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

Type of Grant Request:

☒ Operating ☐ Capital

Legal Name of Requesting Organization or Individual: Dba:

The Wahiawa Center for Community Health | Wahiawa Health

Amount of State Funds Requested: $408,000.00

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

Wahiawā Health's grant initiative aims to address the healthcare needs of underserved communities in Waialua, Mokuleia, Dillingham Airfield, and Ka'ena Point by providing integrated care that encompasses primary care, mental health services, substance use disorder treatment, and social services. The clinic will be staffed by a multidisciplinary team, including primary care providers, psychiatric APRNs, psychologists, medical assistants, patient service representatives, pharmacists and an outreach team consisting of community health workers, care coordinators, and social workers.Funding will support the integration of this outreach team to offer comprehensive support, by addressing social determinants of health. The team will focus on removing barriers to care, improving access to primary and mental health services, and ensuring that vulnerable groups—such as seniors, Native Hawaiians, low-income individuals, and agricultural workers—receive the holistic care they need. To ensure the care provided is culturally appropriate and sensitive, the initiative will also include cultural competency training for all staff, enabling them to better understand and respond to the unique cultural needs and preferences of the diverse communities we serve

Amount of Other Funds Available:

State: $

Federal: $

County: $

Private/Other: $

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

$1,150,000.00

Unrestricted Assets:

$981,765.75

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:

302 California Ave Suite 208

City: Wahiawa | State: HI | Zip: 96786

Contact Person for Matters Involving this Application	
Name: Beverly Harbin	Title: CEO
Email: bharbin@wahiawahealth.com	Phone: 808-622-1618 ext 666

Authorized Signature

Beverly Harbin, CEO

Name and Title

Date Signed

Revised 2024.12.04

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.

- [X] 1) Hawaii Compliance Express Certificate (If the Applicant is an Organization)
- [X] 2) Declaration Statement
- [X] 3) Verify that grant shall be used for a public purpose
- [X] 4) Background and Summary
- [X] 5) Service Summary and Outcomes
- [X] 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)
- [X] 7) Experience and Capability
- [X] 8) Personnel: Project Organization and Staffing

Authorized Signature	Print Name and Title	Date
	Bev Harbin	1/15/2025

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

THE WAHIAWA CENTER FOR COMMUNITY HEALTH

was incorporated under the laws of Hawaii on 01/25/2012 ; 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 08, 2025

Director of Commerce and Consumer Affairs

To check the authenticity of this certificate, please visit: http://hbe.ehawaii.gov/documents/authenticate.html
Authentication Code: 523482-COGS_PDF-235150D2

STATE OF HAWAII
STATE PROCUREMENT OFFICE

CERTIFICATE OF VENDOR COMPLIANCE

This document presents the compliance status of the vendor identified below on the issue date with respect to certificates required from the Hawaii Department of Taxation (DOTAX), the Internal Revenue Service, the Hawaii Department of Labor and Industrial Relations (DLIR), and the Hawaii Department of Commerce and Consumer Affairs (DCCA).

Vendor Name: **THE WAHIAWA CENTER FOR COMMUNITY HEALTH**

DBA/Trade Name: **WAHIAWA HEALTH**

Issue Date: **01/10/2025**

Status: **Compliant**

Hawaii Tax#: 94660527
New Hawaii Tax#:
FEIN/SSN#: XX-XXX4944
UI#: XXXXXX0740
DCCA FILE#: 235150

Status of Compliance for this Vendor on issue date:

Form	Department(s)	Status	
A-6	Hawaii Department of Taxation	Compliant	
8821	Internal Revenue Service	Compliant	
COGS	Hawaii Department of Commerce & Consumer Affairs	Exempt	
LIR27	Hawaii Department of Labor & Industrial Relations	Compliant	

Status Legend:

Status	Description
Exempt	The entity is exempt from this requirement
Compliant	The entity is compliant with this requirement or the entity is in agreement with agency and actively working towards compliance
Pending	A status determination has not yet been made
Submitted	The entity has applied for the certificate but it is awaiting approval
Not Compliant	The entity is not in compliance with the requirement and should contact the issuing agency for more information

DECLARATION STATEMENT OF APPLICANTS FOR GRANTS PURSUANT TO CHAPTER 42F, HAWAI'I REVISED 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, Hawai'i 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, Hawai'i 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; and

3) If the applicant is a non-profit organization, it meets the following requirements pursuant to Section 42F-103, Hawai'i 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.

4) The use of grant-in-aid funding complies with all provisions of the Constitution of the State of Hawaii (for example, pursuant to Article X, section 1, of the Constitution, the State cannot provide "... public funds ... for the support or benefit of any sectarian or nonsectarian private educational institution...").

Pursuant to Section 42F-103, Hawai'i 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.

The Wahiawa Center for Community Health
(Typed Name of Individual or Organization)

(Signature) 1-15/2025 (Date)

Beverly Harbin CEO
(Typed Name) (Title)

Wahiawa
Center for Community
Health
I ka lā i ka Mauloko...the sun at the source of life within

January 15, 2025

Wahiawa Health confirms and verifies that this grant application will be used for a public purpose.

Beverly Harbin, CEO
Wahiawa Health

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

1. 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, 2021.

2. Declaration Statement

The applicant shall submit a declaration statement affirming its compliance with Section 42F-103, Hawaii Revised Statutes.

3. Public Purpose

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

II. Background and Summary

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

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

In 2011, the late Senator Dan Inouye advocated for access to medical care in Central O'ahu. Wahiawā Health is one of six legacy projects established in his honor. In 2017, Wahiawā Health received official designation as a Federally Qualified Health Center Look-Alike, serving Wahiawā, Waialua, Kunia, and Mililani. In the spirit of aloha and compassion, we provide access to affordable, quality health care and wellness services to promote a healthy community. Wahiawā Health is headquartered at 302 California Avenue in Wahiawa. This area harbors a total population of 105,301 residents, 19.5% of whom live at or below 200% of FPG, establishing a target population of 20,604 low-income residents[1]. The service area covers Mililani, Mililani Mauka, Wahiawā, Whitmore Village, Poamoho Village, Upper Kunia, Waialua, Mokuleia. Wahiawā Health serves a Medically Under-served Population (MUP). Our service area, which includes Waialua, has been designated as a Health Profession Shortage Area (HPSA) in the critical areas of primary care, behavioral health and dental health. Scores range from 1-26, 26 being the highest need area without key health professionals for the delivery of services. Our

[1] U.S. Department of Health and Human Services.. *Wahiawa Health Service Area map*. HRSA GeoCare Navigator. Retrieved January 4, 2025, from https://geocarenavigator.hrsa.gov/

HPSA Primary Care Score is 20, Dental Health Score 22 and Mental Health Score 22[2]. Medically under-served populations demonstrate substantial socioeconomic barriers to healthcare access, which inevitably produce higher rates of chronic disease.

Wahiawā Health is deeply committed to the communities that we serve and each of our programs has been built to suit the specific needs of our diverse population. Wahiawā Health integrates comprehensive, culturally safe and relevant care in all our services, this includes, Family Medicine, Women's Health OB-GYN, Men's Health, Pediatrics, Behavioral Health, Clinical Pharmacy Services, in-house Pharmacy Services, Diabetes Self- Management Education (DSME), Translation Care Management (TCM) and preventive health education. Specialty Services (Podiatry, Geriatrician), and in addition, our health center utilizes a mobile van and a pharmacy car to implement outreach services such as medication delivery and food distribution. We incorporate our community organizer, patient navigators, and community health workers in all our outreach services. At Wahiawā Health, we believe that access to quality medical care, behavioral health and social services should be available to everyone regardless of one's financial situation.

2. The goals and objectives related to the request;

The primary goal of Wahiawā Health's grant initiative is to address the unmet primary care, mental health, social services, care coordination and substance use disorder needs of the underserved communities of Waialua, Mokuleia, Dillingham Airfield, and Ka'ena Point. This unique agricultural community is composed of Indigenous Peoples—Kanaka Maoli (Native Hawaiians)—as well as multi-generational plantation workers and farmers, the majority of whom identify as Japanese, Chinese, Portuguese, and Filipino. According to Wahiawā Health's 2024 community needs assessment, this rural population faces considerable barriers to accessing mental health care, including socioeconomic challenges, stigma, lack of awareness, and limited availability of services.

Enhancing access to integrated healthcare services in Waialua and its surrounding communities is a crucial step toward addressing existing gaps in care. By opening a new clinic at the heart of the community, Wahiawā Health aims to provide comprehensive, culturally sensitive care tailored to the unique needs of this underserved population. The Waialua Clinic will be staffed by a multidisciplinary team of healthcare professionals, including primary care providers, geriatricians, psychiatric APRNs, psychologists, pharmacists, and an outreach team consisting of social workers, community health workers, and care coordinators. This collaborative, team-based approach ensures that patients receive holistic, integrated care that not only addresses their physical and behavioral health needs but also provides the support necessary to navigate social determinants of health, improving overall well-being and outcomes for the community.

Objectives:

1. **Expand clinical services to underserved populations,** including farmers, Native Hawaiians, and other residents in Waialua, Mokuleia, Dillingham Airfield, and Ka'ena Point by establishing a new clinic at 67-292 Goodale Avenue in Waialua. This strategic location is within proximity to community centers, schools, and residential areas.

[2] Health Resources and Services Administration, *Health Provider Shortage Area Wahiawa Health*, U.S. Department of Health and Human Services, accessed January 5, 2025, https://data.hrsa.gov/tools/shortage-area/hpsa-find.

2. **Increase Access to Primary Care:** Access to primary care services is a critical issue in rural and farming communities, where many residents lack regular access to healthcare providers. This leads to delayed diagnoses, unmanaged chronic conditions, and increased reliance on emergency care. The new Waialua Clinic will address these gaps by offering a comprehensive range of culturally competent healthcare services tailored to the needs of farmers, Native Hawaiians, and the local community. These services will include primary care, preventive care, screenings, chronic disease management, family medicine, geriatrics, psychiatric and behavioral health care, medication management, and treatment for substance use disorders. By providing consistent access to primary care, Wahiawā Health aims to prevent more serious health issues, reduce healthcare costs, and improve long-term health outcomes for the community.

3. **Address the Critical Shortage of Mental Health Services:**

   Mental health and substance use disorder services are often the most difficult to access in rural and underserved areas. A shortage of behavioral health professionals, stigma surrounding mental health, and financial constraints prevent residents from seeking care. Mental health issues are disproportionately affecting individuals in these communities, including children, families, and seniors.[3] As identified Wahiawā Health's 2024 community assessment, there is a growing need for mental health support, especially among vulnerable groups. With few mental health providers in the area, many individuals experience long waiting times for services, or they may forgo care altogether due to a lack of local options. This grant activity directly addresses the need for accessible, timely, and culturally relevant mental health services, including therapy, medication management, and substance use disorder treatment. By expanding these service in Waialua, Wahiawā Health aims to reduce the treatment gap and improve access to care for residents in need.

4. **Provide Comprehensive, Integrated Care:**
   The Waialua Clinic will provide a holistic, integrated care model, which is essential for addressing both the mental and physical health needs of the population. The clinic's multidisciplinary team approach, including primary care providers, geriatricians, psychologists, psychiatric APRNs, social workers, care coordinators, community health workers, patient service representatives and medical assistants, ensures that patients receive coordinated care that addresses not only their behavioral health issues but also their overall well-being.
   The need for this integrated approach is especially pressing given the prevalence of chronic conditions and comorbidities that often go untreated in rural areas. Conditions like depression, anxiety, substance use disorders, and dementia disproportionately affect underserved populations and require coordinated care that bridges the gap between physical and mental health services.

5. **Reduce Barriers to Access:**
   A primary goal of the Waialua Clinic is to reduce barriers to healthcare, such as transportation challenges, financial hardship, lack of healthcare literacy, and fear of stigma. By offering flexible appointment options, including walk-in services and telehealth consultations, the clinic will make mental health services more accessible for individuals who may otherwise be unable to seek help. Additionally, the clinic will offer enabling services such as case management, transportation assistance, and social services referrals, which are

[3] Hodgkinson S, Godoy L, Beers LS, Lewin A. Improving Mental Health Access for Low-Income Children and Families in the Primary Care Setting. Pediatrics. 2017 Jan;139(1):e20151175. doi: 10.1542/peds.2015-1175. Epub 2016 Dec 12. PMID: 27965378; PMCID: PMC5192088.

crucial for ensuring that vulnerable populations, including those with low incomes and limited mobility, do not face logistical or financial barriers to care.

6. **Address the Needs of Vulnerable Populations:**
The Waialua community is home to a diverse population, including a significant number of seniors, families, and children- and a growing number of agricultural workers. Many of these individuals face complex needs, such as aging-related health challenges, trauma, substance abuse, and family stressors. Vulnerable populations, particularly seniors, are often isolated and lack access to specialized care. This clinic will be a vital resource for offering geriatric mental health services and family-centered care, ensuring that older adults, children, and families have access to the mental health and substance use disorder support they need. The integration of social workers, community health workers, and care coordinators ensures that these individuals receive not only medical care but also practical assistance in navigating the healthcare system, securing housing or social services, and overcoming other barriers that may impact their health and well-being.

7. Promoting Health Equity and Reducing Health Disparities:

Wahiawā Health's expansion into Waialua specifically seeks to reduce health disparities by offering services tailored to the cultural and socio-economic needs of the local population. The clinic will be staffed by professionals trained in cultural humility and trauma-informed care, ensuring that services are respectful of diverse cultural backgrounds and that patients feel comfortable and supported in accessing care.

3. The public purpose and need to be served;

In 2024, Wahiawā Health conducted multiple community needs assessments and focus groups involving farmers, teachers, and school administrators. A key finding was the widespread need for mental health services. Many participants cited affordability as a barrier, while others struggled with transportation issues or simply did not know where to seek help. One farmer shared his experience with seeking help for mental health services, he tried to schedule an appointment, only to be turned away after he could not pay the full fee upfront. Even though he had insurance, he would have to pay for the entire cost of the visit first. He would have to seek reimbursement from his insurance for the visit. This farmer's story is not an uncommon problem. According to the National Alliance on Mental Illness (NAMI)[4], people in Hawai'i are more than 1.5 times for likely to be forced out of network for mental health care than primary care. This makes it very difficult to find affordable care due to higher out of pocket expenses. Unaddressed mental health and substance use disorders in our diverse and underserved communities can have profound and far-reaching impacts. Without access to mental health care services, individuals may experience worsened psychological conditions, leading to higher rates of anxiety, depression, and other mental illnesses. This can also exacerbate physical health problems, as mental health is closely linked to overall well-being. Additionally, In the absence of adequate mental health support, individuals may turn to substances as a coping mechanism, leading to a cycle of addiction that further complicates their mental health needs[5].

[4] National Alliance on Mental Illness Hawaii. (2021). *Mental health in Hawaii: Hawaii State Fact Sheet*. National Alliance on Mental Illness Hawaii. Retrieved from https://namihawaii.org/wp-content/uploads/2021/05/HawaiiStateFactSheet.pdf

[5] American Addiction Centers. (2024, December 17). *Addiction as a coping mechanism and healthy alternatives*. American Addiction Centers. Retrieved from https://americanaddictioncenters.org/sobriety-guide/coping-mechanism

Untreated mental health and substance use issues can further hinder an individuals' ability to work or pursue education, resulting in lost income and increased economic instability for families. Children growing up in homes affected by untreated mental health issues and substance use may face trauma, leading to a cycle of mental health challenges that persists across generations. Stigma surrounding mental health and substance use can lead to social withdrawal, making it difficult for individuals to build relationships[6]. Addressing these challenges through accessible mental health and substance use services is crucial for fostering a healthier, more resilient community. Dr. Ku'ulei Naahi'elua, Ph.D., APRN-Rx, BC-ADM, PMHNP-BC, a Native Hawaiian resident of Waialua stated, "As a psychiatric and diabetic specialist working at Wahiawā Health, I understand the importance of access to care. Many patients miss appointments or are not seen regularly as recommended due to the logistical challenges of living in a rural area. The new clinic will be instrumental in enhancing access to quality healthcare in Waialua."

Public Purpose:

The public purpose of Wahiawā Health's establishment of the Waialua Clinic is to address significant gaps in primary care services, mental health and substance use disorder care and social services, within this underserved, rural community. This effort aligns with the broader public health goals of ensuring equitable access to comprehensive, culturally competent healthcare for all residents, regardless of socioeconomic status, geographic location, or health literacy.

The Waialua Clinic will serve as a community hub for healthcare and wellness. By collaborating with local organizations such as schools, senior centers, and faith-based institutions, the clinic will strengthen its connection to the community and build trust. Outreach events, education, and health promotion activities will be crucial in informing residents about available services, reducing stigma, and encouraging preventive care. The clinic will also promote health literacy by providing accessible information about mental health, substance use, and available resources, ensuring that community members are empowered to take control of their health and well-being.

The need for these services is clear: by expanding access to comprehensive, culturally competent healthcare services, Wahiawā Health will help address a critical shortage of mental health and substance use disorder, primary care and social services in the Waialua community. This initiative will enhance access to integrated, patient-centered care, improve health outcomes, and foster greater health equity, especially for vulnerable populations. The grant activity aligns with both the immediate and long-term health needs of the Waialua community and will positively impact the overall well-being of its residents, creating a model for sustainable, community-driven healthcare.

4. Describe the target population to be served; 5. and Describe the geographic coverage.

The target population to be served are children, adolescents and their families who reside in the Waialua, Mokuleia, Dillingham Airfield, and Ka'ena Point area. The name "Waialua" means "two waters", highlighting the town's significance due to its freshwater resources and fertile land. Waialua's fertile volcanic soil, water, sunny weather and abundant land led to the establishment of large sugarcane plantations. In 1865, the opening of Waialua Sugar Mill played an essential role in Hawaii's sugar industry. The Sugar Mill provided employment, expanded the local

[6] Lander L, Howsare J, Byrne M. The impact of substance use disorders on families and children: from theory to practice. Soc Work Public Health. 2013;28(3-4):194-205. doi: 10.1080/19371918.2013.759005. PMID: 23731414; PMCID: PMC3725219.

economy, provided housing and health care to its employees. The infrastructure of this plantation community was closely tied to the sugar mill industry's success. The growth of the sugar industry led to a demand in immigrant labor which resulted in the influx of Japanese, Filipino, Portuguese and Chinese farmers that worked on the plantation. This plantation era blended several different cultures, traditions, languages and practices. Many residents today are direct descendants of the agricultural workers tied to the century-old, sugar plantation.

The end of the plantation era led to the discontinuation of basic healthcare services, including emergency care, routine check-ups and preventative services, leaving the community without a local hospital or clinic. This loss has had a lasting impact on the community's ability to access timely and adequate healthcare. As the plantations closed, the multigenerational families were left with their lives intrinsically woven and dependent on their rural farm community, traditional values and lifestyles - truly an agricultural paternalistic society. The closure of the sugar mill in 1996 also marked a significant economic downturn for the community, as many lost their jobs, associated housing benefits and access to healthcare. The shift away from a plantation-based economy left a vacuum in employment opportunities, contributing to the area's current economic challenges.

In response to these challenges, the new clinic will provide crucial access to healthcare for a community that has been without it for nearly thirty years. This facility will not only offer medical care but also support the health and well-being of multigenerational families who have relied on Waialua's agriculture roots and close- knit community for generations. The clinic sits in the town's shopping center, next to the Waialua Community Center Senior Day Care and the Waialua Post Office, less than a mile away from Waialua Elementary School and Waialua Intermediate/High School, public library, public swimming pool and the town's main church Saint Michaels. The clinic is also ideally located close to homes and apartments, with approximately 4,000 residents residing in Waialua. The proximity of the new clinic allows for easy access to area residents. However, there are approximately 3,000 other residents that live outside of Waialua Town.[7] Although the residents share the same zip code, Mokuleia, Dillingham Airfield, and Ka'ena Point are outlying areas extending to the island's westernmost tip. These areas are less developed and characterized by isolated beaches and rugged Mountain terrain. The land surrounding and connecting south to Waialua is farmland, occupied by area farmers and migrant farmworkers. The Waialua Health Clinic will provide transportation assistance, regardless of where patients live, to help outlying populations access care.

III. 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;

The scope of work for the Waialua Clinic is focused on providing accessible, integrated healthcare services to underserved populations in rural Waialua and surroundings areas. The tasks and

[7] U.S. Department of Health and Human Services.. *Wahiawa Health Service Area map*. HRSA GeoCare Navigator. Retrieved January 4, 2025, from https://geocarenavigator.hrsa.gov/

responsibilities detailed below ensure that the outreach team addresses the critical gaps in mental health, substance use disorder care, and primary healthcare while overcoming barriers such as cost, transportation, and stigma. By offering comprehensive, culturally competent care, and engaging in community outreach, Wahiawā Health will foster a healthier, more resilient community in Waialua, improving health outcomes and promoting long-term well-being for all residents. Below is a detailed breakdown of the tasks and responsibilities associated with this project:

Tasks and Responsibilities:

a. **Training**

i. Hire and onboard a multidisciplinary team of healthcare providers, including primary care physicians, psychiatric APRNs, psychologists, geriatricians, social workers, outreach coordinator, medical assistants, patient service representatives and community health workers.

ii. Provide ongoing cultural humility and trauma-informed care training to staff to ensure culturally competent service delivery for diverse populations.

iii. Train staff on the clinic's integrated care model, emphasizing coordination of care between physical and behavioral health providers.

b. **Delivery of Integrated Care Services:**

i. Provide routine mental health screenings during primary care visits to identify early signs of mental health issues, ensuring timely interventions.

ii. Offer specialized geriatric care services, including cognitive assessments, depression management, and support for seniors with chronic conditions and mental health issues.

iii. Provide individual and group therapy sessions, medication management for psychiatric conditions, and substance use disorder treatment.

iv. Implement evidence-based therapeutic approaches tailored to the needs of the community, including Cognitive Behavioral Therapy (CBT) and trauma-informed care models.

v. Establish outpatient substance use disorder treatment programs.

vi. Develop partnerships with local rehabilitation centers and support networks to provide comprehensive care for individuals affected by substance use.

c. Overcoming Barriers to Access

i. Set up telehealth capabilities for remote consultations and therapy sessions, ensuring access to care for individuals who face transportation or scheduling challenges.

ii. Provide walk-in services to ensure immediate access to care for patients in crisis or those with urgent mental health needs.

iii. Provide case management to assist patients in navigating the healthcare system, obtaining insurance coverage, accessing medication assistance, sliding scale fee application, scheduling appointments, and resolving transportation challenges.

iv. Improve access to pharmacy service by offering medication assistance to individuals experiencing financial difficulties, helping to cover the cost of prescribed medications. Additionally, provide free medication delivery from the Wahiawā Health pharmacy, ensuring that patients receive their medications either at home or in the clinic, thus overcoming transportation challenges.

v. .

d. **Community Engagement and Outreach:**

i. Collaborate with schools, community centers, faith-based organizations, senior centers, and other organizations to promote the clinic's services and build trust within the community.

ii. Work with schools, farmers, community organizations to provide education on mental health, substance use, and wellness, addressing stigma and promoting early intervention.

e. **Health Promotion and Education:**

i. Organize community events, health fairs, and information sessions to raise awareness about available healthcare, mental health and substance use disorder services.

ii. Distribute health education materials that are culturally sensitive and accessible to diverse populations, ensuring that all residents are informed about the services available to them.

iii. Educate the community about mental health and substance use disorders, reducing fear and misunderstanding around these issues.

f. **Promote Health Equity:**

i. Cultural Competency and Sensitivity: Ensure that all services are culturally competent, offering care that respects the values and traditions of the diverse populations served.

ii. Provide language services, including translation and interpretation, to ensure that non-English-speaking residents can access services without language barriers.

iii. Address social determinants of health (e.g., housing, food security, transportation, medication assistance and access to social services) by connecting patients with resources and assistance to meet these needs.

i. Increase access to social services to support holistic care, recognizing that mental health and physical health are influenced by social and economic factors.

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

1. **Cultural Competency Training**
   Responsible: Program Manager, Clinic Operation Manager
   Timeline: July 2025 and ongoing
   Actions: Implement ongoing cultural humility, social determinants of health, and trauma-informed care training for staff.
   Measure: All team members complete training.
   Outcome: Improved cultural sensitivity and patient-provider rapport.
2. **Language Services**
   Responsible: Social Worker, CHW, Outreach Coordinator
   Timeline: August 2025
   Actions: Provide translation services for non-English-speaking patients.
   Measure: 100% of non-English patients have access to translation.
   Outcome: Effective communication, ensuring better patient engagement and care.
3. **Establish Integrated Care Team**
   Responsible: Program Manager, Clinic Manager
   Timeline: July- June 2026
   Actions: Train multidisciplinary team members, including psychologists, psychiatric APRNs, social worker/case manager, primary care providers, geriatricians, outreach coordinator, care coordinator, and CHWs.
   Measure: Full team operational by Sept 2025
   Outcome: A collaborative coordinated care team.
4. **Regular Team Meetings for Case Coordination**
   Responsible: Program Manager, Social Worker, Outreach Coordinator, Care Coordinators, CHW
   Timeline: Bi-weekly
   Actions: Hold case review meetings to ensure consistent care and follow-up.
   Measure: Bi-weekly meetings held, with cases discussed and updated.
   Outcome: Seamless coordination of services across disciplines.
5. **Increase Community Outreach and Engagement**
   Responsible: Program Manager, Care Coordinator, Social Worker, CHW
   Timeline: Quarterly
   Actions: Host events on mental health, substance use, and stigma reduction in collaboration with local faith-based organizations, schools, and businesses.
   Measure: 1 event held quarterly with 50+ participants per event.
   Outcome: Increased awareness and reduced stigma around mental health.
6. **Launch Walk-In Appointment and telehealth Services**
   Responsible: Program Manager / Clinic Manager
   Timeline: August 2025
   Actions: Offer walk-in appointments to eliminate scheduling barriers for those unable to book in advance. Set up telehealth platforms to provide remote counseling for patients unable to attend in person.
   Measures: Walk-in services available by Month 1. 25% of sessions delivered via telehealth within 3 months.
   Outcome: Increased access to care for individuals facing scheduling, mobility, or geographical barriers.
7. **Develop Informational Materials**
   Responsible: Program Manager
   Timeline: August 2025-Jan 2026
   Actions: Create brochures and online resources about services, including walk-ins and telehealth.
   Measure: 1,000 materials distributed within 3 months.

Outcome: Increased awareness of services and greater patient utilization.

8. **Assist with Insurance and Sliding Scale Applications**
   Responsible: Community Health Workers, Social Workers, Care Coordinator
   Timeline: Ongoing
   Actions: Help patients apply for insurance and sliding scale programs to reduce out-of-pocket costs.
   Measure: Provide assistance to 100% of patients
   Outcome: No patient turned away due to financial barriers.

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

Quality Assurance and Evaluation Plan
Wahiawā Health's Quality Assurance (QA) and evaluation plan will ensure that the services provided at the Waialua Clinic are effective, culturally appropriate, and continuously improving. This plan will focus on measuring both the process and outcomes of the clinic's activities, ensuring that the needs of underserved populations, including farmers, Native Hawaiians, and other community members, are met.

1. Monitoring and Evaluation Framework
The monitoring and evaluation (M&E) process will be structured around clear goals, measurable objectives, and regular performance reviews. The plan will ensure that data is collected systematically to track progress, assess quality of care, and identify areas for improvement.
Key Components of the M&E Framework:

- **Input and Activity Tracking**: Monitor the resources used (e.g., personnel, funding) and the activities performed (e.g., number of services offered, number of patients served, community outreach efforts) to ensure that the program is operating as intended.
- **Process Monitoring**: Regularly track and assess the quality of service delivery, such as:
  - Patient wait times
  - Appointment availability
  - Staff performance and cultural competency
  - Integration of social services, outreach into medical and behavioral health services
- **Outcome Evaluation**: Measure the impact of services on patient health and well-being, focusing on:
  - Improvements in mental health and substance use outcomes
  - Chronic disease management (e.g., diabetes, hypertension)
  - Health outcomes for seniors
  - Patient satisfaction

2. Data Collection and Analysis
Data will be collected through a combination of methods to assess both qualitative and quantitative aspects of service delivery. This will include patient surveys, health assessments, and clinical data from patient records.
Data Collection Methods:

- **Patient Surveys**: After visits, patients will be asked to complete surveys regarding their satisfaction with services, their perceived health improvements, and their experience with the clinic's cultural competence.

- **Electronic Health Records (EHR)**: Regular data from the EHR system will provide real-time information on the number of patients served, types of services provided, patient outcomes, and any follow-up care required.
- **Focus Groups and Interviews**: Periodic focus groups will provide qualitative insights into the effectiveness and cultural relevance of the services.
- **Community Health Worker Feedback**: Community health workers, who will have close contact with patients, will offer regular feedback about community concerns, patient barriers to care, and service gaps.
- **Telehealth Data**: For telehealth services, data on usage patterns, patient engagement, and outcomes will be regularly reviewed to assess accessibility and satisfaction with virtual care.

3. Performance Indicators

To ensure ongoing quality assurance, Wahiawā Health will develop a set of **performance indicators** that will be used to measure the effectiveness of the clinic and the services it offers. These indicators will be reviewed monthly and adjusted as necessary to ensure continuous improvement.

Examples of Performance Indicators:

- **Access to Services**: Percentage increase in the number of underserved individuals (farmers, Native Hawaiians, and others) receiving care at the clinic.
- **Patient Health Outcomes**: Improvement in clinical metrics such as blood pressure control, A1c levels, and mental health screenings (PHQ-9, GAD-7).
- **Patient Satisfaction**: Achieve a satisfaction score of 85% or higher on patient surveys regarding quality of care, ease of access, and cultural sensitivity.
- **Timeliness of Care**: Maintain an average wait time of less than 15 minutes for scheduled appointments and no more than 30 minutes for walk-in visits.
- **Service Utilization**: Track the number of mental health and substance use disorder services provided, including therapy sessions, counseling, and medication management.

4. Continuous Quality Improvement (CQI) Process

To ensure that services remain responsive to the needs of the community, Wahiawā Health will implement a **Continuous Quality Improvement (CQI)** process. This process will involve regular assessment and feedback loops to identify areas for improvement and make necessary adjustments in real time.

CQI Activities:

- **Regular Team Meetings**: Monthly meetings will be held with the multidisciplinary team (including healthcare providers, social workers, community health workers) to discuss patient care, review performance indicators, and identify opportunities for improvement.
- **Patient Feedback Integration**: Patient feedback will be systematically integrated into decision-making. For example, if a significant number of patients report difficulties accessing care or dissatisfaction with telehealth services, the clinic will implement adjustments such as offering more flexible hours or improving telehealth technology.
- **Staff Training and Development**: Based on identified needs, staff will undergo regular training in cultural competency, trauma-informed care, and any emerging healthcare best practices. This will ensure that the care provided is both high-quality and culturally sensitive, particularly for Native Hawaiian and farming populations.
- **Regular Audits and Reviews**: Quarterly audits of clinical and administrative processes will ensure that services are being delivered efficiently, meeting quality standards, and complying with regulatory requirements.

5. Reporting and Accountability

- **Quarterly Progress Reports**: These will outline key metrics, such as patient satisfaction, health outcomes, and the number of individuals served, along with any updates on outreach or education efforts.
- **Annual Evaluation Report**: An in-depth report will evaluate the effectiveness of the clinic's services in addressing primary care, mental health, substance use, and senior care needs in the community. This will include detailed outcomes data and analysis, lessons learned, and recommendations for future improvements.
- Based on the evaluation findings, Wahiawā Health will make adjustments to improve services and ensure that the clinic meets the evolving needs of the Waialua community.

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.***

1. Access to Healthcare Services

i. **Number of new patients served**: Track the number of individuals (especially farmers, Native Hawaiians, and other underserved populations) who access care at the new Waialua Clinic.
ii. **Percentage of underserved populations served**: Measure the percentage of residents from Waialua, Mokuleia, Dillingham Airfield, and Ka'ena Point who utilize the clinic's services, with a focus on Native Hawaiians, farmers, and multi-generational communities.
iii. **Geographic coverage**: Track the number of patients from rural and remote areas (e.g., farmers in Mokuleia, Dillingham Airfield) who access services, ensuring broader geographic reach.
iv. **Clinic utilization rates**: Measure the number of appointments and visits (both in-person and telehealth) at the new clinic.

2. Expansion of Healthcare Services

i. **Number of services provided**: Track the total number of primary care, mental health, substance use disorder, and geriatrics services delivered at the clinic, broken down by service type.
ii. **Number of integrated care appointments**: Track how many patients receive integrated care (i.e., simultaneous or coordinated physical and behavioral health care) to ensure holistic treatment.
iii. **Culturally competent care metrics**: Monitor the number of patients receiving culturally tailored services, especially among Native Hawaiian patients and agricultural workers.

iv. **Community Outreach, Awareness and Activities**: Track the number and types of community outreach efforts (e.g., presentations at local schools, farms or other community organizations).
v. **Community partnerships**: Measure the number of local organizations, schools, and agricultural groups that Wahiawā Health collaborates with to raise awareness of the clinic's services.
vi. **Awareness surveys**: Conduct periodic surveys to assess the level of awareness about the clinic's services within the community, especially among farmers, Native Hawaiians, and other underserved groups.
vii. **Marketing reach**: Track the distribution and engagement of marketing materials (e.g., flyers, mailers) to measure the extent to which information about the clinic has reached the target population.

4. Health Outcomes

i. **Improvement in mental health**: Measure changes in patient-reported mental health outcomes (e.g., through standardized screening tools such as the PHQ-9 for depression or GAD-7 for anxiety) among those receiving mental health and substance use disorder services.
ii. **Substance use reduction**: Track the number of patients enrolled in substance use treatment programs.
iii. **Chronic disease management**: Monitor improvements in chronic disease management for conditions common in rural farming populations, such as hypertension, diabetes, and respiratory illnesses, by tracking clinical outcomes (e.g., blood pressure control, A1c levels, etc.).
iv. **Senior health improvement**: Track health outcomes among senior patients, including cognitive screenings, medication management adherence, and improvements in overall wellness.

5. Patient Satisfaction and Engagement

i. **Patient satisfaction surveys**: Collect feedback through surveys to measure satisfaction with clinic services, particularly in terms of cultural competence, accessibility, and the quality of care provided.
ii. **Patient retention rates**: Monitor the percentage of patients who return for follow-up appointments, as an indicator of both the quality of care and community trust in the clinic.
iii. **Telehealth engagement**: Track the number of telehealth consultations and measure patient satisfaction with telehealth services, especially for those who face transportation challenges.

6. Social Determinants of Health

i. **Case management services provided**: Measure the number of individuals who receive case management support, including assistance with social determinants such as transportation, housing, or financial resources.
ii. **Access to transportation**: Track the number of patients who receive transportation assistance to attend appointments, and measure improvements in access to care due to these services.
iii. **Reduction in unmet needs**: Track reductions in unmet social or health-related needs (through periodic assessments or surveys) as a result of the clinic's enabling services.

7. Staff and Community Capacity Building

i. **Staff training in cultural competency**: Track the number of staff members who complete cultural competency training specific to Native Hawaiian and agricultural communities.

ii. **Community health worker engagement**: Measure the number of community health workers actively engaged in outreach and service delivery, particularly in high-need areas like farming communities and among Native Hawaiians.

IV. Financial

Budget

1. The applicant shall submit a budget utilizing the enclosed budget forms as applicable, to detail the cost of the request.
   a. Budget request by source of funds (Link): *See attached.*
   b. Personnel salaries and wages (Link): *See attached.*
   c. Equipment and motor vehicles (Link): *See attached.*
   d. Capital project details (Link): *See attached.*
   e. Government contracts, grants, and grants in aid (Link): *See attached.*

2. The applicant shall provide its anticipated quarterly funding requests for the fiscal year 2023.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
$ 102,000.00	$ 102,000.00	$ 102,000.00	$ 102,000.00	**$408,000.00**

3. The applicant shall provide a listing of all other sources of funding that they are seeking for the fiscal year 2025. N/A

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. N/A

5. The applicant shall provide a listing of all federal, state, and county government contracts, grants, and grants in aid it has been granted within the prior three years and will be receiving for fiscal year 2023 for program funding.
   Wahiawā Health has successfully secured a range of government contracts, grants, and grants-in-aid to support its operational programs over the past three years. However,

these funds are not applicable to the current budget request. For further details, please refer to the attached document titled "Government Contracts, Grants, and Grants-in-Aid."

6. The applicant shall provide the balance of its unrestricted current assets as of December 31, 2021.
Wahiawā Health's unrestricted current assets as of December 31, 2024, are $981,765.75

V. Experience and Capability

1. 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.

Beverly Harbin
Chief Executive Officer
Beverly Harbin has been the CEO of Wahiawā Health since 2016. Before this role, she served as a consultant for the health center from 2011 to 2015, where she was instrumental in conducting community health needs assessments and securing designations (e.g., MUP, pending HPSA) that supported the establishment of a community health center. Her responsibilities included overseeing administrative consultants, grant writing, and engaging with the healthcare industry for support, all while facilitating training for the board of directors.

In 2011, Beverly initiated the HRSA grant application process, coordinating efforts to secure funding for a study the feasibility of a Community Health Center in Wahiawa. She worked closely her team to submit a successful application that was awarded to Faith Action for Community Equity (FACE), subsequently managing the grant's community organizing and health assessments. Her leadership also extended to organizing the first annual Wellness Event, ensuring compliance with grant requirements while securing additional private funding for public outreach. Beverly was responsible for all HRSA funds disbursement, acting as Project Coordinator, reporting programmatic objectives and financials to HRSA and PMS.

From 2007 to 2013, Beverly served as the State-Wide Healthcare Coordinator for FACE, where she built collaborative relationships among community health centers and various organizations. Her work focused on social justice in healthcare, affordable housing, and advocating for healthcare issues across multiple islands. This role involved developing funding and grants for FACE's Maui and Oahu branches and presenting healthcare initiatives to state committees.

Beverly holds a Bachelor of Arts degree in Political Science and Women's Studies from the University of Hawaii at Hilo. She is fluent in English and has extensive experience working with diverse populations, including Native Hawaiians and other Pacific Islander communities.

Additionally, as a Community Organizer for the Ohana Housing Network in Honolulu from 2007 to 2011, she successfully advocated for policies that included tenant organizations in decision-making processes related to affordable housing preservation.

Dr. William Paul Berg, M.D.
Chief Medical Officer
Dr. Willam Paul Berg is a dedicated family medicine physician with a robust background in serving diverse and underserved communities. He graduated from Ross University School of Medicine in 2013 and completed his family medicine residency at the University of Texas Houston in 2016. Since joining Wahiawā Health in 2021, Dr. Berg has continued to build on his extensive experience, previously practicing at Revere Health in Eagle Mountain, Utah, and Hilo Medical Center in Pahoa, Hawaii.

Fluent in English, Dr. Berg has a profound understanding of the cultural nuances within diverse populations, including Hispanic, Native Hawaiian, Samoan, Marshallese, and Chuukese communities. Over the past decade, he has committed himself to improving healthcare access and outcomes for these populations, emphasizing a patient-centered approach that fosters respect and shared decision-making.

A strong advocate for evidence-based medicine, Dr. Berg employs data-driven strategies to enhance patient care and operational efficiency. He is particularly focused on leveraging data to address social determinants of health, ensuring that healthcare delivery models are responsive to the unique needs of the communities he serves. His contributions to quality improvement and assurance at Wahiawā Health have significantly advanced the utilization of the Azara EHR platform, enabling the standardization of protocols, prioritization of patient experience, and implementation of measurable progress tracking. Dr. Berg's unwavering dedication to his patients and the healthcare field exemplifies his commitment to operational excellence and continuous improvement in patient care.

Dr. Ku'upua Akana, PharmD, BC-ACP
Chief Operations Officer / Director of Pharmacy
Dr. Pua Akana graduated from the University of Hawaii Hilo in 2011 with a Doctor of Pharmacy degree. In 2017, she earned her board certification as an ambulatory care pharmacist (BC-ACP). Currently, Dr. Akana is enrolled in the Master of Public Health program at Johns Hopkins University, with an expected graduation in 2027.

Before joining Wahiawā Health in 2021, Dr. Akana served as an ambulatory care clinical pharmacist at the Waianae Coast Comprehensive Health Center (WCCHC) on Oahu. In this role, she managed three anticoagulation clinics, where she monitored medication therapies for dosage appropriateness, adverse drug reactions, and adherence issues. Dr. Akana collaborated with prescribers, interdisciplinary care teams, patients, and caregivers to establish and achieve disease state therapy goals. She also conducted comprehensive medication reconciliations, addressed adherence concerns, and provided patient education to reduce unnecessary readmissions.

At Wahiawā Health, Dr. Akana established the in-house pharmacy program and managed the 340B program while overseeing nineteen contract pharmacists statewide. As the Director of

Pharmacy, she monitors all financial, operational, professional, and clinical activities of the pharmacy team, playing a crucial role in developing and expanding the program. She has implemented sound policies and procedures to ensure optimal pharmaceutical services meet legal, accreditation, and certification standards.

In 2022, Dr. Akana was appointed Chief Operations Officer (COO), where she provides day-to-day management and oversight of clinical operations, pharmacy services, facilities, school health partnerships, grant programs, and overall organizational operations. In this capacity, she assists the CEO with the implementation of the strategic plan and the advancement of administrative and clinical programs, including community outreach and service expansion.

Dr. Akana is fluent in English and has extensive experience working with diverse populations, including Native Hawaiians, Samoans, Filipinos, Marshallese, Yapese, Ponapean, and Alaskan Natives. She is a published author and presenter, recognized with numerous awards for excellence in her field. Notably, her presentation titled "Elevating Health Center Performance Through Innovative Models of Care," which highlighted Wahiawā Health's integrative hypertension and diabetes program, received high acclaim. In 2022, Wahiawā Health was honored with the BD Building Health Community Innovations in Care Award from Direct Relief.

Here are list of the grants or related projects for the most recent three years.

- **State Grants-in-Aid 2022: Cost Related to Covid-19 Programs in Wahiawa/Mililani/ Wailua Complex**
  OCS-GIA-23-46, **Award Amount:** $400,000, **Award Year**: 2022
- **State Grants-in-Aid 2023: School Health Evolution and Expansion for Keiki**
  ASO LOG NO.: 24-120**, Award Amount:** $500,000**, Award Year:** 2023
- **State Grants-in-Aid 2024: School Health Evolution and Expansion for Keiki within the Leilehua/Mililani/Waialua School Complex**
  Award amount: $250,000, **Award Year:** 2024

2. 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.

Wahiawā Health is committed to improving health outcomes and fostering a stronger, more resilient community through comprehensive, culturally competent care and community outreach. The clinic is currently being renovated to support this integrated care model, with 1,200 square feet of space being reconfigured. The newly leased location on 67- 292 Goodale Ave, formerly a restaurant, will be transformed with fresh paint, new flooring, and air conditioning. The updated layout will include a reception and seating area, a social services office, exam rooms, and a therapy room.

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.

The proposed project will be staffed by a highly qualified, multidisciplinary team to ensure the successful delivery of integrated healthcare services and the effective coordination of care. The staffing pattern and service capacity are designed to meet the needs of the underserved populations in Waialua, Mokuleia, Dillingham Airfield, and Ka'ena Point, and to support the goals outlined in the grant initiative.

The following members of the Project Team will be responsible for overseeing and executing the project:

- **Chief Executive Officer (CEO):** Bev Harbin
  The CEO will provide overall leadership and strategic direction for the project. Bev Harbin brings extensive experience in healthcare management and administration, ensuring the project aligns with organizational goals and community needs.

- **Chief Operations Officer (COO):** Ku'upua Akana, PharmD, BC-ACP
  The **COO** will oversee the daily operations, ensuring the efficient coordination of healthcare services and grant activities. Dr. Akana, a board-certified ambulatory care pharmacist, brings over a decade of experience in clinical operations, pharmacy management, and both grant writing and implementation. Her diverse expertise makes her exceptionally qualified to oversee the integration of medical, behavioral health, pharmacy, and outreach services.

- **Chief Medical Officer: (CMO)** Dr. William Paul Berg, MD
  As CMO, Dr. Berg will provide clinical oversight, ensuring that all medical and behavioral health practices are evidence-based and adhere to the highest standards of care. With over ten years of experience as a family medicine physician in primary care private practice and in the community health setting, he is well-equipped to oversee the delivery of medical and behavioral health services.

- **Clinical Operations Manager:** Joy Baker, MA
  Joy Baker assists managing clinical operations, ensuring the smooth execution of day-to-day activities. With more than ten years of experience managing health services in both community health settings and health systems, she is well-equipped to coordinate across all service areas. Additionally, as a certified medical assistant with extensive experience in family medicine, she brings valuable clinical knowledge and hands-on expertise to the role.

- **Psychiatric and Family Medicine APRN:** Lili Hiraide, DNP, APRN
  Lili Hiraide will provide both psychiatric and family medicine services, offering an integrated approach to care for patients with mental health and physical health needs. With a Doctorate in Nursing Practice and specialized training in psychiatric care, she is well-qualified to meet the diverse needs of the population.

- **EMR Specialist:** Tiffany Foster
  Tiffany Foster will be responsible for overseeing the implementation and management of the Electronic Medical Records (EMR) system. Her expertise in healthcare IT ensures that patient data is efficiently managed, accessible, and secure.

- **Community Organizer:** Sherri Rigg, Communications and Marketing Specialist
  Sherri Rigg will lead community outreach efforts, ensuring that the target populations are informed and engaged with the services offered. With twenty years of experience in communications, marketing, and community outreach, she will play a key role in raising awareness and building partnerships within the community.

- **Licensed Clinical Social Worker (TBD)**
  The Licensed Clinical Social Worker will provide essential mental health services, including therapy and case management. They will work closely with the outreach team to address the social determinants of health and ensure that patients have access to necessary social services.

- **Outreach/Care Coordinator (TBD)**
  The Outreach/Care Coordinator will focus on connecting the community with healthcare services, helping individuals navigate care pathways, and ensuring they receive comprehensive support. The coordinator's duties will also include conducting patient assessments, developing care plans, and coordinating services across multiple providers to ensure holistic care. They will assist patients in scheduling appointments, follow up on missed visits, and provide education on managing chronic conditions and preventive care. The coordinator will work closely with the multidisciplinary team to address social determinants of health, such as housing, transportation, and access to social services. This role will be pivotal in reducing barriers to care, facilitating communication between patients and providers, and ensuring continuity of care, particularly for vulnerable populations such as seniors, low-income individuals, and agricultural workers.

- **Community Health Worker (TBD)**

  The **Community Health Worker (CHW)** will engage directly with patients to reduce health disparities by providing culturally appropriate health education and support in accessing healthcare services. The CHW will assist patients in navigating the healthcare system and connecting them with essential resources, such as transportation, housing, and food assistance. Additionally, this role will help patients apply for medical insurance, medication assistance programs, and sliding scale fee applications, ensuring they have access to affordable care.

- **Medical Assistant (TBD)**
  The **Medical Assistant** will support the clinical team with patient intake, assisting with

medical procedures, and ensuring the efficient operation of the clinic. As part of their role, they will also conduct screenings for depression, anxiety, substance use, and social determinants of health during patient intake. These screenings will help identify potential barriers to care and address the broader factors impacting patients' health. The Medical Assistant's work will be vital in maintaining smooth patient flow, ensuring comprehensive patient assessments, and upholding a high standard of care throughout the clinical process.

- **Patient Service Representative (TBD)**
  The Patient Service Representative will manage patient appointments, registration, and customer service. They will serve as the first point of contact for patients, ensuring a welcoming and efficient experience at the clinic.

Supervision and Administrative Direction

The project team will receive supervision and support from the Chief Executive Officer, Chief Operations Officer, and Chief Medical Officer, who will provide overall administrative leadership and direction. Regular team meetings will be held to ensure alignment of activities, address challenges, and promote collaboration. Each team member will report to their respective supervisors, and performance evaluations will be conducted to ensure that project objectives are met.

Training and Cultural Competency

To ensure the highest standard of care, all team members will undergo regular training, including cultural competency and sensitivity training. This will help staff understand the unique cultural and socioeconomic factors that impact health in the diverse communities served, particularly for low-income, Native Hawaiian, and agricultural populations. Additionally, team members will receive ongoing professional development to stay current with best practices in healthcare delivery and community engagement.

By providing this integrated and highly qualified team, Wahiawā Health aims to improve healthcare access and outcomes for the underserved communities it serves, ensuring a comprehensive, culturally competent, and patient-centered approach to care.

2. 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.

3. Compensation

The applicant shall provide an annual salary range paid by the applicant to the three highest paid officers, directors, or employees of the organization by position title, not employee name.

Chief Executive Officer: $180,000
Chief Operating Officer/Director of Pharmacy: $240,000
Internal Medicine Physician: $280,000

VII. Other

1. 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.

2. 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.

3. 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.

4. Future Sustainability Plan

The applicant shall provide a plan for sustaining after fiscal year 2025-26 the activity funded by the grant if the grant of this application is:

(a) Received by the applicant for fiscal year 2025-26, but

(b) Not received by the applicant thereafter.

The sustainability of this project is central to Wahiawā Health's long-term vision of providing consistent and accessible healthcare to underserved populations in Waialua, Mokuleia, Dillingham Airfield, and Ka'ena Point. The clinic is designed to be financially sustainable through a diversified funding model that includes a mix of grant funding and patient revenue from insurance. Additionally, the clinic will build strong, long-term partnerships with local organizations, schools, and the agricultural community to ensure continued community support and engagement. Wahiawā Health will also implement a robust quality assurance and continuous improvement process, ensuring that services remain relevant, efficient, and effective as the community's needs evolve. Through education, outreach, and capacity-building efforts, Wahiawā Health aims to create a lasting infrastructure that can adapt to future healthcare challenges and continue to meet the needs of the Waialua community for years to come.

BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2025 to June 30, 2026

Applicant: The Wahiawa Center for Community Health

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	388,000			
2. Payroll Taxes & Assessments				
3. Fringe Benefits				
TOTAL PERSONNEL COST	**388,000**			
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island				
2. Insurance				
3. Lease/Rental of Equipment				
4. Lease/Rental of Space				
5. Staff Training	20,000			
6. Supplies				
7. Telecommunication				
8. Utilities				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
TOTAL OTHER CURRENT EXPENSES	**20,000**			
C. EQUIPMENT PURCHASES				
D. MOTOR VEHICLE PURCHASES				
E. CAPITAL				
TOTAL (A+B+C+D+E)	**408,000**			

SOURCES OF FUNDING	
(a) Total State Funds Requested	
(b) Total Federal Funds Requested	
(c) Total County Funds Requested	
(d) Total Private/Other Funds Requested	
TOTAL BUDGET	

Budget Prepared By:

Shekinah Tolentino — Name (Please type or print)

808-622-1618 — Phone

Signature of Authorized Official

1/15/25 — Date

Beverly Harbin, CEO

Name and Title (Please type or print)

BUDGET JUSTIFICATION - PERSONNEL SALARIES AND WAGES

Period: July 1, 2025 to June 30, 2026

Applicant: The Wahiawa Center for Community Health

POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
Licensed Clinical Social Worker	1	$90,000.00	100.00%	$ 90,000.00
Medical Assistant	1	$49,000.00	100.00%	$ 49,000.00
Medical Assistant	1	$49,000.00	100.00%	$ 49,000.00
Community Health Worker	1	$48,000.00	100.00%	$ 48,000.00
Community Health Worker	1	$48,000.00	100.00%	$ 48,000.00
Outreach Coordinator	1	$60,000.00	100.00%	$ 60,000.00
Patient Service Representative	1	$44,000.00	100.00%	$ 44,000.00
				$ -
				$ -
				$ -
				$ -
				$ -
TOTAL:				388,000.00

JUSTIFICATION/COMMENTS: Funding will support the integration of an outreach team with medical providers, pharmacy services, and behavioral health at Waialua Clinic. This initiative aims to expand access to care for underserved populations by offering medication assistance, delivery services, and by hiring key outreach staff, including a Social Worker, Outreach Coordinator, Medical Assistant, and Patient Service Representative.

BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Period: July 1, 2025 to June 30, 2026

Applicant: The Wahiawa Center for Community He

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
			$ -	
			$ -	
			$ -	
			$ -	
			$ -	
TOTAL:				

JUSTIFICATION/COMMENTS:

DESCRIPTION OF MOTOR VEHICLE	NO. OF VEHICLES	COST PER VEHICLE	TOTAL COST	TOTAL BUDGETED
			$ -	
			$ -	
			$ -	
			$ -	
			$ -	
TOTAL:				

JUSTIFICATION/COMMENTS:

BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS

Period: July 1, 2025 to June 30, 2026

Applicant: The Wahiawa Center for Community He

FUNDING AMOUNT REQUESTED						
TOTAL PROJECT COST	ALL SOURCES OF FUNDS RECEIVED IN PRIOR YEARS		STATE FUNDS REQUESTED	OTHER SOURCES OF FUNDS REQUESTED	FUNDING REQUIRED IN SUCCEEDING YEARS	
	FY:2023-2024	FY:2024-2025	FY:2025-2026	FY:2025-2026	FY:2026-2027	FY:2027-2028
PLANS						
LAND ACQUISITION						
DESIGN						
CONSTRUCTION						
EQUIPMENT						
TOTAL:						

JUSTIFICATION/COMMENTS:

GOVERNMENT CONTRACTS, GRANTS, AND / OR GRANTS IN AID

Applicant: The Wahiawa Center for Community Health

Contracts Total: 6,719,938

	CONTRACT DESCRIPTION	EFFECTIVE DATES	AGENCY	GOVERNMENT ENTITY (U.S./State/Hawaii/ Honolulu/ Kauai/ Maui County)	CONTRACT VALUE
1	ARPA	07/01/2021 - 06/30/2023	HRSA	Federal	1,172,750
2	School Health Program	11/22/2021 - 11/21/2023	HPCA, DOE, DOH	State	390,917
3	BD Helping Build Health Communities	03/15/2022 - 03/30/2023	Direct Relief	Private	270,000
4	City and County Grants-in-Aid (GIA)	10/01/2022 - 03/31/2024	City & County of Honolulu	Honolulu County	199,984
5	Health Equity in COVID-19 Prevention and Mitigation	04/11/22 - 11/30/2023	Hawaii Public Health Institute	State	150,000
6	1815 Diabetes and Hypertension Management	06/30/2021 - 06/29/2023	CDC and HPCA	Federal & State	66,000
7	Family Planning and Related Preventive Health Srvs.	02/01/2022 - 03/31/2023	Essential Access Health	Federal	108,000
8	Establish and Operate Geriatric Education	07/01/2022 - 06/30/2024	HPCA, DOH and HRSA	Federal & State	43,000
9	Expanding Access to High Quality Patient Family Planning Services	10/01/2022 - 03/31/2023	Essential Access Health	Federal	30,000
10	Tobacco Cessation Program	07/01/2022 - 06/30/2023	Hawaii Community Foundation	Private	150,000
11	Malama Kupuna Expansion	12/8/2022-12/07/2023	Atherthon Family Foundation	Private	100,000
12	2022 Implementation, Infusion and Investment Iniative	12/16/2022-12/31/2023	Alohacare	Private	75,000
13	Wahiawa Health H8G ECV FY 2022-2023	12/1/2022-5/31/2023	HRSA	Federal	86,539
14	Affordable Care Act (ACA) Grants for New and Expanded Services Under the Health Center Program	09/01/2023 - 12/31/2024	HRSA	Federal	10,836
15	State Grants-in-Aid: Cost Related to Covid-19 Programs in Wahiawa/Mililani.Wailua Complex	04/01/2023 - 03/31/2024	Department of Labor and Industrial Relations	State	400,000
16	State Grants-in-Aid (GIA) 2023-2024	07/01/2023 - 06/30/2026	Department of Health	State	500,000
17	Wahiawā Health Mobile Dental Service	10/01/2023 - 12/31/2024	McInerny Foundation	Private	50,000
18	Expanding Access to High Quality Patient Family Planning Services	10/01/2023 - 03/31/2024	Essential Access Health	Federal	25,000
19	Tobacco Cessation Program	07/01/2023 - 06/30/2024	Hawaii Community Foundation	Private	150,000
20	Youth ESD Prevention Program	04/01/2023 - 06/30/2024	Hawaii Community Foundation	Private	60,000
21	Family Planning and Related Preventive Health Srvs.	04/01/2023 - 03/31/2024	Essential Access Health	Federal	95,000
22	Family Planning and Related Preventive Health Srvs.	04/01/2024 - 03/31/2025	Essential Access Health	Federal	95,000
23	State's Reopening Schools: School Health Partnership Project	12/01/2023 - 11/30/2024	HPCA	Federal & State	146,912
24	School Based Health Care Model Expansion: Mobile Mental Health Services for children,adolescents and their families in Central	06/10/2024 - 06/09/2025	Atherthon Family Foundation	Private	40,000
25	Diabetes/ Chronic Kidney Disease Management	10/01/2023 - 06/29/2024	HPCA	State	35,000
26	Youth Vaping Prevention Program	07/01/2024 - 06/30/2026	Hawaii Community Foundation	Private	120,000
27	Tobacco Cessation and Vaping Program	07/01/2024 - 06/30/2028	Hawaii Community Foundation	Private	400,000
28	Capital: Mobile School Health Evolution and Expansion	08/01/2024 - 07/31/2025	HRSA	Federal	1,500,000
29	Community Partnership Model of Care Expansion	TBA	Department of Health	State	250,000
30					
31					

The Wahiawa Center for Community Health, Wailua Clinic, School Based Health Care Clinic-Ka'ala Elementary

Board of Directors

BEV HARBIN
CHIEF EXECUTIVE OFFICER

Dr. Berg MD
CHIEF QUALITY OFFICER

- **QUALITY DEPARTMENT**
- Burgundy Burch **Quality Specialist**

Dr. Berg MD
CHIEF MEDICAL OFFICER

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Haunani Louis APRN, PMHNP **Director of School Health Family Medicine/Psychiatric Mental Health APRN**
Renee Foster, DNP, APRN, PMHNP **Family Medicine/Psychiatric Mental Health APRN**
Lili Hiraide , DNP, APRN, PMHNP **Family Medicine/Psychiatric Mental Health APRN**

INTERNAL MEDICINE
Dr. Vasic MD, DipABOM, DipABLM, BC-ADM **Internal Medicine Physician**

PEDIATRICS
Dr. Jenkins MD **Pediatrician**
Cynthia Copp APRN **Pediatric Nurse Practioner**

SPECIALITY CLINIC
Ku'ulei Naahielua PhD, APRN, PMHNP, BC-ADM Psychiatric Mental Health APRN **Diabetes Speciality Clinic**
Dr. Gary Pitt DPM **Podiatry**

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Rhea Nakota PsyD **Clinical Psychologist**
Tami Swanigan PsyD **Clinical Psychologist**
Gina Christopher **LMHC**
Hannah Mori MSW, **LCSW**
LCSW (VACANT)

SCHOOL BASED HEALTH CARE
Haunani Louis APRN **Director of School Health**
Clinical PsyD (TBD)
LCSW (TBD)

MOBILE DENTAL CLINIC
DENTIST (Vacant)

NIkki Wright PsyD
CHIEF BEHAVIORAL HEALTH OFFICER

Pua Akana PharmD BC-ACP
CHIEF OPERATIONS OFFICER
School Health Operations

OPERATIONS
Joy Baker
Clinical Operations Manager
Mobile Facility Manager (Vacant)
School Based Health Center Support Staff
Dental Clinic Manager (VACANT)
Dental Assistant
Medical Assistants
Community Health Worker

Pua Akana PharmD BC-ACP
CHIEF OPERATIONS OFFICER
Clinical Operations

OPERATIONS
Joy Baker
Clinical Operations Manager
Tiffany Ramelb **EMR Specialist, Clinical Training Manager**
Jan Nunu **PSR LEAD**
MA LEAD (TBD)
Clinic Medical Assistants
Patient Service Representatives
Referral Specialists
Patient Navigators
Outreach Coordinator
Community Health Workers
Security Delivery Drivers Facilities

GRANT MANAGEMENT AND IMPLEMENTATION DEPARTMENT
Pua Akana, PharmD **GRANTS MANAGER AND GRANT WRITER**
Sheri Rigg **Community Organizer**
Assistant Grant Project Manager (Vacant)
Community and Population Health Coordinator **(Vacant)**

Pua Akana PharmD BC-ACP
DIRECTOR OF PHARMACY

340 Program Oversight
340 B Program Operations
340 B Program Management
340 B Vendor Management
340 B Program Integrity

Wahiawa Health Pharmacy
Kayla Bajo PharmD **Pharmacy Dept Manager**
Kailey Hifumi PharmD **Pharmacist**
Gwynn Gonzales PharmD **Pharmacist**
Jazmin Henson **Pharmacy Technician**

Clinical Pharmacy Services
Kailey Hifumi **PharmD, Health and Wellness Education Program Specialist**

Contract Pharmacies

Mark Sprague
CHIEF FINANCIAL OFFICER
CONSULTANT

FINANCE DEPARTMENT
CONTROLLER (VACANT)
Shekinah Tolentino **Accountant**

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Nancy Talana **Billing & Credentialing Manager**
Billing Specialists Melinda Cabreros Jessica Freitas

Medical Records and Patient Advocate
Melody Ramos

VACANT
CHIEF INFORMATION OFFICER

JON LIM, **IT SPECIALIST**

DENISE PRONESTI
CHIEF COMPLIANCE OFFICER

COMPLIANCE RISK MANAGEMENT

HUMAN RESOURCES

SUNNY RAGUIRAG **HR ADMINISTRATOR** EXECUTIVE ASSISANT

PROSERVICE HR CONSULTING FIRM

Wahiawā Health