

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

Type of Grant Request:

Operating                       Capital

Legal Name of Requesting Organization or Individual: Db:

Waimanalo Health Center

Amount of State Funds Requested: \$ 150,000

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

With the support of the State of Hawai'i, Waimānalo Health Center plans to support the Patient-Centered Health Care Home (PCHH) approach to providing comprehensive health services to the underserved population of Waimanalo through service expansion. The Waimānalo Health Center is requesting \$150,000 to significantly enhance its capacity to address the needs of the Waimanalo community through improved access to and quality of care through expansion and enhancement of services.

Amount of Other Funds Available:

State: \$ 0  
Federal: \$ 0  
County: \$ 0  
Private/Other: \$ 0

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

\$ 1,750,000

Unrestricted Assets:

\$ 599,481

New Service (Presently Does Not Exist):  Existing Service (Presently in Operation):

Type of Business Entity:

501(C)(3) Non Profit Corporation  
 Other Non Profit  
 Other

Mailing Address:

41-1347 Kalaniana'ole Highway

City: Waimanalo                      State: HI                      Zip: 96795

Contact Person for Matters Involving this Application

Name:  
Pi'ilani Kai

Title:  
Development Director

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Federal Tax ID#:

██████████

State Tax ID#

██████████

Mary Frances Oneha, APRN, PhD, FAAP / Chief Executive Officer

01/15/2020

Authorized Signature

Name and Title

Date Signed

**received**  
01/16/2020

## Application Submittal Checklist

*The following items are required for submittal of the grant application. Please verify and check off that the items have been included in the application packet.*

- 1) Certificate of Good Standing (If the Applicant is an Organization)
- 2) Declaration Statement
- 3) Verify that grant shall be used for a public purpose
- 4) Background and Summary
- 5) Service Summary and Outcomes
- 6) Budget
  - a) Budget request by source of funds ([Link](#))
  - b) Personnel salaries and wages ([Link](#))
  - c) Equipment and motor vehicles ([Link](#))
  - d) Capital project details ([Link](#))
  - e) Government contracts, grants, and grants in aid ([Link](#))
- 7) Experience and Capability
- 8) Personnel: Project Organization and Staffing



MARY FRANCES ONEHA, APRN, PHD, FAAN  
CHIEF EXECUTIVE OFFICER

01-15-2020

AUTHORIZED SIGNATURE

PRINT NAME AND TITLE

DATE

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**Attachments**

**A. Budget Forms**

- Budget Request by Source of Funds
- Personnel Salaries and Wages
- Equipment and Motor Vehicles
- Capital Project Details
- Government Contracts, Grants and Grants In Aid

**B. Other**

- 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

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

### **I. Certification – Please attach immediately after cover page**

**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, 2019.

**Declaration Statement**

The applicant shall submit a declaration statement affirming its compliance with Section 42F-103, Hawaii Revised Statutes. ([Link](#))

**Public Purpose**

The applicant shall specify whether the grant will be used for a public purpose pursuant to Section 42F-102, Hawaii Revised Statutes. ([Link](#))

### **II. 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 pediatrics 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.
- **Native Hawaiian Healing** – Cultural practitioners provide la`au lapa`au and lomilomi through a model integrated in primary care. Also provided are classes on la`au lapa`au, lomilomi, hula, Hawaiian language, etc.
- **Care coordination** – Patients with the most complex health and socioeconomic needs are managed by care coordinators that provide individualized care planning.
- **Community Services** – Outreach and eligibility workers help reduce barriers to care and assist patients with health insurance eligibility, acquiring prescription medication and transportation.
- **Youth and Young Adult Services** – 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.

## 2. **The goals and objectives related to the request**

With support from the State of Hawai`i, WHC plans to support the Patient-Centered Health Care Home (PCHCH) approach to providing comprehensive health services to the underserved population of Waimānalo through services expansion. The proposed project would support increased access and enable WHC to enhance its provision of its comprehensive services.

The opening of WHC's expansion facility allows WHC to continue to meet the growing needs of the community. Facility infrastructure is now available for WHC to enhance the health promotion and education provided to the community. Further expansion of services will support WHC's efforts to continue to serve the underserved community of Waimānalo as well as individuals and families from the entire Ko`olaupoko coast.

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 19, 20 for dental and 22 for mental health.

- Increased Demand for Services

In 2018, WHC saw 4,590 patients through 27,109 visits that included medical, dental and behavioral health services. Of Waimānalo Health Center patients, 52% identified as being at or below 100% of the federal poverty level. Roughly 53% of WHC's patients identified as Native Hawaiian and 463 patients were experiencing homelessness. WHC experienced a 50% increase in patient encounters (18,105 encounters in 2008) and a 39% increase in its number of patients in the last ten years (3,305 patients in 2008). 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. Also, in comparison to other ethnic groups, Native Hawaiians have high rates of depression and substance abuse.

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. In order to meet increased community needs, WHC opened its expansion facility in May 2019.

- Healthcare Savings

While the need for services provided through WHC is well substantiated for the population demographic, health policy research<sup>1</sup> 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

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<sup>1</sup> 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.

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 reduction of 33% uninsured to only 9%.

- Create Leverage to Expand Within the Ko`olaupoko Community

The increased capacity and revenue from the expansion of services contributes 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**

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 6.6% of individuals.<sup>2</sup> 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 incomes<sup>2</sup>. On average, Waimānalo families tend to be larger and support themselves with less income.

Table 1 illustrates a 10-year trend (2008 and 2018) of the needs of WHC’s patient population.

**Table 1 – WHC Patient Demographics**

	2008		2018	
Total Patients	3,305		4,590	
100% and below Federal Poverty Level	2,469	75%	2,409	52%
Uninsured	1,102	33%	434	9%
Medicaid/Quest	1,427	43%	2,802	61%
Native Hawaiian	1,528	46%	2,410	53%
Asian & Other Pacific Islander	901	27%	1,040	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

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

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.<sup>3</sup> 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.<sup>4</sup> Some 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 120,000.

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 residents<sup>5</sup> 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.

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<sup>3</sup> 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.

<sup>4</sup> 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.

<sup>5</sup> 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>.



**III. Service Summary and Outcomes****1. Describe the scope of work, tasks and responsibilities**

With the support of the State of Hawai`i, Waimānalo Health Center plans to support the Patient-Centered Health Care Home (PCHCH) approach to providing comprehensive health services to the underserved population of Waimanalo through services expansion. The Waimānalo Health Center is requesting \$150,000 to significantly enhance its capacity to cover the personnel required to expand its health promotion and disease prevention services as well as operational support and infrastructure.

In May 2019, Waimānalo Health Center opened its 19,542 square foot expansion facility which is located in close proximity to its existing facility. WHC now has vacant space to expand its operations on its original site. With medical, behavioral health and most other services having moved to the expansion facility, WHC now has the opportunity to expand its health promotion and disease prevention services.

The proposed funding will support existing personnel responsible for health promotion and disease prevention services at WHC. Funding existing staff will allow WHC to focus its efforts on the planning, implementation and evaluation of worthwhile projects and valuable programs that further enhance WHC's comprehensive delivery of care. Additional operational support is needed in order to fulfill the expanded needs of the community. As funding for direct programmatic and direct patient services becomes available, funds to support the personnel who coordinate and support these services remains unavailable.

Funding will support the following positions:

- Registered Dietitian – Provides programmatic oversight, direct coordination and/or evaluation of health promotion projects and initiatives.
- Community Relations Specialist – Works with the Registered Dietitian to promote access to the comprehensive network of educational opportunities. Provides direct support through the development of promotional materials, networking with community partners, social media campaigns and website development.
- Facilities Technician – Provides support to classes through facility maintenance and event coordination assistance including setting up meeting areas for classes and presentations
- Information Technology Specialist – Provides information technology support to programs and initiatives including audiovisual support for classes and presentations, wireless set up for participants, etc.
- Quality Data Analyst – Provides guidance on the evaluation of project measures to ensure meaningful impact to participants.

These positions support the network of valuable educational programs and initiatives that WHC provides to the community including but not limited to:

- Individualized health education counseling session with the Registered Dietitian
- Waimānalo Health Center's Farmer's Market to improve accessibility and promote the consumption of fresh produce
- Hula classes to lower hypertension and improve cultural well-being

- Hawaiian language classes to promote cultural connectedness and knowledge for the large Native Hawaiian population
- Lā'au lapa'au classes to teach patients and community members how to use native plants to heal and preserve a cultural practice
- Diabetes support group with speakers on depression and goalsetting, and
- Healthy cooking demonstrations

## 2. Projected Annual Timeline

Waimānalo Health Center is ready to implement the project as soon as funding is released. WHC already has the expertise in implementation and installation for existing services. Timeline will be as follows:

Prior to Award	WHC maintains a listing of projects and initiatives that provide value to the community. Resources are reevaluated periodically to determine which projects and initiatives will be pursued and how they will be prioritized.
Upon Notification of Award:	A request to release the funds will be initiated with assigned Hawai'i State department. Key staff members will initiate planning for the rollout of prioritized projects and initiatives including personnel from information technology and operation support. Timeline will be developed pending the release of funding.
Upon Release of Funds:	Contract will be signed and WHC staff will begin executing the schedule of classes. Classes will be promoted through internal and external activities including social media campaigns, community partner networking, etc. Classes will be evaluated based on participant attendance and marked improvement on outcome measures.

## 3. Quality Assurance and Evaluation Plans

WHC has an organizational wide Quality Improvement and Quality Assurance (QI/QA) Plan. The purpose of the Quality Improvement & Quality Assurance Plan (QI/QA) Plan is to provide a framework to monitor, evaluate, and improve the services, programs, and functions of WHC. The QI/QA Plan is reviewed and approved annually by the Board of Directors. The proposed project's measurable outcomes directly impact and reflect WHC's PCHCH approach.

Through WHC's QI/QA Plan, each program and project is assessed periodically on its impact to the community and evaluations are completed annually as the program nears renewal, completion or transition. The QI/QA Plan incorporates the clinical performance measures and all other clinical and programmatic plans of WHC. Activities conducted through the QI/QA Plan include patient experience surveys, external reviews and clinical standards of care. WHC's QA program ensures that all service providers and staff adhere to standards, guidelines and protocols consistent with national standards.

Patient engagement is also vital in implementing effective services and strategies. The patient experience surveys which are conducted biannually assess at least 400 patients and has a confidence rate of 5%. Results from the 2018 survey revealed that 98% of patients would refer their friends or families to WHC.

WHC employs a management team who possess the knowledge and capabilities to successfully complete the proposed project in accordance with procurement and project management requirements. Executive Leadership develops, implements, and evaluates the key strategic priorities within the Strategic Plan which has been initiated and approved by the Board of Directors. WHC's Chief Executive Officer is Mary Frances Oneha, APRN, PhD, FAAN who is responsible for the overall operations of WHC, has over 35 years of experience in healthcare and 27 years with community health centers.

#### **4. Measure of Effectiveness**

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

1. Based on WHC's patient experience surveys, 98% of patients will agree that they would refer their friends and family to WHC.
2. Increase in the number of patients served and visits by 5% in CY2021 compared to CY2019 and by 3% compared to CY2020.

**IV. Financial**

**Budget**

**1. Proposed Budget**

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.

**2. Anticipated Quarterly Funding Requests for Fiscal Year 2021**

WHC anticipates the following quarterly funding requests:

<i>Quarter 1</i>	<i>Quarter 2</i>	<i>Quarter 3</i>	<i>Quarter 4</i>	<i>Total Grant</i>
\$37,500	\$37,500	\$37,500	\$37,500	<b>\$150,000</b>

**3. Listing of Other Sources of Funding**

WHC employs a development department dedicated to generating revenue through grant writing at all levels of government and private foundations as well as fundraising through individual giving. Requests for funding for this project will commence in the upcoming year and may include:

- Harold K. L. Castle Foundation
- Office of Hawaiian Affairs
- City and County of Honolulu Grant-in-Aid
- Department of Health and Human Services, Bureau of Primary Care, Health Resources and Services Administration
- Various private foundations through the Hawai'i Community Foundation

**4. State and Federal Tax Credits**

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

**5. Government Contracts**

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. Unrestricted Current Assets as of December 31, 2019**

Waimānalo Health Center's total current assets as of October 31, 2019 are \$2,503,393. Calendar Year 2019 has not closed yet. This amount is from all cash accounts and receivables less an allowance for bad debt.

The following cash and savings balances are temporarily restricted by donors or designated by the Board of Directors:

Temporarily Restricted for Grants	\$280,483
Designated for Operating Reserve	\$700,000
Designated for Maintenance Reserve	\$500,000
Designated for New Building	\$423,429
<b>Total Designations</b>	<b>\$1,903,912</b>

Source: Waimānalo Health Center's FY2019 Unaudited Financial Statements (Audit for FY2019 will be completed January 2020)

Designations by the Board of Directors and Temporarily Restricted for Grants total \$1,403,912. Therefore, less these designations, WHC's unrestricted current assets total \$599,481

**V. Experience and Capability****1. Necessary Skills and Experience**

Waimānalo Health Center (WHC) has a commitment to care for the unique population 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, 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 capital projects while still administering quality health care for the community of Waimānalo and the rest of Ko`olaupoko.

**2. Facilities**

Waimānalo Health Center will provide services at two campuses which are located in close proximity to each other. The original campus at 41-1347 Kalaniana`ole Highway is referred to Hale Ola `Akahi and the expansion facility, or Hale Ola `Alua located at 41-1295 Kalaniana`ole Highway opened in May 2019. Hale Ola `Alua is a 2-story facility that will house most patient services including medical services, behavioral health services, vision services, community services, integrated cultural healing services, to name a few. Both properties are on the bus line and across from Waimānalo Elementary and Intermediate School.

Both campuses have areas for health education and classes with a total of seven areas used for training and education, varying in capacity with the smallest room holding 6-8 people and the largest holding 150 people. The largest meeting area is an open pavilion with kitchen facilities, table and chairs and restrooms. Other meeting areas are air-conditioned with adequate training furnishings. One meeting areas has a cooking demonstration kitchen. All meeting areas have or have access to audiovisual equipment for presentations and educational sessions.

WHC uses a 24-hour security system for the entire facility and meets all ADA and OSHA requirements. There are also ample wheelchair accessible and gender neutral restrooms and parking.

**VI. Personnel: Project Organization and Staffing**

**1. 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.

In addition to the staffing listed above, the Registered Dietitian will have direct oversight of the proposed project, key executive leadership who will be ultimately responsible for the proposed project will be Chief Executive Officer, Mary Frances Oneha, APRN, Ph.D., FAAN. Dr. Oneha 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 Chief Operating Officer for Waianae Coast Comprehensive Health Center.

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.

**2. Organization Chart**

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 B of the Attachments.

**3. Compensation**

The annual salary ranges for the highest paid employees are as follows:

- Chief Medical Officer \$195,000 - \$245,000
- Chief Executive Officer \$175,000 - \$205,000
- Dental Director \$170,000 - \$200,000

**VII. Other****1. Litigation**

Not applicable. No pending litigation or outstanding judgments.

**2. Licensure or Accreditation**

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.

**3. Private Educational Institutions**

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

**4. Future Sustainability Plan****(a) Received by the applicant for fiscal year 2020-21**

Funding from the State of Hawai'i is instrumental in successfully executing the proposed expansion of services. WHC's total annual operating expense budget is expected to increase as a result of the expansion of reimbursable medical services. WHC will continue to grow in its 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 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.

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.

As a result of additional fund development efforts, fundraising efforts have been enhanced because of increased infrastructure capacity in the development department and relationships sustained as a result of the previous capital campaign. The increase in communication and first time contributions for the campaign has begun lifelong relationships with individuals, corporations and businesses.



**(b) Not received by the applicant thereafter.**

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

Without support from the State of Hawai`i, the proposed project will be delayed until private sources of funding are secured. In addition to delaying the project, WHC may also determine if plans may need to be scaled back resulting in loss of expanded services for patients.

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'ohe and Kahalu'u. The increased capacity and revenue from the expansion facility would contribute to WHC's expansion in these areas.


# **Attachment A**

## **Budget Forms**

## BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2020 to June 30, 2021

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)
<b>A. PERSONNEL COST</b>				
1. Salaries	103,845			
2. Payroll Taxes & Assessments	11,060			
3. Fringe Benefits	20,668			
<b>TOTAL PERSONNEL COST</b>	<b>135,573</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				
7. Telecommunication				
8. Utilities	14,427			
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
<b>TOTAL OTHER CURRENT EXPENSES</b>	<b>14,427</b>			
<b>C. EQUIPMENT PURCHASES</b>	<b>0</b>			
<b>D. MOTOR VEHICLE PURCHASES</b>	<b>0</b>			
<b>E. CAPITAL</b>	<b>0</b>			
<b>TOTAL (A+B+C+D+E)</b>	<b>150,000</b>			
<b>SOURCES OF FUNDING</b>		Budget Prepared By:		
(a) Total State Funds Requested	150,000	Pi'ilani Kai	(808) 259-7948	
(b) Total Federal Funds Requested	0	Name (Please type or print)		Phone
(c) Total County Funds Requested	0			1/15/2020
(d) Total Private/Other Funds Requested	0			Signature of Authorized Official
<b>TOTAL BUDGET</b>	<b>150,000</b>	Mary Frances Oneha, APRN, PhD, FAAN / Chief Executive Officer		
		Name and Title (Please type or print)		

## BUDGET JUSTIFICATION - PERSONNEL SALARIES AND WAGES

Period: July 1, 2020 to June 30, 2021

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)
Registered Dietitian	1	\$63,938.16	60.00%	\$ 38,362.90
Community Relations Specialist	1	\$50,876.80	50.00%	\$ 25,438.40
Quality Data Analyst	1	\$59,571.20	30.00%	\$ 17,871.36
Facilities Technician	1	\$41,475.20	25.00%	\$ 10,368.80
Information Technology Specialist	1	\$47,216.00	25.00%	\$ 11,804.00
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
<b>TOTAL:</b>				<b>103,845.46</b>
<b>JUSTIFICATION/COMMENTS:</b>				

## BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Period: July 1, 2020 to June 30, 2021

Applicant: Waimanalo Health Center

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
N/A			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
<b>TOTAL:</b>				
<b>JUSTIFICATION/COMMENTS:</b>				

DESCRIPTION OF MOTOR VEHICLE	NO. OF VEHICLES	COST PER VEHICLE	TOTAL COST	TOTAL BUDGETED
N/A			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
<b>TOTAL:</b>				
<b>JUSTIFICATION/COMMENTS:</b>				

## BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS

Period: July 1, 2020 to June 30, 2021

Applicant: Waimanalo Health Center

<b>FUNDING AMOUNT REQUESTED</b>						
TOTAL PROJECT COST	ALL SOURCES OF FUNDS RECEIVED IN PRIOR YEARS		STATE FUNDS REQUESTED	OF FUNDS REQUESTED	FUNDING REQUIRED IN SUCCEEDING YEARS	
	FY: 2018-2019	FY: 2019-2020	FY:2020-2021	FY:2020-2021	FY:2021-2022	FY:2022-2023
PLANS	N/A	N/A	N/A	N/A	N/A	N/A
LAND ACQUISITION	N/A	N/A	N/A	N/A	N/A	N/A
DESIGN	N/A	N/A	N/A	N/A	N/A	N/A
CONSTRUCTION	N/A	N/A	N/A	N/A	N/A	N/A
EQUIPMENT	N/A	N/A	N/A	N/A	N/A	N/A
<b>TOTAL:</b>	N/A	N/A	N/A	N/A	N/A	N/A
<b>JUSTIFICATION/COMMENTS:</b>						

**GOVERNMENT CONTRACTS, GRANTS, AND / OR GRANTS IN AID**

Applicant: Waimanalo Health Center

Contracts Total: 11,003,778

	<b>CONTRACT DESCRIPTION</b>	<b>EFFECTIVE DATES</b>	<b>AGENCY</b>	<b>GOVERNMENT ENTITY (U.S. / State / Haw / Hon / Kau / Mau)</b>	<b>CONTRACT VALUE</b>
1	330e Consolidated Health Centers - Base and Expansions	03/01/2017-02/28/2018	Department of Health and Human Services	U.S.	2,136,072
2	330e Consolidated Health Centers - Base and Expansions	03/01/2018-02/28/2019	Department of Health and Human Services	U.S.	2,506,188
3	330e Consolidated Health Centers - Base and Expansions	03/01/2019-02/28/2020	Department of Health and Human Services	U.S.	2,031,688
4	HRSA Health Infrastructure Improvement Award	9/30/2017 - 9/30/2018	Department of Health and Human Services	U.S.	242,279
5	HRSA Health Infrastructure Improvement Award	9/30/2018 - 3/31/2019	Department of Health and Human Services	U.S.	757,721
6	Breast and Cervical Cancer Early Detection Programs	06/30/2017-06/29/2018	Department of Health	State	40,000
7	Breast and Cervical Cancer Early Detection Programs	06/30/2018-06/29/2019	Department of Health	State	50,000
8	Breast and Cervical Cancer Early Detection Programs	06/30/2019-06/29/2020	Department of Health	State	50,000
9	Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	10/01/2017-09/30/2018	Department of Health	State	183,000
10	Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	10/01/2018-09/30/2019	Department of Health	State	183,000
11	Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	10/01/2019-09/30/2020	Department of Health	State	183,000
12	Comprehensive Primary Care Services	07/01/2017-06/30/2018	Department of Health	State	191,900
13	Comprehensive Primary Care Services	07/01/2018-06/30/2019	Department of Health	State	200,000
14	Comprehensive Primary Care Services	07/01/2019-06/30/2020	Department of Health	State	200,000
15	Med-QUEST Eligibility	07/01/2017-06/30/2018	Department of Health	State	26,310
16	Med-QUEST Eligibility	07/01/2018-06/30/2019	Department of Health	State	26,310
17	Med-QUEST Eligibility	07/01/2019-06/30/2020	Department of Health	State	26,310

18	Perinatal Support Services	07/01/2017-06/30/2018	Department of Health	State	40,000
19	Perinatal Support Services	07/01/2018-06/30/2019	Department of Health	State	40,000
20	Perinatal Support Services	07/01/2019-06/30/2020	Department of Health	State	40,000
21	Grants-In-Aid Capital Project	02/15/2017-06/30/2022	Department of Health	State	500,000
22	Grants-In-Aid Capital Project	03/09/2018-6/30/2022	Department of Health	State	1,000,000
23	Office of Youth Services	12/1/2017-12/1/2018	Department of Human Svs	State	50,000
22	Office of Youth Services	12/1/2017-12/1/2018	Department of Human Svs	State	50,000
23	Grants-In-Aid - Patient Centered Health Care Home Expansion	01/01/2017-1/31/2018		City and County of Honolulu	125,000
24	Grants-In-Aid - Patient Centered Health Care Home Expanded Facility Elevator	12/01/2017-5/31/2019		City and County of Honolulu	125,000



# **Attachment B**

## **Other Required Documents**

**BOARD OF DIRECTORS**  
 President Kathy Conner, Vice President Keoni Aylett, 2nd Vice President Justin Lam, Treasurer Jim Wood, Secretary Deborah Smith  
 Directors: Shannon Alvado, Russ Awakuni, Jeff Gilbreath, Andrew Jamila, Jr., Renee Kama, Sandra Maenani McAulton, Julie Mijo, Kawai Miller, Catherine Sato, Bill Spencer

**HUMAN RESOURCES DIRECTOR**  
 Matulani Eoceshall, SCP, SPHR

ALTRES HR\*

**CHIEF EXECUTIVE OFFICER**  
 Mary Frances Oneha, APRN, PhD

**EXECUTIVE SECRETARY/ ANALYST**

**CHIEF PERFORMANCE & COMPLIANCE OFFICER**  
 Ashton Ho

**DIRECTOR OF QUALITY IMPROVEMENT**  
 Nadine Owen

QUALITY DATA ANALYST

QUALITY PROGRAM SPECIALIST

COMPLIANCE SPECIALIST

SECURITY

**FACILITIES DIRECTOR**  
 Ghiesou Rosala, BS, SFP

FACILITIES COORDINATOR

FACILITIES TECHNICIAN

MAINTENANCE\* HOUSEKEEPING\* GROUNDS\*

**DEVELOPMENT DIRECTOR**  
 Pi'itani Kai, MSW

COMMUNITY RELATIONS SPECIALIST

MEDICAL RECORDS TECHNICIAN

**CHIEF INFORMATION OFFICER**  
 Robert Silke, MS

**IT PROJECT MANAGER**

SYSTEM ENGINEER

SENIOR HEALTH DATA ANALYSTS

IT SPECIALIST

OSIS SUPPORT

**DIRECTOR OF COMMUNITY SERVICES**  
 Veronica Tomooka, MBA

COMMUNITY OUTREACH & EDUCATION WORKERS

TRANSPORTATION DRIVER

PATIENT ACCESS REPRESENTATIVES

KŪ I KA MĀNA SUPERVISOR

HEALTH EDUCATORS

COMMUNITY HEALTH EDUCATION WORKER

**CHIEF FINANCIAL OFFICER**  
 Frackson Sakala

**CONTROLLER**  
 Zara Nguyen

FINANCE SUPERVISOR

STAFF ACCOUNTANT

REVENUE CYCLE DIRECTOR  
 Jocelyn Kajahiki

BILLING - PAYMENT PAYMENT PROCESSING

**LAPA'AU LOEA**  
 Leina'ala Bright

CULTURAL HEALTH KĀKO'O

CULTURAL HEALTH LOMILOMI KĀKO'O

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

TEAM LEADS 'Utu, Kalo & Maile Clinics

CARE COORDINATORS 'Utu, Kalo & Maile Clinics

MEDICAL ASSISTANTS 'Utu, Kalo & Maile Clinics

CLINICAL ASSISTANT

OPTOMETRY ASSISTANT Noni Clinic

**ASSOCIATE MEDICAL DIRECTOR**  
 Joshua Evans, MD

PROVIDERS 'Utu, Kalo & Maile Clinics

OPTOMETRIST Noni Clinic

PHARMACIST 'Uhaloa

CLINICAL ADMINISTRATIVE ASSISTANT

**DIR OF HLTH PROMOTION & DISEASE PREVENTION**  
 Fung Kwok, RD, LD

REGISTERED DIETITIAN

PREVENTION CARE COORDINATOR

WIC SUPERVISOR

WIC COMPETENT PROFESSIONAL AUTHORITY

BREASTFEEDING PEER COUNSELOR

WIC CLERK

**DIR OF BEHAVIORAL HEALTH**  
 Sid Hermosura, PsyD

LICENSED CLINICAL PSYCHOLOGISTS Kuku, 'Utu, Maile, Kalo

BEHAVIORAL HEALTH CARE COORDINATOR

**DENTAL DIRECTOR**  
 Anthony Kim, DMD

DENTIST

DENTAL HYGIENIST

DENTAL ASSISTANTS

DENTAL BUSINESS OPERATIONS MANAGER

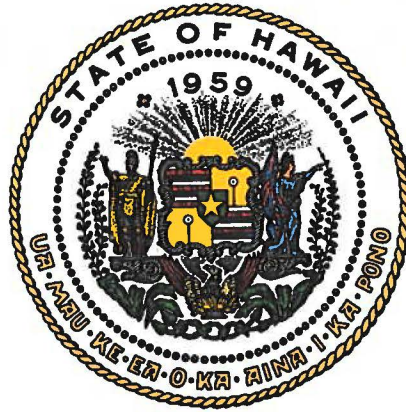
PATIENT OPERATIONS COORDINATOR I & II

DENTAL BILLER

LEADERSHIP TEAM MEMBERS (18)

Contractor/ Consultants

To Be Determined



## 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 16, 2020

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:

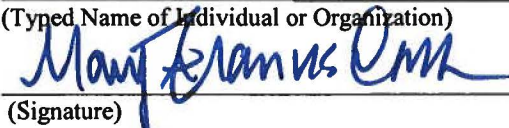
- 1) The applicant meets and will comply with all of the following standards for the award of grants pursuant to Section 42F-103, Hawaii Revised Statutes:
  - a) Is licensed or accredited, in accordance with federal, state, or county statutes, rules, or ordinances, to conduct the activities or provide 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.

Waimānalo Health Center

(Typed Name of Individual or Organization)



(Signature)

01/15/2020

(Date)

Mary Frances Oneha, APRN, PhD, FAAN

(Typed Name)

Chief Executive Officer

(Title)