

House District 51

Senate District 25

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:

Dbas: Waimānalo Health Center

Street Address: 41-1347 Kalanianaʻole Highway, Waimānalo, HI 96795

Mailing Address: 41-1347 Kalanianaʻole Highway, Waimānalo, HI 96795

2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:

Name PI'ILANI KAI

Title Development Director

Phone # (808) 259-7948

Fax # (808) 259-6449

E-mail pkai@waimanalohealth.org

3. TYPE OF BUSINESS ENTITY:

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

6. DESCRIPTIVE TITLE OF APPLICANT'S REQUEST:

OLA I KA WAI CAPITAL CAMPAIGN: EXPANDED HEALTH CARE FACILITY FOR THE HEALTH AND WELLNESS OF THE WAIMANALO COMMUNITY

4. FEDERAL TAX ID #: [REDACTED]

5. STATE TAX ID #: [REDACTED]

7. AMOUNT OF STATE FUNDS REQUESTED:

FISCAL YEAR 2018: \$ \$2,094,187.00

8. STATUS OF SERVICE DESCRIBED IN THIS REQUEST:

- NEW SERVICE (PRESENTLY DOES NOT EXIST)
- EXISTING SERVICE (PRESENTLY IN OPERATION)

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

STATE \$ 1,500,000

FEDERAL \$ 1,000,000

COUNTY \$ 125,000

PRIVATE/OTHER \$ 5,003,356

TYPE NAME & TITLE OF AUTHORIZED REPRESENTATIVE:

AUTHORIZED SIGNATURE

MARY ONEHA, APRN, PHD / CHIEF EXECUTIVE OFFICER

NAME & TITLE

01/19/2017
DATE SIGNED



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A. Budget Forms

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- Government Contracts and/or Grants
- Balance Sheets

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- Architect Plans and Timeline

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- Waimānalo Health Center Organization Chart
- Certificate of Good Standing
- Declaration Statement of Applicants for Grants Pursuant to Chapter 42F, Hawai'i Revised Statutes

Application for Grants

I. Background and Summary

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

The Waimānalo Health Center (WHC) WHC is a community-based non-profit 501(c)3 corporation incorporated in 1989 and located in Waimānalo on the windward side of the island of O`ahu. As its mission states, WHC is "*committed to providing the highest level of primary and preventive health services, with special attention to the needs of Native Hawaiians and the medically underserved, and improving the health and wellness of individuals and their `ohana regardless of their ability to pay.*" WHC became a Federally Qualified Health Center (FQHC) in 1994.

The Waimānalo Health Center offers a wide range of services:

- **Medical care** – Physicians and advanced practice nurse practitioners specializing in Family Practice and pediatricians provide patients with routine and preventive health care relating to chronic diseases, obstetrics and gynecology, to name a few.
- **Dental care** – Routine and preventive screening along with emergency dental care are provided by dentists and a dental hygienist.
- **Behavioral health services** – Through individualized therapy and group classes, licensed clinical psychologists assist patients with anxiety and depression, chronic pain, chronic disease management, smoking cessation, stress and anger management and recovering from trauma and abuse.
- **Vision services** – An optometrist provides comprehensive eye exams, optical dispensing, preventive vision care and treatment of eye diseases.
- **Nutrition services** – Medical nutrition therapy is provided by registered dietitians. Preventive health classes include cooking demonstrations, gardening, grocery store tours and weight management. WIC services are also available for families which include breastfeeding support and education.
- **Care coordination** – Patients with the most complex health and socioeconomic needs are managed by care coordinators that provide individualized care planning.
- **Outreach and eligibility services** – Outreach and eligibility workers help reduce barriers to care and assist patients with health insurance eligibility, acquiring prescription medication and transportation.
- **Youth Mentoring** – Kū I Ka Māna provides a safe, comfortable and fun environment for students to learn about themselves and build character. Program mentors lead students in activities that build teamwork and self-awareness. Topics covered in Kū I Ka Māna include healthy lifestyles, good decision-making, healthcare careers and Hawaiian culture.

In 2013, the Waimānalo Health Center was awarded recognition by the National Committee for Quality Assurance as a Patient Centered Medical Home Level 3 (PCMH-3), the highest achievable recognition for a healthcare provider. WHC is the first community health center on O`ahu to be awarded this distinction. This PCMH-3 recognition acknowledges the quality work that WHC provides as WHC passed all

elements of this achievement with 100% satisfaction. In 2016, WHC passed renewal of its recognition as PCMH Level 3 healthcare provider.

2. The goals and objectives related to the request;

WHC proposes to construct a new, two-story 19,542 square foot outpatient care facility located within close proximity to the current Waimānalo Health Center. The new expansion facility will continue to serve the underserved community of Waimānalo as well as individuals and families from the entire Ko`olaupoko coast. The following services and programs will be housed in the new facility:

- Medical including primary care for adult and pediatric patients and obstetrical care
- Behavioral health including individualized therapy, integrated behavioral health and group class
- Vision
- Pharmacy including pharmaceutical services to the uninsured and underinsured
- Nutrition including medical nutrition therapy and preventive health classes
- Care coordination to patients with complex health and socioeconomic needs
- Support services including outreach and eligibility workers who help reduce barriers to care

The expanded facility will not only extend WHC's ability to serve the underserved throughout the community but will also provide job opportunities to the area. The impact of this project will be felt not only in meeting projected community needs but also by adding to the community's ability to sustain, grow and strengthen itself.

3. The public purpose and need to be served;

Access to quality primary and preventive health care results in improved health status of a community and enhances the quality of life for its residents. There are a number of key factors that contribute to the health needs of the Waimānalo community:

- Shortage of Healthcare Providers

The Waimānalo community does not have any private medical practitioners and thus has received a federal designation as a Health Professions Shortage Area (HPSA). In addition, WHC is the only health provider in the Ko`olaupoko area with the FQHC designation, seeing all patients regardless of ability to pay. WHC accepts the uninsured and offers a Sliding Fee Discount for services to underinsured and uninsured patients. Because the Waimānalo community has no private medical practitioners, there is a high need in the community for primary health care. WHC's HPSA score for medical is 15. Likewise, WHC's HPSA score for dental is 20 which is the second highest in the county. At 21, WHC has the highest HPSA score for mental health in the county.

- Increased Demand for Services

In 2015, WHC saw 4,734 patients through 27,789 visits that included medical, dental and behavioral health services. Of Waimānalo Health Center patients,

50% were at or below the federal poverty level. Roughly 52% of WHC's patients are Native Hawaiian. WHC experienced an 73% increase in patient encounters and a 32% increase in its number of patients in the last ten years. Historically, WHC's target population is quite complex with a plethora of social service and health needs.

- Vulnerable Populations Served

Due to its large proportion of Native Hawaiian residents, Waimānalo has a federal designation as a Medically Underserved Population. In addition to the socioeconomic challenges and barriers to health care prevalent with the population served, chronic diseases are overwhelmingly represented in the Native Hawaiian population. Specifically, Native Hawaiians have higher rates of diabetes and obesity than other ethnic groups in Hawai'i.

WHC's Board of Directors and key leadership recognize that the most vulnerable populations will remain underserved if actions are not taken to expand WHC's ability to provide quality care that optimizes health outcomes. Since 2010, the WHC strategic plan called for meeting increasing community needs by building expanded facilities, and accordingly, overall organizational capacity.

- Healthcare Savings

While the need for services provided through WHC is well substantiated for the population demographic, health policy research¹ has indicated that health centers save \$1,520 per person per year. With 3,500 medical patients served in 2014 by WHC, this potentially amounts to \$5.32 million, a substantial savings to states and the federal government. In addition, by providing effective and regular primary, preventive care, hospitalizations, visits to emergency departments and specialists are reduced. WHC has also increased the number of individuals with a usual source of care through a 44% reduction in the number of patients uninsured.

- Create Leverage to Expand Within the Ko'olaupoko Community

The increased capacity and revenue from this proposed expansion will contribute to further expansion efforts, via satellite clinics, within the Ko'olaupoko community. WHC understands that there is a need for accessible and available medical, dental, and behavioral services, particularly in very rural areas within this geographic district.

4. Describe the target population to be served; and

Many of Waimānalo's residents are at or below the federal poverty level: 10.5% of families and 21.6% of individuals compared to Kailua's residents at 5.2% of families and

¹ Ku L, Richard P, Dor A, Tan E, Shin P, & Rosenbaum S. (June 30, 2010). Strengthening primary care to bend the cost curve: The expansion of community health centers through health reform. Geiger Gibson/RCHN Community Health Foundation Research Collaborative. Policy Research Brief No. 9:1-11.

6.6% of individuals.² It is also suspected that this may not be an accurate account of the low income status of residents as those most at need, such as the growing homeless population according to the Homeless Point In Time counts, may not provide census information.

Family size and median family income clearly illustrates the demographics represented in Waimānalo compared to its neighboring community of Kailua. The Census-designated place of Waimānalo has an average of 4.24 members per family and a \$68,733 median family income. In comparison, Kailua has a 3.31 average family size with \$101,501 median family incomes². On average, Waimānalo families tend to be larger and support themselves with less income.

Table 1 illustrates a 5-year trend (2010 and 2015) of the needs of WHC’s patient population.

Table 1 – WHC Patient Demographics

Patient Demographics				
	2010		2015	
100% and below Federal Poverty Level	2,693	64%	2,373	50%
Uninsured	1,321	31%	661	14%
Medicaid/Quest	2,033	48%	2,894	61%
Native Hawaiian	1,946	46%	2,444	52%
Asian & Pacific Islander	896	21%	1,110	23%

It is also important to note that the rate of WHC’s patients who were medically uninsured remained at about 30% up until 2014. In 2014, WHC reduced the number of patients who were uninsured with the increase in the number of onsite eligibility workers and through the expansion of Medicaid services and the Affordable Care Act.

In addition to the socioeconomic challenges and barriers to health care prevalent with the population served, chronic diseases are overwhelmingly represented in the Native Hawaiian population. Specifically, Native Hawaiians have higher rates of diabetes than other Asian and Pacific Islander groups and are more likely to die at earlier ages from the disease and its complications than Caucasians. About 12.5% of Native Hawaiians have been diagnosed with diabetes, compared with 6.3% of Japanese, 9.9% of Filipinos and 4.7% of Caucasians. Native Hawaiians also have the highest diabetes mortality rate of any ethnic group in the state.³ Native Hawaiians also die at a younger average age than other major ethnic groups in Hawai‘i. Obesity is a contributing factor with almost 75% of Native Hawaiians being overweight or obese, compared with about 50% of Caucasians, Filipinos and Japanese. More alarming is that 43.5% of Native Hawaiians are obese, compared with 19.2% of the overall adult population on O‘ahu.⁴ Some

² U.S. Census Bureau (2010). *American FactFinder*. Retrieved April 19, 2012. From http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?_afpt=table.

³ Pobutsky, A., Balabis, J., Nguyen, D-H., and Tottori, C. (2010). *Hawai‘i Diabetes Report 2010*. Honolulu: Hawai‘i State Department of Health, Chronic Disease Management and Control Branch, Diabetes Prevention and Control Program.

⁴ Balabis, J., Pobutsky, A., Kromer Baker, K., Tottori, C. and Salvail, F. (2007). *The Burden of Cardiovascular Disease in Hawai‘i 2007*. Honolulu: Hawai‘i State Department of Health, Community Health Division.

contributing factors are inadequate amounts of physical activity; veering away from a traditional diet and opting for a less expensive fast food diet because of affordability; and diets consisting of low consumption of fruits and vegetables with high consumption of fatty foods.

5. Describe the geographic coverage

The Waimānalo Health Center primarily serves the underserved geographic area of Waimānalo on the Windward side of the island of O`ahu, nestled between the Ko`olau Mountains to the south and the Pacific Ocean to the north, and along the only two-lane highway through the community. WHC's entire service area stretches along the northeastern coast of O`ahu, or Ko`olaupoko, from Makapu`u Point to Kualoa State Park. This area consists of many white sand beaches and several lush valleys that extend inland to the steep face of the Ko`olau pali, or cliff. The area includes the towns of Waimānalo, Kailua, Kāne`ohe, Kahalu`u, He`eia, Waiāhole, Waikāne, Hakipu'u and Kualoa. The estimated population of this area is nearly 125,000.

Although WHC serves patients representing all areas of the island, community-based efforts focus on the large Native Hawaiian population of Waimānalo. This area includes 6,488 Waimānalo residents⁵ who are Native Hawaiian or part-Hawaiian, approximately 65% of the population of Waimānalo. Waimānalo represents one of the most concentrated areas of Hawaiians in the state. Although this number reflects individuals who reside in the area, many more who reside in neighboring communities consider Waimānalo their home and have special cultural and family ties to Waimānalo.

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:

1. Describe the scope of work, tasks and responsibilities

Listed below are the phases to the implementation of the proposed project:

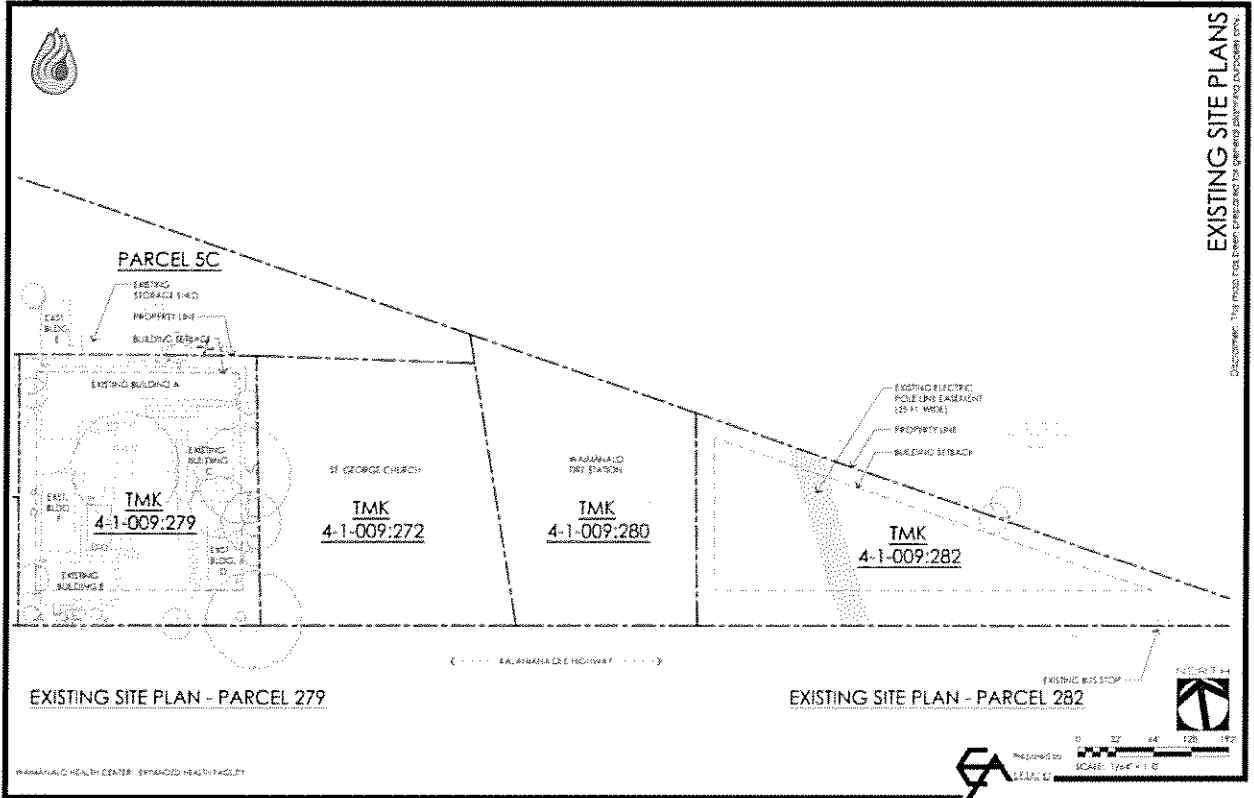
Phase 1: Due Diligence and Acquisition of Property

The expanded facility will be constructed on leased land under the management of the Hawai`i State Department of Land and Natural Resources (DLNR). The property, referred to as Parcel 282, is identified as Tax Map Key (TMK) 1-4-1-009:282 is within very close proximity to the current WHC medical facility located on Parcel 279 Tax Map Key (TMK) 1-4-1-009:279.

⁵ Office of Hawaiian Affairs (2011). State of Hawai`i – Native Hawaiians by Census Tract: 2010. *Native Hawaiian Data Book 2011*. Retrieved April 18, 2012. From <http://www.ohadatabook.com/cen2010.html>.

Figure 1 illustrates the close proximity of Parcel 282 and Parcel 279.

Figure 1 - Parcel 282 and Parcel 279



After completion of a series of steps to complete due diligence including preliminary site designs, surveying and assessments for the DLNR lease issuance, WHC planned for an expanded medical facility on DLNR Parcel 282.

Parcel 282 is an unimproved triangular-shaped lot of 1.085 acres located along Kalaniana'ole Highway adjacent to the Waimānalo Fire Station and across the street from Waimānalo Elementary and Intermediate School. An unpaved parking lot and overgrown vegetation currently exists on Parcel 282. In addition, there are no utilities to Parcel 282. For Phase 1 of the project, WHC engaged an architect and engineering team to complete the due diligence and create a Facility Master Plan. This team was led by Erskine Architects with oversight by WHC's executive leadership and the Facilities Committee of the WHC's Board of Directors.

Phase 1 has been completed as WHC was issued a combined 65-year direct non-profit lease for Parcels 279 and 282 to construct its expanded facility.

Phase 2: Planning and Design

With approval to proceed from the WHC Board of Directors and with a 65-year permanent lease from DLNR in place, WHC contracted with the architectural firm of Ferraro Choi and Associates, LLC as its lead architect and engineering team. Fred Erskine from Erskine Architects has been retained as WHC's project manager.

The completed construction documents describe the building as being 19,542 square feet in total area and covering about 20 percent of the lot. Plans will provide space for medical, vision, outreach, pharmacy and clinic support services. The infrastructure will support a communications and information technology infrastructure required for Electronic Health Records, e-prescribing, Patient Portal, phone, fax and data communications. Ample parking for patients and visitors is included.

The expansion facility also incorporates sustainable design concepts. Areas dedicated to clinical services will be designed to incorporate Patient-Centered Health Care Home adequately sized examination rooms and support areas. The new facility would enable WHC to improve the delivery of coordinated patient care services and increase access to health care while continuing to fulfill the WHC's mission of providing quality care to the medically underserved.

In designing the expansion facility, WHC chose to honor the rural character of Waimānalo which is characterized by residential areas, small businesses and agricultural lots interspersed with green space (Figure 2). Despite receiving a zoning waiver, WHC has chosen to respect the R5 zoning regulations which set a 25-foot height limit and incorporate elements of building and landscaping design that align with the character of Waimānalo.

Phase 2, including the planning and design, have been completed. Please see Attachment B for the Floor Plans for the first and second floor.

Figure 2 - Architectural Rendering of Expansion Facility



Phase 3: Permitting and HECO Easement Relocation

WHC has submitted 100% of its construction documents to the Department of Planning and Permitting and is awaiting issuance of its building permits from the Department of Planning and Permitting. WHC will work with Erskine Architects to define a new

easement for HECO lines that currently run through the parcel. Ferraro Choi will complete the engineering schematics and incorporate HECO engineering requirements into the site and building designs. During this phase, schematics will be submitted to the DLNR and the City and County of Honolulu Department of Planning and Permitting (DPP) for all necessary approvals. Approvals will be needed for the new sewer, water, telecommunications and electrical connections for the facility and address Hawai'i Department of Transportation (DOT) requirements.

Phase 4: Construction of the Expanded Facility

Request for Proposals will be issued for the construction of the expanded health care facility on Parcel 282. An integrated approach to the construction requiring coordination with DOT, HECO, BWS and other utilities will be undertaken to minimize construction time and disruptions to the community. Construction will be comprised of the site improvements, parking lot and landscaping along with the two story building structure.

With support from the legislature, construction of the new facility will commence in 2017 with construction completion in 2018.

Phase 5: Installation of Equipment, Furnishings and Relocation of Services to the Expanded Facility

During final phases of construction, movable equipment and furnishings will be installed in the new facility. Equipment and furnishings include all medical equipment, office furniture, information technology equipment, phones and security systems. Upon issuance of the certificate of occupancy, the last move will entail relocation of vision center equipment, other medical equipment, operating supplies to the new facility.

Figure 3 illustrates WHC's relocation plans for the expanded facility as outlined in the organization's Facility Master Plan.

Phase 6: Demolition and Reconfiguration of Parcel 279

After completion of Phase 5, efforts will be undertaken to retrofit the remaining services into vacated clinic space for additional expansion of dental services and youth services. Funds for this last phase are not being requested at this time. Plans will be further developed after completion of the proposed project on Parcel 282.

In providing services to the community for over twenty years, WHC has managed several facility improvement projects on the currently occupied Parcel 279. Below are projects (Table 2) that were successfully completed in recent years:

Table 2. WHC Successfully Completed Projects

Year	Project	Cost of Project
March 2009	Dental clinic renovation	\$195,758
March 2009	Major dental equipment purchase and installation	\$246,325
June 2009 – May 2011	ARRAC Capital Improvement Project grant for alterations and equipment through the US Department of Health and Human Services(DHHS), Health Resources and Services Administration (HRSA), Bureau of Primary Health Care	\$375,625
April 2012	Electrical room repairs funded by WHC	\$34,806
April 2013	WIC renovation (US Department of Agriculture and State of Hawai'i WIC program)	\$324,795
April 2013	Renovations to the nutrition services building funded by WHC	\$64,069
September 2013	Alterations for the vision center funded by WHC	\$54,000
September 2013	Purchase and installation of vision center equipment funded by the National Association of Community Health Center Covidien Challenge Grants	\$89,207
December 2013	Installation of facility generator funded by WHC	\$34,806
May 2013 – August 2014	Creation of WHC's Facility Master Plan leading to 65-year DLNR lease issuance effective 01/2015. The Facility Master Plan was funded by WHC	\$289,214

These projects above were successfully executed as a result of:

- Project management and responsibility at the executive leadership level
- Board of Directors oversight and engagement of the Facilities Committee of the Board of Directors
- Procurement review process by the Finance Committee of the Board of Directors
- Engagement of qualified consultants and contractors of architects and engineers who are licensed and well versed for necessary planning and permitting requirements
- Early engagement and discussions with DLNR concerning the interest in and plans for a lease
- Communication to the neighborhood board concerning the Facility Master Plan and need for expanded health care facility to serve the community.
- Staff involvement in the grant application process, fulfilling grant reporting requirements and project implementation
- Detailed accounting system tracking of project costs

The expanded health care facility project is a major WHC strategic initiative with full support of the WHC Board of Directors and will follow similar structure for leadership engagement and careful monitoring of the budget, timelines and results.

Phase 1, 2, and part of Phase 3 of the project has been completed and was accomplished within the established time frame and budget with executive leadership, Board of Directors and the Facilities Committee fully engaged in the process. Through an open solicitation, Erskine Architects (EA) and their team of engineers were contracted and completed essential components of the Facility Master Plan, environmental assessment, geographical surveys and traffic assessment to ensure Parcel 282 met the requirements to move forward with Phase 2 of the proposed project and beyond. EA interacted directly with executive leadership comprised of the Chief Executive Officer (CEO), Chief Financial Officer (CFO), Chief Medical Officer (CMO), Chief Performance and Compliance Officer (CPCO), the Director of Information Technology and provided regular monthly updates to the Facilities Committee. The CFO tracked all internal progress necessary to bring issues forward for internal review, discussions and approval. Executive leadership worked collaboratively as a team to expedite questions and decisions. The CMO provided clinical operational input into the facility requirements and the CEO presented core issues to the Waimānalo Neighborhood Board. The team put forward necessary documents before DLNR for final approvals and publication. EA assisted WHC in issuing a publicized RFP to engage an architect team for design and construction of the expanded facility to move forward with Phase 2. Additionally, a capital campaign consultant and the Development Committee of the Board of Directors was engaged to see WHC through the rigors of raising capital to fund the project.

Timelines for Phase 3-5 will be managed in conjunction with the fundraising efforts to ensure the project remains on track and funded. WHC Executive leadership will continue to meet regularly with EA and Ferraro Choi and Associates (FCA) to ensure the execution of the project as designed and its completion. The executive leadership will continue to engage operational staff at necessary phases of the proposed project for operational clarifications and decisions. Similarly, as in Phase 1, the CEO, EA and FCA will keep the Waimānalo Neighborhood Board apprised of progress, and the Facilities Director will be the liaison, on core issues and decisions, with the DLNR as well as the WHC Board Facilities Committee. The WHC CFO will serve the same purpose with the WHC BOD Finance Committees.

Key personnel and committee members through the remaining phases include:

- CEO - Mary Oneha, APRN, PhD
- CFO - Kathleen Kravish, MT, MBA, CMPE
- CMO - Christina Lee, MD
- CPCO – Teresa Gonsalves, LSW
- Director of Information Technology – Robert Slike, MS
- Facilities Director – Ghissou Rosala, BS
- EA – Fred Erskine, Principal
- FCA – Troy Miyasato, Principal; David Akinaka, Principal Designer; Kurt Katada, Interior Design Architect
- Facilities Committee: Andrew Jamila, Jr, Board Director and Committee Chair, Kathy Conner, Board Vice President; John Aylett; Board 2nd Vice President; Johnene Galeai, Board President; Deborah Smith, Board Secretary; and Stephen Morse, community member.

Details on the necessary skills and qualifications of the team members are highlighted in Section V. below.

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.

The measures of effectiveness that will be reported to the State agency include the following:

Facilities Measure

1. Substantial completion of the construction of the expanded medical facility by May 31, 2018.
2. Increased patient parking by an additional 50 parking stalls.
3. Move in of designated operations (except pharmacy) to new expanded medical facility by June 1, 2018.
4. Medical services operational in new expanded medical facility by June 4, 2018.
5. Expanded hours of operation to include at least 3 days/week of evening hours and Saturdays once medical services are operational.

Patient Experience Measure

1. Improved patient experience based on the following patient experience survey questions rated at least 90% for very good or good:
 - a. Exam room was comfortable and clean
 - b. My provider spends enough time with me
 - c. Health center hours work for me

Operational Measure

1. Increase in the number of medical patients served and visits by 5% in CY 2018 compared to CY 2017.

III. Financial

Budget

1. The applicant shall submit a budget utilizing the enclosed budget forms as applicable, to detail the cost of the request.

Please refer to Section A of the Attachments for the required budget forms including the Budget Request By Source of Funds, Budget Justification forms and Government Contracts and/or Grants table. The Budget Request by Source of Funds reflects funds requested during FY2018. Although WHC was awarded \$1,000,000 in federal funding, funds will be requested and expended throughout the multi-year project timeline in accordance with federal guidance. Therefore, only a portion of the federal funding is listed on the Budget Request by Source of Fund form for the FY2018 period.

1. The applicant shall provide its anticipated quarterly funding requests for the fiscal year 2018.

Below is the quarterly funding request for the fiscal year 2018 which reflects the project construction timeline.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
\$1,000,000	\$1,094,187	\$0	\$0	\$2,094,187

For FY2016, WHC requested \$3,594,187 for the expansion facility and was awarded \$500,000 and for FY2017 was awarded \$1,000,000. As a result, WHC is requesting \$2,094,187, the remaining balance of the original request.

1. The applicant shall provide a listing of all other sources of funding that they are seeking for fiscal year 2018.

Highlighted below is a listing of the Waimanalo Health Center's sources of funding for project:

Sources of Funding

Waimānalo Health Center Board and Staff, 100%	\$233,745
Harold K. L. Castle Foundation	\$2,000,000
State of Hawai'i	\$1,500,000
HRSA	\$1,000,000
Victoria S. and Bradley L. Geist Foundation	\$250,000
The Queens Health Systems	\$200,000
City and County of Honolulu	\$125,000
First Hawaiian Bank Foundation	\$75,000
HMSA Foundation	\$75,000
Bank of Hawai'i Foundation	\$50,000
Samuel N. and Mary Castle Foundation	\$50,000
Hawaiian Electric Industries Charitable Foundation	\$50,000
Island Insurance	\$25,000
D.R. Horton	\$25,000
Central Pacific Bank Foundation	\$20,000
Other Private Individual Donors and Foundations	\$149,611
Waimānalo Health Center	\$1,800,000
	<u>\$7,628,356</u>

Sources of Funding Being Sought

Government Sources

State of Hawai'i	\$2,094,187
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Private Foundations

Harry and Jeanette Weinberg Foundation	\$3,000,000
Atherton Family Foundation	\$200,000
McInerney Foundation	\$300,000
	<u>\$5,594,187</u>

TOTAL	\$13,222,543
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It is important to note that with a \$2,094,187.00 commitment from the State of Hawai'i, the Waimānalo Health Center will meet the donation threshold for the Harry and Jeannette Weinberg Foundation and the Atherton Family Foundation. The foundations require that organization's reach 75% of their fundraising goal before the foundations officially commit to the project. These foundations have already been solicited and are awaiting legislative support of \$2,094,187.00 to officially commit to the Waimānalo Health Center's expanded facility project.

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.

The Waimānalo Health Center has not applied for or received state or federal tax credits in the last three years.

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

The Waimānalo Health Center has received numerous government contracts and grants for operational program funding during the last fiscal year. These funds will not support this specific budget request. Please see the document entitled "Government Contracts and/or Grants" in Section A of the Attachments.

6. The applicant shall provide the balance of its unrestricted current assets as of December 31, 2016.

Waimānalo Health Center's total current assets as of December 31, 2016 are \$ 5,245,268. This amount is from all cash accounts and receivables less an allowance for bad debt.

Pursuant to WHC's FY 2016 Audit and FY17 Budget, the following cash and savings balances are temporarily restricted by donors or designated by its Board of Directors:

Temporarily Restricted for Grants	\$263,901
Designated for Programs & FY17 Capital	\$606,591
Designated for Operating Reserve	\$700,000
Designated for Maintenance Reserve	\$500,000
Designated for New Building	<u>\$1,021,443</u>
Total Designations	\$3,091,935

Board of Directors designations total \$3,091,935. Therefore, less these designations, WHC's unrestricted current assets total \$2,153,333

Please refer to Waimānalo Health Center's Balance Sheets in Section A of the Attachments. Included are both balance sheets for FY2016 (as of June 30, 2016) as well as a balance sheet for FY2017 (as of December 31, 2016) which reflects the total current assets above.

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.

Waimānalo Health Center has a commitment to care unique in the Ko`olaupoko area. No other providers in this service area can provide the level of care for the population being served. Waimānalo Health Center has participated in government contracts since its inception while meeting performance goals and improving patient care outcomes. As a Federally Qualified Health Center (FQHC), WHC has successfully met the federal requirements with administrative, governance, fiscal and clinical components since 1994.

In order to maintain or improve on the above quality metrics with a projected increase in the number of patients and visits, Waimanalo Health Center (WHC) has a model of care that it follows to track and improve on quality metrics. In 2013, the WHC achieved recognition by the National Committee for Quality Assurance (NCQA) as a Patient Centered Medical Home (PCMH) Level 3, this recognition was renewed in 2016.

WHC uses this same approach to medicine and standards of excellence as it does with managing its operations. WHC conducts a number of contractual reviews and internal assessments each year. The financial audits have resulted in no recommended action which has demonstrated that WHC's financial operations are sound. WHC's executive leadership have the management skills and expertise to oversee the construction project while still administering quality health care for the community of Waimānalo and the rest of Ko`olaupoko.

Below is a listing of verifiable experience of related projects or contracts for the most recent three years that are pertinent to the request capital funding request:

- WIC Renovation
- Facilities Master Plan
- Generator Installation

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.

Waimānalo Health Center facilities are located at 41-1347 Kalaniana`ole Highway in Waimānalo. The facility is visible from the main highway, is on the bus line and is directly across the street from Waimānalo Elementary and Intermediate Schools.

Existing facilities are inefficiently configured and inadequately sized based on standards for patient care. The repair and maintenance of old facilities continues to escalate, which adversely impacts the delivery of much-needed services. These retrofitted portables which were

constructed over 40 years ago do not adequately address the current patient privacy, security and electronic health record needs of providing quality health care.

There are eleven exam rooms throughout the facility for Adult Health, Women's Health and Pediatrics. The Behavioral Health Department has four therapy rooms. Based on demand for services and community needs, the current number of patient service rooms are inadequate.

V. Personnel: Project Organization and Staffing

A. Proposed Staffing, Staff Qualifications, Supervision and Training

The applicant shall describe the proposed staffing pattern and proposed service capacity appropriate for the viability of the request. The applicant shall provide the qualifications and experience of personnel for the request and shall describe its ability to supervise, train and provide administrative direction relative to the request.

Listed below are the key executive leadership and consultants/contractors responsible for the proposed project:

Chief Executive Officer: Mary Frances Oneha, APRN, Ph.D. has been with WHC since 2012 with the development of the strategic plan to expand medical facilities. Prior to her hire at WHC, Dr. Oneha served as the COO for Waianae Coast Comprehensive Health Center (WCCHC) during the organization's major 3-story family medical building construction project.

Chief Financial Officer: Kathleen Kravish has managed prior WHC projects including its WIC renovation and the HRSA - ARRA CIP grant. For the past three years, she has worked closely with EA and FCA on the WHC Family Master Plan and facility design. In addition, Ms. Kravish was part of the planning project team for a) the construction of the Elmhurst Memorial Center for Health in Illinois (200,000 square foot outpatient facility), b) build out of medical and teaching space for the Northwestern University Dermatology Department (25,000 square feet) and was involved in the Northwestern Medical Faculty Foundation replacement facility project.

Chief Medical Officer, Chief Compliance and Performance Officer and Director of Information Technology: Christina Lee, MD, Teresa Gonsalves, LSW and Robert Slike have many years of experience in their respective fields and provided guidance to to the planning committee in clinical/patient-centered design needs, compliance and safety considerations and information technology requirements.

Project Manager: Fred Erskine, AIA, is the principal of Erskine Architects which he founded in 2001. Mr. Erskine has worked on previous projects with the Waimānalo Health Center including design for the WIC renovation and the development of the organization's facility environmental assessment and Facility Master Plan for the expansion of its facilities.

Architect: The award winning team from Ferraro Choi and Associates, LLC includes Troy Miyasato, AIA, MBA, Principal; David Akinaka, AIA, Senior Project Architect; and Kurt Katada, Director of Interiors. Previous experience includes Shriners Hospitals for Children – Honolulu; Moloka'i General Hospital and Kaiser Permanente - Moanalua Medical Center.

Capital Campaign Consultant: S. Sanae Tokumura, ACFRE, APR of Solid Concepts, Inc has over thirty years of successful nonprofit fundraising experience with specialty in capital campaign feasibility studies and campaign management. Ms. Tokumura conducted WHC's fundraising infrastructure assessment and philanthropic market assessment in preparation for the proposed facility expansion.

Waimanalo Health Center has a commitment to care for families and individuals unique in the Ko`olaupoko area. No other provider in this vast area provides the spectrum of services that WHC continues to provide for all, including the high-risk population currently being served.

Access to care will increase as a result of the expanded facility and projections on increased serviceability due to the construction of expanded facilities within one year of operations include 2,500 new patients, which represents a 55 percent increase from 2014. In addition, 13,292 new patient visits are anticipated within one year of facility completion, which represents a 48 percent increase from 2014. It is estimated that the overall square footage of the campus will increase by 100 percent. Providers will increase by 50 percent and ancillary/support staff by 42 percent.

B. Organization Chart

The applicant shall illustrate the position of each staff and line of responsibility/supervision. If the request is part of a large, multi-purpose organization, include an organization chart that illustrates the placement of this request.

The Waimānalo Health Center is governed by a Board of Directors, 51% of which must be users of the facility and many of which come from the Waimānalo community. The Chief Executive Officer oversees all functions of the organization and is ultimately responsible for all consultants and contractors of the facility. Please see the Waimānalo Health Center's organizational chart located in the Section C of the Attachments.

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..

The annual salaries, as reported on CY15 W2's, for the three highest paid employees, of the organization are as follows: Christina Lee, MD, Chief Medical Officer, \$201,860; Mary Frances Oneha, APRN, PhD, Chief Executive Officer, \$170,750; and Carol Titcomb, MD, Pediatrician, \$169,326.

VI. Other

A. Litigation

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

Not applicable. No pending litigation or outstanding judgments.

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.

The Waimānalo Health Center does not possess any licensure or accreditation relevant to this request. However, WHC is a Federally Qualified Health Center, non-profit 501(c)(3) incorporated in the State of Hawai'i and registered with the State of Hawai'i Department of Commerce and Consumer Affairs. The Waimānalo Health Center was awarded recognition by the National Committee for Quality Assurance as a Patient Centered Medical Home Level 3 (PCMH-3), the highest achievable Patient Centered Medical Home recognition for a healthcare provider. WHC has also received accreditation (2015) through the American Association of Diabetes Educators, demonstrating our capacity to meet the applicable standards and requirements to deliver diabetes education.

C. Private Educational Institutions

The applicant shall specify whether the grant will be used to support or benefit a sectarian or non-sectarian private educational institution. Please see Article X, Section 1, of the State Constitution for the relevance of this question.

This grant will not support or benefit a sectarian or non-sectarian private educational institution.

D. Future Sustainability Plan

The applicant shall provide a plan for sustaining after fiscal year 2017-18 the activity funded by the grant if the grant of this application is:

- (1) Received by the applicant for fiscal year 2017-18, but

Funding from the State of Hawai'i is instrumental in successfully executing the proposed facility expansion. If funding is secured for FY17-18, WHC will be able to commence construction by the summer of 2017 as the Waimānalo Health Center is shovel-ready.

WHC's total annual operating expense budget is expected to increase as a result of the expansion of services from \$6,874,244 in FY15 to \$10,533,127 in FY18. Increases are expected from net medical revenue in the amount of \$2,916,869 and from government and private grants and contracts which support programs and operations in the amount of \$1,687,153. In FY17, WHC's operating budget increased to \$7,667,305 with revenues projected at \$7,795,098. WHC is demonstrating growth currently and will continue to grow in the new facility. In 2014, WHC reduced the number of uninsured patients by 44% resulting in an increase in paid visits in addition to improving health outcomes of these patients. And in FY15, WHC completed a "Change in Scope" with MedQuest increasing its PPS reimbursement rate from \$145.56 to \$226.56 per Medicaid Patient Visit. With a 60% Medicaid patient population this represents nearly a 33% increase in program revenues. This increase in

revenue will result in improved cash flows for operations to ensure a more secure revenue stream is available for FY18 and beyond

Health policy research has indicated that health centers save the government \$1,520 per person per year. With 3,500 medical patients served in 2014 by WHC, this potentially amounts to \$5.32 million, a substantial savings to the public sector. This figure does not illustrate other services provided by community health centers such as mental health, dental, vision and pharmacy. In addition, by providing effective primary and preventive care, hospitalizations and visits to emergency departments and specialists are reduced.

After the capital campaign is complete, fund development will be enhanced because of increased infrastructure capacity in the development department and relationships sustained as a result of the capital campaign. The increase in communication and first time contributions for the campaign will begin lifelong relationships with individuals, corporations and businesses.

(2) Not received by the applicant thereafter.

Funding from the State of Hawai'i is instrumental in successfully executing the proposed facility expansion. If the State of Hawai'i does not support the proposed project, WHC will continue with its capital campaign plan to strategically secure resources for the project both from the public and private sector.

Without support from the State of Hawai'i, the construction for the proposed project will be delayed until private sources of funding are secured. Support from the legislature would trigger the release of private foundation funds and result in WHC meeting its \$13 million project funding goal.

In addition to delaying the project, WHC may also determine if design plans may need to be scaled back. However, as 100% of the construction documents have already been submitted to DPP, significant changes to the plans would result in additional costs.

Ultimately, without legislative support WHC would not be able to provide its quality services to the underserved community of Waimānalo and the Ko'olaupoko corridor. Particularly, WHC would not be able to meet increased demand for services nor would WHC be able to expand services to the Ko'olaupoko areas including Kāne'ohē and Kahalu'u. The increased capacity and revenue from the expansion facility would contribute to WHC's expansion in these areas.

E. 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, 2016.

A Certificate of Good Standing from the Department of Commerce and Consumer Affairs dated January 11, 2017 is included in Section C of the Attachments of this proposal.

Attachment A

Budget Forms

BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2017 to June 30, 2018

Applicant: WAIMANALO HEALTH CENTER

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	0			
2. Payroll Taxes & Assessments	0			
3. Fringe Benefits	0			
TOTAL PERSONNEL COST	0			
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island	0			
2. Insurance	0			
3. Lease/Rental of Equipment	0			
4. Lease/Rental of Space	0			
5. Staff Training	0			
6. Supplies	0			
7. Telecommunication	0			
8. Utilities	0			
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
TOTAL OTHER CURRENT EXPENSES	0			
C. EQUIPMENT PURCHASES	0			
D. MOTOR VEHICLE PURCHASES	0			
E. CAPITAL	2,094,187	875,000	125,000	3,500,000
TOTAL (A+B+C+D+E)	2,094,187	875,000	125,000	3,500,000
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested	2,094,187	Kathleen Kravish, Chief Financial Officer (808) 954-7110		
(b) Total Federal Funds Requested	875,000	[REDACTED] Phone		
(c) Total County Funds Requested	125,000	[REDACTED] 1/19/2017		
(d) Total Private/Other Funds Requested	3,500,000	[REDACTED] Date		
TOTAL BUDGET	6,594,187	Mary Frances Oneha, APRN, PhD, Chief Executive Officer Name and Title (Please type or print)		

BUDGET JUSTIFICATION - PERSONNEL SALARIES AND WAGES

Period: July 1, 2017 to June 30, 2018

Applicant: WAIMANALO HEALTH CENTER

POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
Not Applicable				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
TOTAL:				0.00
JUSTIFICATION/COMMENTS:				

BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Period: July 1, 2017 to June 30, 2018

Applicant: WAIMANALO HEALTH CENTER

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
Not Applicable			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:				
JUSTIFICATION/COMMENTS:				

DESCRIPTION OF MOTOR VEHICLE	NO. OF VEHICLES	COST PER VEHICLE	TOTAL COST	TOTAL BUDGETED
Not Applicable			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:				
JUSTIFICATION/COMMENTS:				

BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS

Period: July 1, 2017 to June 30, 2018

Applicant: WAIMANALO HEALTH CENTER

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: 2015-2016	FY: 2016-2017	FY:2017-2018	FY:2017-2018	FY:2018-2019	FY:2019-2020
PLANS	64,000	65,000		12,000		
LAND ACQUISITION						
DESIGN	485,399	120,000		30,000		
CONSTRUCTION	834,518	350,000	3,094,187	5,083,627	1,040,259	
EQUIPMENT		62,500		1,030,165		
TOTAL:	1,383,917	597,500	3,094,187	6,155,792	1,040,259	
JUSTIFICATION/COMMENTS: \$13,000,000 total projected costs less \$728,345 expended FY14 & FY15. Balance of \$12,271,655 for FY16 and beyond. Other sources includes HRSA HIIP grant at \$1M to be drawn down in in FY16-18 at 6.33% share of total costs and castle foundation release of \$350,000 after permitting complete in FY17.						

GOVERNMENT CONTRACTS AND / OR GRANTS

Applicant: Waimanalo Health Center

Contracts Total: 4,797,359

	CONTRACT DESCRIPTION	EFFECTIVE DATES	AGENCY	GOVERNMENT ENTITY (U.S. / State / Haw / Hon / Kau / Mau)	CONTRACT VALUE
1	330e Consolidated Health Centers - Base and Expansions	3/01/2016-2/29/2017	Department of Health and Human Services	U.S.	2,048,485
2	330e Consolidated Health Centers - Base and Expansions	03/01/2017-02/28/2018	Department of Health and Human Services	U.S.	1,946,488
3	Breast and Cervical Cancer Early Detection Programs	06/30/2016-06/29/2017	Department of Health	State	30,000
4	Women's Infants and Children's (WIC)	10/1/2016 - 9/30/2017	Department of Health	State	183,000
5	Primary Care - Uninsured	07/01/2016-06/30/2017	Department of Health	State	300,000
6	Eligibility Worker	07/01/2016-06/30/2017	Department of Health	State	25,892
7	Perinatal Support Services	07/01/2016-06/30/2017	Department of Health	State	40,000
8	GIA Fund - Patient Centered Health Care Home	10/1/2015-9/30/2016	City and County of Honolulu	Hon	98,494
9	GIA Fund - Patient Centered Health Care Home	1/1/2017-12/31/2017	City and County of Honolulu	Hon	125,000

Waimanalo Health Center

Balance Sheet

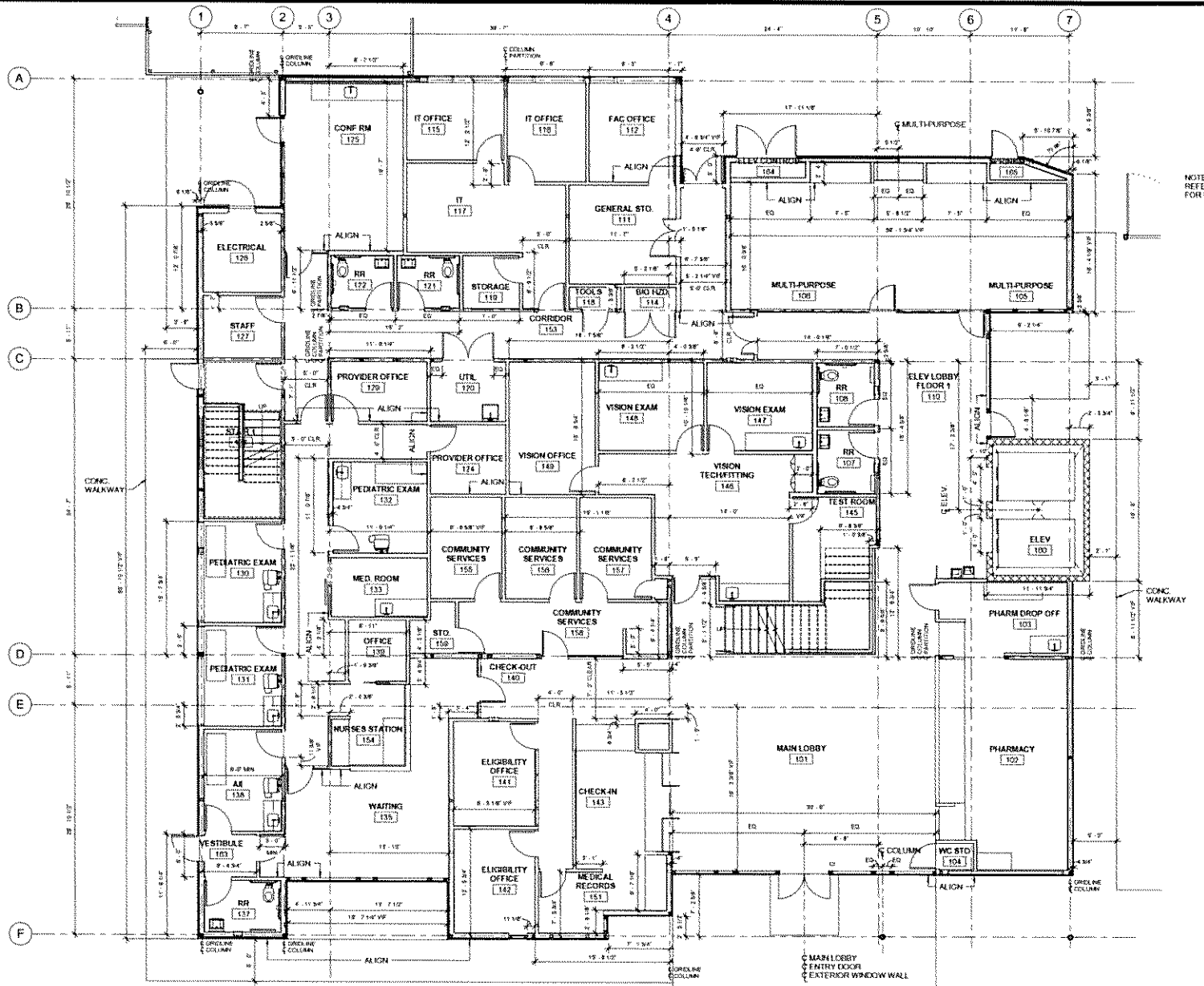
As of 6/30/2016

(In Whole Numbers)

	Current Period Balance
	<u> </u>
Assets	
Current Assets	
Cash	1,340,572
Savings	1,780,921
Patient Receivable - Medical	328,197
Patient Receivable - Dental	5,198
Grant/POS Receivables	1,628,919
Other	181,438
less Bad Debt Allowance	<u>(75,000)</u>
Total Current Assets	5,190,244
Fixed Assets	
Land & Equip	4,418,143
less Depreciation	<u>(2,601,873)</u>
Total Fixed Assets	1,816,270
Other Assets	
Improvements in Progress	1,182,336
Prepays & Deferred Exp.	<u>36,240</u>
Total Other Assets	1,218,576
Total Assets	<u>8,225,091</u>
Liabilities	
Current Liabilities	
Accounts Payable	90,192
Accrued Vacation	130,483
Accrued Payroll	80,728
Payroll Withholdings	<u>11,945</u>
Total Current Liabilities	313,348
Total Liabilities	<u>313,348</u>
Net Assets	
Beginning balance	
Unrestricted	2,883,623
Unrestricted - BOD Designated	2,828,034
Temp Restricted	<u>263,901</u>
Total Beginning balance	5,975,558
Change in Net Assets	
Current Year Surplus/(Deficit)	<u>1,936,185</u>
Total Change in Net Assets	1,936,185
Total Net Assets	<u>7,911,743</u>
Liabilities & Fund Balance	<u>8,225,091</u>

Attachment B

Facility Planning Documents



NOTE: REFER TO ENLARGED PLANS FOR MORE INFORMATION

FERRARO CHOI
 FERRARO CHOI AND ASSOCIATES LLP
 ARCHITECTURE
 INTERIOR ARCHITECTURE
 FERRARO CHOI
 1339 ALA MOHAKA ROAD, SUITE 110
 HONOLULU, HI 96813
 TEL: 808.533.4888 FAX: 808.533.5357
 WWW.FERRARACHOI.COM

WAIMANALO HEALTH CENTER
 KALANIANA'OLE HWY
 WAIMANALO, HI
 96795-1247

SHEET 1373A
FIRST FLOOR DIMENSION PLAN

GRID FILE	
REVISIONS	
△	
△	
△	
△	
PROJECT	1440.000
DRAWN	Aubrey
DATE	12/2/15
SHEET	A111
DR	SW-1373A

1 FIRST FLOOR DIMENSION PLAN
 A111 3/16" = 1'-0"



Attachment C

Other

BOARD OF DIRECTORS
 President Noe Galea'i, Vice President Kathy Conner, 2nd Vice President Keoni Aylett, Treasurer Jim Wood, Secretary Deborah Smith
 Directors: Kahikino Noa Dettweiler, Andrew Jamila, Jr., Renee Kama, Justin Lam, Sandra Maenani McAulton, Pamela Menter, Kawai Miller, Catherine Sato

CHIEF EXECUTIVE OFFICER
 Mary Frances Onoha, APRN, PhD

ALTRES HR*

EXECUTIVE SECRETARY/ ANALYST

CHIEF PERFORMANCE & COMPLIANCE OFFICER
 Teresa Gonsalves, LSW, CHC

CHIEF FINANCIAL OFFICER
 Kathy Kravish, MT, MBA, CMPE

CHIEF MEDICAL OFFICER
 Christina Lee, MD

DIRECTOR OF COMMUNITY SERVICES
 Veronica Tomooka, MBA

DIRECTOR OF QUALITY IMPROVEMENT
 Cheryl Soo Hoo, MPH, CPH

DIRECTOR OF INFORMATION TECHNOLOGY
 Robert Silke, MS

CONTROLLER

FACILITIES DIRECTOR
 Ghissou Rosala, BS

DEVELOPMENT DIRECTOR
 Pi'itani Kai, MSW

CLINICAL DIRECTOR
 Leigh Ziegler, MSN, RN, RD, LD

DIR OF BEHAVIORAL HEALTH
 Sid Hermostura, PsyD

DIR OF HEALTH PROMOTION & DISEASE PREVENTION
 Patricia Liang-Tang, MSPH, RD, CDE

DENTAL DIRECTOR
 Anthony Kim, DMD

- COMMUNITY OUTREACH & EDUCATION WORKER
- PATIENT SERVICES COORDINATOR
Georgja Avilla
- FRONT OFFICE/ RECEPTION
- KU I KA MANA PROGRAM COORDINATOR
Jennifer Molnar
- YOUTH MENTOR

- DATA ANALYST
- COMPLIANCE SPECIALIST

- SYSTEM ENGINEER
- SENIOR HEALTH DATA ANALYSTS
- HEALTH DATA ANALYSTS
- IT DATA ANALYSTS
- NEXTGEN SUPPORT
- PC SUPPORT

- FINANCE SUPERVISOR
Carol Jenness-White
- BOOKKEEPERS/ ACCOUNTANT
- BILLERS
- OPERATIONS SUPPORT ASSISTANT

- FACILITIES TECHNICIAN
- MAINTENANCE*
HOUSEKEEPING*
GROUNDS*

- COMMUNITY RELATIONS SPECIALIST

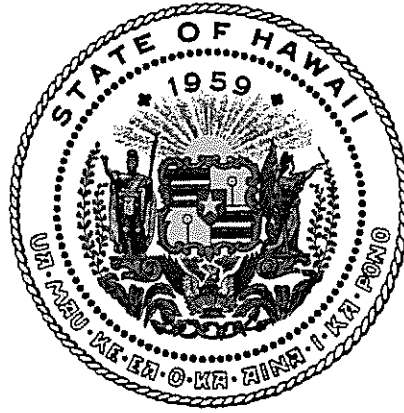
- TEAM LEAD
'Ulu, Kalo, Maile
- CARE COORDINATOR
'Ulu, Kalo, Maile
- MEDICAL ASSISTANTS
'Ulu, Kalo, Maile, Noni

- LEADERSHIP TEAM MEMBERS
- Contractor/ Consultants
- To Be Determined

- LICENSED CLINICAL PSYCHOLOGIST
Kukui, 'Ulu, Maile, Kalo
- ADMINISTRATIVE ASSISTANT
- PROVIDER
'Ulu, Kalo, Maile, Noni
- CULTURAL HEALTH PREVENTION SPECIALIST

- REGISTERED DIETICIAN
- WIC SUPERVISOR
Valorie Heu, RD
- WIC COMPETENT PROFESSIONAL AUTHORITY
- BREASTFEEDING PEER COUNSELOR
- WIC CLERK

- DENTAL BILLER
- PATIENT OPERATIONS COORDINATOR I
- PATIENT OPERATIONS COORDINATOR II
- DENTIST
- DENTAL HYGIENIST
- DENTAL ASSISTANTS



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

WAIMANALO HEALTH CENTER

was incorporated under the laws of Hawaii on 01/25/1989 ; 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 11, 2017

Director of Commerce and Consumer Affairs



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

The undersigned authorized representative of the applicant certifies the following:

- 1) The applicant meets and will comply with all of the following standards for the award of grants pursuant to Section 42F-103, Hawaii 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.

Waimanalo Health Center
(Typed Name)

(Signature) 01/19/2017
(Date)

Mary Frances Oneha, APRN, PhD
(Typed Name) Chief Executive Officer
(Title)