

House District \_\_\_\_\_

Senate District \_\_\_\_\_

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

Log No: \_\_\_\_\_

For Legislature's Use Only

Type of Grant Request:

GRANT REQUEST – OPERATING

GRANT REQUEST – CAPITAL

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

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

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

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

1. APPLICANT INFORMATION:

Legal Name of Requesting Organization or Individual: University Clinical, Education, and Research Associates (UCERA)/Department of Psychiatry

Dbas:

Street Address: 1356 Lusitana Street, 4<sup>th</sup> Floor, Honolulu, HI 96913

Mailing Address: \_\_\_\_\_

2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:

Name AMANDA SCHROEPFER, MD

Title Project Director

Phone # (808) 586-2900

Fax # (808) 586-2940

E-mail schroepfera@dop.hawaii.edu

3. TYPE OF BUSINESS ENTITY:

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

6. DESCRIPTIVE TITLE OF APPLICANT'S REQUEST:

PRIMARY CARE INITIATIVE – OUTPATIENT CLINIC TRAINING COLLABORATIVE

4. FEDERAL TAX ID #: \_\_\_\_\_

5. STATE TAX ID #: \_\_\_\_\_

7. AMOUNT OF STATE FUNDS REQUESTED:

FISCAL YEAR 2016: \$ 53,096

8. STATUS OF SERVICE DESCRIBED IN THIS REQUEST:

- NEW SERVICE (PRESENTLY DOES NOT EXIST)
- EXISTING SERVICE (PRESENTLY IN OPERATION)  
(EXISTING SERVICE, APPLYING TO A NEW SITE WHICH DOES NOT CURRENTLY HAVE SERVICES)

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

STATE \$0.00  
 FEDERAL \$0.00  
 COUNTY \$0.00  
 PRIVATE/OTHER \$0.00

TYPE NAME & TITLE OF AUTHORIZED REPRESENTATIVE:

\_\_\_\_\_

AUTHORIZED SIGNATURE

ANTHONY GUERRERO, MD, CHAIR

NAME & TITLE

1/30/15

DATE SIGNED



RECEIVED  
1-30-15

✓

## Application for Grants

*If any item is not applicable to the request, the applicant should enter "not applicable".*

### I. Background and Summary

This section shall clearly and concisely summarize and highlight the contents of the request in such a way as to provide the State Legislature with a broad understanding of the request. Please include the following:

1. A brief description of the applicant's background;

The Primary Care Initiative (PCI) aims to increase access to mental and behavioral health care for children and adolescents by establishing partnerships and collaborations between mental health care specialists (such as child psychiatrists) and primary care providers (such as pediatricians and family practice physicians). PCI is a project of the Department of Psychiatry and is supported, in part, by UCERA (University Clinical, Education and Research Associates). UCERA is the faculty practice organization which supports the clinical, academic, and program evaluation activities of faculty of the University of Hawai'i. UCERA aims to build and sustain infrastructure, support scholarly development, and provide health services to the general public with special attention to underserved populations. UCERA will allow the project to leverage high quality infrastructure, staffing, fiscal resources, facilities, and expertise.

This particular PCI project, the Primary Care Initiative – Outpatient Clinic Training Collaborative, builds on our previous work. PCI's track record exemplifies our capacity to successfully implement the proposed project and achieve the stated outcomes. We have implemented phone and in-person consultation clinics on Maui and Waimānalo, established universal screening and referral protocols, and conducted provider education and trainings. Additionally, we have enhanced collaborations and partnerships to promote sustainability among state agencies (Children and Adolescent Mental Health Division, University of Hawai'i at Mānoa John A. Burns School of Medicine Department of Psychiatry, Hawai'i State Department of Education), community health centers (Waimānalo Health Center, Mālama I Ke Ola Health Center on Maui, Hawai'i Primary Care Association and its statewide members), and community organizations and youth groups (Hawai'i Families As Allies, Mental Health America of Hawai'i, Braveheart Waimānalo, Hui Malama O Ke Kai).

2. The goals and objectives related to the request;

*He waiwai nui ka lōkahi.*

Unity is a precious possession. (Pukui, 1983, p. 105)<sup>1</sup>



Limited access to care

Due to several factors, the mental health care needs of children and youth in Hawai'i are not being addressed:

*Shortage of health care providers*

Hawai'i is currently experiencing a statewide shortage of physicians.<sup>8</sup> The state's medical doctor deficit grew by 20%, and is expected to keep increasing until 2020. Unless substantive and appropriate changes are made, the delivery and nature of care will be affected. For example, timely access to care will be limited, primary care providers may focus more on immediate acute problems, preventive care and early diagnosis may be sidelined, emergency rooms will be overwhelmed, and associated costs will increase.<sup>9</sup>

Specific to mental health care, according to a community needs assessment report from the Healthcare Association of Hawai'i,<sup>10</sup> key informants identified acute psychiatric care in rural and O'ahu hospitals and lack of psychiatrists in the community as needs in mental health care delivery. Hawai'i has a shortage of community mental health centers, and the state's referral infrastructure is limited.<sup>11</sup> In addition, the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services has designated parts of all Hawai'i counties, including the North Shore on O'ahu from Waialua to Hau'ula, as mental health professional shortage areas.<sup>12</sup>

*Insurance and other barriers*

In the US, fewer than half of youth with psychiatric disorders received any kind of treatment in the past year.<sup>13</sup> Nine percent of adolescents did not have health insurance.<sup>14</sup> When they do have coverage, the amount of mental health services they can receive is often limited.<sup>3</sup>

In Hawai'i, the shortage of child and adolescent psychiatrists is further compounded by limitations on type of insurance and patients accepted. An internal, informal review of child and adolescent psychiatrists' practices on O'ahu (via the Internet and/or phone calls) showed that greater than 25% do not accept Med-QUEST as a form of insurance and are also not accepting new patients. The Hawai'i State Department of Human Services provides Med-QUEST to low-income adults and children as a means to access health and medical care. The number of providers not accepting new patients may be a reflection of the shortage, as they may not have the capacity to take on any more patients, regardless of need.

*Delays in delivery of timely care*

Another barrier to care is the amount of time it takes for children and adolescents to receive appropriate care. According to the Children's Hospital Association,<sup>15</sup> the national average wait time to see a child psychiatrist is 7.5 weeks. Anecdotal reports from community providers indicate that some children in Hawai'i, particularly those whose families face large socioeconomic barriers, encounter longer wait times, compared to the rest of the nation.

Patient profiles at pediatric clinics

Patients utilizing QEC and KMCWC for their health care needs fit the profiles for medically underserved populations in Hawai'i. These include Native Hawaiians, migrants from the

- Over 70% (11.1% strongly disagree, 61.1 disagree) do not believe there is adequate access to counseling services
- Over 65% (16.7 strongly disagree, 50.0% disagree) do not believe there is adequate access to child psychiatric care
- 50% are not able to consult with child psychiatrists in a timely manner
- Over 65% (16.7% strongly agree, 50 agree) are not comfortable with diagnosing and treating behavioral health issues

4. Describe the target population to be served; and

PCI - Outpatient Pediatric Training Collaborative will serve youth across O‘ahu who visit the two proposed pediatric clinic sites.

- Children and adolescents up to 18 years old.
- Pronounced need at the two proposed sites, the pediatric clinics at Queen Emma Clinics (QEC) and Kapiolani Medical Center for Women and Children (KMCWC).
- These sites serve underserved and disadvantaged populations, including immigrants, migrants from the Freely Associated States of the Marshall Islands, Micronesia, and Palau, Native Hawaiians, residents from rural areas, the homeless, and underinsured and uninsured people.
- Pediatric providers and medical trainees serving these populations.

5. Describe the geographic coverage.

All areas of O‘ahu island. According to Census 2010 figures,<sup>16</sup> the state’s population is approximately 1.38 million. The majority of the population (907,574) resides in the City and County of Honolulu (O‘ahu). Several areas outside of urban Honolulu are designated medically underserved areas (MUA) or medically underserved populations (MUP), including Kalihi-Palama, Wahiawa, Waianae Coast, Ko‘olauloa (Pupukea to Hau‘ula), and Waimānalo.<sup>10</sup>

The two proposed sites, QEC and KMCWC, are housed within two of the main health care centers on O ‘ahu, drawing patients from all around the island, including rural and low-income neighborhoods from the above mentioned MUA/MUPs.

## **II. Service Summary and Outcomes**

The Service Summary shall include a detailed discussion of the applicant’s approach to the request. The applicant shall clearly and concisely specify the results, outcomes, and measures of effectiveness from this request. The applicant shall:



recommendations or referral to indicated psychiatric services. During case conference discussions the child psychiatrists share expert knowledge with the goal of increasing the primary care provider's confidence and competence in recognizing, diagnosing, and treating behavioral health issues in the outpatient setting.

#### Phone consultation

The PCI team will provide informal brief consultations to pediatric primary care providers, answering diagnosis and treatment related behavioral health questions. They may be general or specific to an individual patient. Dr. Schroepfer and the UH JABSOM child psychiatry fellows and additional clinical faculty will provide a consult call coverage schedule from 8:00 a.m. – 5:00 p.m. Monday through Friday (excluding holidays), with a goal of returning calls to primary care physicians within 24 hours, though ideally responding within the hour. A brief record of the consult question and the recommendations/response provided will be kept by the child psychiatrist according to HIPAA (Health Insurance Portability and Accountability Act) regulations associated with a de-identified patient code in order to track recurrent questions related to the same patient. The primary care providers will maintain full responsibility for clinical decisions, and document in the patient's medical record that their medical decision making took into consideration the consultation discussion with the child psychiatrist.

#### Education and training

The PCI team will provide education sessions on a monthly to every other month basis, depending on clinic staff availability and scheduling. Topics will include the most common behavioral problems seen in pediatric clinics and will include attention deficit disorder, depression, anxiety disorders, suicide, trauma, and more. The goal will be to provide continued and up to date education to practitioners and develop pediatric resident competence in the recognition and management of mild-moderate behavioral health problems. In addition, child psychiatrists will receive training in the process of effective integration into primary care settings, thus preparing them to develop practices that incorporate the principals of collaboration and outpatient consultation beyond the training setting.

#### Liaison and referrals

During monthly meetings, the PCI team will facilitate introductions to various relevant community resources that are available to the QEC and KMCWC children and families to promote health and provide early interventions at the community level. The project maintains an annually updated database of community therapists, psychologists, and psychiatrists that are accepting referrals, and in some cases may be able to provide individualized referral recommendations when more intensive and longer-term behavioral health treatment is indicated. For more severe cases of behavioral and emotional disturbance, the team will assist in streamlining the referral process to the department of health child and mental health division services.

#### Outreach and community engagement

Community engagement refers to efforts that promote a mutual exchange of information and ideas between community members and the clinics. In collaboration with the PCI team,

Overall impact

The Primary Care Initiative – Outpatient Clinic Training Collaborative will engage in a range of activities designed to improve access to child and adolescent mental health care using quantitative and qualitative methods, translation of knowledge into training, program and policy development, and evaluation of activities to assess impact and outcomes.

The PCI project will:

- Increase timely access to child and adolescent psychiatry for consultation
- Train pediatricians and pediatric residents in mental and behavioral health care
- Train mental health trainees in primary care integration and collaboration
- Establish guidelines and procedures for screening and referral
- Disseminate outcomes that will be geared toward diverse stakeholders, partners, and audiences through local outreach
- Develop a sustainability plan that will project beyond 2016

Evaluation plan

We will use a rigorous monitoring system of its own progress that has been very successful in the past. Aims, goals, and objectives, the person(s) responsible, and timeline will be developed for each activity. We will track progress monthly. The project team will meet every other week to discuss ongoing activities, prepare for and respond to challenges and opportunities, promote collaborations, positively impact child and adolescent mental health care, and develop and implement a sustainability plan. Additionally, feedback from local stakeholders/partners will be solicited on a regular basis. The project director, Dr. Schroepfer will be responsible for assuring the activities are completed. The results of our evaluation activities will be included in the annual report.

4. List the measure(s) of effectiveness that will be reported to the State agency through which grant funds are appropriated (the expending agency). The measure(s) will provide a standard and objective way for the State to assess the program's achievement or accomplishment. Please note that if the level of appropriation differs from the amount included in this application that the measure(s) of effectiveness will need to be updated and transmitted to the expending agency.

Process outcomes will include screening tool measure adoption, consultation documentation tools, evidence-based policy and procedure guidelines adoption. Quantitative outcomes will include number of youth served per month, descriptions of diagnoses, reason for consultation (diagnostic, treatment), number of consultations per patient, referrals. Prior to proposal submission, pediatricians at the proposed sites (Kapiolani Medical Center Outpatient Pediatric Clinic and Queen Emma Clinic) took part in a brief survey about knowledge and comfort with diagnosing and treating behavioral health and psychiatric issues as well as



Not applicable.

5. The applicant shall provide a listing of all government contracts and grants it has been and will be receiving for program funding.

Attached.

- Government contracts and/or grants

6. The applicant shall provide the balance of its unrestricted current assets as of December 31, 2014.

\$19.8 million.

## **IV. Experience and Capability**

### **A. Necessary Skills and Experience**

The applicant shall demonstrate that it has the necessary skills, abilities, knowledge of, and experience relating to the request. State your experience and appropriateness for providing the service proposed in this application. The applicant shall also provide a listing of verifiable experience of related projects or contracts for the most recent three years that are pertinent to the request.

This project will be directed by Dr. Amanda Schroeffer, assistant professor for the UH JABSOM departments of psychiatry and pediatrics who is board certified in pediatrics, child and adolescent psychiatry, and adult psychiatry. She is currently directing a pilot project in collaboration with DOH CAMHD Windward and Maui Family Guidance Centers to promote behavioral health integration into Maui and Waimānalo Community Health Centers. The Primary Care Initiative has provided a similar array of services and is continuing to grow and produce measurable outcomes related to the process of implementing an integrated delivery of behavioral health care in the primary care setting. She and her child psychiatry fellows have presented their work at pediatric and psychiatric conferences locally, nationally, and internationally.

### **B. Facilities**

The applicant shall provide a description of its facilities and demonstrate its adequacy in relation to the request. If facilities are not presently available, describe plans to secure facilities.

Facilities that will be utilized for this demonstration project include: offices and meeting spaces in the UH Tower on The Queen's Medical Center campus, including video-teleconferencing (VTC) capability. Office space is available for consultations and direct

- Evidence of the ability in teaching medical students and residents in psychiatry and in patient care; poise and good address for meeting and conferring with others.
- Evidence of effective teaching is required. This includes evidence of facilitating student-centered learning, demonstration of a positive attitude to student growth, and preparedness and skill as preceptor of clinical skills, community medicine, or elective preceptor.
- Evidence of effective research, scholarly activity, or clinical administration is required. This research scholarship or administrative activity may be in areas affecting human health, patient care, or methods and techniques of medical education. The generation of new knowledge in basic science research, clinical care, or medical education is of major importance in improving the quality and effectiveness of the primary teaching function of any medical school. Value is placed on timely publication of results in peer-reviewed journals that include at least co-authorship of publications together with sufficient independent or group research/scholarship activity to justify the reasonable expectation that the applicant will develop into an effective and productive scholar.

#### Child and adolescent fellow

Through service-learning, provides direct child and adolescent psychiatry to settings affiliated with the John A. Burns School of Medicine.

- Responsible for the care and treatment of child and adolescent patients at the Department of Psychiatry academic affiliation sites under the supervision of faculty.
- Provides child and adolescent consultation and liaison in primary care settings affiliated with the John A. Burns School of Medicine under the supervision of faculty.
- Evidence of effective research and scholarly activity. The generation of new knowledge in basic science research, clinical care, or medical education is of major importance in improving the quality and effectiveness of the primary teaching function of any medical school.

#### Supervisory relationships

- None

#### Skills and knowledge required

- MD degree or equivalent medical degree from a medical school of recognized standing.
- Eligible for Hawaii license (NBME or FLEX) with clinical experience and interest in child and adolescent psychiatry.

#### Program coordinator

This position works under the Project to provide day-to-day oversight of the Project Director for the behavioral health primary care integration program.

#### Duties and responsibilities

- Provides the day-to-day oversight for the primary care integration program, under the general supervision of the Project Director. Responsible for the daily implementation



### **C. Compensation**

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

Department of Psychiatry

- Professor--\$176,928
- Professor--\$175,380
- Professor--\$168,816

Although the organization comprises multi-specialty departments, the salaries listed above represent the three highest employees of the Department of Psychiatry.

## **VI. Other**

### **A. Litigation**

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgment. If applicable, please explain.

Not applicable.

### **B. Licensure or Accreditation**

The applicant shall specify any special qualifications, including but not limited to licensure or accreditation that the applicant possesses relevant to this request.

All physicians in this proposal are licensed to practice medicine in Hawai'i, with the specialty of child and adolescent psychiatry. The proposal staff has experience with behavioral health integration to primary care settings both on Oahu and the outer islands.

### **C. Federal and County Grants**

The applicant shall separately specify the amount of federal and county grants awarded since July 1, 2014.

Not applicable.

**F. Certificate of Good Standing (If the Applicant is an Organization)**

If the applicant is an organization, the applicant shall submit one (1) copy of a certificate of good standing from the Director of Commerce and Consumer Affairs that is dated no earlier than December 1, 2014.

Attached.

- UCERA Department of Commerce and Consumer Affairs Certificate of Good Standing



January 26, 2015 from

[http://www.childrenshospitals.net/AM/Template.cfm?Template=/CM/ContentDisplay.cfm  
&ContentID=63293.](http://www.childrenshospitals.net/AM/Template.cfm?Template=/CM/ContentDisplay.cfm&ContentID=63293)

16. U.S. Census Bureau. Population Estimates. Available at

<http://www.census.gov/popest/datasets.html>

17. Hawai'i Department of Health. (2014). *Child and Adolescent Mental Health Division Strategic Plan 2015-2018*. January 30, 2015 from

<http://health.hawaii.gov/camhd/files/2013/04/CAMHD-Strategic-Plan-2015-2018.pdf>

## BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2015 to June 30, 2016

Applicant: UCERA

BUDGET CATEGORIES	Total State Funds Requested (a)	Total Federal Funds Requested (b)	Total County Funds Requested (c)	Total Private/Other Funds Requested (d)
<b>A. PERSONNEL COST</b>				
1. Salaries	28,308			
2. Payroll Taxes & Assessments				
3. Fringe Benefits	9,461			
<b>TOTAL PERSONNEL COST</b>	<b>37,769</b>			
<b>B. OTHER CURRENT EXPENSES</b>				
1. Airfare, Inter-Island				
2. Insurance				
3. Lease/Rental of Equipment				
4. Lease/Rental of Space				
5. Staff Training				
6. Supplies	1,000			
7. Telecommunication				
8. Utilities				
9. Software	2,000			
10. General meeting expenses	500			
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
<b>TOTAL OTHER CURRENT EXPENSES</b>	<b>3,500</b>			
<b>C. EQUIPMENT PURCHASES</b>	<b>7,000</b>			
<b>D. INDIRECT EXPENSE</b>	<b>4,827</b>			
<b>E. CAPITAL</b>				
<b>TOTAL (A+B+C+D+E)</b>	<b>53,096</b>			
<b>SOURCES OF FUNDING</b>		Budget Prepared By:		
(a) Total State Funds Requested	53,096	Sue Korus <span style="float: right;">691-7227</span>		
(b) Total Federal Funds Requested	0	Name (Please type or print) <span style="float: right;">Phone</span>		
(c) Total County Funds Requested	0	[Redacted] <span style="float: right;">1-27-15</span>		
(d) Total Private/Other Funds Requested	0	Signature of Authorized Official <span style="float: right;">Date</span>		
<b>TOTAL BUDGET</b>	<b>53,096</b>	Name and Title (Please type or print)		





## BUDGET JUSTIFICATION - FRINGE BENEFITS

Period: July 1, 2015 to June 30, 2016

Applicant: UCERA

TYPE	BASIS OF ASSESSMENTS OR FRINGE BENEFITS	% OF SALARY	TOTAL
<b>PAYROLL TAXES &amp; ASSESSMENTS:</b>			
Social Security	As required by law	7.65%	2,165
Unemployment Insurance (Federal)	As required by law	Self Insured	0
Unemployment Insurance (State)	As required by law	Self Insured	0
Worker's Compensation	As required by law	0.35%	99
Temporary Disability Insurance	As required by law	0.45%	127
SUBTOTAL:			2,391
<b>FRINGE BENEFITS:</b>			
Assistant Professor, Project Director	14,000	30.51%	4,272
PGY5, Child Psychiatry Fellow	6,108	19.55%	1,195
Program Coordinator	8,200	19.55%	1,603
SUBTOTAL:			7,070
TOTAL:			9,461
<b>JUSTIFICATION/COMMENTS:</b>			





### BUDGET JUSTIFICATION - SOFTWARE

Period: July 1, 2015 to June 30, 2016

Applicant: UCERA

DESCRIPTION	AMOUNT	JUSTIFICATION/COMMENTS
Software	1,500	Vidyo for one year. Video teleconferencing for consultation and meetings
Software Support	500	Software licenses and tech support
<b>Total:</b>	<b>2,000</b>	





## BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Period: July 1, 2015 to June 30, 2016

Applicant: UCERA

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
Laptop	1	\$2,000.00	\$ 2,000.00	
Computer on wheels (laptop plus rolling cart)	2	\$2,500.00	\$ 5,000.00	
			\$ -	
			\$ -	
			\$ -	
<b>TOTAL:</b>	3		\$ 7,000.00	

JUSTIFICATION/COMMENTS:

DESCRIPTION OF MOTOR VEHICLE	NO. OF VEHICLES	COST PER VEHICLE	TOTAL COST	TOTAL BUDGETED
Not applicable			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
<b>TOTAL:</b>				

JUSTIFICATION/COMMENTS:





## BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS

Period: July 1, 2015 to June 30, 2016

Applicant: UCERA - Not applicable

FUNDING AMOUNT REQUESTED						
TOTAL PROJECT COST	ALL SOURCES OF FUNDS RECEIVED IN PRIOR YEARS		STATE FUNDS REQUESTED	OF FUNDS REQUESTED	FUNDING REQUIRED IN SUCCEEDING YEARS	
	FY: 2013-2014	FY: 2014-2015	FY:2015-2016	FY:2015-2016	FY:2016-2017	FY:2017-2018
PLANS						
LAND ACQUISITION						
DESIGN						
CONSTRUCTION						
EQUIPMENT						
<b>TOTAL:</b>						
<b>JUSTIFICATION/COMMENTS: Not applicable</b>						

# GOVERNMENT CONTRACTS AND/OR GRANTS

Applicant: UCERA - Not applicable

	CONTRACT DESCRIPTION	EFFECTIVE DATES	AGENCY	GOVERNMENT ENTITY (U.S. / State / Haw / Hon / Kau / Mau )	CONTRACT VALUE
1.	Not applicable				
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
				TOTAL	



**DECLARATION STATEMENT OF  
APPLICANTS FOR GRANTS PURSUANT TO  
CHAPTER 42F, HAWAII REVISIED STATUTES**

The undersigned authorized representative of the applicant certifies the following:

- 1) The applicant meets and will comply with all of the following standards for the award of grants pursuant to Section 42F-103, Hawaii Revised Statutes:
  - a) Is licensed or accredited, in accordance with federal, state, or county statutes, rules, or ordinances, to conduct the activities or provide the services for which a grant is awarded;
  - b) Complies with all applicable federal and state laws prohibiting discrimination against any person on the basis of race, color, national origin, religion, creed, sex, age, sexual orientation, or disability;
  - c) Agrees not to use state funds for entertainment or lobbying activities; and
  - d) Allows the state agency to which funds for the grant were appropriated for expenditure, legislative committees and their staff, and the auditor full access to their records, reports, files, and other related documents and information for purposes of monitoring, measuring the effectiveness, and ensuring the proper expenditure of the grant.
- 2) If the applicant is an organization, the applicant meets the following requirements pursuant to Section 42F-103, Hawaii Revised Statutes:
  - a) Is incorporated under the laws of the State; and
  - b) Has bylaws or policies that describe the manner in which the activities or services for which a grant is awarded shall be conducted or provided.
- 3) If the applicant is a non-profit organization, it meets the following requirements pursuant to Section 42F-103, Hawaii Revised Statutes:
  - a) Is determined and designated to be a non-profit organization by the Internal Revenue Service; and
  - b) Has a governing board whose members have no material conflict of interest and serve without compensation.

Pursuant to Section 42F-103, Hawaii 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.

University Clinical, Education, and Research Associates/Department of Psychiatry  
(Typed Name of Individual or Organization)



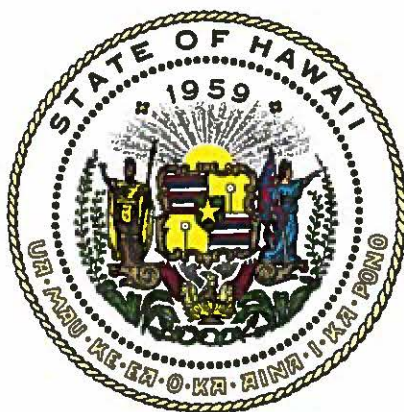
(Signature)

1/30/15

(Date)

Anthony Guerrero, MD  
(Typed Name)

Chair  
(Title)



## 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

UNIVERSITY CLINICAL, EDUCATION & RESEARCH ASSOCIATES

was incorporated under the laws of Hawaii on 09/02/1993 ;  
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: December 11, 2014

Director of Commerce and Consumer Affairs

