

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:

Db: 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 2017: \$ 3,094,187.00

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 \$ 500,000
 FEDERAL \$ 1,000,000
 COUNTY \$ 0
 PRIVATE/OTHER \$ 4,564,531

MARY ONEHA, APRN, PHD / CHIEF EXECUTIVE OFFICER
NAME & TITLE

01/22/2016
DATE SIGNED



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A. Budget Forms

- Budget Request by Sources of Funds
- Budget Justification – Personnel Salaries and Wages
- Budget Justification – Equipment and Motor Vehicles
- Budget Justification – Capital Project Details
- Government Contracts and/or Grants
- Waimānalo Health Center FY2015 Balance Sheet
- Waimānalo Health Center FY2016 Balance Sheet

B. Facility Planning Documents

- Conceptual Site Plan for Parcel 282
- Conceptual Floor Plan for Parcel 282
- Ferraro Choi and Associates Preliminary Project Schedule

C. Other

- Waimānalo Health Center Organization Chart
- Certificate of Good Standing
- Declaration Statement of Applicants For Grants Pursuant to Chapter 42F, Hawai'i Revised Statutes
- Letter of Support from Virginia Pressler, MD

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.

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 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 2014, WHC saw 4,511 patients through 27,429 visits that included medical, dental and behavioral health services. Of Waimānalo Health Center patients, 65% were at or below the federal poverty level. Roughly 50% of WHC's patients

are Native Hawaiian. WHC experienced an 88% 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 6.6% of individuals.² It is also suspected that this may not be an accurate account of the

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.

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.

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 10-year trend (2009 and 2014) of the needs of WHC's patient population.

Figure 1 – WHC Patient Demographics

Patient Demographics			2009		2014	
100% and below Federal Poverty Level	2,631	68%	2,931	65%		
Uninsured	1,230	32%	811	18%		
Medicaid/Quest	1,753	45%	2,636	58%		
Native Hawaiian	1,737	45%	2,253	50%		
Asian & Pacific Islander	938	24%	1,022	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 by 44% 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 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;

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.

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:

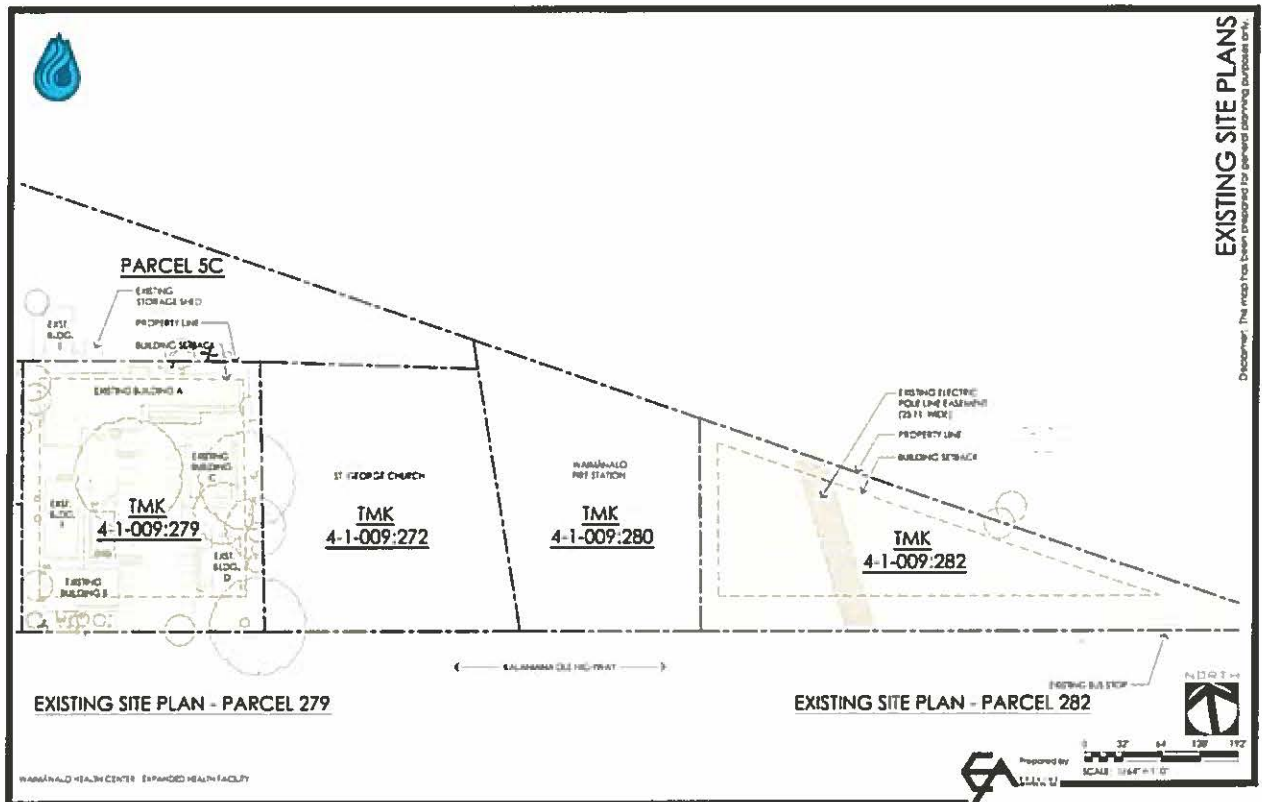
Phase 1: Due Diligence and Acquisition of Property

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 2 illustrates the close proximity of Parcel 282 and Parcel 279.

Figure 2 - 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. 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 3 - 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.

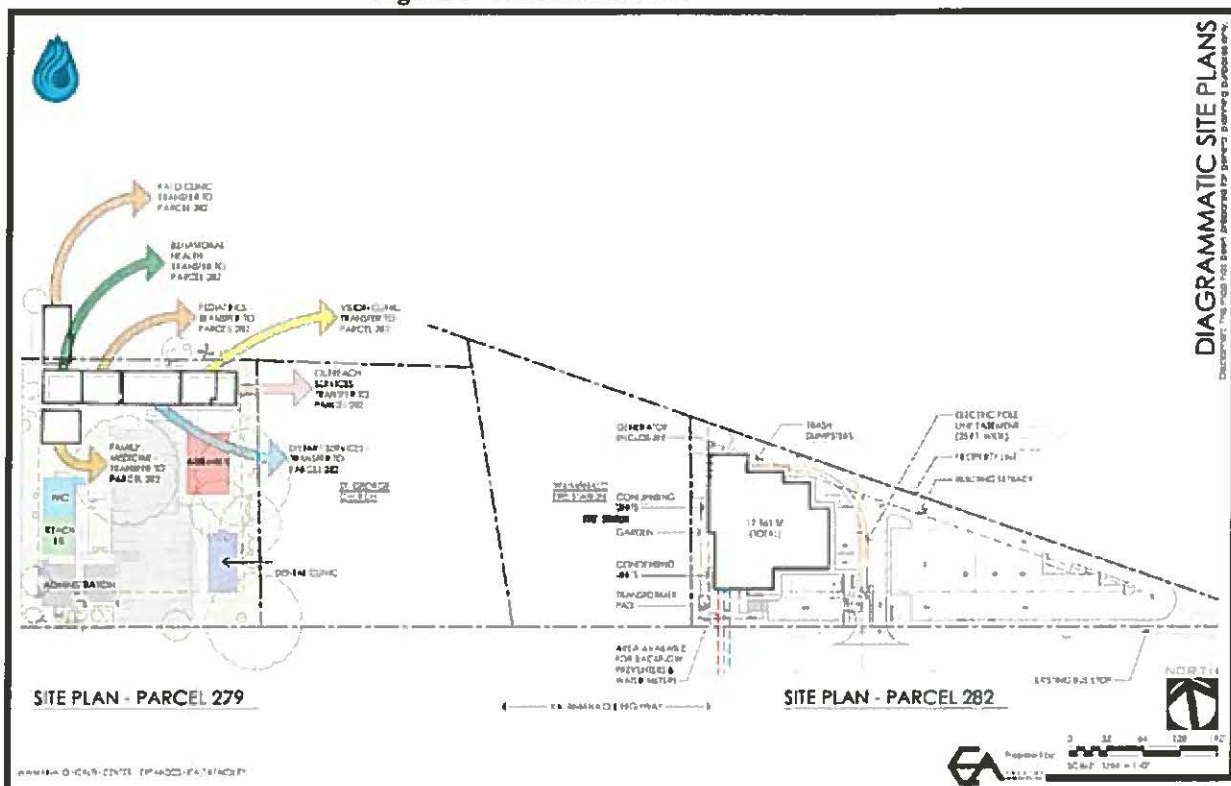
With support from the legislature, construction of the new facility will commence in before the end of 2016 with construction completion in 2017.

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 certification of occupancy, the last move will entail relocation of vision center equipment, other medical equipment, operating supplies to the new facility.

Figure 4 illustrates WHC's relocation plans for the expanded facility as outlined in the organization's Facility Master Plan.

Figure 4 – Relocation Plans



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 but will be further developed after completion of the proposed project on Parcel 282.

2. Provide a projected annual timeline for accomplishing the results or outcomes of the service;

WHC has already completed Phase 1 of the proposed project by securing a combined 65-year permanent lease through DLNR for Parcel 282 and Parcel 292. An overview the timeline is below:

- Phase 1: Due Diligence and Acquisition of Property - May 1, 2013 – December 31, 2014
- Phase 2: Planning and Design– November 1, 2014 – November 30, 2015
- Phase 3: Permitting and HECO Easement Relocation– December 1, 2015 – October 1, 2016
- Phase 4: Construction of the Expanded Facility – December 1, 2016 – December 31, 2017.
- Phase 5: Installation of Equipment, Furnishings and Relocation of Services to the Expanded Facility – May 1, 2017 – December 31, 2017
- Phase 6: Demolition and Reconfiguration of Parcel 279 – Undetermined at this time

Please refer to the Ferraro Choi and Associates Preliminary Project Schedule for additional details of the timeline for the proposed project. The Preliminary Project Schedule is available in Section B of the Attachments.

2. Describe its quality assurance and evaluation plans for the request. Specify how the applicant plans to monitor, evaluate, and improve their results;

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 that were successfully completed in recent years:

- \$195,758 - Dental clinic renovation in 3/2009
- \$246,325 – Major dental equipment purchase and installation in 3/2009
- \$375,625 - ARRA Capital Improvement Project grant for alterations and equipment through the U.S. Department of Health and Human Services, Bureau of Primary Health Care, Health Resources and Services Administration from 6/2009 – 5/2011
- \$34,806 - Electrical room repairs funded by WHC in 4/2012
- \$76,331 – Installation of facility generator funded by WHC in 12/2013
- \$324,795 - WIC Renovation funded by the State of Hawai'i WIC program (United States Department of Agriculture pass through) in 4/2013
- \$64,069 – Renovations to the nutrition services building funded by WHC in 4/2013
- \$54,000 – Alterations for the Vision Center funded by WHC in 9/2013
- \$89,207 – Purchase and installation of Vision Center equipment funded by the National Association of Community Health Center Covidien Challenge Grant in 9/2013
- \$289,214 – 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 (5/2013 - 8/2014).

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 CFO will remain the liaison with the DLNR as well as the Facilities and Finance Committees for core issues and decisions.

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
- 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; Liz Martinez, Board Director 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 December 31, 2017.
2. Increased patient parking by an additional 50 parking stalls.
3. Move in of designated operations (except pharmacy) to new expanded medical facility by July 27, 2018.
4. Medical services operational in new expanded medical facility by July 30, 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 FY2017. 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 project funding is listed on the Budget Request by Source of Fund form for the FY2017 period.

2. The applicant shall provide its anticipated quarterly funding requests for the fiscal year 2017.

Below is the quarterly funding request for the fiscal year 2016 which reflects the project construction timeline.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
\$100,000	\$300,000	\$800,000	\$2,094,187	\$3,094,187

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

3. The applicant shall provide a listing of all other sources of funding that they are seeking for fiscal year 2017.

The Waimānalo Health Center has already been awarded \$2,000,000.00 from the Harold K. L. Castle Foundation for the proposed project. The Waimānalo Health Center has also invested \$1,800,000 of its cash reserves into the project. And, the U.S. Department of Health and Human Services - Health Resource Service Administration awarded the Waimānalo Health Center \$1,000,000 for this capital project. WHC's internal fundraising campaign has resulted in 100% participation from WHC's Board of Directors and staff totaling \$233,745 in contributions. Numerous donations from private foundations and individuals have also been committed totaling \$530,786. To date, with the State of Hawai'i's contribution of \$500,000 in fiscal year 2016, WHC has secured \$6,064,531 in funding for this project.

In 2017, WHC will seek funding from the following sources:

- Harry and Jeannette Weinberg Foundation - \$3,000,000
- City and County of Honolulu - \$125,000.00
- Private Foundations and Individual Donors (including Atherton Family Foundation, McInerney Foundation, First Hawaiian Bank Foundation, HEI Charitable Foundation, The Queens Health Systems, etc...) - \$2,050,000

It is important to note that with a \$3,094,187.00 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 \$3,094,187.00 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, 2015.

Waimānalo Health Center's total current assets as of December 31, 2015 are \$3,218,514. This amount is from all cash accounts and receivables less an allowance for bad debt.

Per the WHC's 2016 operating budget, the following cash and savings balances are designated for programs by the Board of Directors:

Temporarily Restricted for Grants	\$121,335
Designated for Programs	\$233,912
Designated for Capital & Operations	\$505,106
Designated for Operating Reserve	\$700,000
Designated for Maintenance Reserve	\$500,000
<u>Designated for New Building Expense</u>	<u>\$157,367</u>
Total Designations	\$2,060,353

Total Board of Directors designations total \$2,060,353. Therefore, less these designations, WHC's unrestricted current assets total \$1,158,161.

Please refer to Waimānalo Health Center's Balance Sheets in Section A of the Attachments. Included are both balance sheets for FY2015 (as of June 30, 2015) as well as a balance sheet for FY2016 (as of December 31, 2015) 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 and was the first community health center on O`ahu to receive this recognition.

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.

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 CY14 W2's, for the three highest paid employees, of the organization are as follows: Christina Lee, MD, Chief Medical Officer, \$189,940; Mary Frances Oneha, APRN, PhD, Chief Executive Officer, \$162,943; and Carol Titcomb, MD, Pediatrician, \$165,079.

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.

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 2016-17 the activity funded by the grant if the grant of this application is:

- (1) Received by the applicant for fiscal year 2016-17, but

Funding from the State of Hawai'i is instrumental in successfully executing the proposed facility expansion. If funding is secured for FY15-16, WHC be able to commence construction by the end of 2016 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 FY16, WHC's operating budget increased to \$7,233,781 with revenues projected at \$7,515,549. 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 dollar 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'ōhe 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, 2015.

A Certificate of Good Standing from the Department of Commerce and Consumer Affairs dated January 20, 2016 is included in Section C of the Attachments of this proposal.

Attachment A

Budget Forms

BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2016 to June 30, 2017

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		125,000	
D. MOTOR VEHICLE PURCHASES	0			
E. CAPITAL	3,094,187	507,024		4,283,649
TOTAL (A+B+C+D+E)	3,094,187	507,024	125,000	4,283,649
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested	3,094,187	Kathleen Kravish, Chief Financial Officer (808) 954-7110		
(b) Total Federal Funds Requested	507,024	Phone		
(c) Total County Funds Requested	125,000	Signature of Authorized Official 1/21/16		
(d) Total Private/Other Funds Requested	4,283,649	Date		
TOTAL BUDGET	8,009,860	Mary Oneha, APRN, PhD, Chief Executive Officer Name and Title (Please type or print)		

BUDGET JUSTIFICATION - PERSONNEL SALARIES AND WAGES

Period: July 1, 2016 to June 30, 2017

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, 2016 to June 30, 2017

Applicant: Waimanalo Health Center

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
Not Applicable.			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:				0
JUSTIFICATION/COMMENTS:				

DESCRIPTION OF MOTOR VEHICLE	NO. OF VEHICLES	COST PER VEHICLE	TOTAL COST	TOTAL BUDGETED
Not Applicable.			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:				0
JUSTIFICATION/COMMENTS:				

BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS

Period: July 1, 2016 to June 30, 2017

Applicant: Waimanalo Health Center

FUNDING AMOUNT REQUESTED						
TOTAL PROJECT COST	ALL SOURCES OF FUNDS RECEIVED IN PRIOR YEARS		STATE FUNDS REQUESTED	OF FUNDS REQUESTED	FUNDING REQUIRED IN SUCCEEDING YEARS	
	FY: 2014-2015	FY: 2015-2016	FY:2016-2017	FY:2016-2017	FY:2017-2018	FY:2018-2019
PLANS	42,776	64,000		65,000	12,000	
LAND ACQUISITION	-					
DESIGN	426,071	485,399		120,000	30,000	
CONSTRUCTION	-		3,094,187	4,605,673	2,702,733	
EQUIPMENT	-			125,000	967,665	
TOTAL:	468,847	549,399	3,094,187	4,915,673	3,712,398	-
JUSTIFICATION/COMMENTS: \$13,000,000 total projected costs less \$259,496 expended FY14. Balance of \$12,740,504 for FY15 and beyond. Other sources includes HRSA HIIP grant at \$507,024 in FY17 with \$492,976 balance drawn down in FY17-18. HRSA HIIP grant is allocated at 6.33% share of total costs.						

GOVERNMENT CONTRACTS AND / OR GRANTS

Applicant: Waimanalo Health Center

Contracts Total: 4,528,039

	CONTRACT DESCRIPTION	EFFECTIVE DATES	AGENCY	GOVERNMENT ENTITY (U.S. / State / Haw / Hon / Kau / Mau)	CONTRACT VALUE
1	330e Consolidated Health Centers - Base and Expansions	3/01/2015-2/29/2016	Department of Health and Human Services	U.S.	1,722,916
2	330e Consolidated Health Centers - Base and Expansions	03/01/2016-02/28/2017	Department of Health and Human Services	U.S.	1,765,508
3	Block Grant for Prevention and Treatment of Substance Abuse	07/01/2015-06/30/2016	Department of Health	State	115,000
4	Family Planning Services- Clinical and Education	07/01/2015-06/30/2016	Department of Health	State	104,500
5	Breast and Cervical Cancer Early Detection Programs	07/01/2015-06/30/2016	Department of Health	State	75,000
6	Women's Infants and Children's (WIC)	10/1/2015 - 9/360/2016	Department of Health	State	157,350
7	Primary Care - Uninsured	07/01/2015-06/30/2016	Department of Health	State	371,873
8	Eligibility Worker	07/01/2015-06/30/2016	Department of Health	State	25,892
9	Perinatal Support Services	07/01/2015-06/30/2016	Department of Health	State	40,000
10	GIA Fund - Patient Centered Health Care Home	10/1/2015-9/30/2016	City and County of Honolulu	Hon	150,000

Waimanalo Health Center
Balance Sheet
As of 6/30/2015
(In Whole Numbers)

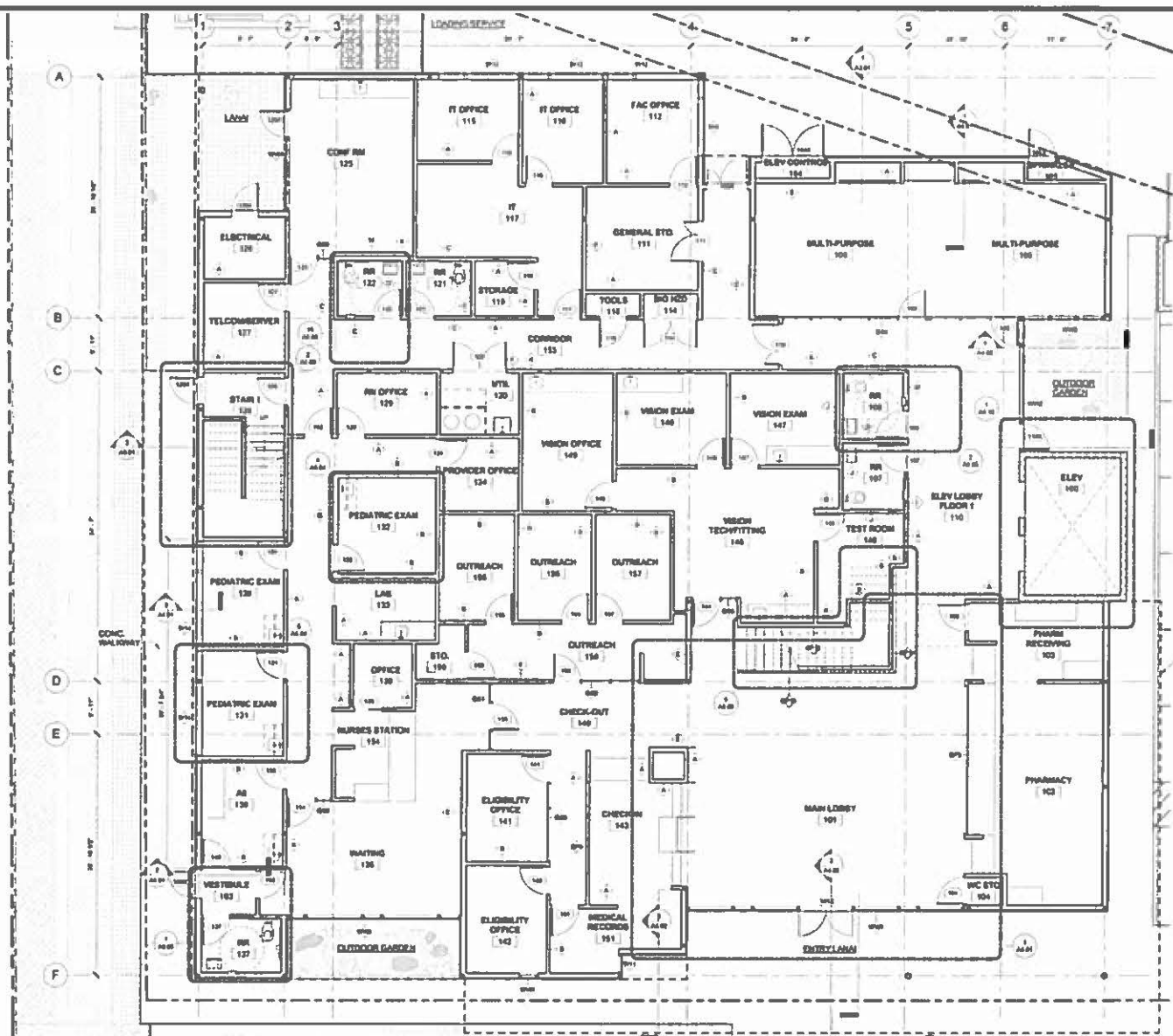
	<u>Current Period Balance</u>
Assets	
Current Assets	
Cash	795,171
Savings	1,422,593
Patient Receivable - Medical	560,569
Patient Receivable - Dental	12,230
Grant/POS Receivables	1,122,141
Other	560
less Bad Debt Allowance	<u>(75,000)</u>
Total Current Assets	3,838,265
Fixed Assets	
Land & Equip	4,197,194
less Depreciation	<u>(2,375,344)</u>
Total Fixed Assets	1,821,850
Other Assets	
Improvements in Progress	783,285
Prepays & Deferred Exp.	<u>10,740</u>
Total Other Assets	794,025
Total Assets	<u>6,454,140</u>
Liabilities	
Current Liabilities	
Accounts Payable	68,449
Accrued Vacation	100,667
Accrued Payroll	287,449
Payroll Withholdings	<u>22,017</u>
Total Current Liabilities	478,582
Total Liabilities	<u>478,582</u>
Net Assets	
Beginning balance	
Unrestricted	5,387,241
Temp Restricted	<u>86,008</u>
Total Beginning balance	5,473,249
Change in Net Assets	
Current Year Surplus/(Deficit)	<u>502,309</u>
Total Change in Net Assets	502,309
Total Net Assets	<u>5,975,558</u>
Liabilities & Fund Balance	<u>6,454,140</u>

Waimanalo Health Center
Balance Sheet
As of 12/31/2015
(In Whole Numbers)

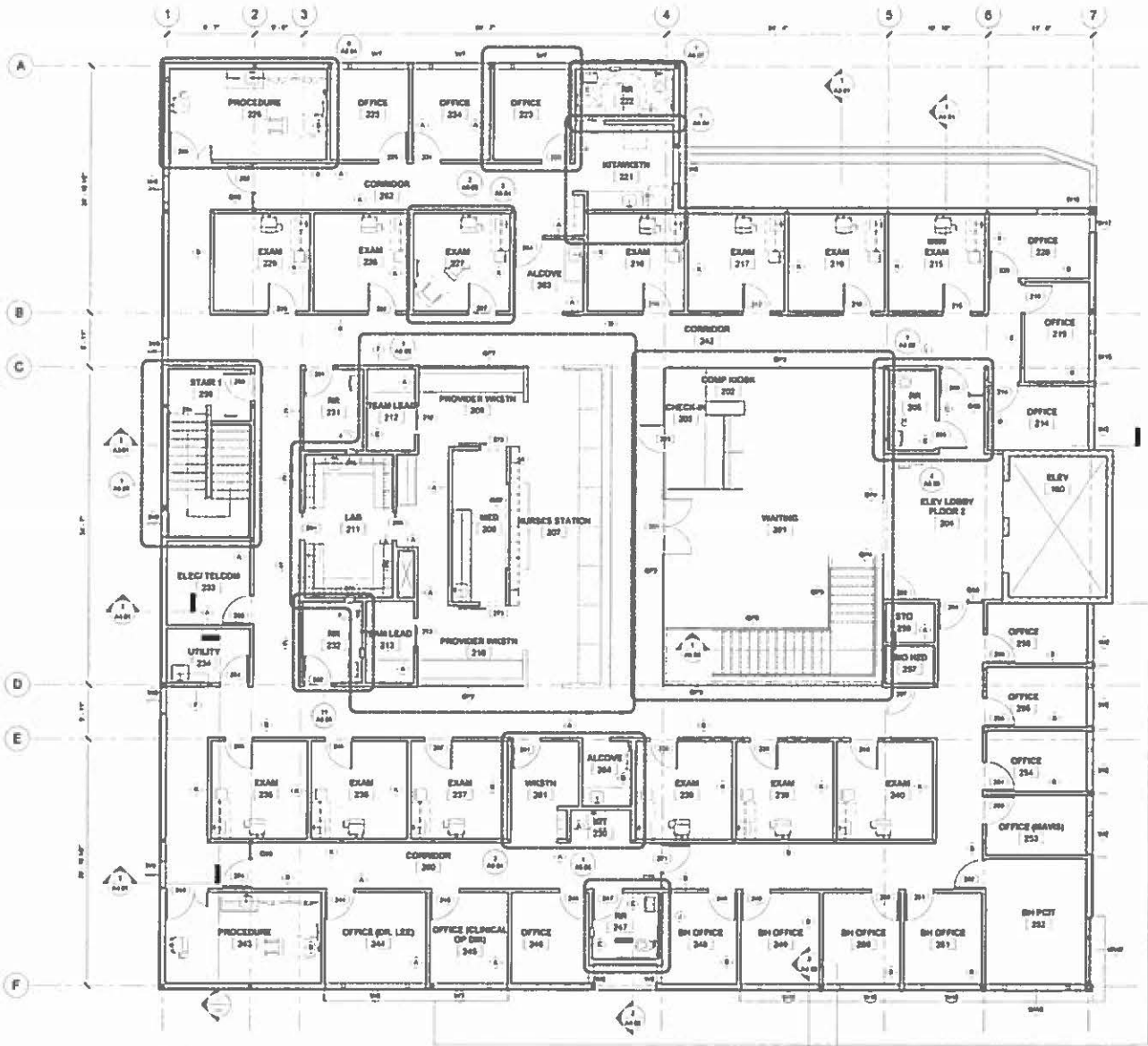
	Current Period Balance
Assets	
Current Assets	
Cash	1,239,666
Savings	1,623,680
Patient Receivable - Medical	5,301
Patient Receivable - Dental	(81,522)
Grant/POS Receivables	505,829
Other	560
less Bad Debt Allowance	(75,000)
Total Current Assets	3,218,514
Fixed Assets	
Land & Equip	4,197,194
less Depreciation	(2,432,217)
Total Fixed Assets	1,764,977
Other Assets	
Improvements in Progress	783,285
Prepays & Deferred Exp.	11,700
Total Other Assets	794,985
Total Assets	5,778,477
Liabilities	
Current Liabilities	
Accounts Payable	24,653
Accrued Vacation	100,667
Accrued Payroll	224,161
Payroll Withholdings	50,909
Total Current Liabilities	400,391
Total Liabilities	400,391
Net Assets	
Beginning balance	
Unrestricted	5,387,241
Temp Restricted	86,008
Total Beginning balance	5,473,249
Change in Net Assets	
Current Year Surplus/(Deficit)	(95,163)
Total Change in Net Assets	(95,163)
Total Net Assets	5,378,086
Liabilities & Fund Balance	5,778,477

Attachment B

Facility Planning Documents



1 FIRST FLOOR PLAN
 A1.11 3/4" = 1'-0"



1 SECOND FLOOR PLAN
 A1.13 3/16" = 1'-0"

Waimanalo Health Center

REVISIO PROJECT SCHEDULE - For Discretionary Programs

PROJECT PHASE

WDC Capital Campaign & Clinical Milestones

Innovative Campaign/Construction Restrictions

Language Collaborative Development

Volunteer Training

Internal Campaigns (Bazaar/Run/Walk/Events)

Identifying Staff and Duration

Construction Scheduling

Advanced Plans Kick-off and Duration

Major Phase Kick-off and Duration

Regional Wrap-up

On: 14 WDC Ceremony

WDC to visitor interest 2017 by January 2016

Comments Completion by 2/17/2016

Substantial Completion by 6/7/2017

Programming - 1.5 weeks

Project Kick-off

WDC Meeting - review of program

Program Approval - review of program

Prog meeting

WDC Review & Approval

Substantial Design (SD) - 9 weeks

Concept development (7 schemes)

SD WDC Meeting - concept presentation

SD WDC Meeting - program review

SD WDC Meeting - program review

SD WDC Review & Approval

Design Development (DD) - 24 weeks

DD WDC Meeting - program review

DD WDC Meeting - program review

DD WDC Meeting - program review

DD WDC Meeting - program review

DD WDC Meeting - program review

DD WDC Meeting - program review

DD WDC Meeting - program review

DD WDC Meeting - program review

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DD WDC Meeting - program review

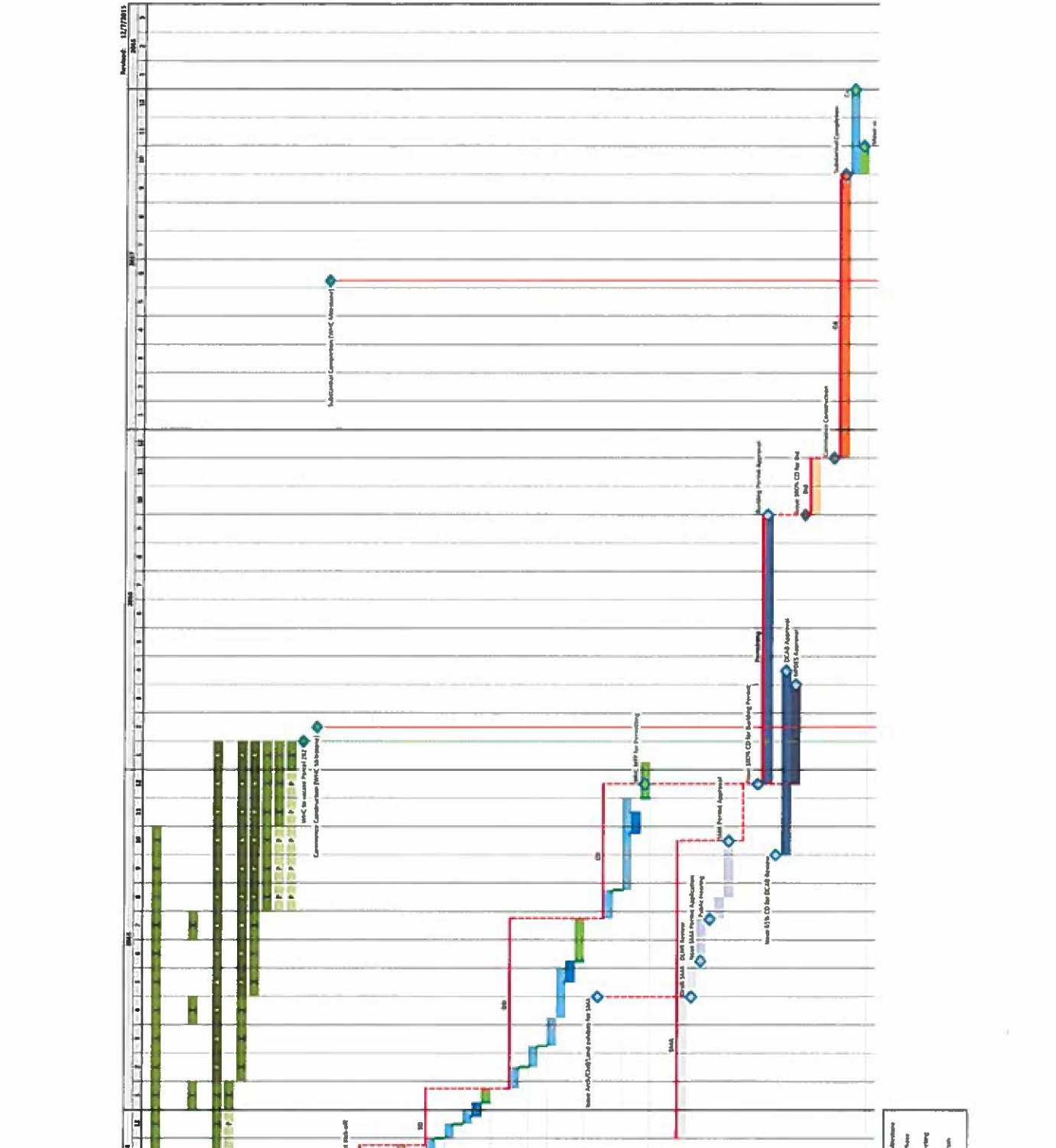
DD WDC Meeting - program review

DD WDC Meeting - program review

DD WDC Meeting - program review

Legend

- Project Milestone
- Project Phase
- WDC Meeting
- Calendar Path



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 Dattweiler, Andrew Jamila, Jr., Renee Kama, Justin Lam, Elizabeth Martinez, Sandra Maenani McAulton,
 Pamela Menter, Kawai Miller, Hamid Pourjalali, Catherine Sato

CHIEF EXECUTIVE OFFICER
 Mary Frances Oneha, APRN, PhD

ALTRES HR*

EXECUTIVE SECRETARY/ ANALYST

CHIEF PERFORMANCE & COMPLIANCE OFFICER
 Teresa Gonsalves, LSW

CHIEF FINANCIAL OFFICER
 Kathy Kravish, MT, MBA, CMPE

CHIEF MEDICAL OFFICER
 Christina Lee, MD

DIRECTOR OF COMMUNITY SERVICES
 Veronica Tomooka, MBA

COMPLIANCE SPECIALIST

DIRECTOR OF INFORMATION TECHNOLOGY
 Robert Silke, MS

EXPANDED FACILITY

FINANCE SUPERVISOR

DEVELOPMENT DIRECTOR
 Pi'iani Kai, MSW

DIR OF CLINICAL OPERATIONS
 Maryjane Granda, APRN

DIR OF BEHAVIORAL HEALTH
 Sid Hermosura, PsyD

DIR OF HEALTH PROMOTION & DISEASE PREVENTION
 Patricia Liang Tong, MScP, PhD, COE

DENTAL DIRECTOR
 Anthony Kim, DMD

COMMUNITY OUTREACH & EDUCATION WORKER

DATA ANALYST

SYSTEM ENGINEER

WHC PROGRAM MANAGER
 Erskine Architects

ACCOUNTANT

COMMUNITY RELATIONS SPECIALIST

TEAM LEAD
 'Ulu, Kalo, Maile

LICENSED CLINICAL PSYCHOLOGIST
 Kukui, 'Ulu, Maile, Kalo

REGISTERED DIETICIAN

DENTIST

KU I KA MANA PROGRAM COORDINATOR

QUALITY IMPROVEMENT COORDINATOR

SENIOR HEALTH DATA ANALYSTS

BUILDING ARCHITECT
 Ferraro Choi

BOOKKEEPER

CAMPAIGN CONSULTANT
 Solid Concepts, Inc.
 S. Sanae Tokumura

CARE COORDINATOR
 'Ulu, Kalo, Maile

ADMINISTRATIVE ASSISTANT

WIC SUPERVISOR

DENTAL HYGIENIST

YOUTH MENTORS

FRONT OFFICE/ RECEPTION

NEXTGEN SUPPORT

FACILITIES MANAGER

BILLER PAYMENT PROCESSING

MEDICAL ASSISTANTS
 'Ulu, Kalo, Maile, Noni

PROVIDER
 'Ulu, Kalo, Maile, Noni

WIC COMPETENT PROFESSIONAL AUTHORITY

WIC CLERK

DENTAL BILLER

PC SUPPORT

LANDSCAPE MAINTENANCE HELPER

BILLER CHARGE PROCESSING

OPERATIONS SUPPORT ASSISTANT

LEADERSHIP TEAM MEMBERS

CULTURAL HEALTH PREVENTION SPECIALIST

WIC CLERK

PATIENT OPERATIONS COORDINATOR II

MAINTENANCE HOUSEKEEPING GROUNDS*

CONTRACTOR/ CONSULTANTS

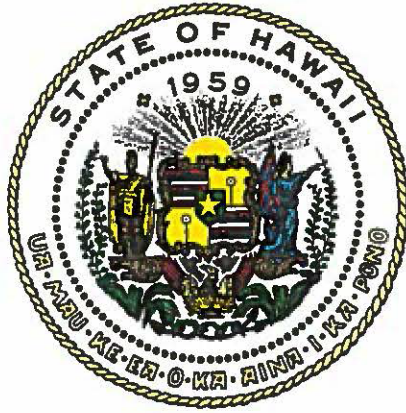
TO BE DETERMINED

TO BE DETERMINED

PATIENT OPERATIONS COORDINATOR I

DENTAL ASSISTANTS

DENTAL ASSISTANTS



Department of Commerce and Consumer Affairs

CERTIFICATE OF GOOD STANDING

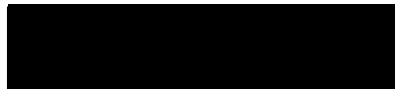
I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that

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 20, 2016



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)	
[Redacted Signature]	01/22/2016
(Signed)	(Date)
Mary Frances Oneha, APRN, PhD	Chief Executive Officer
(Typed Name)	(Title)

DAVID Y. IGE
GOVERNOR OF HAWAII



VIRGINIA PRESSLER, M.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. BOX 3378
HONOLULU, HI 96801-3378

In reply, please refer to:
File:

January 11, 2016

Dr. Mary Frances Oneha
Chief Executive Officer
Waimānalo Health Center
41-1347 Kalanianaʻole Hwy
Waimānalo, HI 96795


Dear Dr. Oneha,

The Hawaiʻi State Department of Health is in strong support of Waimānalo Health Center's application for State of Hawaiʻi Grant-in-Aid (GIA) funding to support the construction of a new \$13 million, two-story 19,542 square foot outpatient care facility. The services and programs projected to be housed in the new facility will be an asset to the community served.

The Department of Health supports the scope of services to be provided in the new facility, the high quality care currently provided by WHC, and the progress you have made with your capital campaign. Leveraging your increased capacity and revenue to contribute towards future expansion efforts, through satellite clinics, in the Koʻolaupoko community would continue to increase opportunities for individuals to establish with a usual source of care.

The Department of Health recognizes your GIA request of \$3,094,187.00 and recommends that the Legislature consider an amount to enable you to move forward with construction before the end of 2016.

Sincerely,



Virginia Pressler, M.D.
Director of Health