarter (July 10 - Sept. 10)			2nd Quarter (Oct. 10 - Dec. 10)			3rd Quarter (Jan. 11 - Mar 11)			4th Quarter (April 11 - June 11)		
	Administrative Objectives												
	Test and Configure												
	Install at each HCP												
4.2	Newtork Connections												
	Order Circuts												
	I-Net Coordinate with ICSD, DAGS, DOH, UH												
4.3	Local Loop Connections												
	Facilities Approval												
	Permits (short haul fiber)												
	Network Application Development												
5.0	Establish Clinical Applications Committee												
5.1	Telehealth Application Development												
5.2	HIT systems and Interoperability Standards (HHS)												
5.3	HIT products certified by CCHIT												
5.4	Coordinating NHIN activities and trial implementations												
5.5	AHRQ National Resource Center for HIT projects												
5.6	Pandemic and All Hazards Preparedness Act Coordination												
5.7	CDC and PHIN initiatives for public health and emergency orgs.												
	Network Sustainability, Management and Operations												
6.0	Operational Procedures												
	Adapt and Modify State Telehealth Access Network Protocols												
	Scheduling												
6.1	Training												
	User												
	Coordinator												
	Operator												
6.2	Troubleshooting and Maintenance												
6.3	Finalize Partnering and Usage Fees												

LOA	Organization	Location name
LOA 01 - LBJ.pdf	AS Medical Center	LBJ Tropical Medical Center
LOA 02 - Bay Clinic Inc.pdf	Bay Clinics Inc	Hilo Family Health Center
LOA 02 - Bay Clinic Inc.pdf	Bay Clinics Inc	Kau Family Health Center
LOA 02 - Bay Clinic Inc.pdf	Bay Clinics Inc	Keeau Family Health Center
LOA 02 - Bay Clinic Inc.pdf	Bay Clinics Inc	Pahoa Family Health Center
LOA 03 - CNMI Department of Health.pdf	CNMI DPH	Commonwealth Health Center
LOA 03 - CNMI Department of Health.pdf	CNMI DPH	Community Guidance Center
LOA 03 - CNMI Department of Health.pdf	CNMI DPH	Transitional Rehabilitation Center
LOA 03 - CNMI Department of Health.pdf	CNMI DPH	HIV Clinic
LOA 03 - CNMI Department of Health.pdf	CNMI DPH	Children's Development Assistance Center
LOA 03 - CNMI Department of Health.pdf	CNMI DPH	Adolescent Clinic
LOA 03 - CNMI Department of Health.pdf	CNMI DPH	Souther Community Clinic
LOA 03 - CNMI Department of Health.pdf	CNMI DPH	Rota Health Center
LOA 03 - CNMI Department of Health.pdf	CNMI DPH	Tinian Health Center
LOA 04 - Department of Health v2.pdf	DOH	Ala Moana Health Center
LOA 04 - Department of Health v2.pdf	DOH	Diamond Head Health Center
LOA 04 - Department of Health v2.pdf	DOH	Hana Maui
LOA 04 - Department of Health v2.pdf	DOH	Hanapepe Health Center
LOA 04 - Department of Health v2.pdf	DOH	Hansens
LOA 04 - Department of Health v2.pdf	DOH	Hawaii County Community Mental Health Center
LOA 04 - Department of Health v2.pdf	DOH	Hawaii State Hospital
LOA 04 - Department of Health v2.pdf	DOH	Hi County Community Mental Health Center
LOA 04 - Department of Health v2.pdf	DOH	Honokaa Health Center
LOA 04 - Department of Health v2.pdf	DOH	Honokaa Mental Health Center
LOA 04 - Department of Health v2.pdf	DOH	Kalihi-Palama Family Guidance Center
LOA 04 - Department of Health v2.pdf	DOH	Kapaa Health Center
LOA 04 - Department of Health v2.pdf	DOH	Kau Community Mental Health Center
LOA 04 - Department of Health v2.pdf	DOH	Kauai Community Mental Health Center
LOA 04 - Department of Health v2.pdf	DOH	Kealakekua Health Office
LOA 04 - Department of Health v2.pdf	DOH	Kohala Health Center
LOA 04 - Department of Health v2.pdf	DOH	Kona Community Mental Health Center (Keakealani)
LOA 04 - Department of Health v2.pdf	DOH	Kona Health Center
LOA 04 - Department of Health v2.pdf	DOH	Lanai Hospital
LOA 04 - Department of Health v2.pdf	DOH	Lanakila Health Center
LOA 04 - Department of Health v2.pdf	DOH	Leeward Health Center
LOA 04 - Department of Health v2.pdf	DOH	Molokai Health Center

LOA	Organization	Location name
LOA 04 - Department of Health v2.pdf	DOH	Naalehu Health Center
LOA 04 - Department of Health v2.pdf	DOH	Puna Community Mental Health Center
LOA 04 - Department of Health v2.pdf	DOH	STD/AIDS
LOA 04 - Department of Health v2.pdf	DOH	STD/AIDS
LOA 04 - Department of Health v2.pdf	DOH	Wahiawa Community Mental Health Center
LOA 04 - Department of Health v2.pdf	DOH	Wailuku Health Center
LOA 04 - Department of Health v2.pdf	DOH	Windward Health Center
LOA 05 - Guam Clinics v2.pdf	GDPH	Department of Public Health and Social Services Central Public Health
LOA 05 - Guam Clinics v2.pdf	GDPH	Northern Region Community Health Center
LOA 05 - Guam Clinics v2.pdf	GDPH	Southern Region Community Health Center
LOA 06 - GMHA.pdf	GMHA	Guam Memorial Hospital Authority
LOA 06 - GMHA.pdf	GMHA	GMHA Skilled Nursing Unit
LOA 07 - HHSC.pdf	HHSC	Hale Hoola Hamakua
LOA 07 - HHSC.pdf	HHSC	Hilo Medical Center
LOA 07 - HHSC.pdf	HHSC	Kahuku Hospital
LOA 07 - HHSC.pdf	HHSC	Kau Hospital
LOA 07 - HHSC.pdf	HHSC	West Kauai Medical Center (formerly Kauai Veterans Memorial Hospital)
LOA 07 - HHSC.pdf	HHSC	Kohala Hospital
LOA 07 - HHSC.pdf	HHSC	Kona Community Hospital
LOA 07 - HHSC.pdf	HHSC	Kula Hospital
LOA 07 - HHSC.pdf	HHSC	Lanai Community Hospital
LOA 07 - HHSC.pdf	HHSC	Leahi Hospital
LOA 07 - HHSC.pdf	HHSC	Maluhia Hospital
LOA 07 - HHSC.pdf	HHSC	Maui Memorial Medical Center
LOA 07 - HHSC.pdf	HHSC	Samuel Mahelona Memorial Hospital
LOA 08 - HHSC West Kauai.pdf	HHSC	West Kauai Clinic - Kalaheo
LOA 08 - HHSC West Kauai.pdf	HHSC	West Kauai Clinic - Port Allen
LOA 08 - HHSC West Kauai.pdf	HHSC	West Kauai Clinic - Waimea
LOA 08 - HHSC West Kauai.pdf	HHSC	West Kauai Clinic - Waimea
LOA 09 - Ho'ola Lahui Hawaii.pdf	Hoola Lahui Hawaii	Ho`ola Lahui Hawai`i--Kapaa
LOA 09 - Ho'ola Lahui Hawaii.pdf	Hoola Lahui Hawaii	Ho'ola Lahuui Hawai`i - Waimea
LOA 10 - HPH.pdf	HPH	Hawaii Pacific Health
LOA 11 - Hui Malama Ola Na `Oiwi v4.pdf	Hui Malama Ola Na Oiwi	Hui Malama Ola Na Oiwi: Hilo
LOA 11 - Hui Malama Ola Na `Oiwi v4.pdf	Hui Malama Ola Na Oiwi	Hui Malama Ola Na Oiwi: Kona

LOA	Organization	Location name
LOA 11 - Hui Malama Ola Na `Oiwi v4.pdf	Hui Malama Ola Na Oiwi	Hui Malama Ola Na Oiwi: Naalehu
LOA 11 - Hui Malama Ola Na `Oiwi v4.pdf	Hui Malama Ola Na Oiwi	Hui Malama Ola Na Oiwi: Pahoa
LOA 11 - Hui Malama Ola Na `Oiwi v4.pdf	Hui Malama Ola Na Oiwi	Hui Malama Ola Na Oiwi: Primary Care Clinic
LOA 11 - Hui Malama Ola Na `Oiwi v4.pdf	Hui Malama Ola Na Oiwi	Hui Malama Ola Na Oiwi: Waimea
LOA 12 - JABSOM v3.pdf	JABSOM Family Practice	Department of Medicine/Native Hawaiian Health/Family Medicine & Community Health, Gold Bond Building
LOA 12 - JABSOM v3.pdf	JABSOM Family Practice	University Tower, Queens Medical Center
LOA 12 - JABSOM v3.pdf	JABSOM Family Practice	Physicans Center at Mililani
LOA 12 - JABSOM v3.pdf	JABSOM Family Practice	UH Family Medicine Center at Hilo
LOA 13 - Koolauloa CHC v3.pdf	Koolauloa	Koolauloa Health and Wellness Center - Hauula Clinic
LOA 13 - Koolauloa CHC v3.pdf	Koolauloa	Koolauloa Health and Wellness Center - Kahuku Clinic
LOA 14 - NHCH.pdf	NHCH	North Hawaii Community Hospital
LOA 15 - DPS.pdf	PSD	Halawa Community Correctional Center
LOA 15 - DPS.pdf	PSD	Hale Nani
LOA 15 - DPS.pdf	PSD	Hawaii Community Correctional Center
LOA 15 - DPS.pdf	PSD	Kauai Community Correctional Center
LOA 15 - DPS.pdf	PSD	Maui Community Correctional Center
LOA 15 - DPS.pdf	PSD	Oahu Community Correctional Center
LOA 15 - DPS.pdf	PSD	Waiawa Community Correctional Center
LOA 15 - DPS.pdf	PSD	Womens Community Correctional Center
LOA 16 - Molokai General Hospital.pdf	Queen's Medical Center	Molokai General Hospital
LOA 17 - University of Guam.pdf	UOG	University of Guam
LOA 18 - VA PIHCS.pdf	VA PIHS	American Samoa Community Based Outpatient Clinic
LOA 18 - VA PIHCS.pdf	VA PIHS	Guam Community Based Outpatient Clinic
LOA 18 - VA PIHCS.pdf	VA PIHS	VA Pacific Island Health Care System
LOA 19 - AS DOH	American Samoa DOH	Amouli Health Clinic
LOA 19 - AS DOH	American Samoa DOH	Fagaalu C2 Clinic
LOA 19 - AS DOH	American Samoa DOH	Leone Health Clinic
LOA 19 - AS DOH	American Samoa DOH	Ofu Health Clinic
LOA 19 - AS DOH	American Samoa DOH	Tafuna Family Health Center
LOA 19 - AS DOH	American Samoa DOH	Ta'u Health Clinic