



## Women's Giving Circle

### Grant Application

#### I. Contact Information

Name of organization:	Malachi House Inc.
Name, title of individual who can answer questions about this application.	Judy Ghazoul Hilow, Executive Director
Mailing address:	2810 Clinton Avenue Cleveland, Ohio 44113
Phone number:	216.621.8831
Email address:	jhilow@malachihouse.org
Organization website and social media:	www.malachihouse.org

## II. Organization Information

<b>Tax ID Number:</b> <i>Attach an IRS status determination letter and most current IRS Form 990</i>	34-1598707
<b>History of organization:</b> <i>Please include the following: how many years you have been a non-profit, if you are partnering with other organizations, provide information about them.</i>	<p>Malachi House was established in 1987 and opened its doors in 1988. Our sole existence is to provide medically equipped residential housing and 24-hour medical support services to those who struggle to obtain and afford the end-of-life medical care they need. These services are unduplicated anywhere in our region or state and are also unique nationally.</p> <p>With over three decades of service to the community, Malachi House is a well-established and respected 501(c)(3), enjoying tremendous community, volunteer, and board support. With 15 private, medically equipped residential rooms, our existence ensures terminally ill residents can maintain dignity as they battle their illness and prepare for death. Our services provide a safe, warm, welcoming, and – most importantly – stable roof over residents’ heads; access to appropriate and compassionate medical, hospice, and end-of-life care; and the comfort and assurance that they do not have to die afraid and alone. Hospice care is provided by hospice partners who work cohesively with Malachi House staff. Malachi House staff provides 24-hour medical support services and comfort care 7 days a week, 365 days a year.</p> <p>Malachi House serves as a home and bridge to support for the dying poor. By offering these individuals a secure and supportive living environment, we can guarantee access to needed hospice and medical care at the end of life and provide assurance that those who are poor and dying can die in peace. We are not a hospice facility or a nursing home. Rather, we have 14 hospice partners who provide regular, routine, and emergency medical and hospice care (24hrs a day/7 day a week/365 days a year). Our hospice partners are Hospice of Cleveland Clinic, Hospice of the Western Reserve, Crossroads, All Caring Hospice, InCareOhio Hospice, Traditions Care Hospice, Great Lakes Caring, Heartland Hospice, Compassionate Care Hospice, Tridia Hospice, Gentiva Hospice, Holy Family Hospice, Caretenders Hospice, and VNA of Ohio Hospice. The care provided by these hospice partners is supplemented by Malachi House with wraparound support. We provide not only a clean, safe, and supportive living environment to ensure regular medical access, but also provide for residents’ additional basic human needs, while also offering complementary therapies (music, art, and pet) and compassionate medical support from trained staff. In this way, Malachi House and hospice partners – together – serve residents’ physical, spiritual, emotional, and psychological needs. Through this innovative housing model, the dying poor gain stability and receive the</p>

	hospice and end-of-life care often inaccessible to them.
<b>Mission of the organization:</b>	<p>Malachi House was established in 1987 thanks to the pioneering vision of Fr. Paul Hritz of St. Malachi Church and parishioner Catherine “Kaki” O’Neill. As a faith leader in Cleveland’s impoverished Ohio City neighborhood, Fr. Hritz often witnessed ill homeless persons dying with no place to go or person to care for them. Unwilling to accept this reality and believing that no person should die this way, our founders set out to provide a home where those who are poor, often homeless, and terminally ill could live their final days. His aim was to offer them not only stable housing, but access to medical care, supportive services, and benevolent caregivers who would care for them like family until death. Since opening our doors more than 3 decades ago, we have cared for over 2,770 poor and dying residents.</p> <p>Our Mission: Malachi House, created out of a Christian sense of ministry, serves persons who are terminally ill, at no cost or regard to gender, race, religion, or national origin. Our home ministers to individuals who need an available caregiver, who have limited or no financial resources and who are in need of special home care in the final stages of life. A trained staff and volunteers provide spiritual, emotional, and physical support with the assistance of a hospice team.</p>
<b>Leadership of organization:</b> <i>Please attach composition of organization’s staff and Board of Directors, including names and titles</i>	See attached for organization chart and board list.
<b>Sources of organizational funding:</b>	<p>Below outlines current awarded and pending Foundation funding sources.</p> <p><b><u>Awarded:</u></b>  MGM Resorts Community Grant - \$10,000  Lozick Family Fdn. - \$35,000  Community West Foundation - \$50,000</p> <p><b><u>Pending:</u></b>  S.K. Wellman Foundation - \$12,745</p>

	Haslam 3 Foundation - \$25,000 Reinberger Foundation - \$25,000 Helen F. & Louis Stolier Family Foundation - \$6,372 Sullivan Foundation - \$12,500 Higley Fund - \$25,000 Thatcher Family Foundation - \$25,000 Giant Eagle Foundation - \$5,000 Michael & Helen Talty Trust - \$12,500 Callahan Foundation \$18,500 Cleveland Clinic Foundation - \$8,091
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### III. Project/Program Description

<p><b>Project Overview –</b> <i>Describe the specific purpose of the project and how funds will be spent.</i></p>	<p>Malachi House's one invaluable goal is to ensure the dying poor receive the housing, care, and support needed at the end-of-life to increase quality of life and reduce pain and anxiety through the final stage of illness. Our support helps reduce healthcare inequities for this vulnerable and woefully underserved population. According to Health Care for the Homeless Clinicians Network, standard clinical guidelines do not consider the unique challenges presented by homelessness that may limit access to needed services or the ability to adhere to a medical plan of care. The environment that most homeless (or near homeless) people live, is not conducive to terminal care, and many palliative/hospice facilities or hospital units are often reluctant to accept such patients due to their often-complicated issues - many of those in these situations experience mental health and/or substance abuse problems.</p> <p>This lack of appropriate healthcare access at the end of life erodes quality of life. Research shows that patients who receive palliative/hospice care alongside standard medical treatment are able to cope better and report a better quality of life. (National Cancer Institute) Benefits are so pronounced that the World Health Organization and the Institute of Medicine have identified the development of a robust palliative care delivery system as a key public health issue.</p> <p>Malachi House ensures these benefits are available to those in Cleveland living in poverty. By removing barriers to medical care through the provision of supportive residential housing, we eliminate healthcare disparities this medically fragile population experiences.</p>
<p><b>Project Details –</b> <i>What do you hope to achieve? Why is the project needed? Who will participate in your project? What specific activities will you do to achieve your goals?</i></p>	<p>Funding from The Women's Giving Circle would come at a critical time as we have had to increase the Malachi House budget for fiscal year 2024/2025 by \$212,700. This necessary budget increase is due to a combination of cost increases we are facing in this post-pandemic era. Much like the rest of the healthcare industry, Malachi House experienced difficulty retaining staff at our previous hourly wages. We have increased the hourly wages of the current clinical staff and newly hired incoming clinical staff by \$100,000 to stay competitive with the healthcare industry to retain and hire these essential workers to serve our mission. It costs Malachi House approximately \$97,000 to operate each one of our residential rooms during the fiscal year. The bulk of this cost, 77%, is staffing related. It costs Malachi House approximately \$97,000 to operate each one of our residential rooms during the fiscal year. The bulk of this cost, 77%, is staffing related. With this in mind, we are asking for the Women's Giving Circle to support Malachi House by sponsoring one of our resident rooms during the current fiscal year (July 1, 2024 to June 30, 2025) at a cost of \$8,091.94.</p>

<p><b>Organizational Capacity –</b>  <i>Who will staff your project?  What are the qualifications of your staff? What experience does your organization have that will support the project's success? How does the project help your organization meet its mission?</i></p>	<p>The support provided to residents by Malachi House is offered by compassionate, trained staff overseen by our Clinical Director, Michael Simon, who is a certified hospice nurse. Hospice care for residents is provided by the following 14 partners: Hospice of Cleveland Clinic, Hospice of the Western Reserve, Crossroads, All Caring Hospice, InCareOhio Hospice, Traditions Care Hospice, Great Lakes Caring, Heartland Hospice, Compassionate Care Hospice, Tridia Hospice, Gentiva Hospice, Holy Family Hospice, Caretenders Hospice, and VNA of Ohio Hospice.</p>
<p><b>Project Evaluation –</b> <i>What are your specific measurable outcomes for this project? What criteria will you use to measure your success?</i></p>	<p>Because of residents' terminal diagnosis, many residents are medicated, weak, and experiencing cognitive impairment due to the dying process. Their decreased level of consciousness impairs communication and conducting psychological evaluation to determine improvement in anxiety and depression symptoms associated with a terminal diagnosis is not often effective. This makes the use of metric-driven evaluation difficult.</p> <p>Malachi House's clinical team does subjectively evaluate each resident for optimal symptom management of pain, respiratory distress, anxiety, and other symptoms of the terminal disease state. Our observations are documented and reported to the hospice teams for interventions when needed. Outcomes are also shared with our internal Quality, Safety, Performance, and Improvement Committee regularly. Additional Metrics such as RSL, resident demographics, etc. are maintained by our Clinical Director who secures all medical records in compliance with HIPAA regulations.</p> <p>Though we cannot evaluate the impact of our work through resident feedback, we do regularly hear from families who talk of how impactful Malachi House was during the final days of their loved one's life, and how it was also reassuring and comforting to them to know that the one they loved was cared for so preciously. Further, because of the unique nature of our services, we consistently have a waiting list for our care. Therefore, we work to operate efficiently to ensure we are meeting the housing needs of as many people as possible each year. Our current metric driven goals to serve this population are as follows:</p> <ol style="list-style-type: none"> <li>1.) Provide appropriate housing and access to compassionate hospice and end-of-life care to terminally ill patients without means with the goal of serving between 75-100 residents during the FY24/25 operating year.</li> <li>2.) Ensure residents receive appropriate nutrition through regular meals by providing at least 3 meals per day to our poor and dying residents during the FY24/25 operating year. This alleviates food insecurity for those we serve and improves wellbeing.</li> <li>3.) Maintain a high daily average resident census by quickly cleaning and preparing unoccupied rooms so they may be turned over to a new resident within 24 hours of becoming available. The ultimate goal is to</li> </ol>

	maintain an average daily resident census of 12.5, which is considered full occupancy based on hospital standards (85% occupancy).
<b>Project Sustainability –</b> <i>What are your plans for continuing this project after your grant cycle ends?</i>	<p>Since Malachi House’s inception we have cared for more than 2,700 individuals. These individuals would have died without access to needed care if not for our existence. And because our care is considered charity care, none of the support we provide would be possible without philanthropic partners.</p> <p>Knowing that we would not be able to bill for our services, our founders felt that the establishment of an endowment was fundamental to our existence and long-term sustainability. Given this, over the last 3 decades, our board and executive staff has always considered the growth of our endowment an agency priority. It ensures the fidelity of our work in economically challenging times like we are experience now. Over the last 6 years, thanks to the experience and oversight of our leadership and Board of Directors, Malachi House has been able to increase our endowment to over \$21 million. Our endowment is not restricted, and it is board policy to allocate between 2-5% of the 3-year rolling average of endowment assets for agency operation annually when needed. This endowment is imperative to our financial health.</p>
<b>Partnerships –</b> <i>Do you plan to partner with another organization(s)? If yes, please describe the partnership arrangement(s).</i>	See above list of financial supporters.

Attached:

- Letter of Determination as a 501(c)(3) tax exempt status under the Internal Revenue Code.
- Proposed program budget including revenue and expenses.
- List of current Board of Directors or equivalent governing body members.

#### IV. Project/Program Funding

<b>Requested Funding:</b>	\$8,091.94
<b>Brief Narrative of Project Budget</b> <i>indicate how WGC funds will be used.</i>  <i>Attach project budget. Include all committed and anticipated funding for the project and the project's expenses, itemized by category e.g. salaries with F.T.E.</i>	<p>As described within our proposal, Malachi House experienced staffing shortages during fiscal year 23/24 which hindered the number of residents we were able to serve. In order to hire and retain quality caregivers, Malachi House increased employee wages to become competitive with similar positions in the area and hired a new Clinical Director. These changes resulted in a 23% increase in overall employee wages and a 16% increase in total direct care cost. Malachi House staff are at the heart of the Malachi House mission and we would not be able to provide the level of care each residents deserves without them.</p> <p>Funding from The Women's Giving Circle will help underwrite staff costs. To support our residents, Malachi House operates 24-hours a day, 7 days a week, 365 days a year. Due to this level of operation, our direct care staffing costs amount to 77% of our operating costs including fringe benefits – approximately \$1,611,841. Therefore, of the \$97,000 we estimate it takes to operate just one room in our home for a full fiscal year, the vast majority of that is staffing. With this in mind, your support will ensure that the residents in our home receive the 24/7 hour care they need to maintain any type of quality of life as they deal with their terminal diagnosis.</p>