

**County of Maui**  
**Department of Housing and Human Concerns**  
**Maui County Office on Aging**  
*An Area Agency on Aging*

**Four-Year Area Plan**

October 1, 2015 - September 30, 2019



**ADRC**  
**HAWAII**

AGING AND DISABILITY RESOURCE CENTER

Note:

May 5, 2016

In compliance with recommendations made by the State Executive Office on Aging, this document has been revised in two areas:

1. The Effectiveness Measures in the Goals and Objectives section, pp. 59-81. Statements with an asterisk (\*) were refined from earlier statements to ensure measurable outcomes. Overall, twenty (20) statements were refined in different areas of this section.
2. In the Glossary section, p 108, the word “Limited English Proficient” and its definition were also added.

These changes were reviewed and approved by MCOA’s advisory board and the State Executive Office on Aging.

Deborah Stone-Walls, County Executive on Aging

J. Mariano, Planner

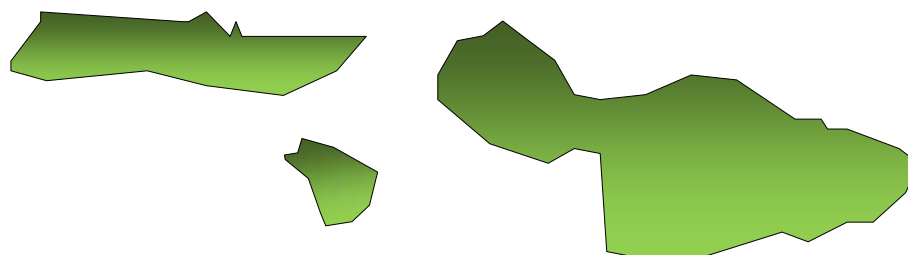
Maui County Office on Aging



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## ACKNOWLEDGEMENTS



*Ulu Quilt Pattern*

In Hawaiian history, the “Ulu” or breadfruit was the first Hawaiian Quilt design and was inspired by the shadow cast by the breadfruit tree’s branches. The Ulu was a staff of life for the ancient Hawaiians, providing food, medicine, shelter and many spiritual benefits. Young sapling trees were brought over on the first Polynesian sailing canoes. Men in old Hawaii would ask to be buried under the ulu tree so that even after death they would be providing for their families. The **ulu** quilt was often the first quilt made to ensure plentiful food and prosperity to the maker.

Maui County Office on Aging (MCOA) has chosen again to weave in many beautiful Hawaiian quilt patterns in this Area Plan as a way to honor the islands’ heritage and bring beauty and meaning to this work. We believe, like the early Hawaiians, that by honoring the ulu, we will be able to better work our plan as we bring meaningful benefits to Maui County’s *kupuna* and their families.

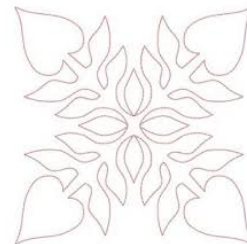
Mahalo to the entire team that participated in developing MCOA’s Four Year Area Plan on Aging for 2015-2019. The plan has been designed to be a true working and practical document providing strong guidance and direction to the community of Maui County to make certain our County’s Older Americans receive proper support and assistance.

Appreciation is extended to the entire staff of the MCOA Division for their input into the plan and for managing the daily operations with compassion and competence.

We further thank members of our Aging Network and our community at large who provided essential information that will guide and inform MCOA in refining and expanding services targeted to older individuals, their families and caregivers while providing options to make informed decisions.

Mahalo,

Deborah Stone-Walls  
MCOA Executive on Aging





# **FOUR-YEAR AREA PLAN**

**October 1, 2015 - September 30, 2019**

**for the**

**Maui County Office on Aging  
Department of Housing and Human Concerns  
County of Maui**

**as the Planning Service Area 3**

**in the**

**State of Hawaii**

**“I loa’ a ka wa mahope, e pono ‘oe e noelo i ka wa mamua”**

*To discover your future, you must delve into the past- a Hawaiian proverb*


## Verification of Intent

This Area Plan on Aging is hereby submitted for the County of Maui including Kalawao County on the island of Moloka'i, currently under the administrative jurisdiction of the State Division of Health (Maui planning and service area) for the period October 1, 2015 through September 30, 2019.

It includes all assurances and plans to be followed by the Maui County Office on Aging under the provisions of the Older Americans Act, as amended, during the period identified. The Area Agency identified herein will develop and administer the Area Plan on Aging in accordance with all requirements of the Act and related State Policies and Procedures. In accepting this authority, the Area Agency agrees to develop a comprehensive and coordinated system of services and to serve as the advocate for older people in the planning and service area.

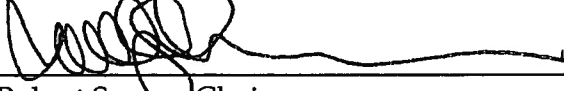
The Area Plan has been developed in accordance with the uniform format issued by the Executive Office on Aging and is hereby submitted to the State Executive Office on Aging for approval.

9/29/15  
Date

Signed   
Deborah Stone-Walls, Executive on Aging  
Maui County Office on Aging

The Area Agency Advisory Council on Aging has had the opportunity to review and comment on the Area Plan on Aging.

9/29/15  
Date

Signed   
Robert Santry/Chair  
Council on Aging

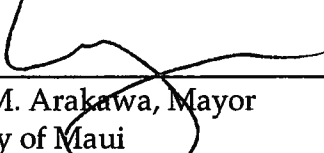
The Director of the Department of Housing and Human Concerns has reviewed and approved the Area Plan on Aging.

9/29/15  
Date

Signed   
Carol K. Reimann, Director  
Department of Housing and Human Concerns

The governing body of the Area Agency has reviewed and approved the Area Plan on Aging.

9/29/15  
Date

Signed   
Alan M. Arakawa, Mayor  
County of Maui

## Executive Summary



The four-year Area Plan on Aging, that covers the federal fiscal period from October 1, 2015 through September 30, 2019, is a practical and comprehensive planning and compliance document that guides the County of Maui to assure appropriate, high quality services are delivered to the tri-island county's older adults. The creation and adoption of the plan also enables the County of Maui to receive federal funds under the Older Americans Act through the federal Administration on Aging and the state Executive Office on Aging.

This plan describes the Older American Maui County population and the approaches to be taken to provide them an appropriate and coordinated system of services that fully supports their well-being. The carefully developed array of services provided offers our seniors a backdrop for assuring that Maui County Seniors can age with the grace and dignity encompassed in the Hawaiian value known as 'aloha'.

According to the National Council on Aging (NCOA), as of spring 2010 there were 35 million older adults (age 65+) - a number that will swell to 88 million by 2050. To meet this burgeoning increase of seniors NCOA has offered ten strong ideas to stimulate creative thinking, foster collaboration and give voice to new ideas that will make a difference in helping individuals age well.

- 1) Bend the curve on entitlement programs by helping people to stay healthy longer. This will cut the costs of the big three entitlement programs.
- 2) Promote home and community-based services and offer the aging network greater flexibility for person-centered access to services and information.
- 3) Improve older adults' health and self-care by giving people the support and skills they need to manage their own health.
- 4) Enhance economic security of older adults by modernizing critical systems and supports to assist older adults experiencing economic distress.
- 5) Revitalize Senior Centers to provide vibrant places for seniors to gain information, tools, programs and socialization necessary to increase vitality.
- 6) Engage older adults as the solution by engaging this pool of talent and experience to make meaningful contributions to the community.
- 7) Build the Aging Network into an advocacy force to advocate for their individual and collective needs.
- 8) Invest in aging services research and development to assure the appropriate services are being delivered and that the outcomes are well focused, measurable and transforming.



- 9) Plan for and create livable communities where people can grow old with maximum independence, safety and well-being.
- 10) Help seniors optimize all available resources such as nutrition, job training, legal and protective services, senior centers, family caregiver supports and other important programs. (National Council of Aging's Spring 2010 Issue of 'INNOVATIONS' Newsletter.)

In consideration of those ideas put forth, the State of Hawaii and Maui County have embraced the following five goals to guide the MCOA planning process and ongoing program delivery.

- **Maximize opportunities for seniors to age well, remain active, and enjoy quality lives while engaging in their communities;**
- **Forge strategic partnerships and alliances that will give impetus to meeting Hawaii's greatest challenges for the aging population;**
- **Develop a statewide ADRC (Aging and Disability Resource Center) system for Kupuna and their 'ohana to access and receive long term support services, information and resources within their respective counties;**
- **Enable people with disabilities and older adults to live in the community through the availability of and access to high-quality long term services and supports, including supports for families and caregivers; and**
- **Optimize the health, safety, and independence of Hawaii's older adults.**

These goals relate to the US Administration on Aging's efforts to rebalance and change long term care systems and offer the framework of a map for States and Area Agencies on Aging (AAA's) to build strong Aging and Disability Resource Centers (ADRCs). The further development of Maui's ADRC as the first place to go to obtain accurate, unbiased information on all aspects of life related to aging or living with a disability is the thread that runs throughout all of the programs and services proposed in this comprehensive plan for Maui County Office on Aging's Four Year Plan.

ADRCs are friendly, welcoming places where anyone -- individuals, concerned family members or friends, or professionals working with issues related to aging or disabilities -- can go for information specifically tailored to their situation. The ADRC provides information on a broad range of programs and services, helps people understand the various long term care options available to them, helps people apply for programs and benefits, and serves as the access point for both publicly and privately funded long term supports and services. These services can be provided at the ADRC, via telephone or through a home visit, whichever is more convenient to the individual seeking help.

According to Kathy Greenlee, United States Assistant Secretary of Aging, “We have significant challenges ahead. The reauthorization of the Older Americans Act in 2011 coincides with the first of our nation’s baby boomers turning 65. The need for more



Kathy Greenlee  
United States Assistant Secretary of Aging

tailored home and community-based services, more focused prevention programs, and increased support for family caregivers will prove to be a challenge to all of us who work as advocates for older Americans.” (National Council of Aging’s spring 2010 Issue of ‘INNOVATIONS’ Newsletter.)

This plan outlines how Maui County Office on Aging will meet those challenges.



### **Orientation to Area Agency on Aging Plan**

This Maui Area Plan is a document submitted by the Maui County Office on Aging, an Area Agency on Aging (AAA), to the State of Hawaii Executive Office on Aging (EOA) in compliance with the Older Americans Act established in 1965 and for the receipt of sub grants and/or contracts from the Executive Office on Aging’s Federal Title III grant and State Kupuna Care funds.

The Older Americans Act (OAA) is the major federal discretionary funding source for home and community-based services for older adults and is currently being considered for reauthorization by the United States Congress. This current reauthorization provides an opportunity to reassess the successes and shortcomings of the OAA’s ability to serve older Americans, particularly those with the greatest social and economic need, and adjust the act to reflect the current times.

OAA funds resource centers that support the work of the aging services network. These resource centers address a variety of needs, including access to benefits, elder justice, multigenerational service, volunteerism, legal services, financial literacy, long-term care ombudsman training, and targeted services to minority and special populations in need. These essential federal funds represent the ‘seed money’ which can be wisely leveraged by mindful AAA’s to create community based programs for

older adults that result in helping these individuals lead an engaged, healthy and active lifestyle as community assets.

This plan contains the Maui Area Agency on Aging's strategy for meeting all of the important programs mandated by the reauthorized Older Americans Act (2006) as well as those identified needs that may be unique to Maui County. Some of these programs are home delivered and congregate nutrition services, in-home supportive services, transportation, caregiver support, community service employment, the long-term care ombudsman program, services to prevent the abuse, neglect, and exploitation of older persons, and other supportive services. These programs provide vital support for those older adults who are at significant risk of losing their ability to remain in their own homes and communities, or who need support and protection in long-term care facilities.

This plan is made up of five major parts: **Part I** provides an overview of the structure of the older adult service network, notable statistics on the older adult population of the County of Maui and the programs and services available. **Part II** describes the context in which programs and services are developed. **Part III** provides specific goals, objectives, and plans for action over the next four years. **Part IV** summarizes the plan for allocating funds for access, in-home, legal assistance, and community-based services received under Title III of the Older Americans Act and State Kupuna Care Funds. This section also includes the previous year's expenditures of public funds. **Part V** reviews the evaluation strategy. The **Appendices** provide assurances made by the Area Agency on Aging as well as other pertinent information.



## COMMON ACRONYMS

Below are some common acronyms that are used in the Maui County Office on Aging Area Plan 2015-2019.

A&A	Access & Assistance (MCOA's outreach section)
AAA	Area Agency on Aging
ACL	Administration for Community Living (federal)
ADL	Activities of daily living (eating, dressing, bathing, transfers, toileting, walking)
ADRC	Aging and Disability Resource Center
ADS	Aging and Disability Services
AIRS	Alliance of Information and Referral Systems
AoA	Administration on Aging (federal)
APS	Adult Protective Services
ARCH	Adult Residential Care Home
BCBH	Better Choices, Better Health
CCTP	Community-Based Care Transitions Program
CDSMP	Chronic Disease Self-Management Program (Stanford)
CIRS-A	Certified Information and Referral Specialist-Aging
CLP	Community Living Program
CMCP	Case Management Coordination Project
CMS	Centers for Medicare and Medicaid Services (federal - under DHHS)
DBEDT	Dept. of Business, Economic Development, and Tourism (state)
DHHC	Dept. of Housing and Human Concerns (county)
DHHS	Dept. of Health and Human Services (federal)
DOH	Dept. of Health (state)
DSMP	Diabetes Self-Management Program (Stanford)
EF	Enhance™Fitness
EOA	Executive Office on Aging - Hawaii
HAP	Healthy Aging Partnership - Hawaii
HCHC	Hana Community Health Center
HDM	Home Delivered Meals
HIPAA	Health Insurance Portability and Accountability Act
I&A	Information and Assistance
IADL	Instrumental activities of daily living (preparing meals, shopping taking medications, managing money, using the phone, doing light or heavy housework, utilizing transportation options)
KC	Kupuna Care
KSS	Kaunoa Senior Services
LTSS	Long Term Supports and Services

LTCOP	Long Term Care Ombudsman Program
MCOA	Maui County Office on Aging
MEO	Maui Economic Opportunity, Inc.
NWD	No Wrong Door Initiative
OAA	Older Americans Act
PABEA	Policy Advisory Board for Elder Affairs
PHN	Public Health Nursing
PTC	Powerful Tools for Caregivers
RFP	Request for Proposal
RSVP	Retired Senior Volunteer Program
SNF	Skilled Nursing Facility
SSA	Social Security Administration
SUA	State Units on Aging (e.g. EOA is a SUA)
USDA	United States Dept. of Agriculture
VA	Veterans Affairs
VD-HCBS	Veterans Directed-Home and Community Based Services
VOAD	Volunteer Organizations Active in Disaster

## Part I

### Overview of the Organizational Structure and Pertinent Demographics

#### An Overview of the Aging Network

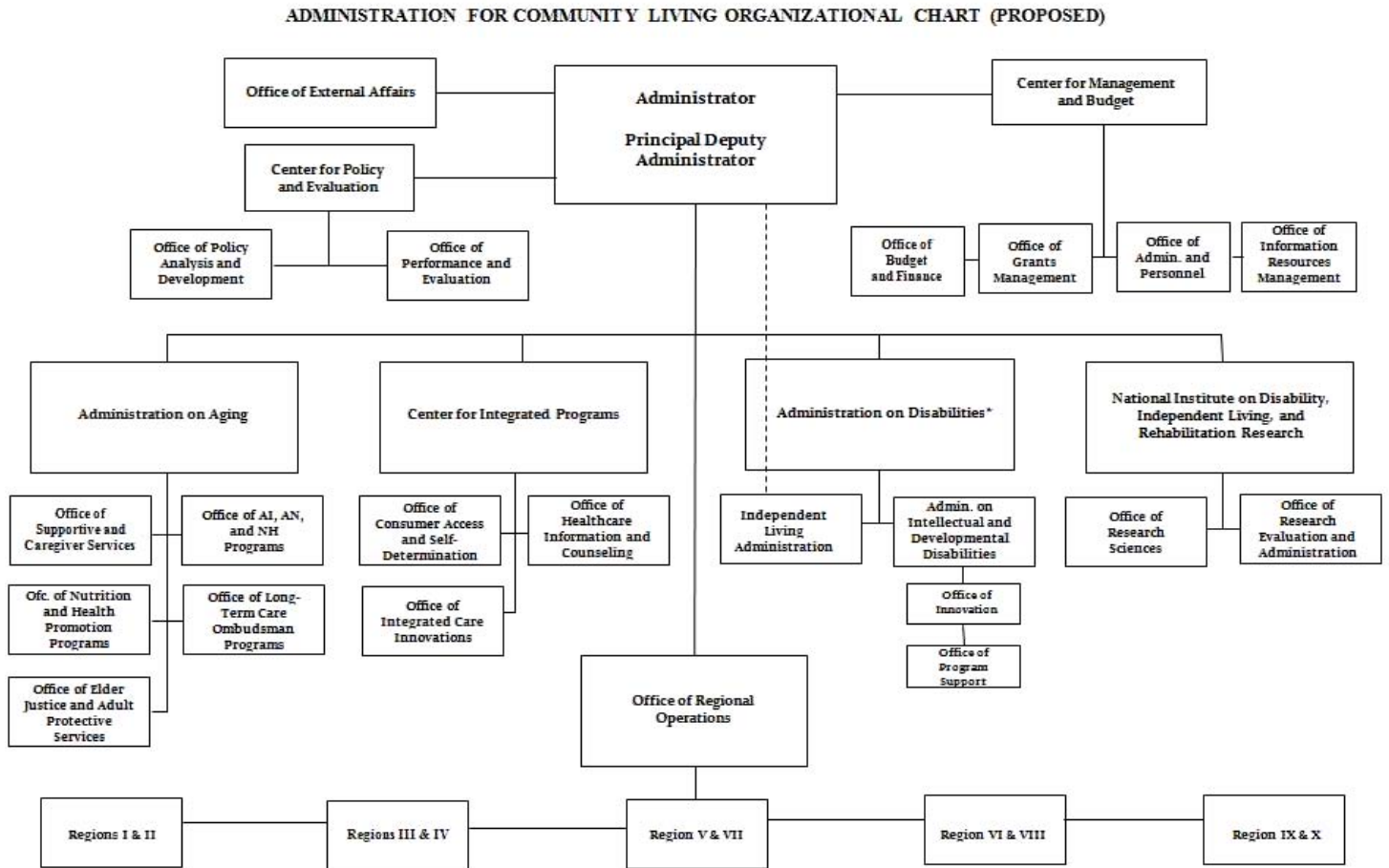


The Older Americans Act was passed by Congress in 1965, reauthorized in 2000, amended in 2006, and is currently in the process of another review and reauthorization. As a result of the original Act, a social services and nutrition services program for America's older adults was established. In addition, State and Area Offices on Aging were established and a nationwide "Aging Network" was created.

The purpose of this "Network" is to assist Older Americans to meet their physical, social, mental health, and other needs and to maintain their well-being and independence in our community in an organized and comprehensive way.

The Administration on Aging heads the Aging Network on the federal level. Directed by the Assistant Secretary on Aging, it is the agency that awards Title III funds to the states and territories and monitors and assesses state agencies which administer these funds to their local counties or certified agencies. Chart 1 indicates the flow of activities from the Federal level, to the states and finally to the local level.

Chart 1 - Administration for Community Living Organizational Chart



\*The Administration on Disabilities is headed by a Commissioner, who reports directly to the Administrator, and a Deputy Commissioner/Director of Independent Living. In this dualrole, the Deputy Commissioner/Director of Independent Living serves as a member of the Administrator's senior leadership and reports directly to the Administrator in carrying out the functions of the Director of Independent Living consistent with Section 701A of the Rehabilitation Act.

The State Executive Office on Aging is the designated lead agency in the network in Hawaii. The 2006 amendments to the Older Americans Act require the Executive Office on Aging to plan for and to offer leadership at both the state and local levels in the coordination of the delivery of access, home, and community services to the older adult population. This office is responsible for statewide:

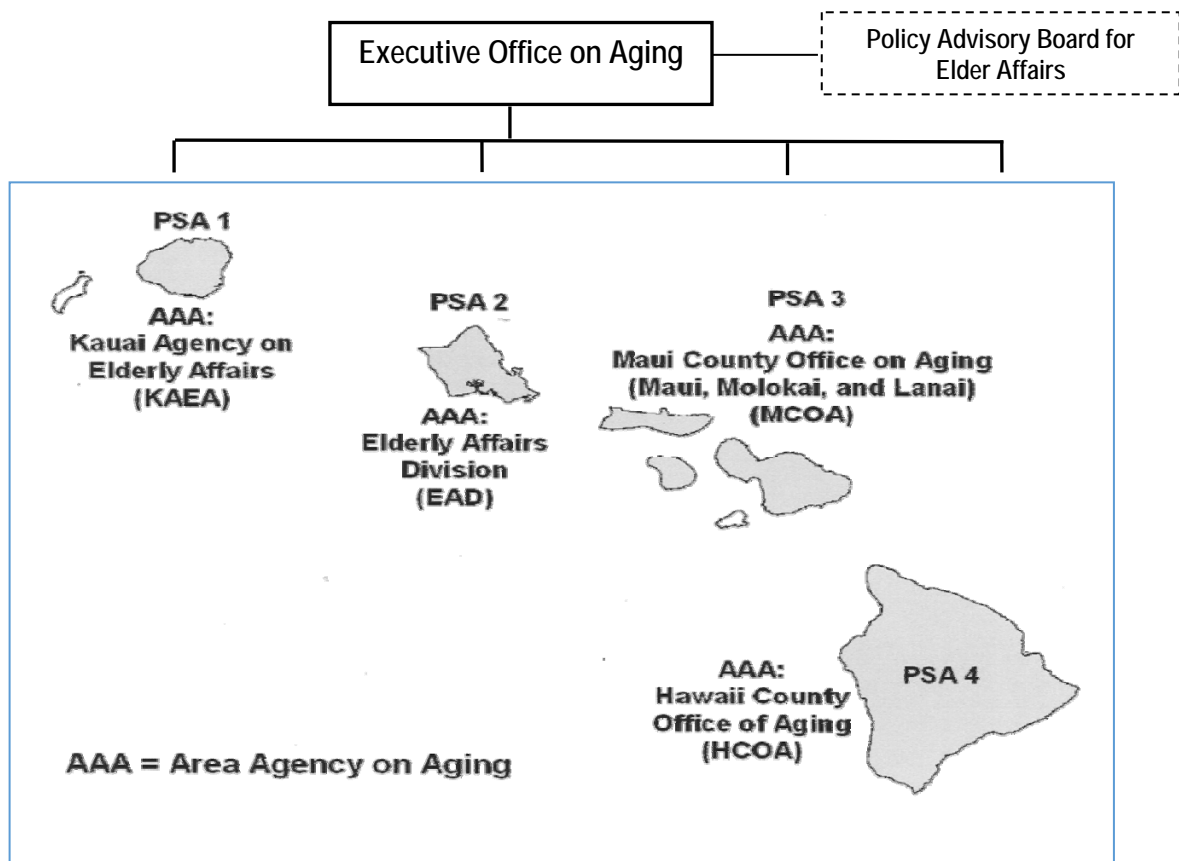
- planning
- policy and program development
- advocacy
- research

- information and referral
- coordination of services provided by public and private agencies for Older Americans and their families.

Chapter 349 of the Hawaii Revised Statutes established the **Policy Advisory Board for Elder Affairs (PABEA)** which assists by advising on the development and administration of the State Plan and conducting public hearings on the State Plan, by representing the interests of older persons, and by reviewing and commenting on other State plans, budgets and policies which affect older persons. There are currently two PABEA members representing Maui County.

The **Executive Office on Aging (EOA)** has delineated the State into distinct planning and service areas for purposes of planning, development, delivery, and the overall administration of services. The EOA has designated each of the counties of the State -- namely, Kauai, Honolulu, Maui, and Hawaii -- as planning and service areas. Kalawao County on the island of Moloka'i, currently under the administrative jurisdiction of the State Division of Health, is included in the Maui Planning and Service Area.

**Chart 2 - State Network on Aging**



The Area Agency on Aging (AAA) is the agency designated by the Executive Office on Aging to develop and administer the Area Plan on Aging for the planning and service area. Maui County Office on Aging is the AAA for Maui County.

The main focus of active collaborations for **Maui County Office on Aging (MCOA)** is the Aging and Disability Resource Center (ADRC) which includes an array of private and public partners and formal and informal relationships. MCOA participates in and offers leadership in the following collaborations with:

1. Hawaii Family Caregiver Coalition
2. State Division of Transportation- Coordinated Planning
3. Maui County Emergency Preparedness Interagency Planning committee
4. Center for Disability Studies, University of Hawaii
5. Moloka'i Aging Network
6. Maui Senior Planning and Coordinating Council
7. Mental Health Transformation Hawaii
8. Lana'i Aging Network Council
9. Kupuna Caucus
10. Community Partnerships (Care Transitions)
11. Case Management Coordination Program - Interdisciplinary Team
12. Healthy Aging Partnership- Empowering Elders
13. Maui Disability Alliance
14. Hi'i Na Kupuna Coalition (Grandparents raising Grandchildren)
15. Joint Advocacy Committee on Senior Affairs
16. University of Hawaii, Maui College- Cooperative Extension office
17. Prevent Suicide Maui County Task Force
18. Adult Protective Services- Senior Companion Program
19. Hawaii Pacific Gerontological Society
20. National Association of Area Agencies on Aging
21. Nutrition and Physical Activities Coalition- Maui
22. Maui Falls Prevention Coalition
23. State Falls Prevention Consortium
24. Maui Financial Abuse Team
25. Hale O Lanakila Clubhouse
26. Council on Aging
27. Policy Advisory Board for Elder Affairs
28. Hawaii AARP
29. Maui Voluntary Organizations Active in Disaster
30. American Society on Aging
31. Hawaiian Agencies & Organizations
32. Job Corps- Career Technical Training Program



- 33. Alliance of Information and Referral Systems
- 34. Senior Medicare Patrol
- 35. State Health Insurance Assistance Programs
- 36. Legal Aid Society of Hawaii
- 37. Alzheimer's Association, Maui



### **Mission, Vision and Organization of the Maui County Office on Aging**

The Maui County Office on Aging is the designated leader in planning, implementing, supporting and advocating for the well-being of Older Americans and their caregivers in Maui County.

The mission of the Maui County Office on Aging is to "promote and protect the well-being of the older person in Maui County."

The vision for the Maui County Office on Aging is that individuals 60 years and older, their caregivers and persons with a disability are independent, healthy and feel like contributing members of the community. MCOA will achieve this by providing formal community support systems that promote independence, integrity, and dignity of all while striving to ensure cultural practices and beliefs are respected in a continuous effort to support individual choice.

### **MCOA Advisory Council**

MCOA, in accordance with the Older Americans Act, has established an advisory council to advise the agency on the development, administration, and operations conducted under the area plan. Appointed by the mayor and confirmed by the County Council, this advisory board is comprised of older adults, agency and community representatives and stakeholders who tender advice, technical assistance and collaborations/partnerships for MCOA to address emerging trends and issues related to the future of aging. Geographic considerations are considered to allow for tri-isle participation. Meetings are held bi-monthly.

### **Staffing of the Area Agency**

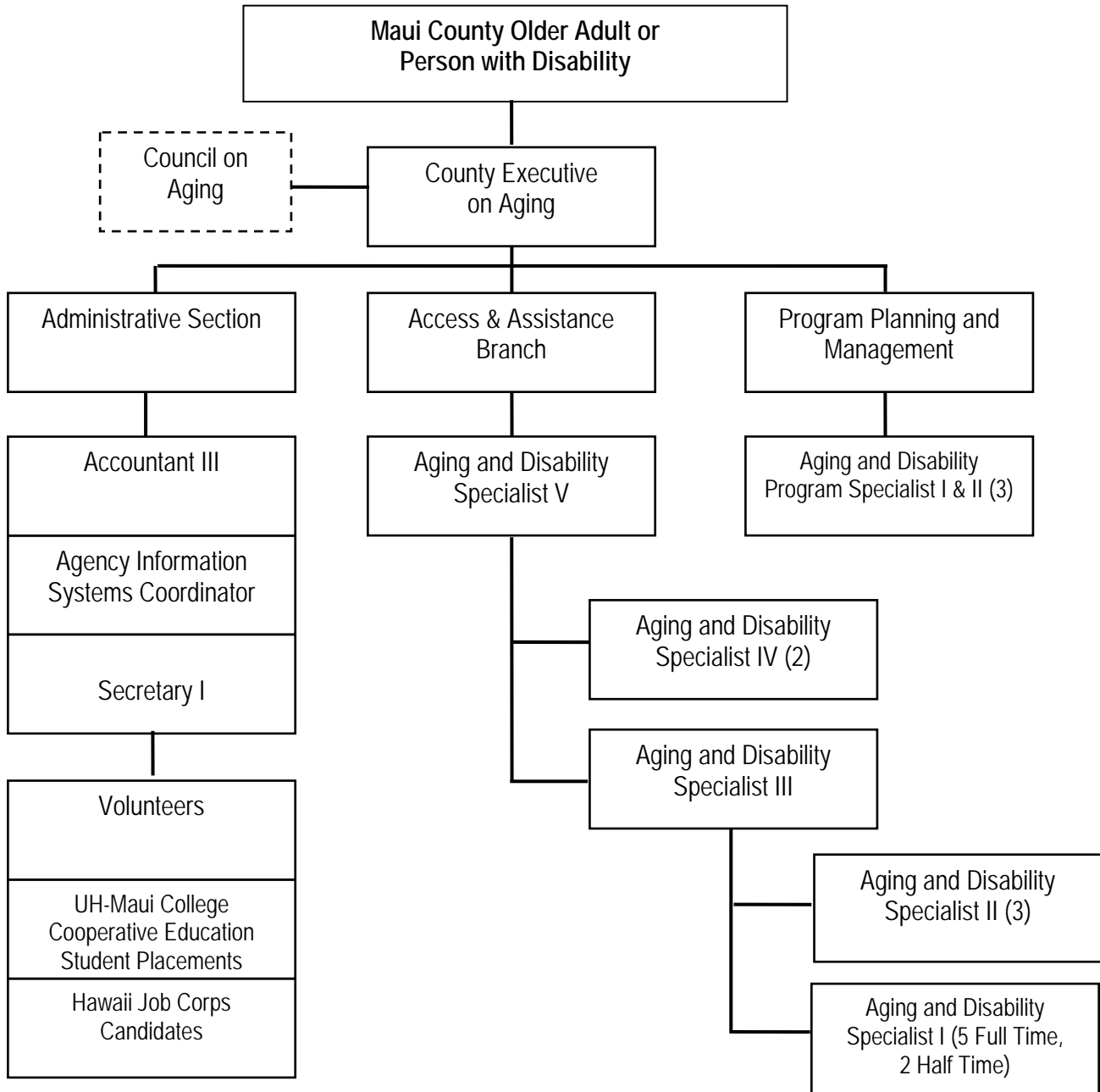
The Maui County Office on Aging has 19 civil service staff positions on Maui and Moloka'i. In addition to the main office in Wailuku, MCOA maintains satellite offices in Kihei, Hana, Lahaina, Lana'i and Moloka'i.

## Organizational Structure

Maui County Office on Aging operates under the auspices of the Maui County Department of Housing and Human Concerns. The current structure of the Department is noted below:

Organizational Chart FY 2015

Department of Housing and Human Concerns  
Office on Aging



The Hawaii Systems Change Initiative will create a substantial change in how the Division conducts business on a day-to-day basis with a gradual, but steady organizational shift. The detailed five-year plan has been developed with the State of Hawaii, Department of Health, Executive Office on Aging (EOA) in conjunction with the four county Area Agencies on Aging (AAA) to improve operations, ensure that older adults and individuals with disabilities make informed choices about meeting long term care needs, position the state to respond to federal initiatives and to help residents of Hawaii keep their loved ones in the community in support of the spirit of 'ohana.



### Activities of the Area Agency



MCOA, under the leadership, guidance and direction of the State Executive Office on Aging proactively plans, coordinates, implements and evaluates a comprehensive system of services that promotes older people in maintaining independence and dignity in their homes and communities as long as appropriate.

Through functions related to the advocacy, planning, coordination, interagency linkages, dissemination of information, brokering, monitoring and evaluation, MCOA is diligent in the development and continual enhancement of a comprehensive and coordinated community-based system in each community on each of the three islands that make up the service area: Maui, Moloka'i and Lana'i. The convening of quarterly Aging Network meetings on Maui, Moloka'i, and Lana'i greatly assist in the fulfillment of these functions.

Direct services are provided by a network of community-based organizations located throughout Maui County who are contracted with MCOA. In addition, MCOA provides long term supports and services directly to *kupuna*, family members and the general public. Overall, it is estimated that MCOA touches 15,000 – 20,000 unduplicated people annually.

The Maui County Office of Aging (MCOA) staff conducts outreach to the elderly to identify and assess needs and refer the elderly and individuals of all ages with disabilities to appropriate service providers.

Long-term services and supports include, but are not limited to:

- Adult day care respite
- Alzheimer's support
- Caregiver information and support
- Case management
- Chore services
- Congregate meals
- Disability Access Services
- Disease Prevention/Health Support
- Elder Abuse Prevention
- Financial Management
- Friendly visiting / telephone reassurance
- Home delivered meals
- Homemaker services
- Information and Assistance
- Nutrition
- Legal assistance
- Outreach advocacy
- Respite Care
- Personal care assistance
- Senior Centers
- Transportation
- Volunteer assistance and opportunities



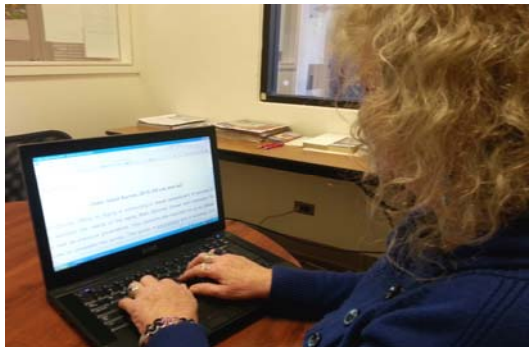
### **MCOA Area Plan Development Process**

The planning process used to develop the 2015-2019 MCOA Area Plan was divided into two distinct phases: 1) Data Gathering and 2) Plan Development.

The data gathering phase was designed to determine the needs of Maui County's older adults and their caregivers through survey collection and a series of seven geographically defined focus groups/listening sessions. Additionally, the information obtained through these two methods was then synthesized by MCOA leadership and shared with staff and other stakeholders for supplemental input and perspective. The process established a mutually developed blueprint and framework for the four-year Area Plan that is designed to be a true working document that will guide the Division over the next four years. The plan will be reviewed and modified continually and the

delineated strategies and timelines will be used as benchmarks for the delivery of a comprehensive and coordinated system of services for older adults.

## DATA COLLECTION METHODOLOGIES



From September 2014 through April 2015, MCOA conducted a countywide needs assessment to identify trends, issues and concerns from the perspective of Maui's older adults, their families, and caregivers. Surveys of the elderly, caregivers, focus group participants and key stakeholders were used as a primary information gathering tools to assist in guiding the direction of the area plan.

### Surveys

- **Older Adult Survey (age 55 yrs and older)**

MCOA distributed surveys at Senior Centers, Nutrition Sites, Senior Clubs and community events to seniors over the age of fifty-five. The survey was also posted on the Maui County ADRC website to provide an alternate format to obtaining feedback from this group. MCOA collected 683 senior surveys.

- **Caregiver survey**

MCOA distributed surveys at Senior Centers, Nutrition Sites and Senior Clubs to individuals identifying themselves as a caregiver of an older adult (including adult children under 60 years and grandchildren under the age of 18). Surveys were done at outreach and senior events, mailed to caregivers subscribing to monthly newsletters and posted online. MCOA collected 186 caregiver surveys.



## Focus Groups

MCOA facilitated focus groups in order to assess and obtain input from various stakeholders about aging. A total of seven focus groups were held with seniors, caregivers and service providers. Stakeholders were presented with the same set of standard open-ended questions by the consultant and all responses were recorded and captured in notes.

Survey results and complete focus group comments are noted specifically in this plan are shown from pages 121-142 of this plan.

MCOA staff members attended various meetings and trainings to ensure that the resulting area plan line up consistently with the EOA goals and ADRC and system's change mandates. These meetings and trainings are listed below:

- Staff participated in statewide Planners Meetings conducted by the Executive Office on Aging to provide support, assistance and direction to the area agencies to develop their individual area plans.
- Staff participated in the Executive Office on Aging capacity building workshops. Leadership workshops were directed towards topics such as collaboration, needs assessments, data collection, and evaluation. Area agency staff gained capacity and the necessary skills to implement different elements and components required for the Area Plan.
- MCOA disseminated information through the various media including the Maui News and weekly newspapers regarding meeting times, places and the promotion of participation in the needs assessment and informational meetings leading to the Area Plan.
- A public hearing was scheduled at Cameron Center to provide an opportunity for anyone to comment on the Area Plan.

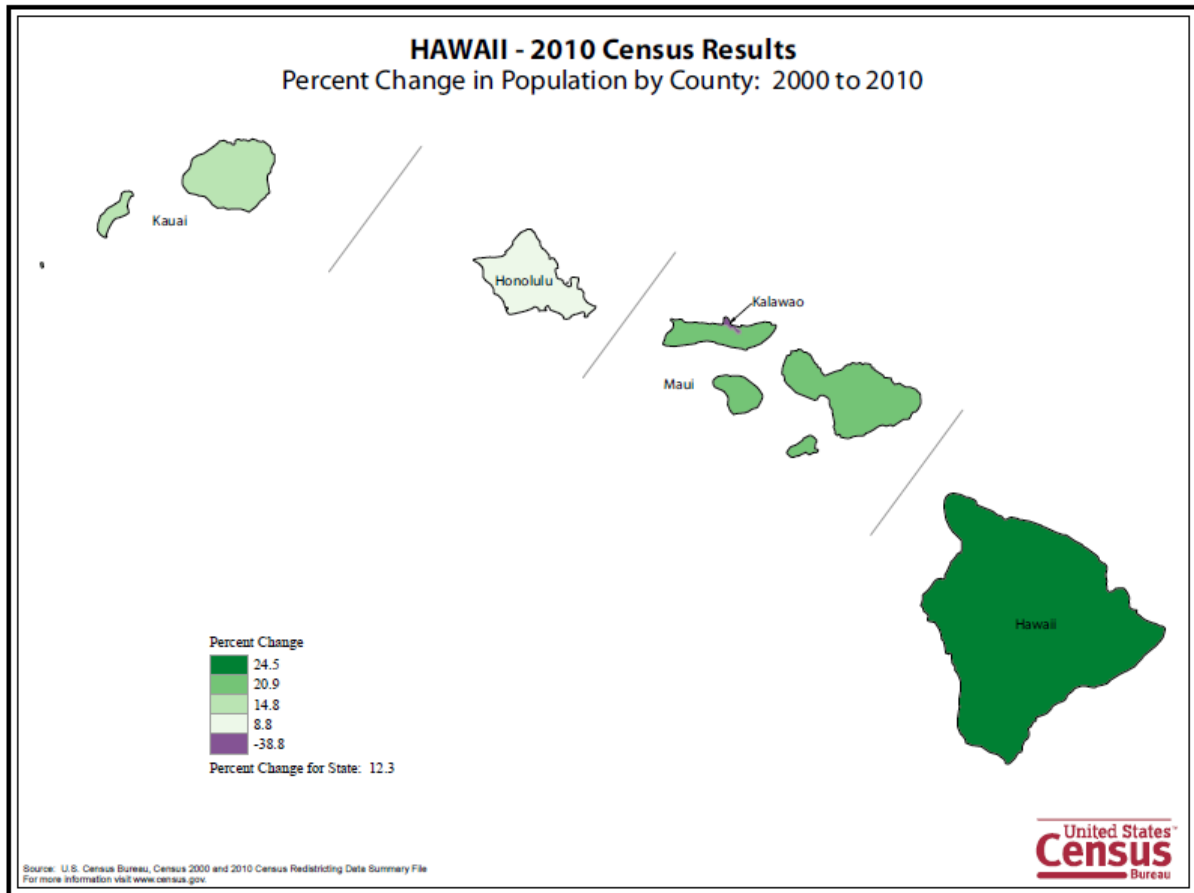
**“O ke kahua ma mua, ma hope ke kūkulu”**

*Learn all you can, then practice – a Hawaiian proverb*

*Maui's Outstanding Older Americans 2015*



## Overview of the Aging Population



Age is the single most important factor in understanding health status and the need and demand for health care resources. For the elderly, there is a clear relationship between age and mortality, prevalence of chronic conditions, and level of disability. Similarly, the elderly are the largest consumers of health care resources. Both age-related health status and resource utilization will be described in greater detail in subsequent chapters.

**Hawai'i vs. U.S. Elderly Trend:** Until 2000, Hawai'i's elderly population, aged 65 and older, was growing at a much faster pace than the nation's elderly population. Since 2000, Hawai'i's growth has leveled off.

Source: US Census Bureau 2000 and 2010 Census Republishing Data File.



Geography	April 1, 2010		Population Estimate (as of July 1)				
	Census	Estimates Base	2010	2011	2012	2013	2014
Hawaii County	185,079	185,079	185,325	187,039	188,946	191,409	194,190
Honolulu County	953,207	953,207	956,336	966,559	976,746	987,019	991,788
Kalawao County	90	90	90	90	89	89	89
Kauai County	67,091	67,090	67,217	67,799	68,553	69,679	70,475
Maui County	154,834	154,835	154,982	156,764	158,432	160,791	163,019

Source: US Census Bureau

Consider these facts:

- Since statehood, Hawai'i's proportion of elderly to total population has increased threefold, from roughly 5 percent in 1960 to 15 percent in 2009. During this same period, the elderly segment of the nation's population increased by one-third, from 9 percent to 13 percent. Between 1990 and 2009, the number of elderly aged 75 and older increased 44 percent nationally compared to a 115 percent increase in Hawai'i.

**Improvement over Time:** Life expectancy in Hawai'i has improved dramatically since 1910 when the anticipated lifespan was less than 44 years. It was not until 1950 that life expectancy in Hawai'i surpassed that of the United States and has continued to exceed the U.S. life expectancy ever since. Gains in life expectancy every 10 years mirror major developments in public health and medicine. The largest gains in Hawai'i occurred between 1920 and 1930 (8.3 years increase in life expectancy), 1930 and 1940 (+8 years) and 1940 and 1950 (+7.5 years). These gains are attributed to reductions in infant and maternal mortality and the introduction of antibiotics. Since statehood, the largest life expectancy increase, of almost four years, occurred between 1970 and 1980. More recently, life expectancy has increased about one year every decade.

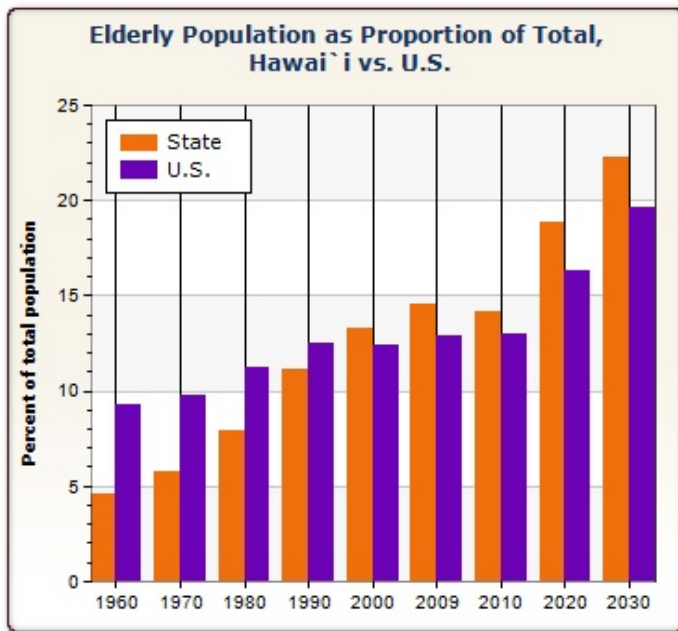
**Women Live Longer Than Men:** Reflecting similar patterns throughout industrialized countries, including the United States, women live longer than men. Women in Hawai'i have an almost five-year longer life expectancy at birth than men. From 1950 to 2005, life expectancy for men increased 10.4 years, for women 11.6 years.

From 1980, life expectancy for men increased 3.7 years, for women, only 1.8 years. In the 1980s there were more men than women in Maui County; by the 2000 census women outnumbered men. It can be noted that with advancing age, the percentage of women becomes greater. DBEDT 2030 projections based on existing data indicate due to the

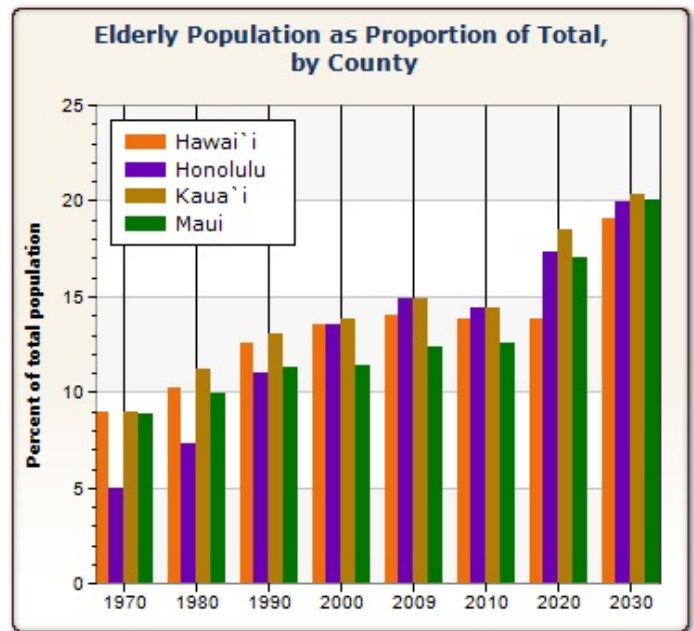
longer life expectancy for women, this trend will continue in Maui and throughout the nation with explosive growth continuing in the age group of individuals 85+. It is noted that most of these individuals will be women.

**Ethnic Differences in Life Expectancy:** The Chinese in Hawai'i have the nation's longest average life span at 83 years. However, not all groups share this longevity: Hawaiian/part-Hawaiian men, for example, have a life expectancy of 74 years. Since the 1940s, Chinese and Japanese have had longer life expectancies than Caucasians and Hawaiians/part-Hawaiians. With the exception of life expectancy calculations for 1920, Hawaiians/part-Hawaiians have had the shortest life expectancy of all major groups since 1910. Differences between the longest life expectancy and the shortest are substantial. In 1910, life expectancy for Hawaiians/part-Hawaiians was 22 years shorter than for Caucasians, the group with the longest life expectancy. By 1990, life expectancy was 9 years shorter than for the Chinese. During this time span, the predominant causes of death shifted from infectious diseases to chronic diseases.

**Elderly Trend in the Counties:** All counties experienced significant growth (13-15 percent) in their elderly populations since 1970.



Source: U.S. Census Bureau, Population Division.  
Note: Elderly is defined as 65 years of age or older.



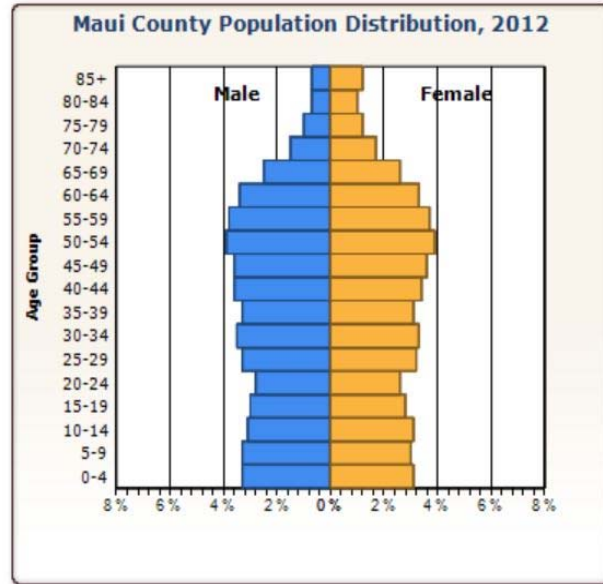
Source: U.S. Census Bureau, Population Division.  
Note: Elderly is defined as 65 years of age or older.

**Maui Population Trends** – According to the 2010 Census Maui's resident population is expected to grow from 129,471 in 2005 to 176,687 in 2030. This is a

1.46% annual growth rate which equates to a 36.5% increase in population over the 25 year period. These projections indicate a population increase of 16% between 2010 and 2020, and an increase of 12% between 2020 and 2030.

As is widely known, contributing to the explosion in numbers of older adults is the surge of Baby Boomers (individuals born between 1946 and 1964), and an overall longer life expectancy. In Maui County's case, an in-migration of transplants also contributes to this explosion.

By 2030, the elderly population will represent 20 percent of the populations for each county, the state, and the nation as a whole; that is, one out of every five individuals will be aged 65 or older. In comparison, in 1970, one out of every 17 individuals was aged 65 or older. Therefore, in Maui's case 35,337 people will be 65 years or older in 2030.



Source: U.S. Census Bureau, Population Division.

Source: Socio-Economic Forecast, Maui County Division of Planning, 2006.

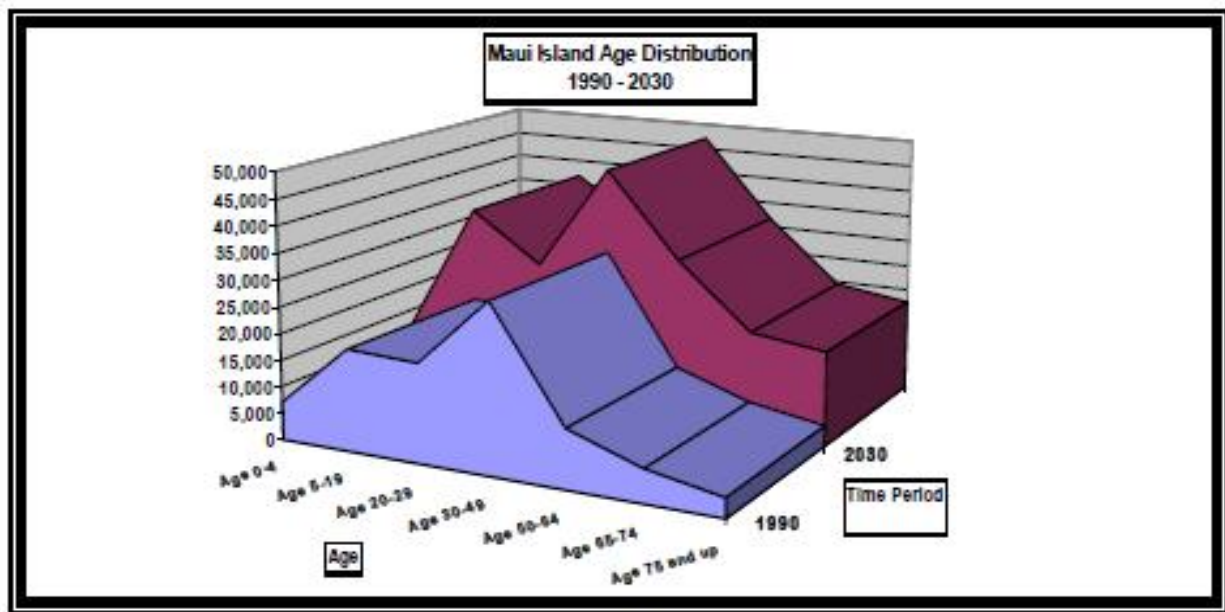


Figure 1 - 2. Maui Island Age Distribution 1990 - 2030.<sup>3</sup>

## MAUI COUNTY TOTAL RESIDENT POPULATION PROJECTIONS BY 5-YEAR AGE GROUP, 2010-2040

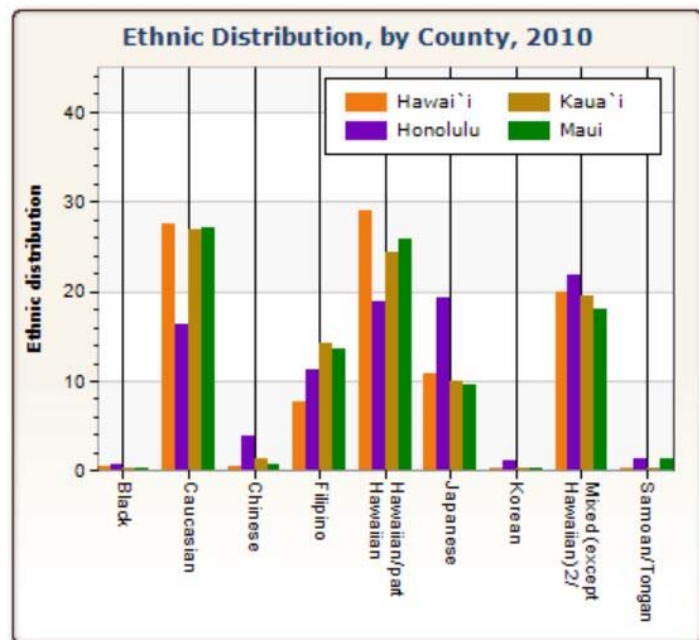
"Age group (years)"	2010	2015	2020	2025	2030	2035	2040
50 - 54	12,324	12,000	11,589	11,200	11,844	12,208	11,473
55 - 59	11,635	12,395	12,098	11,720	11,352	12,001	12,373
60 - 64	9,893	11,581	12,342	12,092	11,747	11,405	12,058
65 - 69	6,830	9,640	11,281	12,044	11,838	11,532	11,223
70 - 74	4,414	6,479	9,123	10,694	11,446	11,293	11,037
75 - 79	3,260	4,062	5,960	8,399	9,881	10,616	10,522
80 - 84	2,772	2,749	3,458	5,103	7,222	8,556	9,257
85 +	2,706	3,216	3,487	4,187	5,888	8,548	11,181

Source: Maui County Data Book 2013

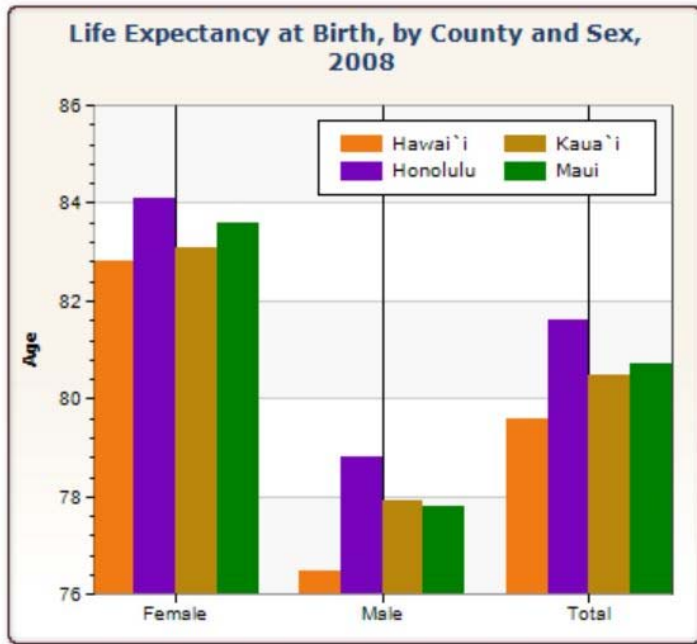
Currently, Maui County percentage of older adults (60+) in comparison to the total population already represents 20.5% of the population. With the large amount of baby boomers in Maui reaching the 60+ benchmark over the next 10 years, Maui will be presented with a notable increase in individuals in the older adult age range that will be needing services.

Current numbers from the Hawaii Health Survey data indicate that Maui's older female comprise 53% of the older population (15,422), with 47% (13,700) representing the older male. Projections to 2030 indicate that Maui's older female will continue to consistently outnumber the percentage of male older adults

**Ethnic Composition:** The counties show marked differences in their ethnic composition. The proportion that is mixed is consistent across all counties, at 18 to 20 percent in 2007. Hawai'i County has the largest proportion of Hawaiians/part-Hawaiians at 28 percent. Honolulu has the largest proportion of mixed ethnicities (23 percent). Kaua'i and Maui have the largest proportion of



Caucasians in their populations. According to the Maui Interpreter's Hui, over 13 languages are spoken in Maui County including Marshallese, Chuukese, Pohnpeian as well as Filipino, Spanish and other languages.



Source: Murray, C.J.L., C.M. Michaud, M.T. McKenna, and J.S. Marks, "U.S. Patterns of Mortality by County and Race: 1965-1994." Harvard Center for Population and Development Studies, 1998.

### Higher Life Expectancy:

Overall, life expectancy at birth in Hawai'i is among the longest in the nation. In 2008, the most recent year for which state estimates are available, people born in Hawai'i had a life expectancy of 80.8 years, three years longer than the U.S. average. When Hawai'i's life expectancy for 2000 is compared to that of the rest of the world, Hawai'i ranks fifth, behind Andorra, San Marino, Japan, and Singapore.

**County Differences in Life Expectancy:** In 2008, life expectancy in Honolulu, Maui, and Kaua'i Counties was nearly 81 years, while in Hawai'i County it was approximately 80 years. (It should be noted however, that the life expectancy for the Big Island is still longer than that for the nation as a whole.) The longest life expectancy for males was 78.4 years in Maui, and female life expectancy was longest on Honolulu at 83.5 years. The greatest difference between male and female life expectancy was on Honolulu, where women were expected to live 5.3 years longer than men. The least difference was in Maui, with women projected to live 4.4 years longer than men.

**Health Status of older adults on Maui:** According to Health Trends in Hawaii, for self-reported health status, the results from the Hawaii Health Survey show that for Maui's 60+: 17.1% report their health status as excellent; 29% very good; 37% good; 12.3% fair; 4.5% poor.

**Poverty among older adults on Maui** - The special data run by the Hawaii Health Survey 2012 (HHS) of the Department of Health indicates that of the 60+ population on Maui, 9.4% or 2,745 people are at the below poverty or near poverty income level based on the Health and Human Services (HHS) poverty guidelines. This is a significant rise

from the 7.9% shown from the 2000 US Census report. In addition, 21.3% or 33,733 are considered at the near poverty income level (100% - 199% of poverty level). About 16.5% are below poverty.

**Number of Chronic Conditions:** 'Chronic conditions' is a general category that includes chronic illnesses and impairments. It includes conditions that are expected to last a year or longer, limit what an individual can do, and/or may require ongoing medical care. Of Maui's total 60+ population (29,121) 78% of Maui's older adults are managing their lives with one or more chronic conditions (22,849).

Common chronic conditions include hypertension, high cholesterol, diabetes, heart disease, asthma, respiratory diseases, arthritis, eye conditions, and certain mental conditions. Twenty-five percent of people with chronic conditions have some type of activity limitation. The incidence for chronic conditions will likely grow over the next 10 to 20 years because of the expected increase in Hawai'i's elderly population and long life expectancy. Advances in medical technology may also increase the incidence of chronic conditions as detection and treatment methods improve.

People with chronic conditions, particularly those with multiple chronic conditions, are the heaviest users of health care services. In 2001, the care given to people with chronic conditions accounted for 83 percent of U.S. health care spending. Ninety-six percent of Medicare spending is on behalf of people with multiple chronic conditions. Average per capita spending on people with one or more chronic conditions is more than five times greater than spending on people without any chronic conditions. Over the next two decades, chronic conditions in Hawai'i will need to be closely monitored to address resource and cost issues.

Because older age groups are affected more by chronic diseases, prevention, early detection, public education campaigns and community outreach may help elders better manage their chronic health conditions.

### **Caregivers in Maui County**

For the purposes of this area plan, family caregivers are defined as those individuals who provide unpaid regular care or assistance to a family member or friend who is 60 years of age or older. The responsibility to provide ongoing care and support impacts the lives of caregivers in different ways. Finding time to properly manage their own lives is often a problem and family caregivers struggle to find time to do the simple things in life such as run errands, sleep, manage their work properly or enjoy hobbies or time with friends. The estimated value of caregiving is \$1,343 million dollars. That is

135 million hours of unpaid caregiving performed by 126,400 (State of the State Family Caregivers Support, State Profile- Hawaii 2014)

A report by the State Executive Office on Aging in May, 2006, demonstrates that:

A higher proportion of females are caregivers, with 16% of female adults in Hawaii providing 88% of all caregiving services;

Most of Hawai'i's caregivers are between the ages of 45-74 years old;

12% are 75-84 years old with 8% of caregivers 85 years of age or older.

MCOA values the caregivers in our community. The Division is very conscious about reaching out and providing caregivers the information and resources they need. One avenue for such outreach involves the annual Caregiver's Conference. At this conference, caregivers have the chance to network with professionals, each other and enjoy a positive social experience. Additionally, MCOA works in partnership with the University of Hawaii College of Tropical Agriculture and Human Resources, (UH-CTAHR) to provide an evidence-based program, *Powerful Tools for Caregivers*. Caregiver participation in the six week program continues to grow as family caregivers learn skills necessary to avoid burnout. MCOA will work to sustain all of this important work, because caregivers represent an unseen economic benefit. Caregivers in Maui County are appreciated and recognized and MCOA will continue to strive to help them stay healthy, strong and supported.

### **Grandparents and other relative caregivers in Maui County**

According to the AARP Foundation in 2010, in Hawaii 63,047 children lived in grandparent-headed households (20.9% of all the children in the state). There were another 15,443 children living in households headed by other relatives (5.1% of all the children in the state). Of the children living in households headed by grandparents or other relatives in Hawaii, 3,590 were living there without either parent present.

The Foundation further reported that 12,621 grandparents are responsible for their grandchildren living with them (2,247 in Honolulu): 22% of these grandparents were Native Hawaiian and other Pacific Islander; 9% were Hispanic/Latino; 37% were Asian; and 12% were White. Thirty percent of these grandparents lived in households without the children's parents present. Fifty-five percent were under the age of 60; 11% lived in poverty.

In Maui County, the exact numbers of grandparent or relative caregivers that are raising children, are not precisely known; however, it is evident through outreach that many of our families have to manage balancing the complex needs of intergenerational families living in one household.

Hi'i Na Kupuna is a coalition that began in 2004 in which MCOA is an active participant. This informal group of agency providers has reached out to understand and serve the needs of grandparents and other relative caregivers in our County. Hi'i Na Kupuna has discerned from needs assessments report completed in 2010-2011 that these individuals are specifically looking for support groups, financial assistance and programs for the children and teens they are parenting.

MCOA provides legal services for grandparents 55 years and older who maintain physical custody of grandchildren in their homes.

### **Volunteerism among Maui's older adults**

Maui County enjoys a dynamic and active volunteer community. Older adults benefit from both the receipt of volunteer services and from the act of providing volunteer services to their community. There is a wide range of opportunities to volunteer in the Maui Community. MCOA is intimately involved in the assistance of two important and fundamental programs in the community.



#### *Retired Senior Volunteer Program*

The Retired Senior Volunteer Program (RSVP) is provided through Kaunoha Senior Center. On June 1, 2015 the total number of senior volunteers associated with the program was 590. The total number of volunteer hours provided over the previous 12 month period was 51,708 hours.



## *Na Hoaloha – Neighbors Helping Neighbors*

Na Hoaloha – Neighbors Helping Neighbors is a non-profit organization that was started in 1995 and since its inception the organization has focused on providing services to the ‘gap group’ – the people that are not able to obtain government services for assistance or people who are qualified for services, but are not receiving them because of long wait lists.



In the last fiscal year, Na Hoaloha averaged about 151 volunteers which served approximately 400 seniors. Their programs include friendly visits, telephone reassurance and in-home respite. Often friendly visits result in the volunteer providing rides, shopping, housekeeping assistance, errands, reading letters, helping with gardens and even pets. Over 22,040 hours of service was provided by Na Hoaloha during the last fiscal year to Maui seniors. Also over 50,150 miles of rides were provided to seniors needing transportation to various places.

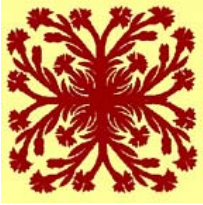
## *Senior Companion Program*

The Senior Companion Program is a part-time volunteer program that enrolls eligible low-income seniors statewide to provide in-home companionship and limited personal care to frail elders and respite to caregivers. MCOA supports this program by collaborating with the current provider, DHS-Adult & Community Care Services, and promoting the program through outreach efforts. Currently, Maui’s senior companion program has six active companions that serve a total of 26 community members with these important services.



MCOA continues to promote and support the many benefits provided by an active and vibrant volunteer community. With the growth anticipated in the senior community in the upcoming years, an increasing rich pool of talent and skills will be available that can be tapped to complement the delivery of services to seniors and people with disabilities throughout Maui County.





## Existing Programs and Services

Programs and Services	Provider Agency	Area Served by Judicial Districts	Also serve disabled persons under 60
<b>ACCESS</b>			
Information and Assistance	Maui County Office on Aging**	Maui, Moloka'i, Lana'i	Yes
	Active Now! Wellness	South Maui	Yes
	Hale Hulu Mamo**	Hana	Yes
KC Trans/Assisted Transportation	Kaunoa Senior Services**	Maui except Hana	No
		Moloka'i & Lana'i	No
Case Management	Mental Health Kookua	Maui	No
	Hale Makua Home Health	Maui except Hana	Yes
	Moloka'i General Hospital	Moloka'i	Yes
	Public Health Nursing	Maui, Moloka'i, Lana'i	Yes
Counseling	Women Helping Women	Maui	Yes
Immigrant Services	County of Maui Immigrant Services Division MEO Inc	Maui, Moloka'i, Lana'i	Yes
Transportation	Maui Economic Opportunity	Maui, Moloka'i, Lana'i	Yes
Outreach	Hale Hulu Mamo**	Hana	Yes
	Maui County Office on Aging**	Maui, Moloka'i, Lana'i	Yes
<b>IN-HOME</b>			
Chore	Hale Mahaolu**, Bayada Health**, Care Options**, Nurse Pro-Care**	Maui, Moloka'i, Lana'i	No
Friendly Visiting	Na Hoaloha- MIVC**	Maui	No
Home Health	Hale Makua	Maui	Yes
Hospice	Hospice Maui, Islands Hospice	Maui, Moloka'i, Lana'i	Yes
Personal Care	Hale Mahaolu**, Bayada Health**, Care Options**, Nurse Pro-Care**, Caregivers Maui**	Maui, Moloka'i, Lana'i	Yes
Telephone Reassurance	Na Hoaloha- MIVC**	Maui	No
<b>NUTRITION</b>			
Meals: Home	Hale Mahaolu	Central Maui	No

Delivered	Kaunoa Senior Services**	Maui, Moloka'i, Lana'i	No
Meals: Congregate	ALU LIKE, Inc.*	Maui & Moloka'i	Yes
	Kaunoa Senior Services**	Maui, Moloka'i, Lana'i	Yes
<b>LEGAL SERVICES</b>			
Legal	Legal Aid Society of Hawaii**	Maui, Moloka'i, Lana'i	Yes
Consumer Protection	State of Hawaii Consumer Protection	Maui, Moloka'i, Lana'i	Yes
Counseling	Dept. of the Prosecuting Attorney - Victim/Witness Assistance Program	Maui, Moloka'i, Lana'i	Yes
<b>CAREGIVER SERVICES</b>			
Alzheimer's Support	Alzheimer's Association	Maui, Moloka'i, Lana'i	Yes
Day Health	Hale Makua, Na Pu'uwai	Maui	Yes
Discount Card	Maui Economic Opportunity	Maui, Moloka'i, Lana'i	Yes
Education	ALU LIKE, Inc.*	Maui, Moloka'i	Yes
	DOE-Adult Education	Maui, Moloka'i, Lana'i	Yes
	Kaunoa Senior Services**	Maui, Moloka'i, Lana'i	Yes
	UH Maui college	Maui	Yes
Elder Abuse and Neglect	Dept of Human Services-Adult Protective Services	Maui, Moloka'i, Lana'i	Yes
	Hale Ho'omalua - Battered Woman's Shelter	Moloka'i	Yes
Employment	Maui Economic Opportunity	Maui, Moloka'i, Lana'i	Yes
	State-Workforce Development Division	Maui	Yes
Family Caregiver Support Groups	Maui Adult Day Care**	Maui	Yes
Family Caregiver Training	Maui Adult Day Care**	Maui	Yes
Family Caregiver Telephone Reassurance and Friendly Visiting	Na Hoaloha- MIVC**	Maui	Yes
Health Education/Promotion	Maui County Office on Aging- BCBH -Ke Ola Pono	Maui, Moloka'i, Lana'i	Yes
Housing	Hale Mahaolu - Moloka'i	Moloka'i	Yes
Housing Assistance	County Housing Division (HUD)	Maui, Moloka'i, Lana'i	Yes
Recreation/Leisure	Kaunoa Senior Services**	Maui, Moloka'i, Lana'i	Yes
Respite	ALU LIKE, Inc.*	Moloka'i	No
	Hale Mahaolu**, Bayada Home Health**, Nurse Pro-Care**, Care Options**, Caregivers Maui**	Maui, Moloka'i	No

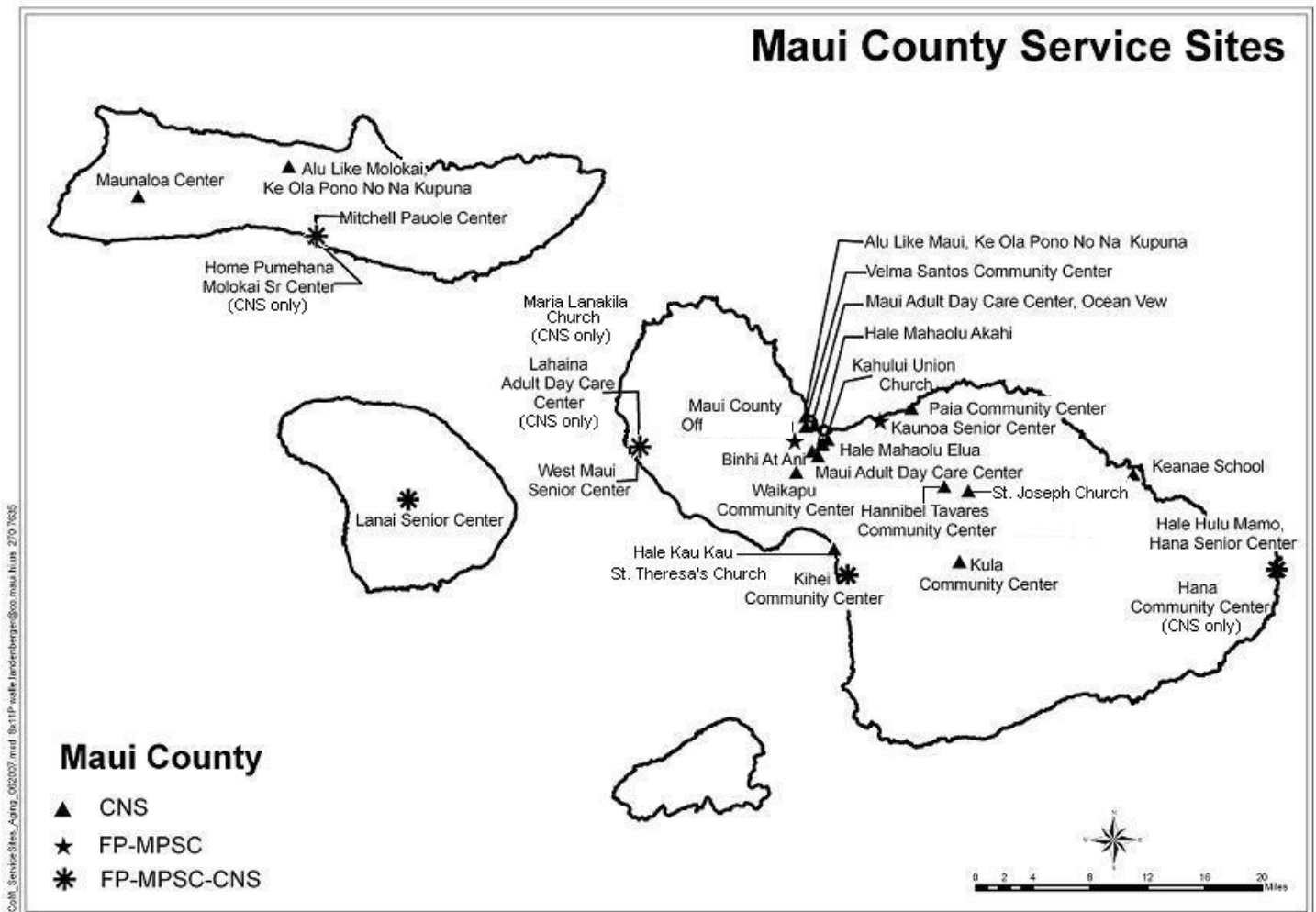
Respite Adult Day Care	Maui Adult Day Care**, Na Pu'uwai**	Central Maui, Lahaina, Moloka'i	Yes
Volunteer Services	Kaunoha Senior Services (RSVP)** Na Hoaloha, Sr Companion	Maui, Moloka'i, Lana'i	Yes

\*Designates minority service providers.

\*\* Represents AAA administered programs and services.



### Map of Community Focal Points, Multi-Purpose Senior Centers, and Nutrition Sites

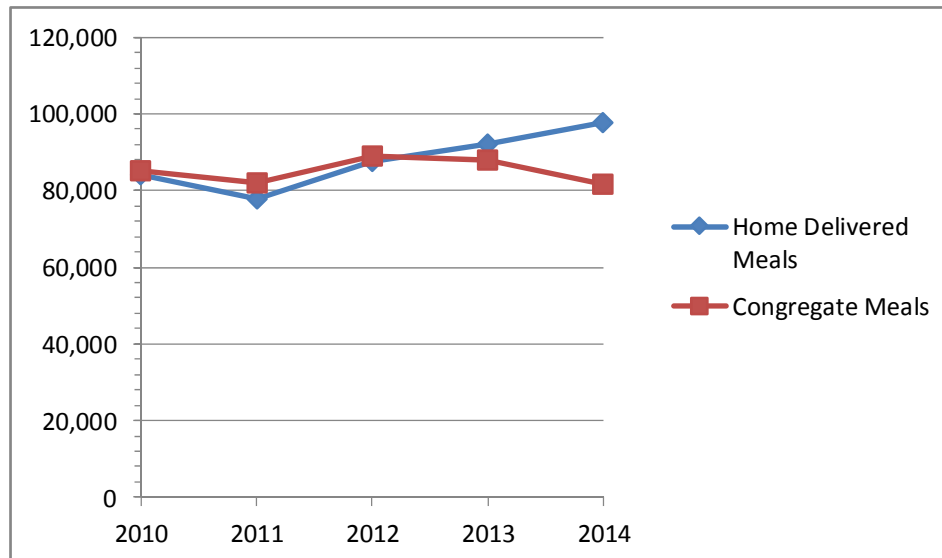




## Community Focal Points and Multi-Purpose Senior Centers

Focal Points and Multi-Purpose Senior Centers		Areas Served
Hale Hulu Mamo, Hana Senior Center	5101 Uakea Road, Building G Hana, HI 96713	Hana, Nahiku, East Maui
Home Pumehana	290 Kolapa Place Kaunakakai, HI 96748	Moloka'i
Kaunoa Senior Center	401 Alakapa Place Paia, HI 96779	Countywide
Maui County Office on Aging	95 Mahalani St, Rm 20 Wailuku, HI 96793	Countywide
Mitchell Pauole Center	Ala Moana Street Kaunakakai, HI 96748	Moloka'i
Lana'i Senior Center	7 <sup>th</sup> Street Lana'i, HI 96763	Lana'i
Kihei Community Center	303 E. Lipoa Street Kihei, HI 96753	Kihei, Maalaea, Wailea, Makena
West Maui Senior Center	778 Pauoa Street Lahaina 96761	Honolua, Napili, Kaanapali, Lahaina

Title III Meals Served by Program in Maui County, 2010 to 2014





## Congregate Nutrition Sites and Home Delivered Distribution Centers

Congregate Nutrition Sites	Areas Served	Congregate Units	HD Meals Units	Days and Hours
ALU LIKE Maui, Ke Ola Pono No Na Kupuna 717 Makaala Drive Wailuku, 96793	Central Maui, Paukukalo	2,748	1,731	Mon - Thurs, 9 am – 12 :30 pm HD Meals
ALU LIKE Moloka'i, Ke Ola Pono No Na Kupuna, Lanikeha Ho'olehua Community Center, 2200 Farrington Ave Hoolehua, HI 96729	Islandwide	1,683	3,827	Congregate - 9:45 am - 12:45 pm Hoolehua - Mon & Wed Kaunakakai – Mon, Tues & Thurs HD Meals - Mon - Fri
Hale Kau Kau - St. Theresa Church 25 W. Lipoa Street Kihei HI, 96753	Congregate Meals – All Areas HD Meals - Kihei	30,295	27,100	Weekdays, 5 pm – 6 pm Weekends, 4:30 pm – 5:30pm
Hale Mahaolu Akahi 300 West Wakea Avenue Kahului, HI 96732	Akahi Tenants and Kahului	7867	N/A	Mon - Fri, 8:30 am – 11:30 am
Hale Mahaolu CHSP Meals Program 300 Wakea Ave & 200 Hina Avenue Kahului, HI 96732	Akahi & Elua Tenants	8,584	22,375	Meals Delivered Daily (evening and weekends)
Kihei Community Center 303 E. Lipoa Street Kihei, HI 96753	Kihei	2890	N/A	Tues & Fri, 8:30 am – 11:30 am
Hale Mahaolu Elua 200 Hina Avenue Kahului, HI 96732	Elua Tenants and Kahului	8402	N/A	Mon - Fri, 8:30 am – 11:30 am
Hana Community Center 1501 Uakea Road Hana, HI 96713	Hana, Nahiku	2095	N/A	Tues, Thurs & Fri 9 am – 12 pm
Hannibal Tavares Community Center 91 Pukalani Street Pukalani, HI 96768	Pukalani	5076	N/A	Mon & Thurs, 8:30 am – 11:30 am
Home Pumehana/Moloka'i Senior Center Kolapa Place Kaunakakai, HI 96748	Home Pumehana Residents and Kaunakakai, Hoolehua, Kualapuu	2541	N/A	Mon, Wed & Fri, 9 am – 12 pm
Kahului Union Church 101 W. Kamehameha Avenue Kahului, HI 96732	Kahului	5736	N/A	Tues & Thurs, 8:30 am – 11:30 am

Congregate Nutrition Sites	Areas Served	Congregate Units	HD Meals Units	Days and Hours
Kaunoa Senior Center 401 Alakapa Place Paia, HI 96779	Maui County	N/A	105,540	Meals Delivered Mon - Fri
Kula Community Center Lower Kula Road Kula, HI 96790	Kula, Keokea	3144	N/A	Tues & Fri, 8:30 am – 11:30 am
Lana'i Senior Center 7 <sup>th</sup> St. Lana'i City, HI 96793	Lana'i	7126	N/A	Mon – Fri, 8:30 am – 11:30 am
Maui Adult Day Care Center 11 Mahaolu Kahului, HI 96732	Clients only	9131	N/A	Mon – Fri, 8:30 am – 11:30 am
Maui Adult Day Care Center – Kihei 56 Ehiku Street Kihei, HI 96753	Clients only	2909	N/A	Mon – Fri, 8:30 am – 11:30 am
Maui Adult Day Care Center - Lahaina Lahainaluna Road Lahaina, HI 96761	Clients only	3376	N/A	Mon – Fri, 8:30 am – 11:30 am
Maui Adult Day Care Center - Ocean View Kahului Beach Road Kahului, HI 96732	Clients only	9425	N/A	Mon – Fri, 8:30 am – 11:30 am
Mitchell Pauole Center Ala Malama Street Kaunakakai, HI 96748	Kaunakakai, Hoolehua, Kualapuu	1693	N/A	Tues & Thurs, 9:30 am - 12 pm
Velma Santos Community Center Makakoa Place Wailuku, HI 96793	Wailuku	4133	N/A	Mon & Wed, 8:30 am – 11:30 am
Waikapu Community Center 22 E. Waiko Road Wailuku, HI 96793	Waikapu	2384	N/A	Tues & Fri, 8:30 am – 11:30 am
West Maui Senior Center 778 Pauoa Street Lahaina, HI 96761	Honolua, Napili, Kaanapali, Lahaina	5080	N/A	Mon, Wed, Fri, 8:30 am – 12 pm



## CAPACITIES OF HOSPITALS AND SPECIALTY CARE BEDS, MAUI COUNTY

Area by Type of Beds by Facility for the Calendar Year 2010

FACILITY	LICENSED BEDS
Medical/Surgical	
▪ <i>Lana'i Community Hospital</i>	4
▪ <i>Maui Memorial Hospital</i>	152
▪ <i>Moloka'i General Hospital</i>	9
Critical Care	
▪ <i>Maui Memorial Hospital</i>	20
Obstetric	
▪ <i>Maui Memorial Hospital</i>	23
▪ <i>Moloka'i General Hospital</i>	2
Psychiatric	
▪ <i>Maui Memorial Hospital</i>	18
Skilled Nursing/Intermediate Care	
▪ <i>Hale Makua</i>	378
▪ <i>Kula</i>	NA
▪ <i>Lana'i Community Hospital</i>	10
▪ <i>Moloka'i General Hospital</i>	2
Acute/Skilled Nursing	
▪ <i>Kula Hospital</i>	NA
▪ <i>Moloka'i General Hospital</i>	2
Hansen's Disease	
▪ <i>Kalaupapa Care Home</i>	16
Other	
▪ <i>The Maui Farm, Inc.</i>	6
<b>Maui County Total</b>	<b>642</b>

Source: Maui County Data Book 2013



## *Maui's Diverse Communities*

Maui County is made up of not only of three unique islands, but of multiple communities that connect the diversity of people and the land. Data provided here was obtained from the 2009-2013 American Community Survey, the current census information, input from key informants and focus groups, survey data and online sources.

### **Moloka'i**

**M**oloka'i is the fifth largest of the Hawaiian Islands with a land area of 260 square miles. Moloka'i is 38 miles long and 10 miles wide. Moloka'i has a variety of climate zones. East Moloka'i is cool and wet with dense rainforests and mountain valleys. West and Central Moloka'i are warmer with the driest land being along the coastal areas of West Moloka'i.



Photo credit: John Fischer

Nearly 40% of Moloka'i residents are of Hawaiian descent. Over 2,500 of the island's inhabitants have more than 50% Hawaiian blood. Filipino is the next largest ethnic group.

Moloka'i has four principal towns: Kaunakakai - population 3,000, Kualapuu - population 2,000, West Moloka'i - population 500, and East Moloka'i - population 1,500. The total population of Moloka'i was noted as 7,404 in the Maui County 2013 Data Book.

Moloka'i is geographically diverse. Perpetually green valleys, tumbling waterfalls, scented pine forests, tangled bamboo thickets, trackless beaches, drifting sand dunes and the world's tallest sheer sea cliffs that hang from clouds to earth, dropping 3,000 vertical feet to the sea.

Moloka'i's economy has seen its share of struggles, offering few employment opportunities because of the demise of its sugar and pineapple industries in the 1990s, the closing of Moloka'i Ranch in 2005, and the downsizing of agricultural businesses.

Tourism has a small impact on Moloka'i as the residents weigh the extent to which the benefits from tourism can be maintained, while sustaining the quality of the community's social, economic and environmental assets.

Moloka'i has three congregate meal sites servicing seniors. Two in Kaunakakai (3 days a week and another 2 days a week) and another in Ho'olehua (2 days a week). Last year over 4,234 meals were served via these three locations to approximately 76 seniors. There were also 12,351 home delivered meals provided to 80 seniors in the past year as well. MCOA currently services 210 seniors through various programs offered through the Division. There is just one senior housing community on Moloka'i, Home Pumehana in Kaunakakai. Na Pu'uwai operates an adult day care in town as well. There are two adult residential care homes (ARCHs) on Moloka'i.

There are two airports on Moloka'i: Moloka'i Airport or Ho'olehua Airport is located in the center of the island and Kalaupapa Airport is located on the Kalaupapa Peninsula two miles north of the Kalaupapa community. The island is also serviced by the Moloka'i-Maui Ferry which departs twice daily from Lahaina Harbor, Maui and Kaunakakai Harbor, Moloka'i.

Kalaupapa is a small unincorporated community located on the Kalaupapa peninsula that has much historical significance on Moloka'i. The village is the site of a former Hansen's disease settlement. Kalaupapa is presently under the Department of Health's jurisdiction and affiliated with the Federal National Park. There is one adult residential care home on Kalaupapa.

## Upcountry

On the western slopes of Haleakala, just below the cloud line, exists Maui's unique setting stretching from Kula and Ulupalakua in the south and Makawao in the north. This is Maui's "Upcountry."

Upcountry is unique place where many of Maui's families have deep roots and connections. Upcountry Maui has its rich history in agriculture under a system of land division called *ahupua'a*. These zones represented the areas of forest, agriculture, shoreline and ocean and each provided the goods and resources of their district. This rural region is indeed "country" and is much defined by agriculture.



Upcountry is made of the following individual communities that recognize their citizenship as part of the Upcountry scene. Each enjoys their own individual personalities, histories and microclimates.

Kula - Ulupalakua - Makawao - Pukalani - Olinda - Ha'iku  
Hu'elo - Hali'imaile - Kuau - Sprecklesville - Pa'ia

According to the 2009-2013 American Community Survey, the total Upcountry area population is 39,305. There are 8,390 individuals that are 60 yrs and over or 21% of the upcountry population. This is an 8% increase since the last Area Plan.

There are three congregate meal sites in the upcountry area: Kula, Pukalani, and Paia. Several other congregate meal sites have existed in the past, but changing community needs resulted in the consolidation of these Upcountry sites. Last year 8,220 meals were provided to 180 seniors at these congregate meal sites. Additionally, 19,837 home delivered meals were provided to 120 people during the same period. Last year MCOA provided 390 clients in this region with various services.

There is only one senior living complex Upcountry, Hale Mahaolu Eha. Upcountry seniors cite the need for more senior housing, an adult day care, additional transportation options and more linkages with neighbors and communities to assist in meeting every day needs for care and safety. Hale Mahaolu has plans to break ground on a new 61-unit senior housing complex in Kula sometime in 2017 that will include an adult day care facility operated by Maui Adult Day Care Centers. Upcountry seniors value companion/visiting services, respite care, transportation, homemaker/chore and personal care services the important services necessary for older adults living Upcountry. Kaunoa Senior Center, located in Pa'ia, is a central hub of activity for senior programs and activities.

## West Maui



Photo credit: Hawaii Tourism Japan

**W**est Maui covers Olowalu, Lahaina, Napili, Kaanapali, Honokowai, Kahana and Kapalua. The area is generally dry and hot. The history of Lahaina, one of its main towns, is steeped in the sugar plantation industry. Many of the long-time residents living in West Maui have strong roots with the plantation. Like other parts of Maui, West Maui has its beautiful beaches and is reminiscent of Old Hawaii. This side of Maui

is also known for its development of numerous hotels and tourist/cultural attractions (e.g. Front Street, Halloween Night, and Plantation Days) as well as residential housing projects.

The population of people age 60 and older is 4,012 for this part of the island. West Maui's entire population is 20,826. The West side has one senior housing complex, Hale Mahaolu Eono which has a total of 30 units. Adult Day Care is also provided at the Hale Mahaolu Eono site by Maui Adult Day Care.

Two congregate meal sites offer lunches to West side seniors, (Maui Adult Day Care five days a week and the West Maui Senior Center three days a week). In fiscal year 2014, 125 participants received 8,456 meals. MCOA also serviced 270 clients on the West side with a variety of services. There were 12,604 home delivered meals provided to 75 West side seniors during that time. For social opportunities, the West Maui Senior Center, run by Kaunoha Senior Center, offers a variety of activities to engage older adults in lifelong learning and growth. The Lahaina-Honolua Senior Club is the largest MEO club in the county.

With the balance of the past (quiet and historic) and the contemporary (hustle and bustle of town), today's older adult is still challenged with transportation issues. West Maui was also once known for its whaling history. Lahaina is about an hour's drive from Central Maui. Bus transportation is available through the county and non-profit contractors. Lahaina harbor is a major point of access for ferry rides that connect Maui Island to Lana'i and Moloka'i. Some residents travel via ferry to work on Lana'i and vice versa. As one can imagine, the boats and buses are important for transport.

The community has been actively advocating for an acute care hospital on the West side. The distance to Maui Memorial Medical Center in Wailuku is a barrier towards emergent medical care. To date, the plans for a West Maui Hospital is scheduled to be constructed sometime in late 2015 in the Kaanapali area. This facility will have 25 critical access bed and will be adjacent o a new 40-bed skilled nursing facility and a separate 40-bed assisted living facility.

## **Central Maui**

**S**prawling below the West Maui Mountains is Wailuku, the civic, financial and cultural center of Maui. County and State offices are conveniently located within walking distance from each other. The narrower streets and older plantation style architecture and historical buildings add charm to Wailuku Town. Wailuku is the

gateway to Iao Valley, one of Hawaii's most sacred and beautiful sites. A few "mom and pop" stores are sprinkled around town. Market Street becomes alive with music, good food and great company during "First Friday" events.

Wailuku as well as Kahului comprise Central Maui. Hailed as "Dream City", Kahului was built in 1948 by Alexander & Baldwin Sugar Plantation to provide affordable housing for plantation workers. Maui's first railroad was built in the 1880's to haul sugar from the fields to the refinery and harbor. Hawaii's second busiest airport and a seaport are found in Kahului as well as the island's largest shopping center and the University of Hawaii Maui College. Kahului is considered the business and industrial center of Central Maui.

Smaller, less populated towns of Waihee, Waiehu, Waikapu and Puunene also comprise the central area of the Valley Isle. Lesser known communities of Puuohala, Piihana, Kahakuloa and Paukukalo contribute to the beauty and uniqueness of Central Maui. A rich and diverse blend of cultures exist in this district with Asians making up the majority. Pride of culture is reflected in events such as the Okinawan Festival, Barrio Fiesta, Maui Matsuri and Chinese New Year festivals.



The largest resident population of all districts on Maui is found in Central Maui. About 56,190 persons reside in the Central Maui area according to the 2009-2013 American Community Survey compared to 146,238 persons island wide. A breakdown of senior age groups are (60-64) 3,027; (65-74) 4,241; (75-84) 2,196; and (over 85) 1,506.

Many find that living in Central Maui is convenient because there are more services available including those for the elderly and persons with disabilities. Maui Economic Opportunity (MEO) and Maui County operate buses. Eligible seniors are linked with Kaunoha Transportation services by the Maui County Office on Aging. During the past fiscal year, MCOA's Home Delivered Meals Program delivered 43,400 meals to 255 clients. ALU LIKE (14 clients) and Hale Mahaolu Evening and Weekend Meals Program (96 clients) deliver meals exclusively in the Central area. Hale Mahaolu delivers meals 365 days a year. Hot lunches are delivered 5 times a week to 14 frail and homebound elderly of the ALU LIKE Program.

Senior housing is available at Lokenani Hale and Hale Mahaolu Ekolu in Wailuku. Next door is Lokahi Akahi Housing, operated by Lokahi Pacific. It offers affordable

apartments for persons with disabilities. Elua, Akahi and Elima are Hale Mahaolu's Kahului sites. The only assisted living residence, Roselani Place, is located in Kahului. Hale Makua operates skilled nursing facilities in Kahului (254 beds) and Wailuku (124 beds). Presently, there are 10 Adult Residential Care Homes and 23 Adult Foster Care Homes on Maui.

Active seniors (818) have a selection of two congregate meals sites in Wailuku: Waikapu Community Center and Velma McWayne Santos Center. There were 47,078 nutritious lunches enjoyed during the 2014 fiscal year. Kupuna of Hawaiian ethnicity (42) enjoy the program at ALU LIKE's Paukukalo Community Center. Hale Mahaolu Elua, Akahi and Elima sites are filled with smiles and laughter as seniors exercise to Zumba, shout out "Bingo" when the right numbers are called and just enjoy talking story with others. The largest program is situated at Hale Mahaolu Elua. Most centers meet twice a week. Elua and Akahi sites serve congregate meals five days a week.

One segment of Maui Economic Opportunity's (MEO) numerous community services is supporting independent senior clubs where participants immerse themselves in various activities to remain active in the community. Several clubs in Central Maui enjoy the benefits of health education, excursions and a number of other activities. Legal services, Senior Community Service Employment Program (SCSEP) and Red Discount Card are a few services available to seniors.

Caregivers of frail adults requiring supervision can entrust their loved ones in the capable hands of the Maui Adult Day Care Centers (MADCC) staff in Kahului and Wailuku. The Nisei Veterans', or Oceanview, facility in Wailuku and the Kansha Preschool share the same property and scenic views of the ocean. The common location offers the frail adults opportunities to participate in intergenerational activities.

Most of Maui's medical services are available in Central Maui. Kaiser Permanente and Maui Medical Group have their larger clinics here. In addition, there are a number of independent medical professionals. Maui Memorial Medical Center (196 beds), the only hospital on Maui, is located in Wailuku.

Maui County Office on Aging assists 1100 seniors in Wailuku and Kahului to help them live independently in their homes. Transportation, housekeeping and personal care are a few of the services available to meet their needs.

Although Central Maui seniors and persons with disabilities have access to a greater array of services, many have identified what is inadequate or unavailable. A few mentioned the need for more accessible and increased frequency of transportation,

respite services for caregivers, senior housing and affordable programs to help with yard work and retrofitting homes to safely age in place.

## South Maui

The drive to South Maui is dotted with acres of sugar cane and corn fields.

Typically dry and hot during the summer months, this area, which is comprised of Maalaea, Kihei, Wailea, and Makena, sometimes faces torrential rain runoff from the upper regions of Maui. Like West Maui, this area is a travel hotspot with numerous vacation accommodations (hotels, motels) and activities to satisfy both visitors and locals alike.



Of South Maui's population of 28,182 individuals, 5,563 of them are 60 years and older. Hale Mahaolu Ehiku, a housing complex for seniors, was first developed in 2007 and now provides 114 housing units, along with a salon, dental practice, and an adult day care center run by Maui Adult Day Care Centers. Kalama Heights Retirement community is another independent living option for seniors. Opened in 2000, the 120 unit facility is home to 100 residents and offers an array of services. Community clubs like the Kihei Piliialoha Club and Kihei AARP provide venues for older adults to remain engaged in civic activities.

South Maui has one active congregate meal site which is located at the Hale Mahaolu Ehiku senior community. Maui Adult Day Care also uses the Ehiku facility to provide services in the South Maui Community. MCOA currently has 245 active clients in South Maui. In the past year, 184 people received almost 3,000 congregate meals in the past fiscal year. Fifty-nine participants received home delivered meal service totaling 6,856 meals this past year. Hale Kau Kau, which is a program of St. Theresa's church, provides daily meals to the homeless and about 100 elderly and disabled recipients.

The area of South Maui is relatively flat. At times, coastal roadways are subject to flooding and tsunamis. The main transportation service is bus transport provided by the county and contracted companies. The infrastructure of roads and sidewalks is an issue that seniors and disability advocates are seeking improvements. Maalaea Harbor is known for its blustery winds and water activities. The Maui Ocean Center is a state-of-the-art marine park that was opened in 1998 and features the undersea creatures found in our tropical waters. The 330-acre Maui Research & Technology Park located in



central Kihei is home to over 20 businesses such as Boeing, Oceanit and the Maui High Performance Computing Center and is the hub of numerous technological ventures. With its expanse of land and development potential for housing, parks, and businesses, South Maui continues to be a focal interest of the county.

## East Maui

**E**ast Maui covers a vast area including Kanae, Nahiku, Hana, Kaupo, and Kipahulu. Older adults 60 years and older number 501 (29%) out of a total population of 1735.

The road to Hana is only 52 miles from Kahului, however the drive can take anywhere from 2 to 4 hours to complete. Hana Highway (HI-360) has 600 curves and 54 bridges (most are narrow). Products are brought in to East Maui residents by truck. There is one airport; but the cost to fly commercially is almost \$160 one-way. There are 2 stores in Hana: the famous Hasegawa's General Store and Hana Ranch Store.



Photo credit: John Fischer

According to a local source, the majority of the seniors live with other people who are identified as caregivers. Most of the seniors remain active. In this area there is one congregate meal site: Hana Community Center (61 clients, 2095 meals in fiscal year 2014, and open 3 days a week – Tue, Thu for Hana; Fri for Kanae and Nahiku). Home delivered meals are offered 5 days a week utilizing Title III

Older American Act funds. Hana Health Center provides home delivered meals several days a week utilizing Title VI Older American Act funds.

Currently, there are no long-term senior housing options in East Maui other than living in a private home. The primary agencies that assist the elderly and disabled populations are Kaunoha Senior Services (Meals on Wheels/congregate), Hana Health Center provides medical and limited dental services, Hale Hulu Mamo Senior Center and respite care program managed by Maui Adult Day Care Centers (MADCC), Ohana Makamae Family Resource Center (including Family Counseling and substance abuse help), Hui No Ke Ola Pono (Native Hawaiian Health practice - medical visits twice a week from a doctor coming from Central Maui) and Hana Community Dialysis Home.

There's one social club in the area: Hanalani MEO Senior Club.

## Lana`i

In the mid-1980s, businessman David Murdock garnered ownership of Lana`i when he purchased the local company of Castle & Cooke. His presence has defined the development and life on the island. Lana`i City is situated in the upper elevations of central Lana`i. Lana`i's population is about 3,315 people; 652 of whom are age 60 yrs and older. The community, which is centered around Dole Park, is tight-knit. Lana`i was and is still known for its cultivation of pineapples. In June 2012, billionaire businessman Larry Ellison purchased Lana`i from David Murdock and became owner of 98% of the island (the remaining percentage is owned by the state). Since then, Lana`i island has seen its only public pool fixed and the old theater restored to full functionality. Today, the island's main employer is the Four Seasons hotel with two locations: Manele Bay and Koele Lodge which in 2015 are being renovated by the Mr. Ellison. There are three grocery stores on island. The cargo boat regularly comes in once a week at Kaunalapau Harbor to deliver dry goods and produce.

There is only one public school serving grades K-12 and there are no stop lights on this island.

The remoteness of this island has posed some challenges. For example, there are currently no home health agencies that are situated on island. Patients needing oxygen encounter great difficulties because there is no supplier and no one to provide maintenance of such a product. Specialized medical help is limited on island so residents



Photo credit: John Fischer

often pay great expenses to travel to Oahu or another island for medical services. Still in the past couple of years, Hospice has been established, Rainbow Pharmacy opened up near the main square, and visiting health professionals come regularly to the island. Generally, the need is great for health professionals in specialty fields (mental health, geriatrics, public health nursing). The ferry, privately owned and operated, is a critical transport mode that allows both residents and tourists access to Lana`i and Lahaina/Maui.

Another challenge for islanders and visitors is limited ground transportation options as services by the county and contractors are limited. Visitors often choose to rent vehicles for their personal use. There is one senior housing on island – Hale Mahaolu Hale

Kupuna O Lana`i - but no care homes or assisted living options. There is only one airport on island and two harbors.

In fiscal year 2014, Kaunoha Senior Services provided 138 seniors with 7,126 congregate dining meals at Lana`i Senior Center. Home delivered meals are also available to qualified seniors in need. A new senior center funded by the county was finally completed in 2011 and is home to Kaunoha Senior Services, the Office on Aging, Immigration Services, and the Dept of Motor Vehicles. Lana`i's MEO senior club is the second largest in the county.

MCOA currently has 133 active clients on Lana`i. The total of home delivered meals to Lana`i seniors during fiscal year 2014 was 8,579.

## PART II

### Framework and Recommendations



#### Framework

Maui County Office on Aging operates under the general framework of program and service delivery for older adults as developed and directed by the State by the Executive Office on Aging. This framework is drawn from the **Older Americans Act**, as amended in 2006, and Chapter 349, Hawaii Revised Statutes. They are consistent with the objectives of the Older Americans Act, as amended in 2006, the U.S. Administration on Aging's goals and its strategies for Choices for Independence, and Chapter 349, Hawaii Revised Statutes Goals.

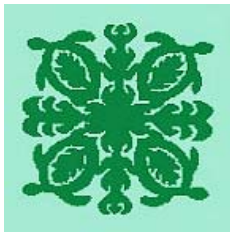
#### The Older Americans Act

The Older Americans Act is the primary and contributing federal legislation designed to address the needs of older Americans. The Older Americans Act of 1965, as amended, states that in keeping with the traditional American concept of the inherent dignity of the individual in our democratic society, the older people of our Nation are entitled to, and it is the joint and several duty and responsibility of the governments of the United States, of the several States and their political subdivisions, and of Indian tribes to assist our older people to secure equal opportunity to the full and free enjoyment of the following objectives:

- an adequate income in retirement in accordance with the American standard of living;
- the best possible physical and mental health which science can make available, without regard to economic status;
- obtaining and maintaining suitable housing, independently selected, designed and located with reference to special needs and available at costs which older citizens can afford;
- full restorative services for those who require institutional care, and a comprehensive array of community-based, long-term care services adequate to appropriately sustain older people in their communities and in their homes, including support to family members and other persons providing voluntary care to older individuals needing long-term care services;
- opportunity for employment with no discriminatory personnel practices because of age;

- retirement in health, honor, and dignity--after years of contribution to the economy;
- participating in and contributing to meaningful activity within the widest range of civic, cultural, educational and training and recreational opportunities;
- efficient community services, including access to low cost transportation, which provide a choice in supported living arrangements and social assistance in a coordinated manner and which are readily available when needed, with emphasis on maintaining a continuum of care for the vulnerable older individuals; and
- immediate benefit from proven research knowledge which can sustain and improve health and happiness; and freedom, independence, and the free exercise of individual initiative in planning and managing their own lives, full participation in the planning and operation of community-based services and programs provided for their benefit, and protection against abuse, neglect, and exploitation.

### **Hawaii's Five Year System's Change Initiative**



Currently, most of the long-term supports and services (approximately 80%) older individuals receive come from unpaid caregivers such as family and relatives, friends, churches, neighbors, insurance, and private self-paying means. The balance of long-term supports and services are publicly funded.

Publicly-funded long-term supports and services can be accessed either through the Executive Office on Aging within the State Department of Health, or through Medicaid within the State Department of Human Services.

In the present long-term care model, older adults and their caregivers can access publicly funded information, health and social supports through funding streams such as Medicaid or Kupuna Care, but not from both at the same time.

In 2011, a different model, Aging and Disability Resource Center (ADRC), was implemented where information, services, and supports were then centralized for single-point entry to streamline access to publicly funded support, and the ADRC serves as the highly visible and trusted place where people of all incomes and ages can get information of the full-range of long-term support options. The Hawaii Five Year System's Change Initiative charts the change that is reflected in the previous Maui County Office on Aging Area Plan.

The State of Hawaii Executive Office on Aging, the four county Area Agencies on Aging, and with HCBS Strategies Inc. serving as the Systems Change Developer, developed a five-year plan for implementing the following two initiatives:

- Statewide expansion and enhancement of the Aging and Disability Resource Center (ADRC) effort that would meet the Administration on Aging's criteria for a full-functioning ADRC.

The central vision of the ADRC is for the AAA sites to become single points of entry in each county for individuals to access supports and services. The ADRC will be the gateway for older adults to access Kupuna Care and Older American Act services, as well as private pay options for all populations. The AAAs will also provide information, referrals, and linkages for persons with disabilities that include physical disabilities, developmental disabilities or mental illness, as well as for children with long-term support needs. The ADRC will also screen and link individuals to the state Medicaid agency, MedQuest, if the individual requesting assistance is likely to be eligible for Medicaid.

- The Community Living Program (CLP) is an effort targeting high-risk individuals and expediting long-term services and supports to divert the individual from entering a crisis. This person-centered planning model has proven to be sought after and successful in areas where there are fewer traditional long term services and supports.
- The person-centered Hospital Discharge Planning initiative that has since been renamed Community-Based Care Transitions Planning (CCTP). CCTP goals are to ensure that individuals with long-term support needs are offered services and supports to return home safely from a hospitalization and to avoid preventable re-hospitalizations.

To date, three of the four Hawaii Area Agencies on Aging have adapted standardized tools and protocols included in the Five Year Systems Change Plan, the Hawaii State Executive Office on Aging has implemented a consolidated statewide database, and the Community Living Program is available in all four counties. CLP has also led to a new opportunity in coordination with the Veterans Administration to implement Veterans-Directed Home and Community Based Services (VD-HCBS) in all four counties. Maui County implemented a successful CCTP program and plans to maintain CCTP activities in close collaboration with Maui Memorial Medical Center.

Current statewide initiatives spearheaded by the Governor's office include the

expansion of the ADRC system to increase active collaboration with state agencies such as the Department of Human Services MedQuest and Vocational Rehabilitation Divisions; the Department of Health Executive Office on Aging, Adult Mental Health Division, Developmental Disabilities Division, Disability and Communication Access Board, Hawaii State Council on Developmental Disabilities, and the Language Access Advisory Council; the Hawaii Department of Defense Office of Veterans Services; and with community organizations and councils such as Centers for Independent Living.

The goal of this collaborative effort is to build upon the ADRC Systems Change to create a No Wrong Door (NWD) System in the state. The NWD Initiative will enhance existing ADRC processes to expand assistance to all populations and payers in accessing long term services and supports, thereby making it easier for people of all ages, disabilities, and income levels to learn about and obtain the help they need. A reasonable expected outcome of the NWD Initiative also includes the removal of silos and the increase of integrated efforts among various State and local agencies that serve these populations.



### **Targeting of Services**

A goal of the systems change initiative is targeting services to individuals at the greatest risk of a negative outcome such as going into a nursing facility or experiencing an unnecessary hospitalization. To address this, the systems change effort will establish criteria to assist in identifying individuals:

- Who should be provided services as soon as possible in order to prevent a likely negative outcome; and
- Who have complex service needs and/or are medically complex and, therefore, could benefit from receiving case management in addition to services.

The systems change effort will also monitor the targeting of the participant-directed option to individuals with income and assets that place them at risk of Medicaid spenddown. At a later point, these criteria may be applied more broadly to Kupuna Care and Title III services.

The Older Americans Act, as amended in 2006, reemphasized the intention of the

Congress to target services and resources on the needs and problems of those older individuals identified as having the greatest economic need, the greatest social need, (including low-income minority older individuals with limited English proficiency, and older individuals residing in rural areas). Emphasis has been and will be place on using outreach methods to target services to:

- older individuals residing in rural areas;
- older individuals with greatest economic needs (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);
- older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);
- older individuals with severe disabilities;
- older individuals with limited English-speaking ability;
- older individuals with Alzheimer’s disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
- older individuals at risk for institutional placement.

*The U.S. Administration on Aging is leading efforts to rebalance long term services and supports. It offers as a blueprint the ADRC model and the Hawaii Systems Change Initiative promises a new paradigm for efficiently, effectively and compassionately delivering services to older Americans with self-direction and participant choice.*



### Part III

## Summary of Goals, Objectives, and Action Plans



The Maui County Office Aging (MCOA) is pursuing the following goals, which are consistent with State Executive Office on Aging (EOA) Goals:

1. Maximize opportunities for Seniors to Age Well, Remain Active, and Enjoy Quality Lives while Engaging in Their Communities;
2. Forge Strategic Partnerships and Alliances that Will Give Impetus to Meeting Hawaii's Greatest Challenges for the Aging Population;
3. Develop a Statewide ADRC System for Kupuna and their 'Ohana to Access and Receive Long Term Support Services (LTSS) Information and Resources within their Respective Counties;
4. Enable People with Disabilities and Older Adults to Live in the Community through the Availability of and Access to High-Quality Long Term Services and Supports, Including Supports for Families and Caregivers; and
5. Optimize the Health, Safety, and Independence of Hawaii's Older Adults.



## Summary of Goals and Objectives

MCOA will meet these goals through the following specific and targeted strategies, objectives, actions steps and timelines which follow.

### **GOAL 1: Maximize opportunities for Seniors to Age Well, Remain Active, and Enjoy Quality Lives while Engaging in Their Communities;**

#### **Objectives**

**1-1:** *Support community initiatives, agencies and programs that assist older adult to stay healthy, active and socially engaged.*

**1-2:** *Ensure that the Stanford Self-Management Programs--Better Choices Better Health (BCBH) are readily available to older adults and persons with disabilities throughout Maui County.*

**1-3:** *Ensure the evidence-based Enhance™Fitness (EF) Program is readily available to older adults and persons with disabilities throughout Maui County*

**1-4:** *Promote a comprehensive falls prevention program within the County of Maui.*

**1-5:** *Increase volunteer capacity.*

### **GOAL 2: Forge Strategic Partnerships and Alliances that Will Give Impetus to Meeting Hawaii's Greatest Challenges for the Aging Population;**

#### **Objectives**

**2-1:** *Identify and pursue new avenues that lead to revenue generation opportunities in order to meet the increasing demand for services.*

**2-2:** *MCOA will pursue avenues to increase the number of Dementia-Friendly (Dementia-Capable) agencies and communities in the County.*

**2-3:** *Actively participate in expanding the number of home modifications completed in Maui County that provide reasonable accommodations allowing older adults or disabled individuals to remain at home comfortably.*

**2-4:** *Enhance MCOA Partnership with the Local, State and Federal Veterans Entities.*

*2-5: Maintain active influence in the area of developing livable communities and educating about the concept of universal design.*

**GOAL 3: Develop a Statewide ADRC System for Kupuna and their Ohana to Access and Receive Long Term Support Services (LTSS) Information and Resources within their Respective Counties;**

**Objectives**

*3-1: MCOA will maintain compliance with the Statewide ADRC System.*

*3-2: Promote community awareness of the MCOA ADRC.*

*3-3: Increase access to relevant ADRC information and assistance for individuals for whom English is not their primary language.*

**GOAL 4: Enable People with Disabilities and Older Adults to Live in the Community through the Availability of and Access to High-Quality Long Term Services and Supports, Including Supports for Families and Caregivers;**

**Objectives**

*4-1: Ensure the existence of relevant and effective programs that provide comprehensive person-centered care including: home delivered meals and congregate nutrition sites, in-home supportive services, transportation, caregiver support, and other long-term supports and services in accordance with the Older Americans Act.*

*4-2: Provide active support for family caregivers through the “Powerful Tools for Caregivers” (PTC) evidence-based program.*

*4-3: Maximize MCOA capacity to support caregivers through direct service, training, and educational opportunities.*

*4-4: Examine and address current transportation concerns for older adults and disabled persons in the county.*

*4-5: Expand MCOA’s reach and assistance to grandparents and other relative caregivers (grandfamilies) in Maui County.*

**GOAL 5: Optimize the Health, Safety, and Independence of Hawaii's Older Adults.**

**Objectives**

**5-1:** *Assure that targeted individuals remain living in their own homes and avoid impoverishment by expanding their degree of choice.*

**5-2:** *Educate seniors and the community at large regarding abuse and neglect and exploitation so that abuse situations are identified and effectively managed in a timely manner.*

**5-3:** *Collaborate with the Executive Office on Aging to deliver Long Term Care Ombudsman services in Maui County.*

**5-4:** *Assure that Maui County's elders and persons with disabilities are informed, educated and prepared for the wide variety of disasters that are common in the Pacific region.*

**5-5:** *Maintain active role in initiatives related to disaster and emergency preparedness.*



## Summary of Action Steps, Outcomes and Effectiveness Measures for all Goals and Objectives

**Goal 1: Maximize opportunities for Seniors to Age Well, Remain Active, and Enjoy Quality Lives while Engaging in Their Communities**



**1-1: Objective to meet goal:** *Support community initiatives, agencies and programs that assist older adult to stay healthy, active and socially engaged.*

### Major Action Steps to Achieve Objectives

### Completion Date

- |  |                  |
|--|------------------|
| 1. Maintain Access and Assistance Branch outreach visits to congregate meal sites, senior clubs, and special events.   | Monthly, Ongoing |
| 2. Promote community programs and resources and provide educational material through information tables, multi-media presentations, speaking engagements, etc. | Ongoing          |
| 3. Partner with other organizations, agencies and private sector to add value and relevancy to existing programs.  | Ongoing          |

### Outcome(s):

- Older adults and people with disabilities report having positive and meaningful lives and improved functioning.
- Older adults and people with disabilities are more aware of local programs and are able to access available resources.
- Older adults and people with disabilities have the opportunity to engage in a variety of community-sponsored events and programs.

### Effectiveness Measure(s):

- 75% of surveyed participants report having positive, meaningful lives.
- \*150 people reached through various outreach tables, presentations annually.
- \*8 new partnerships and collaborations entered in



**1-2: Objective to meet the goal:** *Ensure that the Stanford Self-Management Programs Better Choices Better Health (BCBH) are readily available to older adults and persons with disabilities throughout Maui County.*



### Major Action Steps to Achieve Objectives

### Completion Date

- |  |             |
|--|-------------|
| 1. Conduct a minimum of 8 workshops per year that includes a combination of Chronic Disease Self-Management Program (CDSMP) and Diabetes Self-Management Program (DSMP) Workshops. | Annually    |
| 2. Maintain “Better Choices, Better Health” license through Stanford University by complying with program fidelity and reporting requirements.                                     | As required |
| 3. Actively participate in the Hawaii Healthy Aging Partnership, a coalition dedicated to embedding evidence-based health promotion programs into Hawai’i’s communities.           | Bi-monthly  |
| 4. Increase visibility and outreach of program through the development and implementation of an expanded public relations effort.  | Ongoing     |
| 5. Increase the outreach to various ethnic groups.   | Ongoing     |
| 6. Maintain existing community partners and work to broaden the partnership base.  | Ongoing     |

### Outcome(s):

- 65 adults with chronic conditions will complete a BCBH workshop.

- 50% of surveyed participants will demonstrate improvement in managing chronic health conditions.
- 1 BCBH class is provided to an underserved ethnic group annually.
- Older adults, caregivers, and people with disabilities have the opportunity to learn about BCBH.

**Effectiveness Measure(s)**

- # of workshops held each year.
- # of graduates each year.
- # of ethnic-specific BCBH classes that occur.
- # of surveys and evaluation tools completed that prove effectiveness of program through increased exercise, symptom control and reduction in utilization of unwarranted health care services.



**1-3: Objective to meet goal:** *Ensure the evidence-based Enhance™Fitness (EF) Program is readily available to older adults and persons with disabilities throughout Maui County*

**Major Action Steps to Achieve Objectives**

**Completion Date**

- |  |         |
|--|---------|
| 1. Maintain a minimum of 10 sites for Enhance™Fitness across Maui County   | Ongoing |
| 2. Increase visibility and outreach of the EF program through the development and implementation of an expanded public | Ongoing |

relations effort.

- |  |                |
|--|----------------|
| 3. Maintain Enhance™Fitness license through Senior Services by complying with program fidelity and reporting requirements.   | As required    |
| 4. Actively participate in the Statewide Healthy Aging Partnership, a coalition dedicated to embedding evidence-based promotion programs into Hawaii's communities | Quarterly      |
| 5. Start an Enhance™Fitness class on Moloka'i  | September 2016 |

**Outcome(s):**

- 400 unduplicated individuals will participate in EF annually
- 85% of participants will report improved physical functioning
- Older adults, caregivers, and people with disabilities have the opportunity to learn about EF.
- Moloka'i residents have the opportunity to participate in an EF class

**Effectiveness Measure(s)**

- # of participants each year.
- # of surveys and evaluation tools completed that prove effectiveness of program
- # of participants reached through various outreach tables, presentations, speaking engagements, multi-media, etc.
- # of participants able to participate on Moloka'i



**1-4: Objective to meet goal:** *Promote a comprehensive falls prevention program within the County of Maui.*

<b>Major Action Steps to Achieve Objectives</b>	<b>Completion Date</b>
1. Co-sponsor, support and promote initiatives and activities designed to increase public awareness of falls prevention.	Ongoing
2. Support planning efforts on county and state level regarding falls prevention.	Ongoing
3. Co-sponsor community Medication management review events.	Ongoing
4. Advocate for increased use of home risk assessments to reduce	



- residential falls risks. Ongoing
5. Support organizations that provide Enhance™Fitness, Tai Chi or similar exercise as a way to increase individual’s sense of balance. Ongoing

**Outcome(s):**

- Seniors, caregivers, family members, and the general public are able to identify the main causes of falls and demonstrate increased awareness of falls prevention interventions.
- Incidence of hospitalizations related to falls decreases.
- Older adults in Maui County will receive in-home fall risk assessments.

**Effectiveness Measure(s)**

- \*At least 50 older adults each year receive consultations about their medications from one of the medication management events that MCOA plans/coordinates.
- \*At least 2 video Public Service Announcements created about falls prevention and televised on local public access TV.
- # of seniors and older adults with disabilities who have had their home assessed for fall hazards.
- # of seniors/older adults who report that taking Enhance™Fitness, Tai Chi or similar exercise has increased the individual’s sense of balance.
- # of documented hospitalizations due to falls of Maui County older adults decreases.



**1-5: Objective to meet goal:** Increase volunteer capacity.

**Major Action Step to Achieve Objectives**

**Completion Date**

1. Work with volunteer organizations that help older adults Ongoing

- to recruit, retain and utilize volunteers.
2. Develop creative volunteer appreciation and recognition activities. Ongoing
  3. Partner with and support other volunteer programs that work with older adults and people with disabilities in the County. Ongoing

**Outcome(s)**

- Greater community capacity to assist with the needs of older adults, community members and programs.
- Older adults are engaged in the community and satisfied with their worth.

**Effectiveness Measure(s)**

- \*At least 15 volunteers recruited or referred by MCOA for volunteer work opportunities.
- # of volunteer appreciation programs.
- # of volunteers retained annually.

**Goal 2 - Forge Strategic Partnerships and Alliances that Will Give Impetus to Meeting Hawaii’s Greatest Challenges for the Aging Population**



**2-1: Objective to meet the goal:** *Identify and pursue new avenues that lead to revenue generation opportunities in order to meet the increasing demand for services.*

<b>Major Action Steps to Achieve Objectives</b>	<b>Completion Date</b>
1. Actively pursue accreditation for the Diabetes Self-Management Program to enable MCOA to bill Medicare for program activities.	July 2017
2. Actively pursue third-party insurance reimbursement for evidence-based health promotion programs.	October 2017
3. Receive approval to initiate a private-pay option for service delivery to seniors with evident financial capacity to contribute.	July 2016

**Outcome(s):**

- MCOA acquires accreditation for evidence-based programs.
- MCOA programs are partially funded by external sources.
- MCOA can better support operational expenses and, therefore, expand services to an increased number of low income seniors.

**Effectiveness Measure(s)**

- Obtainment of accreditation from the American Association of Diabetes Educators (AADE) with regards to DSMP education/reimbursements.
- # of individuals for whom insurance is billed for health promotion activities.
- % of operations that is supported by third-party payments and private-pay individuals.



**2-2: Objective to meet the goal:** *MCOA will pursue avenues to increase the number of Dementia-Friendly (Dementia-Capable) agencies and communities in the County.*

**Major Action Steps to Achieve Objectives**

**Completion Date**

- |  |                |
|--|----------------|
| 1. Provide Dementia-Capable training to MCOA staff.  | June 2017      |
| 2. Provide Dementia-Capable training to contracted service provider agencies.              | June 2018      |
| 3. Embed Dementia-Friendly community tenets in all events and trainings sponsored by MCOA. | September 2019 |
| 4. Pursue designation as a Dementia-Friendly Community.                                    | September 2019 |

**Outcome(s):**

- Personnel serving the aging population will better understand how to effectively assist individuals and family members faced with the challenges of daily life with dementia.
- The general public gains awareness of dementia and its effects on individuals and family members.
- The Maui County community becomes a Dementia-Friendly community.

**Effectiveness Measure(s)**

- \*100% of A&A staff trained in Dementia-Capable tenets.
- # of provider agencies participating in Dementia-Capable philosophy tenets.
- Designation as a Dementia-Friendly Community.



**2-3: Objective to meet the goal:** *Actively participate in expanding the number of home modifications completed in Maui County that provide reasonable accommodations allowing older adults or disabled individuals to remain at home comfortably.*

<b>Major Action Steps to Achieve Objectives</b>	<b>Completion Date</b>
1. Designate a percentage of Kupuna Care funding to be set aside for the purpose of home modifications.	October 2016
2. Include home modifications in the Request for Procurement process.	December 2016
3. Develop a process to determine eligibility for home modification assistance.	March 2017
4. Assist and participate with partners in the development of a home modification program.	June 2017
5. Implement the use of Kupuna Care funds to provide home Modifications.	October 2017

**Outcome(s):**

- MCOA will establish a formal means by which to provide simple home modifications.

- Older adults will obtain meaningful home modification assistance through Kupuna Care funding.
- Individuals in the community will become informed about home modification resources that will facilitate aging in place.

**Effectiveness Measure(s)**

- \*% of KC funding to help with simple home modification purposes.
- \*At least 1 person helped each year with simple home modification (piloted).
- \*60% of participants are made aware of simple home modification options.



**2-4: Objective to meet goal:** *Enhance MCOA Partnership with the Local, State and Federal Veterans Entities.*

**Major Action Step to Achieve Objectives**

**Completion Date**

- |   |            |
|---|------------|
| 1. Maintain capacity to serve veterans through the Veterans Directed Home and Community-Based Services (VD-HCBS). | Ongoing    |
| 2. Continue exploring collaborative Veterans opportunities.   | Ongoing    |
| 3. Enhance Veterans involvement as an active Partner in ADRC.   | March 2016 |

**Outcome(s)**

- Veterans at risk of Institutionalization receive VD-HCBS through MCOA.
- Increased collaboration between veteran-serving entities and MCOA.
- Programs of the VA and Maui County are shared and available to more seniors.

**Effectiveness Measure(s)**

- \*Initial target of 10 veterans served for VD-HCBS by the end of the 4-yr plan

- # of substantive agreements, programs result from the intent of increasing the level of partnership between MCOA and the State and Federal Veterans.



**2-5: Objective to meet the goal:** *Maintain active influence in the area of developing livable and age-friendly communities and educating about the concept of universal design.*

Major Action Steps to Achieve Objectives	Completion Date
1. Educate leaders about the importance of creating livable and age-friendly communities for the future.	Ongoing
2. Support and encourage proactive building codes that will allow citizens to build dwellings with universal design in mind on Maui regarding home modifications.	Ongoing
3. Support the efforts of other community projects/coalitions doing similar work.	Ongoing

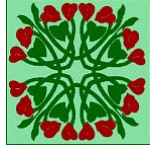
**Outcome(s):**

- Community leaders and the general public have a better understanding about livable communities and universal design.
- Maui County moves towards infrastructure and residential design that embrace the concepts of livable, age-friendly community and universal design.

**Effectiveness Measure(s)**

- # of planning and collaboration meetings attended by MCOA staff members.
- # of brochures and pamphlets distributed that educate the general public regarding livable and age-friendly communities and universal design.

**Goal 3 - Develop a Statewide ADRC System for Kupuna and their Ohana to Access and Receive Long Term Support Services (LTSS) Information and Resources within their Respective Counties;**



**3-1: Objective to meet the goal:** *MCOA will maintain compliance with the Statewide ADRC System.*

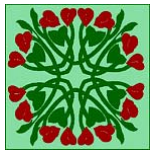
Major Action Step to Achieve Objectives	Completion Date
1. Continue to use the statewide standardized tools for assessment, Support Planning, and Service Authorization.	Ongoing
2. Maintain agency participation in the Statewide Consolidated Database.	Ongoing
3. Implement inclusion of all service providers in the Statewide Consolidated Database.	Ongoing
4. Initiate the process of achieving accreditation - investigate AIRS Agency Accreditation.	June 2016
5. Continue to educate local and state elected officials regarding the need for continued ADRC funding.	Ongoing
6. Comply with Federal standards regarding person-centered Options Counseling.	Ongoing
7. 100% of eligible Outreach staff will all obtain CIRS-A Certification.	Ongoing

**Outcome(s)**

- MCOA operates a seamless, high-quality Long-Term Supports and Services (LTSS) system.
- Participant data is readily available through a HIPAA-compliant statewide database.
- Decision makers and stakeholders are informed about the role that the Maui County ADRC serves for its citizens.
- Participants served through the ADRC receive person-centered Options Counseling and are serviced by certified staff.

### Effectiveness Measure(s)

- MCOA receives favorable monitoring results from the Executive Office on Aging.
- # of service providers actively using the Statewide Consolidated Database.
- The AIRS accreditation is initiated and documented progress is noted.
- \*100% of all eligible A&A staff receive initial CIRS-A Certification.
- # of staff demonstrating person-centered Options Counseling competency.



**3-2: Objective to meet Goal:** *Promote community awareness of the MCOA ADRC.*

### Major Action Step to Achieve Objectives

### Completion Date

- |  |               |
|--|---------------|
| 1. Actively distribute educational and informational materials.  | Ongoing       |
| 2. Establish a minimum of 10 ADRC Partnerships with Community agencies as evidenced by active memorandums of agreement.      | July 2017     |
| 3. Develop and Implement a Strategic Marketing Plan.   | January 2017  |
| 4. Conduct ADRC/No Wrong Door meetings as appropriate.   | Ongoing       |
| 5. Conduct cross training events twice yearly.   | Semi-Annually |
| 6. Maintain the virtual ADRC through the online portal and online searchable data base that is compliant with AIRS taxonomy. | Ongoing       |

### Outcome(s)

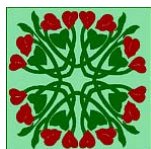
- The community will see the ADRC as a visible entity where they can obtain correct information about long-term care issues.
- Community members will demonstrate increased usage of the online ADRC portal as a means of acquiring relevant information and assistance.

### Effectiveness Measure(s)

- # of new partners acquired as part of ADRC.



- # of active memorandums of agreements completed.
- # of training events completed.
- # of recorded visits to the ADRC online portal.



**3-3: Objective to meet goal:** *Increase access to relevant ADRC information and assistance for individuals for whom English is not the primary language.*

Major Action Step to Achieve Objectives	Completion Date
1. Develop and implement a Language Access Plan in Collaboration with the State Executive Office on Aging.	July 2017
2. Adapt evidence-based programs in order to include individuals with limited English-speaking proficiency.	Ongoing
3. Acquire and distribute the most commonly requested informational brochures in a variety of languages.	July 2016
4. Ensure that all MCOA staff members know how to access interpreters when necessary.	Ongoing
5. Increase overall staff knowledge of, access to and use of assistive technologies in appropriate circumstances.	Ongoing

**Outcome(s):**

- Individuals with limited English-proficiency have the opportunity to access services and to feel fully supported.
- Individuals receive written information in languages other than English.
- MCOA staff members demonstrate increased competence in communicating with individuals with limited English-proficiency.

**Effectiveness Measure(s)**

- Completion of an approved Language Access Plan.
- # of written materials provided in languages other than English.
- # of interpreters or assistive technologies utilized upon request.

**GOAL 4 - Enable People with Disabilities and Older Adults to Live in the Community through the Availability of and Access to High-Quality Long Term Services and Supports (LTSS), Including Supports for Families and Caregivers**



**4-1: Objective to meet the goal:** *Ensure the existence of relevant and effective programs that provide comprehensive person-centered care including: home delivered meals and congregate nutrition services, in-home supportive services, transportation, caregiver support, and other long-term supports and services in accordance with the Older Americans Act.*

<b>Major Action Step to Achieve Objectives</b>	<b>Completion Date</b>
1. Follow appropriate procurement procedures to secure service providers in all geographic areas in Maui County.	Ongoing
2. Maintain highly trained staff that provide comprehensive assessments and appropriate referrals for effective service delivery.	Ongoing
3. Utilize effective Options Counseling to develop person-centered support plans that meet individualized needs.	Ongoing
4. Develop relationships and ongoing community partnerships that support various levels of MCOA program delivery.	Ongoing

**Outcome(s)**

- MCOA and community provider partners deliver high quality LTSS services.
- Individuals remain in their homes with dignity for as long as appropriate and desired.
- Participant-driven options are available to the citizens of Maui County.

- Choice of service providers are available to Maui County older adults.

**Effectiveness Measure(s)**

- \*# of individuals at risk for institutionalization who remain safely at home for at least six months than would be.
- 90% of persons receiving services from MCOA indicate satisfaction.
- # of communities in which choice of service providers is available.



**4-2: Objective to meet the goal:** *Provide active support for family caregivers through the “Powerful Tools for Caregivers” (PTC) evidence-based program.*

**Major Action Steps to Achieve Objectives**

**Completion Date**

- |  |              |
|--|--------------|
| 1. Expand current PTC program to include a Grandparents Raising Grandchildren curriculum adaptation. | October 2017 |
| 2. Engage a minimum of 30 participants each year.  | Ongoing      |
| 3. Measure effectiveness of PTC through a pre- and post-test evaluation.                             | Ongoing      |

**Outcome(s):**

- Caregiver stress and burnout are reduced.
- Caregivers are informed of what resources are available.
- Caregivers completing PTC education report that they have a better mastery of their caregiving role.

**Effectiveness Measure(s)**

- \*70% of caregivers demonstrate positive change as indicated through pre- and post-tests from PTC.

- 80% will show improvement in the area of coping skills and stress levels in pre-and post tests at 6 months after finishing program.
- 90% of caregivers will indicate satisfaction with PTC.
- # of participants each year.



**4-3: Objective to meet the goal:** *Maximize MCOA capacity to support caregivers through direct service, training and educational opportunities.*

Major Action Step to Achieve Objectives	Completion Date
1. Maintain the provision of Caregiver Respite services in home as well as community settings.	Ongoing
2. Maintain the provision of supplemental Caregiver Meals.	Ongoing
3. Host a Caregiver’s Conference that addresses the needs of the local community as evidenced in caregiver conference evaluations, referrals, staff recommendations and colleague requests.	Annually
4. Co-sponsor and provide funding for community-based Caregiver training, support and educational activities.	Ongoing
5. Continue to implement “Project Life Saver” in collaboration with Maui County Fire and Police Departments.	Ongoing
6. Maintain an active role in facilitating the planning and coordination of caregiver-specific community events.	Ongoing

**Outcome(s):**

- Caregivers benefit from Respite Services knowing that their loved one is receiving appropriate care.
- Caregiver stress and burnout are reduced.
- Caregivers are well-informed about where to obtain resources.
- Caregivers receive support from a variety of community agencies.

### Effectiveness Measure(s)

- # of units of In-Home and Adult Day Care Respite provided.
- # of Caregiver meals provided.
- 85% of conference evaluations indicate positive feedback.
- # of Caregiver's Conference attendees.



**4-4: Objective to meet the goal:** *Examine and address current transportation concerns for older adults and disabled persons in the Maui community.*

Major Action Step to Achieve Objectives	Completion Date
1. Partner with county, state and private sectors to identify transportation service gaps and together develop solutions.	Ongoing
2. Educate seniors and individuals with disabilities regarding available transportation options	Ongoing
3. Assist individuals to apply for and receive appropriate transportation services.	Ongoing

### Outcome(s)

- Transportation becomes more accessible to older adults and people with disabilities in Maui County in a participant-directed manner.

### Effectiveness Measure(s)

- # of individuals assisted with transportation needs.
- # of collaborative meetings annually.
- # of survey responses done by MCOA or transportation partners that show satisfaction with available transportation options/services.



**4-5: Objective to meet the goal:** *Expand MCOA’s reach and assistance to grandparents and other relative caregivers (grandfamilies) in Maui County.*

Major Action Step to Achieve Objectives	Completion Date
1. Increase awareness of the supports and services available to grandfamilies.	Ongoing
2. Participate in community events that provide education and support to grandfamilies.	Annually
3. Maintain active participation in Hi’i Na Kupuna, Maui’s coalition dedicated to serving grandfamilies.	Ongoing
4. Connect grandfamilies with appropriate resources and assistance.	Ongoing

**Outcome(s)**

- Grandparents and other relative caregivers obtain the information and support they need.

**Effectiveness Measure(s)**

- # of referrals made of grandparents and other relative caregivers to helpful resources.
- **\*At least 2 events done annually, coordinated by MCOA and targeted to the needs of grandfamilies.**

**GOAL 5 - Optimize the Health, Safety, and Independence of Hawaii’s Older Adults.**



**5-1: Objective to meet goal:** *Assure that targeted individuals remain living in their own homes and avoid impoverishment by expanding their degree of choice.*

Major Action Step to Achieve Objectives	Completion Date
---	-----------------

- |  |          |
|--|----------|
| 1. Manage any waitlists effectively in order to ensure that individuals obtain service at an optimum time.   | Ongoing  |
| 2. Integrate state of the art technology in managing participant services including paperless participant records, in-home consumer-friendly technologies, and direct billing through handheld wireless devices. | Ongoing  |
| 3. Educate staff and utilize performance-based management tools.   | Ongoing  |
| 4. Implement a targeted system of service delivery.  | Jan 2016 |
| 5. Recruit appropriate persons for Community Living Program.   | Ongoing  |
| 6. Maintain Community-Based Care Transitions Program in collaboration with Maui Memorial Medical Center.   | Ongoing  |

**Outcome(s)**

- Participant eligibility determination is managed-based on resource (financial, social support, etc.) prioritization.
- Staff develop mastery in using performance-based management tools and other technology.
- CLP participants continue to live at home in their community.
- Participants shall have access to in-home technology and resources.
- Participants have support to make successful transitions from hospital to home and avoid unnecessary hospital readmissions.

**Effectiveness Measure(s)**

- # of participants that are moved off the waitlist in a timely manner if a list exists.
- # of monitoring and billing systems that are developed and managed effectively.
- \*At least one technological innovations in service unit documentations and billing adopted.
- \*Four participants using in-home technologies to direct their activities.
- # of participants who avoid unnecessary hospital readmissions.



**5-2: Objective to meet goal:** *Educate seniors and the community at large regarding abuse and neglect and exploitation so that abuse situations are identified and effectively managed in a timely manner.*

Major Action Step to Achieve Objectives	Completion Date
1. Maintain the current referral mechanism to assure that individuals needing information about abuse and neglect obtain the appropriate assistance.	Ongoing
2. Maintain active engagement in coalitions and community partnership meetings designed to minimize the prevalence of abuse and/or neglect.	Ongoing
3. Collaborate with stakeholders to assure culturally-appropriate multimedia educational materials and programs are developed and disseminated.	Ongoing
4. Use ADRC Website to educate, inform and link.	Ongoing
5. Increase awareness about the types of elder abuse and appropriate community resources.	Ongoing

**Outcome(s)**

- Seniors report that they are more aware of the resources and protocol as to reporting elder abuse.
- The incidence of abuse and neglect of vulnerable adults in Maui County decreases.
- Seniors and caregivers are informed about services such as Sage PLUS and Senior Medicare Patrol.
- MCOA Staff are informed and perform their duties consistent with the laws for older adult protection and advocacy.
- Education will be accessible in the common ethnic languages spoken in the community.

**Effectiveness Measure(s)**

- # of referrals to Sage PLUS and Senior Medicare Patrol.
- % of educational materials that incorporate reporting/referral protocols.



- \*At least one educational forum, event or mass-media project developed annually.
- # of appropriate referrals to Adult Protective Services.
- # of verified incidences of abuse.



**5-3: Objective to meet goal:** *Collaborate with the Executive Office on Aging to deliver Long Term Care Ombudsman services in Maui County.*

**Major Action Step to Achieve Objectives**

**Completion Date**

- |   |         |
|---|---------|
| 1. Assist in the coordination of LTC education presentations/ trainings for the public.                             | Ongoing |
| 2. Provide regular in-service training for MCOA staff and ADRC partners.  | Ongoing |
| 3. Utilize ADRC Website to educate, inform and link.  | Ongoing |
| 4. Assist in the identification and referral of possible candidates for volunteer long term care ombudsman on Maui. | Ongoing |

**Outcome(s)**

- Volunteer long-term care (LTC) Ombudsman program is sustained in Maui County by a committed representative through the combined efforts of EOA, AAA, and the community.
- Maui’s long term care residents are made aware of their rights, benefits, and services through visits made by LTC Ombudsman office.

**Effectiveness Measure(s)**

- # of referrals from ADRC regarding long-term care issues (senior housing, advocacy).
- # of participants/individuals assisted by Long-Term Care ombudsman representative on Maui.

- \*At least 2 volunteers recruited to serve as volunteer LTC Ombudsman.



**5-4: Objective to meet goal:** *Assure that Maui County's elders and persons with disabilities are informed, educated and prepared for the wide variety of disasters that are common in the Pacific region.*

Major Action Step to Achieve Objectives	Completion Date
1. Assist frail seniors and family caregivers to develop a personal disaster preparedness plan.	Ongoing
2. Educate older adults about preparedness for various/possible types of disasters including evacuation procedures.	Ongoing
3. Support community education efforts at county and statewide levels around the topic of disaster preparedness.	Ongoing
4. Ensure that all contracted providers have an emergency and disaster preparedness plan in place.	January 2016
5. Utilize the ADRC Website as an ongoing education venue about emergency preparedness.	Ongoing

**Outcome(s)**

- Senior and people with disabilities will feel more prepared to deal with disaster/emergency situations.
- Maui County efforts to assist seniors and individuals with disabilities in a time of disaster will be well-coordinated and informed.

**Effectiveness Measure(s)**

- \*100% of MCOA participants will have developed their own personalized disaster preparedness plan.
- \*100% of MCOA's contracted service providers will have developed a written disaster plan.
- # of presentations by outreach staff.

- Survey responses that indicate community awareness achieved through ADRC website information.



**5-5: Objective to Meet Goal:** *Maintain active role in initiatives related to disaster and emergency preparedness.*

Major Action Step to Achieve Objectives	Completion Date
1. Collaborate with Maui County Civil Defense, VOAD, and DOH Disaster Preparedness Coalitions.	Ongoing
2. Assure all county procedures are followed in all plans, programs and protocols developed to help Maui’s older adults be prepared for emergencies and disasters.	Ongoing
3. MCOA will establish regular contact with the administrative staff of the Maui County Civil Defense agency, for the purpose of ensuring that the disaster preparedness and emergency response needs of physically and geographically isolated, frail and disabled elders are met.	Ongoing

**Outcome(s)**

- MCOA personnel are fully engaged in community efforts to educate and prepare seniors and individuals with disabilities to remain safe during disasters.
- MCOA staff maintains appropriate internal protocols and reacts in appropriate manners consistent with County protocol and plans.

**Effectiveness Measure(s)**

- # of documented policy and procedures for MCOA staff for emergency operating procedures.
- **\*At least 2 annually county-level and statewide planning/coordination meetings held/attended.**



## PART IV Funding Plan



### Previous Year Expenditures for Priority Services (FY 2014) Title III Part B Federal Funds Only

In accordance with the Older Americans Act [Section 306 (a)(2)] the Area Agency is disclosing the amount of funds expended for each category of services during the fiscal year most recently concluded.

Service	Budgeted Compliance Amount (Dollars)	FY 14 Actual Expenditures	% for Title III Categories
<b>Access</b>			
Information & Assistance	26,679	162,146	58%
Outreach	13,141	62,243	22%
<b>Subtotal</b>	39,820	224,389	80%
<b>In-Home</b>			
Friendly Visiting	6,637	8,500	3%
Telephone Reassurance	6,636	8,500	3%
<b>Subtotal</b>	13,273	17,000	6%
<b>Legal</b>	53,093	37,610	13%
<b>Subtotal</b>	53,093	37,610	13%
<b>Title III Part B Total</b>	106,186	278,999	

ALLOCATION PLAN AND SERVICE OUTPUTS: MAUI COUNTY OFFICE ON AGING

Programs, Services and Activities	Unduplicated Persons				Units of Service				Unit Type	*Total Amount				Source Code
	2016	2017	2018	2019	2016	2017	2018	2019		2016	2017	2018	2019	
<b>ACCESS</b>														
Information & Assistance	5,291	5,291	5,291	5,291	7,369	7,369	7,369	7,369	Contacts	\$162,146.00	\$162,146.00	\$162,146.00	\$162,146.00	NB
Information & Assistance										\$0.00	\$0.00	\$0.00	\$0.00	S
Outreach	347	347	347	347	347	347	347	347	Contacts	\$62,243.00	\$62,243.00	\$62,243.00	\$62,243.00	NB
Public Education	3,387	3,387	3,387	3,387	102	102	102	102	Presentation	\$20,748.00	\$20,748.00	\$20,748.00	\$20,748.00	NB
Public Education										\$9,133.00	\$9,133.00	\$9,133.00	\$9,133.00	A
Public Education										\$28,633.00	\$28,633.00	\$28,633.00	\$28,633.00	S
Case Management	55	55	55	55	962	962	962	962	Hours	\$62,112.00	\$62,112.00	\$62,112.00	\$62,112.00	A
Transportation	324	324	324	324	16,734	16,734	16,734	16,734	Trips	\$140,000.00	\$140,000.00	\$140,000.00	\$140,000.00	A
Transportation										\$557,167.00	\$557,167.00	\$557,167.00	\$557,167.00	S
Transportation										\$15,777.00	\$15,777.00	\$15,777.00	\$15,777.00	PI
<b>SUPPORTIVE: IN-HOME</b>														
Chore	161	161	161	161	1,300	1,300	1,300	1,300	Hours	\$27,982.50	\$27,982.50	\$27,982.50	\$27,982.50	A
Chore										\$4,436.25	\$4,436.25	\$4,436.25	\$4,436.25	S
Chore										\$1,706.25	\$1,706.25	\$1,706.25	\$1,706.25	PI
Homemaker	331	331	331	331	5,940	5,940	5,940	5,940	Hours	\$132,165.00	\$132,165.00	\$132,165.00	\$132,165.00	A
Homemaker										\$7,425.00	\$7,425.00	\$7,425.00	\$7,425.00	S
Homemaker										\$8,910.00	\$8,910.00	\$8,910.00	\$8,910.00	PI
Personal Care	242	242	242	242	22,797	22,797	22,797	22,797	Hours	\$248,829.26	\$248,829.26	\$248,829.26	\$248,829.26	A
Personal Care										\$410,232.02	\$410,232.02	\$410,232.02	\$410,232.02	S
Personal Care										\$13,450.23	\$13,450.23	\$13,450.23	\$13,450.23	PI
Adult Day Care	138	138	138	138	17,760	17,760	17,760	17,760	Hours	\$113,220.00	\$90,576.00	\$90,576.00	\$90,576.00	A
Adult Day Care										\$108,780.00	\$87,024.00	\$87,024.00	\$87,024.00	S
Friendly Visiting	236	236	236	236	8,005	8,005	8,005	8,005	Visits	\$0.00	\$0.00	\$0.00	\$0.00	NB
Friendly Visiting										\$116,623.00	\$116,623.00	\$116,623.00	\$116,623.00	S
Telephone Reassurance	202	202	202	202	4,224	4,224	4,224	4,224	Calls	\$0.00	\$0.00	\$0.00	\$0.00	NB
Telephone Reassurance										\$12,930.00	\$12,930.00	\$12,930.00	\$12,930.00	S
<b>NUTRITION</b>														
Congregate Meals	1,423	1,423	1,423	1,423	88,226	88,226	88,226	88,226	Meals	\$130,276.00	\$130,276.00	\$130,276.00	\$130,276.00	NC1
Congregate Meals										\$73,543.00	\$73,543.00	\$73,543.00	\$73,543.00	NO
Congregate Meals										\$511,620.00	\$511,620.00	\$511,620.00	\$511,620.00	S
Congregate Meals										\$113,876.00	\$113,876.00	\$113,876.00	\$113,876.00	PI
Home Delivered Meals	625	625	625	625	85,095	85,095	85,095	85,095	Meals	\$130,000.00	\$130,000.00	\$130,000.00	\$130,000.00	NC2
Home Delivered Meals										\$532,502.00	\$532,502.00	\$532,502.00	\$532,502.00	S
Home Delivered Meals										\$60,000.00	\$60,000.00	\$60,000.00	\$60,000.00	NO
Home Delivered Meals										\$94,334.00	\$94,334.00	\$94,334.00	\$94,334.00	A
Home Delivered Meals										\$84,092.00	\$84,092.00	\$84,092.00	\$84,092.00	PI
Nutrition Education	2,041	2,041	2,041	2,041	12,826	12,826	12,826	12,826	Sessions	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00	ND

ALLOCATION PLAN AND SERVICE OUTPUTS: MAUI COUNTY OFFICE ON AGING

Programs, Services and Activities	Unduplicated Persons					Units of Service					Unit Type	*Total Amount				Source Code
	2016	2017	2018	2019	2016	2017	2018	2019	2016	2017		2018	2019			
	<b>LEGAL</b>															
Legal	424	424	424	424	1,343	1,343	1,343	1,343	Hours	\$37,610.00	\$37,610.00	\$37,610.00	\$37,610.00	NB		
Legal										\$17,100.00	\$17,100.00	\$17,100.00	\$17,100.00	A		
Legal										\$875.00	\$875.00	\$875.00	\$875.00	PI		
<b>CAREGIVER SUPPORT</b>																
Information Services									Activity	\$0.00	\$0.00	\$0.00	\$0.00	NE		
Support Groups	126	126	126	126	72	72	72	72	Sessions	\$7,800.00	\$7,800.00	\$7,800.00	\$7,800.00	NE		
Counseling	26	26	26	26	127	127	127	127	Sessions	\$640.00	\$640.00	\$640.00	\$640.00	NE		
Counseling										\$7,400.00	\$7,400.00	\$7,400.00	\$7,400.00	S		
Training	570	570	570	570	18	18	18	18	Sessions	\$660.00	\$660.00	\$660.00	\$660.00	NE		
Training										\$1,740.00	\$1,740.00	\$1,740.00	\$1,740.00	S		
Respite - Day Care	51	51	51	51	2,840	2,840	2,840	2,840	Hour	\$3,905.00	\$3,124.00	\$3,124.00	\$3,124.00	NE		
Respite - Day Care										\$31,595.00	\$25,276.00	\$25,276.00	\$25,276.00	S		
Respite - Personal Care									Hour	\$0.00	\$0.00	\$0.00	\$0.00	NE		
Respite - Personal Care										\$0.00	\$0.00	\$0.00	\$0.00	PI		
Respite - In Home	60	60	60	60	4,439	4,439	4,439	4,439	Hour	\$86,427.33	\$86,427.33	\$86,427.33	\$86,427.33	NE		
Respite - In Home										\$0.00	\$0.00	\$0.00	\$0.00	A		
Respite - In Home										\$0.00	\$0.00	\$0.00	\$0.00	S		
Supplemental Services: HD Meals	36	36	36	36	4,181	4,181	4,181	4,181	Meals	\$25,320.00	\$25,320.00	\$25,320.00	\$25,320.00	NE		
Supplemental Services: Legal	9	9	9	9	-	-	-	-	Requests	\$220.00	\$220.00	\$220.00	\$220.00	A		
Supplemental Services: Legal										\$300.00	\$300.00	\$300.00	\$300.00	NE		

Funding codes are as follows:

- N = Federal Funds (Title III)
- NB = Federal Funds (Title III-Part B)
- NC-1 = Federal Funds (Title III-Part C-1)
- NC-2 = Federal Funds (Title III-Part C-2)
- ND = Federal Funds (Title III-Part D)
- NE = Federal Funds (Title III-Part E)
- NO = Federal Funds (Other)
- A = State General Funds (General Funds)
- S = County Funds (Cash Only)
- PI = Includes all income generated by the program including client voluntary contributions, money raised by the program through fund raising activities (such as bake sales, etc.), proceeds from the sale of tangible property, royalties, etc.
- O = Other funds used directly by the program including but not limited to trust funds, private donations, etc. (cash only)
- XS = County In-Kind
- XO = Other In-Kind

\* Subject to the availability of funds

## Minimum Percentages for Title III Part B Categories of Services

For the duration of the Area Plan, the Area Agency on Aging assures that the following minimum percentages of funds received for Title III-B will be expended to provide each of the following categories of services, as specified in OAA Section 306(a):

<b>Categories of Services</b>	<b>Percent</b>
<b>*Access</b>	<b>15%</b>
<b>In Home</b>	<b>5%</b>
<b>Legal</b>	<b>20%</b>
<b>Total Percent</b>	<b>40%</b>

\*Transportation, health services (including mental health services), outreach, information and assistance, and case management services

## Part V Evaluation Strategy



The Maui County Office on Aging is developing and will implement an evaluation plan of its Area Plan. The evaluation plan is based on the stated goals and objectives as described in Part V of the Area Plan. The evaluation plan consists of process and outcome evaluations, and will address the following questions:

### Process evaluation:

1. To what extent were the stated activities met?
2. Who and how many were served?
3. To what extent were the targeted populations served?
4. To what extent were the services utilized?
5. How does current performance compare to previous performance?

### Outcome evaluation:

1. To what extent were the stated objectives met?
2. How satisfied were the clients with the services provided?
3. To what extent were there changes in the clients' knowledge, attitude, and behavior?
4. How successful were the services in terms of cost-benefit?

The Maui County Office on Aging participated in the drafting of a program logic model objective for each stated goal. The models identify anticipated/intended resources, activities, outputs, outcomes and measures, and data collection tool.

The evaluation will be conducted through the use of uniform survey instruments developed by the EOA and the AAAs.

The Maui County Office on Aging will submit an Annual Cumulative Area Plan Evaluation Report to the EOA. This narrative report will be based on data gathered from the evaluation conducted according to the evaluation plan as well as other reports listed in the Federal and State Reporting Requirements for AAAs.





## Appendices

### Appendix A. ASSURANCE OF COMPLIANCE WITH THE DIVISION OF HEALTH AND HUMAN SERVICES REGULATION UNDER TITLE VI OF THE CIVIL RIGHTS ACT OF 1964

#### Maui County Office on Aging (hereinafter called the "Applicant")

HEREBY AGREES THAT it will comply with title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by or pursuant to the Regulation of the Division of Health and Human Services (45 CFR Part 90) issued pursuant to that title, to the end that, in accordance with title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant received Federal financial assistance from the Division; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Division, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. In all other cases, this assurance shall obligate the Applicant for the period during which the Federal financial assistance is extended to it by the Division.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts or other Federal financial assistance extended after the date hereof to the Applicant by the Division, including installment payments after such date on account of applications for Federal financial assistance which were approved before such date. The Applicant recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that the United States shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Applicant, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Applicant.

\_\_\_\_\_  
MAUI COUNTY OFFICE ON AGING

(Applicant)

Date \_\_\_\_\_

9/29/15

\_\_\_\_\_  
95 MAHALANI STREET, RM 20

\_\_\_\_\_  
WAILUKU, HAWAII 96793

(Applicant's mailing address)

By \_\_\_\_\_

Alan M. Arakawa, Mayor  
County of Maui

**Appendix B. Division of Health and Human Services Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973, as Amended**

The undersigned (hereinafter called the recipient) HEREBY AGREES THAT it will comply with Section 504 of the Rehabilitation Act of 1973, as amended (29 USC 794), all requirements imposed by the applicable HHS regulation (45 CFR, Part 84) and all guidelines and interpretations issued pursuant thereto.

Pursuant to 84.5(a) of the regulations (45 CFR 84.5(a)), the recipient gives this Assurance in consideration of and for the purpose of obtaining any and all federal grants, loans, contracts, (except procurement contracts and contracts of insurance and guaranty), property, discounts, or other federal financial assistance extended by the Division of Health and Human Services after the date of this Assurance, including payments of other assistance made after such date on the applications for federal assistance that were approved before that date. The recipient recognizes and agrees that such federal assistance extended in reliance on the representations of and agreements made in this Assurance and that the United States will have the right to enforce this Assurance through lawful means. This Assurance is binding on the recipient, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the recipient.

This Assurance obligates the recipient for the period during which federal financial assistance is extended to it by the Division of Health and Human Services, or, where the assistance is in the form of real or personal property, for the period provided for in 84.5(b) of the regulation (42 CFR 84(b)).

The recipient (check (a) or (b))

(ii) ( ) employs fewer than fifteen persons;

(iii) (X) employs fifteen or more persons pursuant to 84.7(a) of the regulations (45 CFR 84.7(a)), has designated the following person(s) to coordinate its efforts to comply with HHS regulations:

MAUI COUNTY OFFICE ON AGING

Name of Designee - Type or Print

COUNTY OF MAUI

Name or Recipient

95 MAHALANI STREET, RM 20

Street Address

99-60000618

IRS-Employee Identification Number

WAILUKU

City

808-270-7755

Phone Number

HAWAII 96793

State, Zip

I certify that the above information is complete and correct to the best of my knowledge.

\_\_\_\_\_  
Alan M. Arakawa, Mayor, County of Maui

9/29/15  
\_\_\_\_\_  
Date

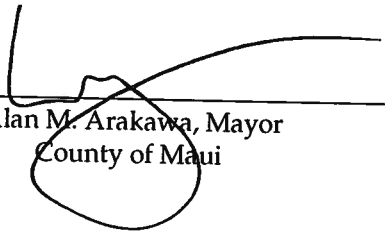
**Appendix C: Assurances - General and Program Specific Provisions and Assurances**

The Maui County Office on Aging certifies that it will subscribe and conform to the provisions and assurances under GENERAL ASSURANCES AND PROGRAM SPECIFIC PROVISIONS AND ASSURANCES:

- Ca. General Assurances
- Cb. Program Specific Assurances
- Cc. Other Assurances as Related to the Code of Federal Regulation 1321.17(F) 1 to 15
- Cd. Certification Regarding Lobbying

9/29/15

Date

  
\_\_\_\_\_  
Alan M. Arakawa, Mayor  
County of Maui

**Ca. General Assurances**

The Area Agency will maintain documentation to substantiate all the following assurance items. Such documentation will be subject to State and/or federal review for adequacy and completeness.

1. General Administration

a. Compliance with Requirements

The Area Agency agrees to administer the program in accordance with the Older Americans Act of 1965, as amended, the Area Plan, and all applicable rules and regulations and policies and procedures established by the Commissioner or the Secretary and by the Director of the Executive Office on Aging.

b. Efficient Administration

The Area Agency utilizes such methods of administration as are necessary for the proper and efficient administration of the Plan.

c. General Administrative and Fiscal Requirements

The Area Agency's uniform administrative requirements and cost principles are in compliance with the relevant provisions of 45 CFR Part 92 and 45 CFR 16 except where these provisions are superseded by statute and with the State Policies and Procedures Manual for Title III of the Older Americans Act.

d. Training of Staff

The Area Agency provides a program of appropriate training for all classes of positions and volunteers, if applicable.

e. Management of Funds

The Area Agency maintains sufficient fiscal control and accounting procedures to assure proper disbursement of and account for all funds under this Plan.

f. Safeguarding Confidential Information

The Area Agency has implemented such regulations, standards, and procedures as are necessary to meet the requirements on safeguarding confidential information under relevant program regulations.

g. Reporting Requirements

The Area Agency agrees to furnish such reports and evaluations to the Director of the Executive Office on Aging as may be specified.

h. Standards for Service Providers

All providers of service under this Plan operate fully in conformance with all applicable Federal, State, and local fire, health, safety and sanitation, and other standards prescribed in law or regulations. The Area Agency provides that where the State or local public

jurisdictions require licensure for the provision of services, agencies providing such services shall be licensed.

i. Amendments to Area Plan

Area Plan amendments will be made in conformance with applicable program regulations.

j. Intergovernmental Review of Services and Programs

The Area Agency will assure that 45 CFR 100 covering Intergovernmental Review of Division of Human Services Programs and Activities be maintained. The regulation is intended to foster an intergovernmental partnership and a strengthened Federalism by relying on State processes and on State, area wide, regional, and local coordination for review of proposed Federal financial assistance and direct Federal development.

k. Standards for a Merit System of Personnel Administration

The Area Agency will assure that there are Standards for a Merit System of Personnel Administration as stated in 5 CFR Part 900, Subpart F.

2. Equal Opportunity and Civil Rights

a. Equal Employment Opportunity

The Area Agency has an equal employment opportunity policy, implemented through an affirmative action plan for all aspects of personnel administration as specified in 45 CFR Part 70.4.

b. Non-Discrimination on the Basis of Handicap

All recipients of funds from the Area Agency are required to operate each program activity so that, when viewed in its entirety, the program or activity is readily accessible to and useable by handicapped persons, as specified in 45 CFR 84.

c. Non-Discrimination on the Basis of Age

The Area Agency will assure compliance with 45 CFR 91 which is the regulation for The Age Discrimination Act of 1975 as amended and is designed to prohibit discrimination on the basis of age.

d. Civil Rights Compliance

The Area Agency has developed and is implementing a system to ensure that benefits and services available under the Area Plan are provided in a non-discriminatory manner as required by Title VI of the Civil Rights Act of 1964 as amended.

3. Provision of Services

a. Needs Assessment

The Area Agency has a reasonable and objective method for determining the needs of all eligible residents of all geographic areas in the PSA for allocating resources to meet those needs.

b. Priorities

The Area Agency has a reasonable and objective method for establishing priorities for service and such methods are in compliance with the applicable statute.

c. Eligibility

The activities covered by this Area Plan serve only those individuals and groups eligible under the provisions of the applicable statute.

d. Residency

No requirements as to duration of residence or citizenship will be imposed as a condition of participation in the Area Agency's program for the provision of services.

e. Coordination and Maximum Utilization of Services

The Area Agency to the maximum extent coordinates and utilizes the services and resources of other appropriate public and private agencies and organizations.

4. Non-Construction Programs

a. Legal Authority

The Area Agency has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management, and completion of the project described in non-construction program application.

b. Hatch Act

The Area Agency will comply with the provisions of the Hatch Act (5 U.S.C. SS 1501-1508 and 73224-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

c. Single Audit Act of 1984

The Area Agency will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.

d. Other Laws

The Area Agency will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

## **Cb. Program Specific Provisions and Assurances**

Program specific assurances will follow the intent of the area plans as stated in section 306 of the Older Americans Act, as amended in 2006.

### Section 306 AREA PLANS

(2) Each area agency on aging shall provide assurances that an adequate proportion, as required under section 307(a) (2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services-

(A) services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services);

(B) In-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

(4)(A)(i)(I) provide assurances that the area agency on aging will –

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will –

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall--

(I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals;  
and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).

(4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement; and

(4)(C) Each area agency on agency shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) Each area agency on aging shall provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.

(6)(F) Each area agency will:

in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

(9) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.

(11) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities,



including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

(13)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency--

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship.

(13)(C) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.

(13)(D) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.

(13)(E) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

(14) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(15) provide assurances that funds received under this title will be used-

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

In addition, the Area Agency on Aging agrees to comply with the requirements of the Older Americans Act, as amended in 2006, including sections: 305, 307, 373, and 705 and all applicable Federal Rules and Regulations.

**Cc. Other Assurances As Related to the Code of Federal Register**

1321.17(f)(1)

Each Area Agency engages only in activities which are consistent with its statutory mission as prescribed in the Act and as specified in State policies under 1321.11;

1321.17(f)(2)

Preference is given older persons in greatest social or economic need in the provisions of under the plan;

1321.17(f)(3)

Procedures exist to ensure that all services under this part are provided without use of any means test;

1321.17(f)(4)

All services provided under Title III meet any existing State and local licensing, health and safety requirements for the provision of those services;

1321.17(f)(5)

Older persons are provided opportunities to voluntarily contribute to the cost of services;

1321.17(f)(6)

Area Plans will specify as submitted, or be amended annually to include, details of the amount of funds expended for each priority service during the past fiscal year;

1321.17(f)(7)

The State Agency on Aging will develop policies governing all aspects of programs operated under this part, including the ombudsman program operates at the state level and the relation of the at the state level and the relation of the ombudsman program to Agencies where Area Agencies have been designated;

1321.17(f)(8)

The State Agency on Aging will require the Area Agencies on Aging to arrange for outreach that assures on the community level the identification of individuals eligible for assistance under this Act and other programs both public and private, and informs them of the availability of assistance. The outreach efforts will place special emphasis on the reaching older individuals with greatest economic and social need, with particular attention to low income and minority elders including outreach to identify Indians in the planning and service area and inform such older Indians of the availability of assistance under the Act;

1321.17(f)(9)

Area Agency will comply with the State agency request for data collection from Area Agencies on Aging to permit the State to compile and transmit to the Commissioner accurate and timely state-wide data requested by the Commissioner in such form as the Commissioner directs;

1321.17(f)(10)

If the State agency proposes to use funds received under section 303(f) of the Act for services other than those for preventive health specified in Section 361, the State plan and the area plan will demonstrate the unmet need for the services and explain how the

services are appropriate to improve the quality of life of older individuals, particularly those with the greatest economic or social need, with special attention to low income minorities;

1321.17(f)(11)

Area Agencies will compile available information, with necessary supplementation, on courses of post secondary education offered to older individuals with little or no tuition. The assurances will include a commitment by the area agencies to make a summary of the information available to older individuals at multipurpose senior centers, congregate nutrition sites and in other appropriate places;

1321.17(f)(12)

Individuals with disabilities who reside in a non-institutional household with and accompany an eligible for congregate meals under this part will be provided a meal on the same basis that the meals are provided to volunteers pursuant to section 307(a)(13)(1) of the Act;

1321.17(f)(13)

The services provided under this part will be coordinated where appropriate with the services provided under Title VI of the Act.

1321.17(f)(14)

(i)The state Agency will not fund program development and coordinated activities as a cost of supportive services for the administration of area plans until it has first spent 10 percent of its total allotments under Title III on administration of area plans;

(iv)State and Area Agencies on Aging will, consistent with budgeting cycles annually, bi-annually, or otherwise), submit the details of proposals to pay for the program development and coordination as a cost of supportive services, to the general public for review and comment;

(v)The State agency certifies that any such expenditures by an Area Agency will have a direct and positive impact on the enhancement of services for older persons in the planning and service area; and

1321.17(f)(15)

The State Agency will assure that where there is a significant population of older Indians in any planning and service area the area agency will provide for outreach as required by section 306(a)(6)(N) of the Act.

The Area Agency will meet all assurances as required under CFR 1321.53-1321.61, 1321.63-1321.75.

**Cd. Assurances—General and Program Specific Provisions and Assurances Certification Regarding Lobbying**

**Certification for Contracts, Grants, Loans and Cooperative Agreements**

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, to grant, loan, or cooperative agreement.

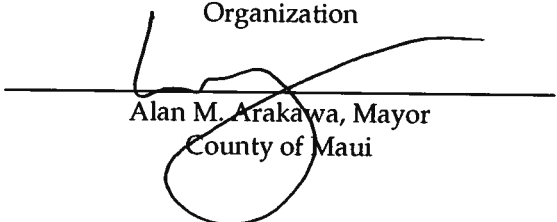
(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instruction.

(3) The undersigned will require that the language of this certification be included in the award documents for all sub-awards at all tiers (including sub-contract, sub-grants, and contracts under grants, loans, and cooperative agreements and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each failure.

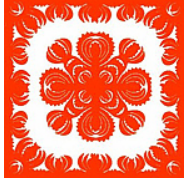
MAUI COUNTY OFFICE ON AGING

Organization

  
Alan M. Arakawa, Mayor  
County of Maui

Note: If Disclosure Forms are required, please contact:

Deputy Director  
Grants & Contract Management Division  
Rm. 341, HHH Building  
200 Independence Avenue  
SE. Washington, D.C. 20201-0001



## Staffing and Responsibilities

### Primary Area Agency Responsibilities

1. General Administration

Overall program administration

The statement of written procedures under the Act for carrying out all defined responsibilities

Responding to the views of older persons relative to issues of policy development and program implementation under the plan

Hiring of staff resources

Organization of staff resources

Liaison to Council On Aging

Public relations/information

Overall program policy

Contracts management

Fiscal Management

Personnel Management

Information management/reporting

### Position with Lead Authority for Decision-Making for Defined Responsibilities

Descriptive Position Title

County Executive on Aging

County Executive on Aging

County Executive on Aging

Director of Housing and Human Concerns

County Executive on Aging

County Executive on Aging

County Executive on Aging, ADS Program Specialists, Administrative Staff, A&A Staff

County Executive on Aging

ADS Program Specialists

County Executive on Aging, Accountant III

County Executive on Aging, Secretary I, ADS Specialist V, ADS Specialist III

County Executive on Aging, Agency Info Systems Coordinator, ADS Program Specialists, Accountant III

**Primary Area Agency Responsibilities**

**Position with Lead Authority for Decision-Making for Defined Responsibilities**

2. <u>Program Planning</u>	<u>Descriptive Position Title</u>
Coordinating planning with other agencies and organizations to promote new or expanded benefits and opportunities for older people	County Executive on Aging, ADS Program Specialists
Assessing the kinds and levels of services needed by older persons in the planning and service area, and the effectiveness of other public or private programs serving those needs	County Executive on Aging, ADS Program Specialists
Defining means for giving preference to older persons with greatest economic or social need	County Executive on Aging, ADS Program Specialists
Defining methods for establishing priorities for services	County Executive on Aging, ADS Program Specialists
Conduct research and demonstration	Agency Info Systems Coordinator
Resource identification/grantsmanship	County Executive on Aging, ADS Program Specialists, Accountant III
3. <u>Advocacy</u>	<u>Descriptive Position Title</u>
Monitoring, evaluating and commenting on all plans, programs, hearings and community actions which affect older people	County Executive on Aging, ADS Program Specialists
Conducting public hearings on the needs of older persons	County Executive on Aging, ADS Program Specialists
Representing the interests of older people to public officials, public and private agencies or organizations	County Executive on Aging, All Staff
Coordinating activities in support of the statewide long term care ombudsman program	ADS Program Specialists

## Primary Area Agency Responsibilities

## Position with Lead Authority for Decision-Making for Defined Responsibilities

Conducting outreach efforts, with special emphasis on the rural elderly, to identify older persons with greatest economic or social needs and to inform them of the availability of services under the area plan	ADS Specialist V, ADS Specialist III, ADS Specialists I, II, IV
4. <u>Systems Development</u>	<u>Descriptive Position Title</u>
Defining community service area boundaries	County Executive on Aging, ADS Program Specialists
Designating community focal points	ADS Program Specialists
Pursuing plans to assure the older people in the planning and service area have reasonably convenient access to services	ADS Program Specialists
Entering into contracts with service providers	Program Specialists
Providing technical assistance to service providers under the area plan	ADS Program Specialists, Agency Info Systems Coordinator
Pursuing plans for developing a system of services comprised of access services, in home services, community services and services to residents of care providing facilities	County Executive on Aging, ADS Program Specialists
Coordinating plan activities with other programs supported by Federal, State and local resources in order to develop a comprehensive and coordinated service system in the planning and service area	County Executive on Aging, ADS Program Specialists
5. <u>Program Maintenance</u>	<u>Descriptive Position Title</u>
Monitoring performance of all service providers under the area plan	ADS Program Specialists, Accountant III
Evaluating performance of all service providers	ADS Program specialists, Accountant III
Providing feedback to providers and key decision-makers	County Executive on Aging, ADS Program Specialists

**Primary Area Agency Responsibilities**

Assessing the meaning of monitoring and evaluation information on developing comprehensive and coordinated service for older people in the planning and service area

**Position with Lead Authority for Decision-Making for Defined Responsibilities**

County Executive on Aging,  
ADS Program Specialists





## Glossary

### 1. Programs, Services, and Activities

**Adult Day Care/Adult Day Health:** Personal care for dependent elders in a supervised, protective, and congregate setting during some portion of a day. Services offered in conjunction with adult day care/adult day health typically include social and recreational activities, training, counseling, and services such as rehabilitation, medications assistance and home health aide services for adult day health. (FSRR, 2013)

**Assisted Transportation:** Assistance and transportation, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation. (FSRR, 2013)

**Case Management:** Assistance either in the form of access or care coordination in circumstances where the older person is experiencing diminished functioning capacities, personal conditions or other characteristics which require the provision of services by formal service providers or family caregivers. Activities of case management include such practices as assessing needs, developing care plans, authorizing and coordinating services among providers, and providing follow-up and reassessment, as required. (FSRR, 2013).

**Chore:** Assistance such as heavy housework, yard work or sidewalk maintenance for a person. (FSRR, 2013)

**Congregate Meal:** A meal provided to a qualified individual in a congregate or group setting. The meal as served meets all of the requirements of the OAA and State/Local laws. (FSRR, 2013)

**Health Promotion and Disease Prevention:** Services that include health screenings and assessments; organized physical fitness activities; evidence-based health promotion programs, medication management; home injury control services; and/or information, education, and prevention strategies for chronic disease and other health conditions that would reduce the length or quality of life of the person 60 or older. (FSRR, 2013)

**Education and Training Service:** A supportive service designed to assist older individuals to better cope with their economic, health, and personal needs through services such as consumer education, continuing education, health education, pre-

retirement education, financial planning, and other education and training services which will advance the objectives of the Older Americans Act, as amended. (OAA, Sec 302 (2))

**Home-Delivered Meal:** A meal provided to a qualified individual in his/her place of residence. The meal is served in a program administered by State Units on Aging and/or Area Agencies on Aging and meets all of the requirements of the Older Americans Act and State/Local laws. (FSRR, 2013)

**Homemaker:** Assistance such as preparing meals, shopping for personal items, managing money, using the telephone or doing light housework. (FSRR, 2013)

**Information and Assistance:** A service that: a) provides individuals with information on services available within the communities; b) links individuals to the services and opportunities that are available within the communities; c) to the maximum extent practicable, establishes adequate follow-up procedures. (FSRR, 2013)

**Legal Assistance:** Legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney. (FSRR, 2013)

**Nutrition Counseling:** Individualized guidance to individuals who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illnesses, or medications use, or to caregivers. Counseling is provided one-on-one by a registered dietician, and addresses the options and methods for improving nutrition status. (FSRR, 2013)

**Nutrition Education:** A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants, caregivers, or participants and caregivers in a group or individual setting overseen by a dietician or individual of comparable expertise. (FSRR, 2013)

**Outreach:** Intervention with individuals initiated by an agency or organization for the purpose of identifying potential clients (or their caregivers) and encouraging their use of existing services and benefits. (FSRR, 2013)

**Personal Care:** Personal assistance, stand-by assistance, supervision or cues. (FSRR, 2013)

**Senior Opportunities and Services:** Program designed to identify and meet the needs of low-income older individuals in one or more of the following areas: (A) development and provision of new volunteer services; (B) effective referral to existing health (including mental health), employment, housing, legal, consumer,

transportation, and other services; (C) stimulation and creation of additional services and programs to remedy gaps and deficiencies in presently existing services and programs; and (D) such other services as the Assistant Secretary may determine are necessary or especially appropriate to meet the needs of low-income older individuals and to assure them greater self-sufficiency. (OAA, Sec 321 (a)(14))

**Transportation:** Transportation from one location to another. Does not include any other activity. (FSRR, 2013)

## 2. Services to Caregivers

**Information Services:** A service for caregivers that provides the public and individuals with information on resources and services available to the individuals within their communities. (FSRR, 2013)

**Access Assistance:** A service that assists caregivers in obtaining access to the services and resources that are available within their communities. To the maximum extent practicable, it ensures that the individuals receive the services needed by establishing adequate follow-up procedures. (FSRR, 2013)

**Counseling:** Counseling to caregivers to assist them in making decisions and solving problems relating to their caregiver roles. This includes counseling to individuals, support groups, and caregiver training (or individual caregivers and families). (FSRR, 2013)

**Respite Care:** Services which offer temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers. Respite Care includes: 1) In-home respite (personal care, homemaker, and other in-home respite); 2) respite provided by attendance of the care recipient at a senior center or other nonresidential program; 3) institutional respite provided by placing the care recipient in an institutional setting such as a nursing home for a short period of time as a respite service to the caregiver; and (for grandparents caring for children) summer camps. (FSRR, 2013)

**Supplemental Services:** Services provided on a limited basis to complement the care provided by caregivers. Examples of supplemental services include, but are not limited to, home modifications, assistive technologies, emergency response systems, and incontinence supplies. (FSRR, 2013)

## 3. Facilities

**Focal Point:** A facility established to encourage the maximum collocation and coordination of services for older individuals. (OAA, Sec 102 (a)(21))

**Multipurpose Senior Center:** A community facility for the organization and provision of a broad spectrum of services, which shall include provision of health (including mental health), social, nutritional, and educational services and the provision of facilities for recreational activities for older individuals. (OAA, Sec 102 (a)(36))

#### **4. Special Populations and Definitions Related to Special Populations**

**Adult Child with a Disability:** A child who A) is 18 years of age or older; (B) is financially dependent on an older individual who is a parent of the child; and (C) has a disability. (OAA, Sec 102 (a)(3))

**At Risk for Institutional Placement:** With respect to an older individual, that such individual is unable to perform at least 2 activities of daily living without substantial assistance (including verbal reminding, physical cuing, or supervision) and is determined by the State involved to be in need of placement in a long-term care facility. (OAA, Sec 102 (a)(9))

**Child:** An individual who is not more than 18 years of age or who is an individual with a disability. (OAA, Sec. 372 (a)(1))

**Disability:** (Except when such term is used in the phrase “severe disability”, “developmental disability”, “physical or mental disability”, “physical and mental disabilities”, or “physical disabilities”) a disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that results in substantial functional limitations in 1 or more of the following areas of major life activity: (A) self care, (B) receptive and expressive language, (C) learning, (D) mobility, (E) self-direction, (F) capacity for independent living, (G) economic self-sufficiency, (H) cognitive functioning, and (I) emotional adjustment. (OAA, Sec 102 (a)(13))

**Elder Abuse, Neglect, and Exploitation:** Abuse, neglect, and exploitation, of an older individual. (OAA, Sec 102 (a)(16))

**(1) Abuse:** The willful: (A) infliction of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical harm, pain, or mental anguish; or (B) deprivation by a person, including a caregiver, of goods or services that are necessary to avoid physical harm, mental anguish, or mental illness. (OAA, Sec 102 (a)(1))

**(2) Exploitation:** The fraudulent or otherwise illegal, unauthorized, or improper act or process of an individual, including a caregiver or fiduciary, that uses the resources of an older individual for monetary or personal benefit, profit, or gain, or that results in depriving an older individual of rightful access to,

or use of, benefits, resources, belonging, or assets. (OAA, Sec 102 (18)(A))

**(2) Neglect** means: (A) the failure of a caregiver (as defined in paragraph (18)(B)) or fiduciary to provide the goods or services that are necessary to maintain the health or safety of an older individual; or (B) self-neglect. (OAA, Sec 102 (a)(38))

**(3) Physical Harm:** Bodily injury, impairment, or disease. (OAA, Sec 102 (a)(41))

**Family Caregiver:** An adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction. (OAA, Sec 302 (3))

**Frail:** With respect to an older individual in a State, that the older individual is determined to be functionally impaired because the individual: (A)(i) is unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision; or (ii) at the option of the State, is unable to perform at least three such activities without such assistance; or (B) due to a cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual. (OAA, Sec 102 (a)(22))

**Greatest Economic Need:** The need resulting from an income level at or below the poverty line. (OAA, Sec 102 (a)(23))

**Greatest Social Need:** The need caused by non-economic factors, which include: (A) physical and mental disabilities; (B) language barriers; and (C) cultural, social, or geographical isolation, including isolation caused by racial or ethnic status, that (i) restricts the ability of an individual to perform normal daily tasks; or (ii) threatens the capacity of the individual to live independently. (OAA, Sec 102 (a)(24))

**Grandparent or Older Individual who is a Relative Caregiver:** A grandparent or step-grandparent of a child, or a relative of a child by blood, marriage, or adoption, who is 55 years of age or older and – (A) lives with the child; (B) is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child; and (C) has a legal relationship to the child, as such legal custody or guardianship, or is raising the child informally. (OAA, Sec 372 (a)(2))

**Impairment in Activities of Daily Living:** The inability to perform one or more of the following six activities of daily living without personal assistance, stand-by assistance, supervision or cues: eating, dressing, bathing, toileting, transferring in and out of bed/chair, and walking. (FSRR, 2013)

**Impairment in Instrumental Activities of Daily Living:** The inability to perform one or more of the following eight instrumental activities of daily living without personal assistance, or stand-by assistance, supervision or cues: preparing meals, shopping for personal items, medication management, managing money, using telephone, doing heavy housework, doing light housework, and transportation ability (transportation ability refers to the individual's ability to make use of available transportation without assistance). (FSRR, 2013)

**\*Limited English Proficient:** Refers to any person age 5 and older who reported speaking English less than "very well" as classified by the US Census Bureau.

**Living Alone:** A one person household (using the Census definition of household) where the householder lives by his or herself in an owned or rented place of residence in a non-institutional setting, including board and care facilities, assisted living units and group homes. (FSRR, 2013)

**Older Individual:** An individual who is 60 years of age or older. (OAA, Sec 102 (40))

**Poverty:** Persons considered to be in poverty are those whose income is below the official poverty guideline (as defined each year by the Office of Management and Budget, and adjusted by the Secretary, DHHS) in accordance with subsection 673 (2) of the Community Services Block Grant Act (42 U.S.C. 9902 (2)). The annual HHS Poverty Guidelines provide dollar thresholds representing poverty levels for households of various sizes. (FSRR, 2013)

**Rural:** A rural area is any area that is not defined as urban. Urban areas comprise (1) urbanized areas (a central place and its adjacent densely settled territories with a combined minimum population of 50,000) and (2) an incorporated place or a census designated place with 20,000 or more inhabitants. (FSRR, 2013)

**Severe Disability:** Severe, chronic disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that: (A) is likely to continue indefinitely; and (B) results in substantial functional limitation in 3 or more of the major life activities specified in subparagraphs (A) through (G) of paragraph (8) of the Older Americans Act, as amended. (OAA, Sec 102 (a)(48))

## 5. Ethnic Groups

**Black or African American:** A person having origins in any of the black racial groups of Africa. (FSRR, 2013)

**American Indian or Alaskan Native:** A person having origins in any of the original peoples of North America (including Central America), and who maintains tribal affiliation or community attachment. (FSRR, 2013)

**Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. (FSRR, 2013)

**Native Hawaiian or Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands. (FSRR, 2013)

**Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. (FSRR, 2013)

**Indian:** A person who is a member of an Indian tribe. (OAA, Sec 102 (a)(26))

**Native American:** Refers to American Indians, Alaskan Natives, and Native Hawaiians. (OAA, Sec 601)

**Native Hawaiian:** Any individual any of whose ancestors were natives of the area which consists of the Hawaiian Islands prior to 1778. (OAA, Sec 625)

**White:** A person having origins in any of the peoples of Europe, the Middle East, or North Africa. (FSRR, 2013)

## 6. Other Definitions

**Aging and Disability Resource Center** means an entity established by a State as part of the State system of long-term care, to provide a coordinated system for providing— (A) comprehensive information on the full range of available public and private long-term care programs, options, service providers, and resources within a community, including information on the availability of integrated long-term care; (B) personal counseling to assist individuals in assessing their existing or anticipated long-term care needs, and developing and implementing a plan for long-term care designed to meet their specific needs and circumstances; and (C) consumers access to the range of publicly-supported long-term care programs for which consumers may be eligible, by serving as a convenient point of entry for such programs. (OAA, Sec 102 (a)(4))

**Aging Network:** The network of (A) State agencies, Area Agencies on Aging, Title VI grantees, and the Administration; and (B) organizations that (i)(I) are providers of direct services to older individuals; or (II) are institutions of higher education; and (ii) receive funding under this act. (OAA, Sec 102 (a)(5))

**Area Agency on Aging:** An Area Agency on Aging designated under section 305(a)(2)(A) of the Older Americans Act or a State agency performing the functions of an Area Agency on Aging under section 305(b)(5) of the Older Americans Act. (OAA, Sec 102 (6))

**Assistive Technology:** Technology, engineering methodologies, or scientific principles appropriate to meet the needs of, and address the barriers confronted by, older individuals with functional limitations. (OAA, Sec 102 (10))

**Elder Justice:** (A) Used with respect to older individuals, collectively, means efforts to prevent, detect, treat, intervene in, and respond to elder abuse, neglect, and exploitation and to protect older individuals with diminished capacity while maximizing their autonomy; and (B) used with respect to an individual who is an older individual, means the recognition of the individual's rights, including the right to be free of abuse, neglect, and exploitation. (OAA, Sec 102 (a)(17))

**Long-term care:** Any service, care, or item (including an assistive device), including a disease prevention and health promotion service, an in-home service, and a case management service— (A) intended to assist individuals in coping with, and to the extent practicable compensate for, a functional impairment in carrying out activities of daily living; (B) furnished at home, in a community care setting (including a small community care setting as defined in subsection (g)(1), and a large community care setting as defined in subsection (h)(1), of section 1929 of the Social Security Act (42 U.S.C. 1396t)), or in a long-term care facility; and (C) not furnished to prevent, diagnose, treat, or cure a medical disease or condition. (OAA, Sec 102 (a)(34))

**Older Americans Act:** An Act to provide assistance in the development of new or improved programs to help older persons through grants to the States for community planning and services and for training, through research, development, or training project grants, and to establish within the Division of Health, Education, and Welfare an operating agency to be designed as the "Administration on Aging". (Public Law 89-73)

**Planning and Service Area:** An area designated by a State agency under section 305(a)(1)(E), including a single planning and service area described in section 305(b)(5)(A) of the Older Americans Act, as amended. (OAA, Sec 102 (a)(42))

**Minority Provider:** A provider of services to clients which meets any one of the following criteria: 1) A not for profit organization with a controlling board comprised at least 51% of individuals in the racial and ethnic categories listed below. 2) A private business concern that is at least 51% owned by individuals in the racial and ethnic categories listed below. 3) A publicly owned business having at least 51% of its stock owned by one or more individuals and having its management and daily business controlled by one or more individuals in the racial and ethnic categories listed below:



The applicable racial and ethnic categories include: American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, or Hispanic. (FSRR, 2013)

**Title III:** (1) The purpose of Title III is to encourage and assist State agencies and Area Agencies on Aging to concentrate resources in order to develop greater capacity and foster the development and implementation of comprehensive and coordinated systems to serve older individuals by entering into new cooperative arrangements in each State with the persons described in paragraph (2)(A) State agencies and Area Agencies on Aging; (B) other State agencies, including agencies that administer home and community care programs; (C) Indian tribes, tribal organizations, and Native Hawaiian organizations; (D) the providers, including voluntary organizations or other private sector organizations, of supportive services, nutrition services, and multipurpose senior centers; (E) organizations representing or employing older individuals or their families and (F) organizations that have experience in providing training, placement, and stipends for volunteers or participants who are older individuals (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings) for the planning, and for the provision of, supportive services, and multipurpose senior centers, in order to (1)(A) secure and maintain maximum independence and dignity in a home environment for older individuals capable of self care with appropriate supportive services; (B) remove individual and social barriers to economic and personal independence for older individuals; (C) provide a continuum of care for vulnerable older individuals; and (D) secure the opportunity for older individuals to receive managed in-home and community-based long-term care services. (OAA, Sec 301(a))

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Sources:

(FSRR) Federal and State Reporting Requirements, 2013

(OAA) Older Americans Act, as amended in 2006 (Public Law 109-365)

## **Waiver to Provide Direct Service Maui County Office on Aging**

### **Service**

Chronic Disease Self-Management Program (CDSMP) – also known as Better Choices, Better Health (BCBH)

### **Title III Reference**

OAA Sec.3027(a)(8)(a) The plan shall provide that no supportive services, nutrition services, or in-home services will be directly provided by the area agency on aging in the State, unless, in the judgment of the State agency-- provision of such services by the area agency on aging is necessary to assure an adequate supply of such services; such services are directly related to such area agency on aging's administrative functions; or such services can be provided more economically, and with comparable quality, by such area agency on aging.

OAA Sec. 102(14)(D) Disease Prevention and Health Promotion Services definition refers to evidence-based health promotion programs, including programs related to the prevention and mitigation of the effects of chronic disease (including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease), alcohol and substance abuse reduction, smoking cessation, weight loss and control, stress management, falls prevention, physical activity and improved nutrition.

**Funding Source: Title III-D \$13,068**

### **Justification:**

- The Older Americans Act amendments of 2006 directed the aging network at all levels, older adults to live healthier lives through the delivery of evidence-based disease and disability prevention programs, one of which is BCBH. Evidence-based programs are researched, tested and proven to be effective in communities.
- The U.S Administration on Aging's Strategic Action Plan includes efforts to move forward changes in the long-term care system at the state and community levels. One of its priorities is building evidence-based prevention into our community based systems for services and enabling older people to make behavioral changes that will reduce their risk of disease, disability and injury, which increases healthcare costs.
- BCBH is a nationally recognized, evidence-based program developed by

Stanford University. It is a series of six week classes which teaches older adults about goal setting and action planning, and discusses relevant topics including exercise, nutrition, and medication management.

- The provision of the BCBH program by MCOA is necessary to assure an adequate supply of these services, and is directly related to the area agency on aging's administrative functions. Providing this program enhances MCOA's existing service delivery and coordinated system of community-based services to address the needs for a wide spectrum of older adults.
- Since 2003 MCOA has worked in partnership on a statewide Healthy Aging Project committee with the State Executive Office on Aging and the State Division of Health with the overall goal of improving the health status of older adults. Consequently MCOA has implemented Healthy Aging activities in Maui County since 2004 and has development partnerships in the Maui community to collaborate and coordinate its efforts.
- In August 2006, MCOA participated in a statewide effort to apply for Administration on Aging funding to implement evidence-based disease prevention programs in Hawaii. Maui received funding to implement the BCBH program in fiscal year 2009.
- MCOA staff has also monitored the requirements of the program to maintain program fidelity and has provided leadership for the Healthy Aging partnership development.

This Exhibit must be renewed annually for each year the Area Agency wishes to provide any service directly.

## **Waiver to Provide Direct Service Maui County Office on Aging**

### **Service:**

Powerful Tools for Caregivers (PTC)

### **Title III Reference**

OAA Sec.306(a)(7)(C) provide that the area agency on aging shall, consistent with this section, facilitate the area-wide development and implementation of a comprehensive, coordinated system for providing long-term in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their caregivers by implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intending to reduce the risk of injury, disease, and disability among older individuals.

### **Funding Source: Title III - E**

### **Justification:**

- Powerful Tools for Caregivers is an evidence-based six week program that helps caregivers gain important tools that help them focus on staying healthy and taking care of themselves.
- The value of the services family caregivers provide for older adults is estimated to be \$375 billion dollars a year nationally according to the *Evercare Survey of the Economic Downturn and its Impact on Family Caregiving: National Alliance for Caregiving and Evercare. March 2009.* Maui County caregivers are a strong economic force whose tireless efforts save money for our society.
- Most of the types of care and support provided by family caregivers are companionship and emotional support to their loved one, followed by transportation, and household chores. 33% of them provide personal care services such as bathing, dressing, toileting and feeding.
- Maui County has developed the Powerful Tools for Caregivers Program in conjunction with a volunteer team who has trained in the program. As our aging population increases, MCOA will want to continue to ramp up their efforts to help caregivers obtain the help they need to stay healthy and active.

This Exhibit must be renewed annually for each year the Area Agency wishes to provide any service directly.

**Waiver to Provide Direct Service  
Maui County Office on Aging**

**Service**

Information and Assistance with special emphasis on Information and Outreach Services

**JUSTIFICATION FOR AREA AGENCY'S  
DIRECT PROVISION OF SERVICE  
For the period beginning July 1, 2014 through June 30, 2015**

**Service**

Access and Assistance (A&A) on Maui, Moloka'i and Lana'i

**Title III Reference**

**OAA Sec. 306(a)(4)(B) Provide** assurances that the area agency on aging will use outreach efforts that will:

**306(a)(4)(B)(i)** Identify individuals eligible for assistance under this act with special emphasis on:

**306(a)(B)(i)(I)** Older individuals living in rural areas;

**306(a)(B)(i)(II)** Older individuals with the greatest economic need (particular attention to low income minority individuals and older individuals living in rural areas);

**306(a)(B)(i)(III)** Older individuals with greatest social need (with particular attention to low income minority individuals and older individuals living in rural areas);

**306(a)(B)(i)(IV)** Older individuals with severe disabilities;

**306(a)(B)(i)(V)** Older individuals with limited English speaking ability;

**306(a)(B)(i)(VI)** Older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

**306(a)(B)(i)(ii)** Inform the older individuals referred to in sub-clauses (I) through (VI) of clause (i) and the caretakers of such individuals, of the availability of such assistance.

**Funding Source**

**Title III \$253,215.23**

**ADRC \$ 36,000.00**

**Justification**

The Maui County Office on Aging needs to continue to provide "Access and Assistance" (A&A) on Maui, Moloka'i, and Lana'i for the following reasons:

- In order to assure that the older adults of Maui County can make informed decisions about selection of services or programs that they need or desire, it is necessary that they receive the most comprehensive information from an informed and neutral source that does not provide direct service. It is more difficult to assure that providers of direct services who are in competition with other providers of the same service would not influence decisions and choice. This principle is one of the bases for the Older Americans Act requirement that case management services be provided by a public agency or a non-profit that does not provide and does not have a conflict of interest due to direct or indirect affiliation with an agency that provides services other than case management. (306(a)(8)(C)(iii))
- The Maui County Office on Aging maintains satellite offices and sub-contracts to provide outreach services to all districts of Maui. This provides coverage for all Maui's older adults.
- In order for the Maui County Office on Aging to fulfill its role of planning, coordinating and advocating it needs accurate and unbiased information including facts and figures to determine the demand for services. A&A staff of the Maui County Office on Aging is able to gather reliable information and disseminate information as needed.
- The volume of service providers, programs and services with all their different qualifying requirements requires that the A&A staff be highly and regularly trained and updated in their knowledge of available resources.
- The administrative staff of the MCOA gathers information to provide technical support for service providers and to keep the aging network as well as legislators, businesses, and others in the community informed on the demographics and services for older adults in the community. This important information is shared with the A&A staff and contributes to their performance of their duties.
- Likewise, the information gathered by the A&A staff as they conduct their public contacts contributes to the administrative staff's ability to evaluate qualitatively the provision of services by contractors and aging network organizations.
- Other provider outreach to clients is generally much narrower in scope and clientele; A&A is more comprehensive and broad.
- The functions mandated to the MCOA such as advocacy, monitoring and assessing the quality, quantity, comprehensiveness of services, and

serving as the focal point of the aging network are enhanced by the hands-on provision of outreach.

- The provision of Information and Assistance by multilingual staff supports the purposes of the Older Americans Act and ensures access for all of Maui County's older adults, especially the economically and socially needy residing in rural areas and having limited English abilities.

This Exhibit must be renewed annually for each year the Area Agency wishes to provide any service directly.



## Public Hearing on Area Plan

A public hearing was held with notice on the island of Maui.

**Maui** - Friday, September 18, 2015, 3:00 p.m. at Cameron Center Auditorium, Wailuku

### Attendees-

#### Public:

1. Brian Hauser
2. Joe Gabel

#### MCOA staff:

1. Deborah Stone-Walls
2. Norma Circle
3. James Mariano
4. Vicki Belluomini

Hearing started at 3:15 p.m.

A brief PowerPoint presentation of the Area Plan summary and goals was given by Program Specialist James Mariano. Then testimony was opened to the public. A total of two testimonies were made and accepted.

### Testimony #1:

Brian Hauser, Director of Programs, Aloha Independent Living Hawaii

*"Aloha, I'd like to present testimony on the four year plan. This testimony is as a systems change advocate; specifically the area I would like to address on behalf of our neighboring island consumers. The Executive Office on Aging has a funding model in which they have equitable funding for each of the four county AAA. We recommend that all providers who are funded to provide services and equipment statewide, follow a model that provides equitable service provision to each county. We also strongly advocate for funding of long term care supports for people with disabilities regardless of age.*

We are excited to develop our partnerships with each of the county ADRCs through the No Wrong Door initiative. Although there may be a perceived scarcity of resources, we find that working with other entities allows for comprehensive provision of services for our consumers. Here in Maui County we've had the opportunity to work very closely with your agency [MCOA] and other partners throughout the county especially in rural areas.



The last piece of my testimony is that it is important is that we encourage professionals to live and work in each county so that they are able to provide ongoing services. I would also add that I would like to see in-home technologies be incorporated in the service planning and delivery so that participants can have better connections with people and resources not available on the island. *Mahalo.*"

Testimony #2:

Joe Gabel, Resource Developer, Aloha Independent Living Hawaii

"I would like to see that the plan include Universal design as a way of continuing to educate the community about this effort so that it becomes almost a regular part of our discussions when we talk about 'aging in place.'"

MCOA response:

Yes, we can include that item in our goals and objectives.

The hearing concluded at 4 p.m.



## Written Comments on Area Plan

None were submitted/received.



## Survey Findings

### Older Adult Survey Summary- 683 responses

#### **A profile of the typical older adults surveyed in Maui County**

The typical older adult participants were female, live alone and own their own home. The majority of individuals drive rather than use a bus, but believe the bus to be affordable. The majority have also heard of the Maui County Office on Aging and do not have someone that takes care of them. A large majority of those responding have no physical or mental disability and rate their overall health as good or very good. Many participants do volunteer work. The top four services they receive or use are transportation, activity programs and congregated meals and volunteer program. Those who use the services are generally satisfied with them. The main reasons given by others who do not use the services, don't feel the need, do not know what is available or cannot afford them. The older adult's surveyed rank the top five services in order of importance as transportation, information about services, meals (home delivered or group dining), housing, and homemaker/housekeeping services.

1. What is your age?

0-59	12%
60-69	33%
70-79	30%
80+	25%

2. Gender

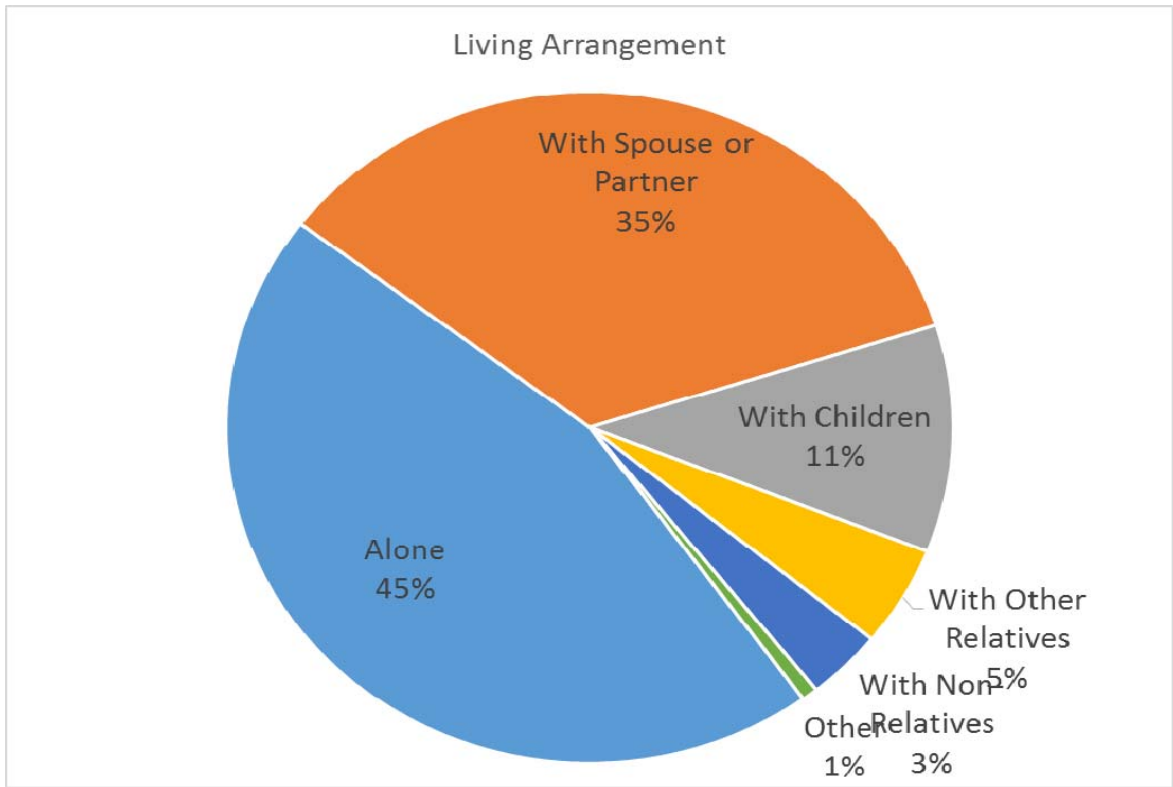
Female	75%
Male	25%



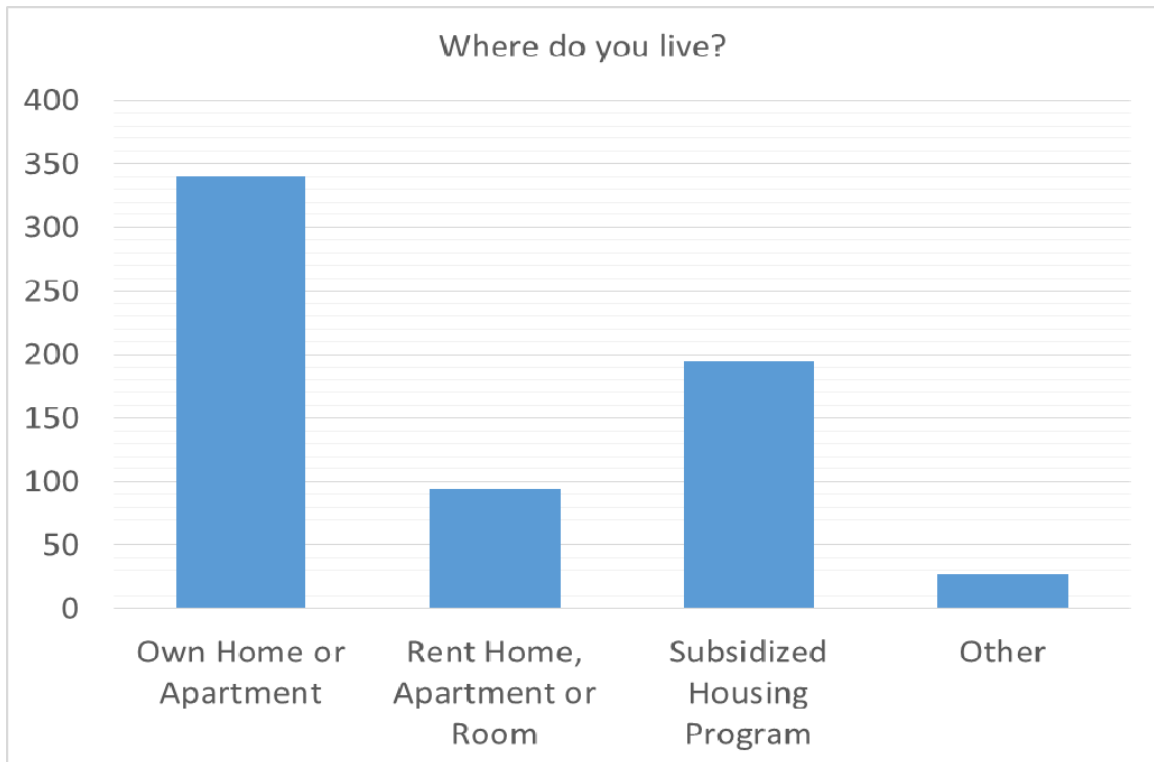
3. Town

56% of the respondents lived in Kahului or Wailuku. The remainder were from various places throughout Maui County including Moloka'i (5%), Lana'i (2%) and Hana (1%).

4. Who do you live with?



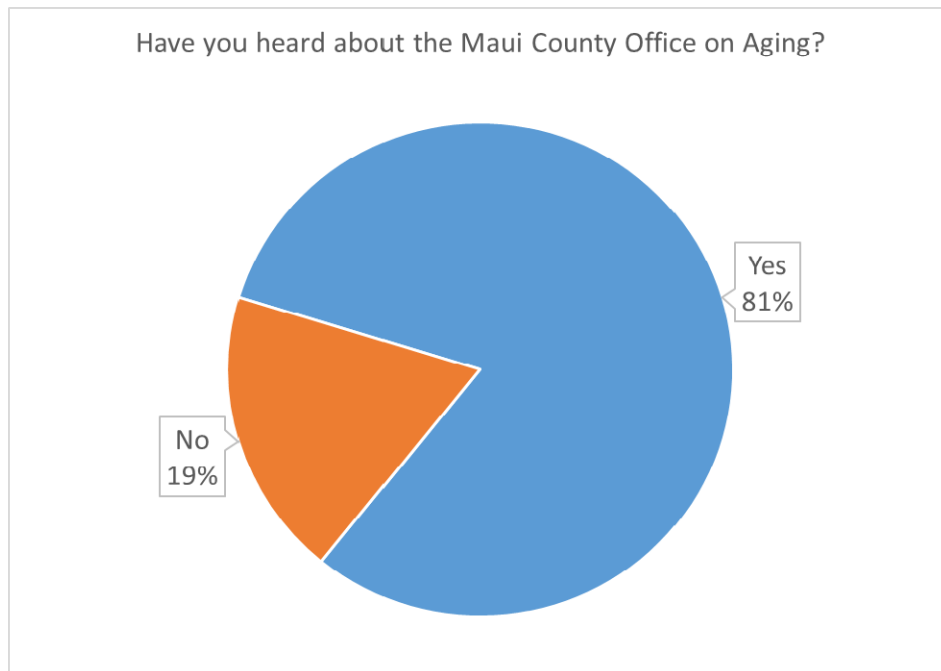
5.



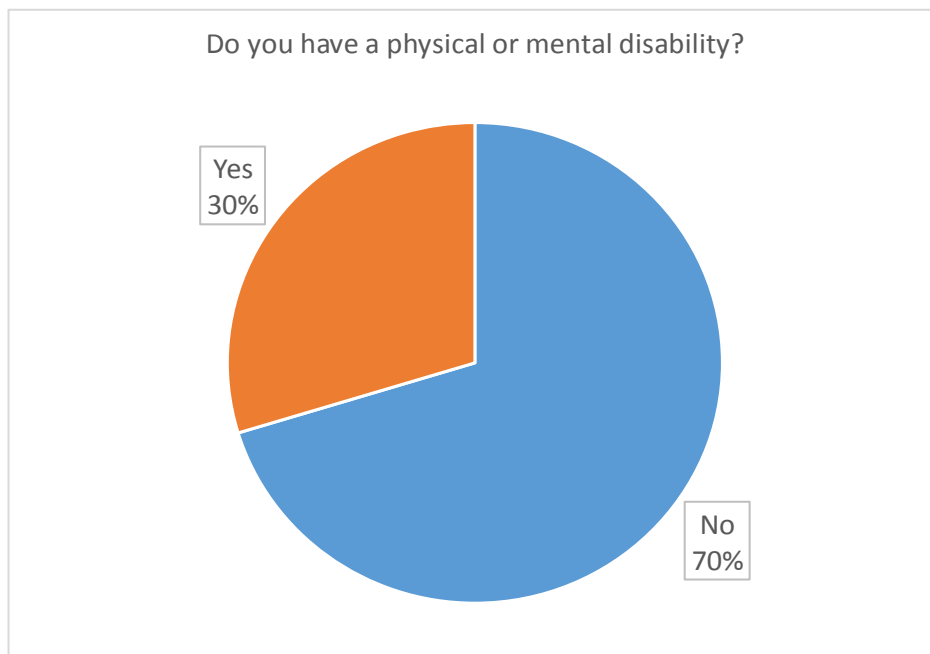
6. Types of transportation

I drive 50%  
Family or Friends provide 15%  
MEO Bus 12%  
Maui Transit (county funded) 7%  
MEO Paratransit 5%  
Kaunoha transportation 4%  
Volunteer agency 3%  
Wheelchair/scooter 3%  
Other 2%

7.



8.



9. Over the last 12 months how would you rate or describe your overall health?

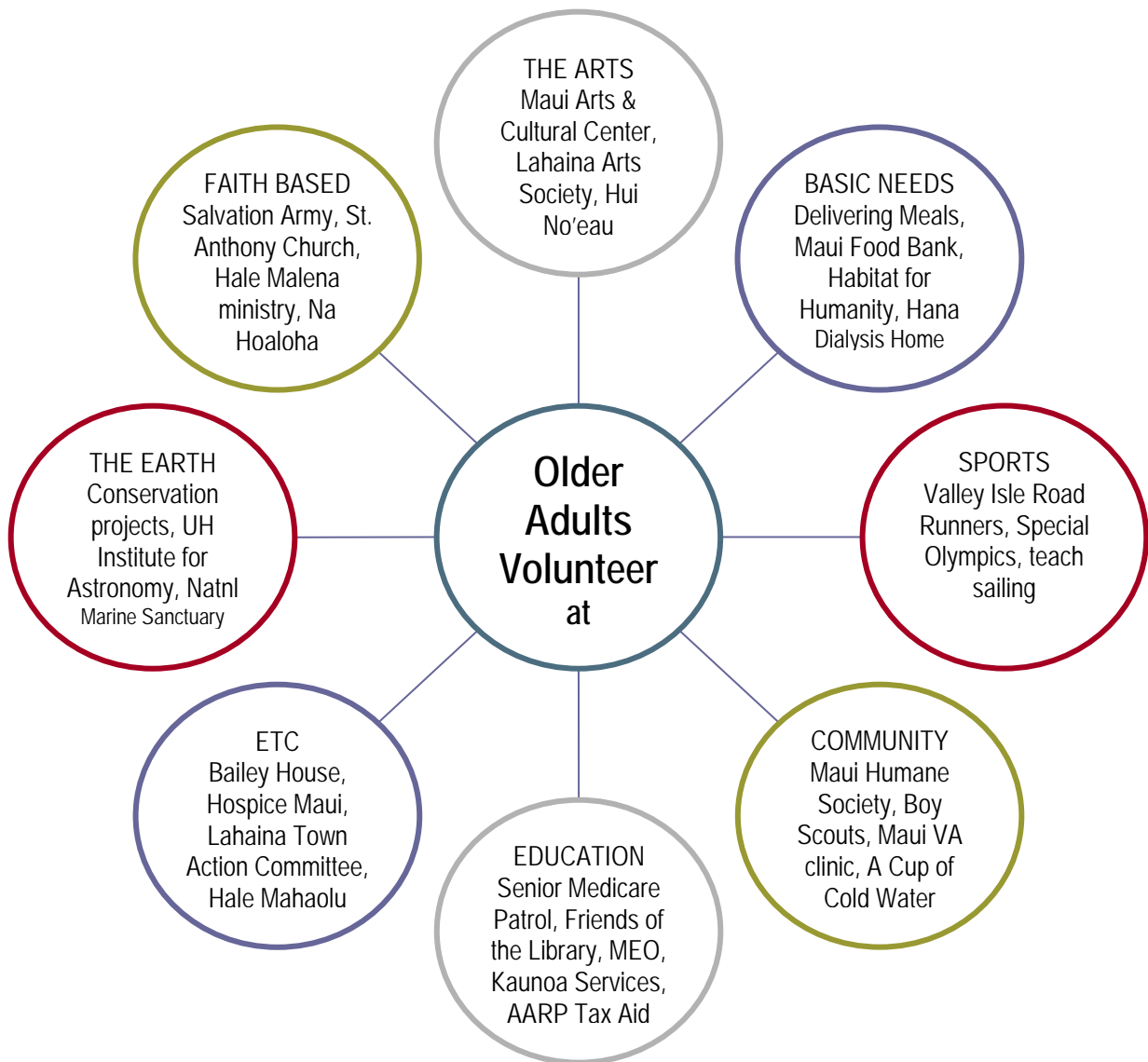
Most reported “**Good**” with “**Very good**” coming in 2nd

10. Do you volunteer?

No 58%

Yes 42%

If yes where do you volunteer? (Some of the answers that were given; list not exhaustive)



11. Services received or used in the last 12 months

- Activity programs 17%
- Information and referral services 14%
- Transportation Services 13%
- Congregate meals 9%
- Homemaker Services 8%
- Volunteer programs 7%
- Care Management Services 6%
- Legal Assistance Services 5%
- Personal care 4%
- Caregiver Counseling 4%
- Home delivered meals 4%
- Friendly Visiting program 3%
- Respite Services 3%
- Telephone reassurance 2%
- Adult day care 2%

12. Satisfied with services in Q 11

- Yes 95%
- No 5%



13. If haven't used services why?

- I don't feel I need services 43%
- I don't know what is available 20%
- I don't know how to get information 11%
- I can't afford to pay out of pocket 11%
- I don't want outsiders coming into my home 5%
- Other 4%
- I applied but was denied 3%
- Not available during the times I needed them 3%

14. Top 5 services ranked according to importance to older adults (weighted averages)

- 1. Transportation**
- 2. Information about services**
- 3. Meals (home delivered or group dining)**
- 4. Housing**
- 5. Homemaker/housekeeper**

6. Leisure activities
7. Adult Day Care/Day Health
8. Health promotion activities
9. Help with caregiving
10. Legal assistance



The remaining services in descending order of ranked importance: home repair/renovation, medication management, home safety, volunteer activities, financial/money management, bathing, senior employment, & retirement planning.







## Caregiver Survey Summary-186 responses

### **The profile of a typical caregiver in Maui County**

Survey results show that a typical caregiver in Maui County is female, married, between the ages of 40 and 69, retired, and has personal income from \$10,000-\$50,000. They are generally the primary caregiver for an elderly parent who lives in the same household. Over 79% of the population being cared for is over 70 years of age with 66% of that number being over 80 years of age. Most have been providing care for 1-5 years and receive care from other family members, but still provide care every day of the week. The majority either experience a lot of stress or a moderate amount. The main services provided by them are transportation, home management and shopping followed by medical help. The main reason they do not access community services are because they believe they can manage alone, cannot afford it or do not know what is available. The main issues of concern to them are financial, their own health and the future care of the care recipient. Many would like learning “hands-on” personal and medical care techniques. The majority named respite as their most needed support.

1. Gender:

Female 83% - Male 17%

2. What is your age?

0-39	6 %
40-59	41 %
60-69	35 %
70-79	15 %
80+	4 %

3. Marital status:

Married 55%  
Separated or Divorced 17%  
Never Married 14%  
Widow/Widower 9%  
Partnered with significant other 5%

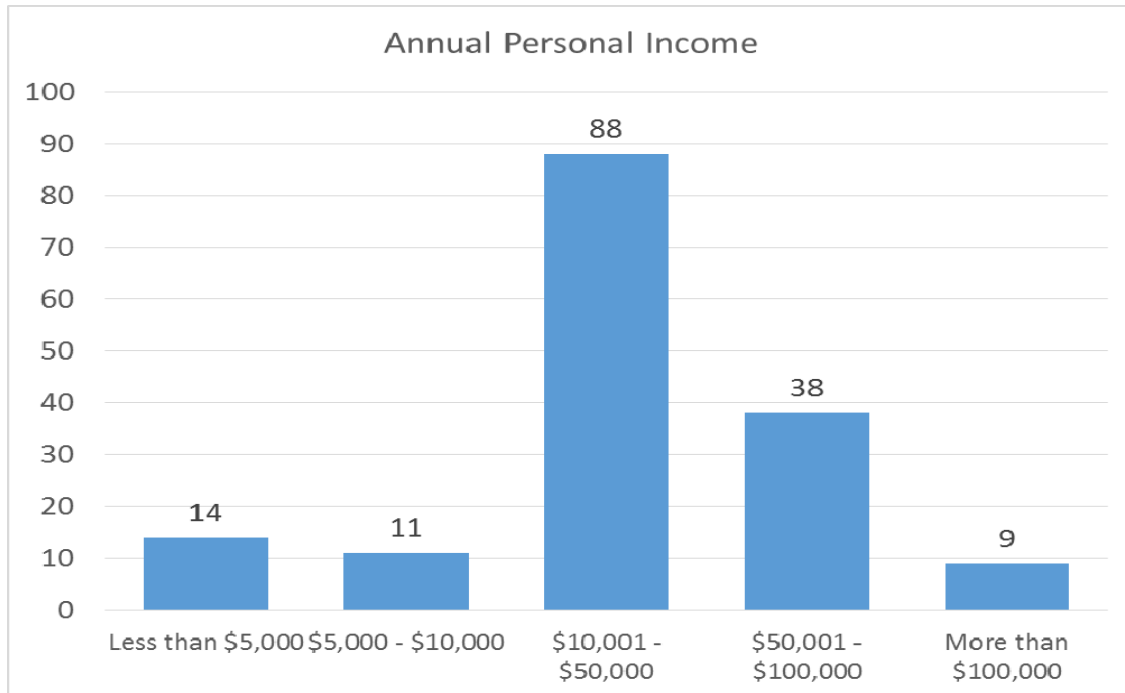
4. Employment Status

Retired 37%  
Full time 42%  
Part time 11%

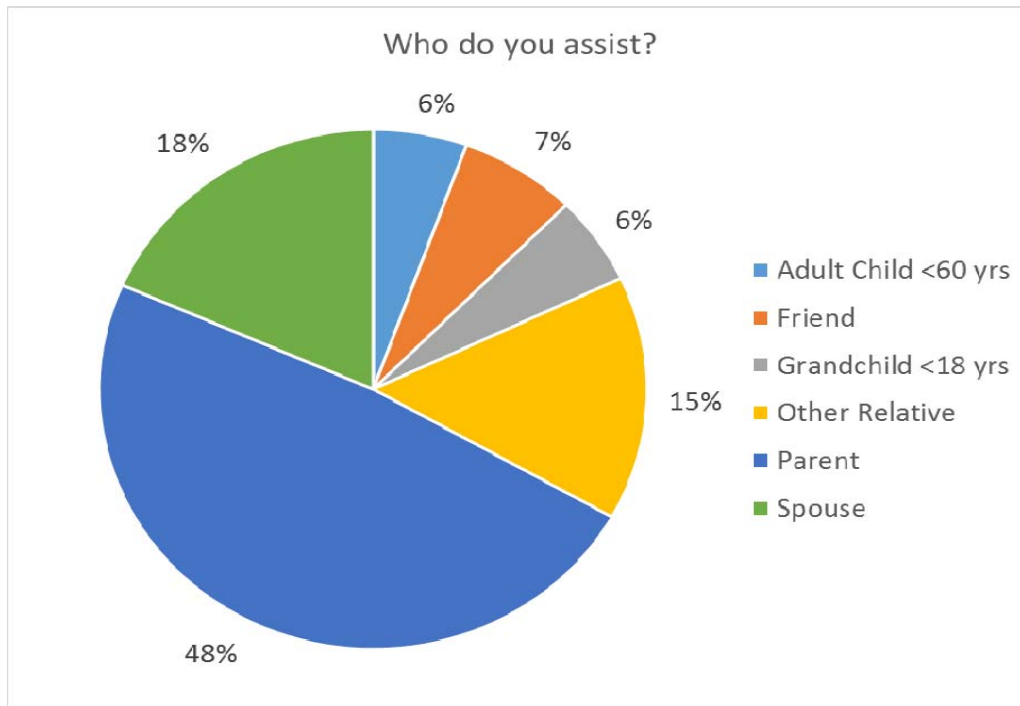


Not employed 6%  
Quit employment 4%

### 5. Personal Income



### 6. Who are you caring for?



7. How old is the person you care for?

0-39	5%
40-59	6%
60-69	7%
70-79	23%
80+	58%

8. Are you the primary or secondary caregiver?

Primary 66%  
Secondary 34%

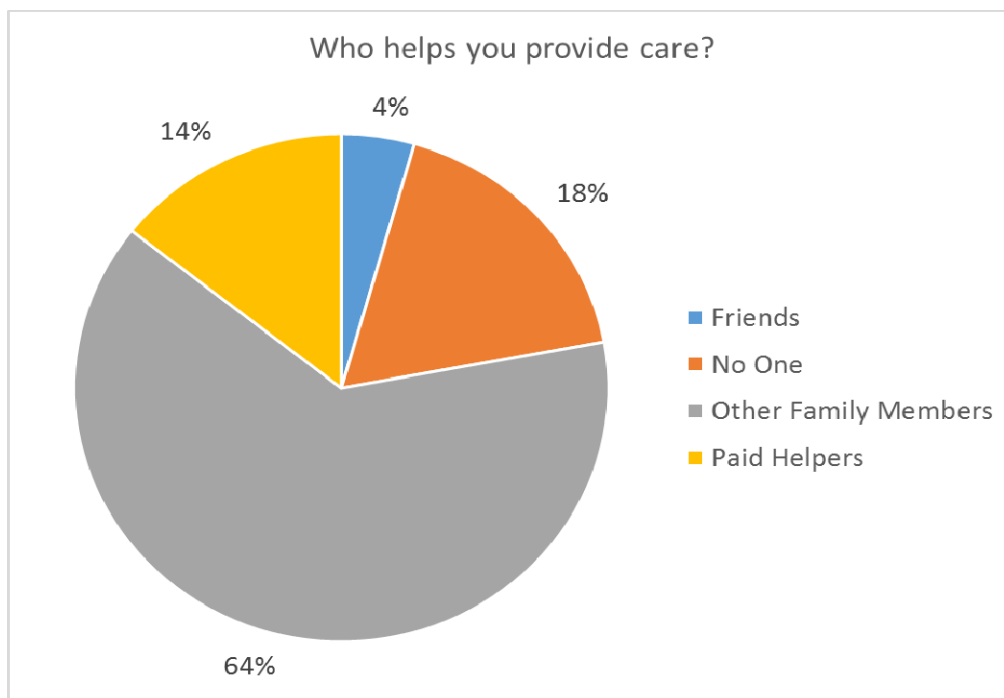
9. Do you live with the person you provide care for?

Yes 59%  
No 41%

10. How long have you been providing care?

< one year - 10%  
1 to 5 years - 49%  
6 to 10 years - 22%  
> 10 years - 19%

11.



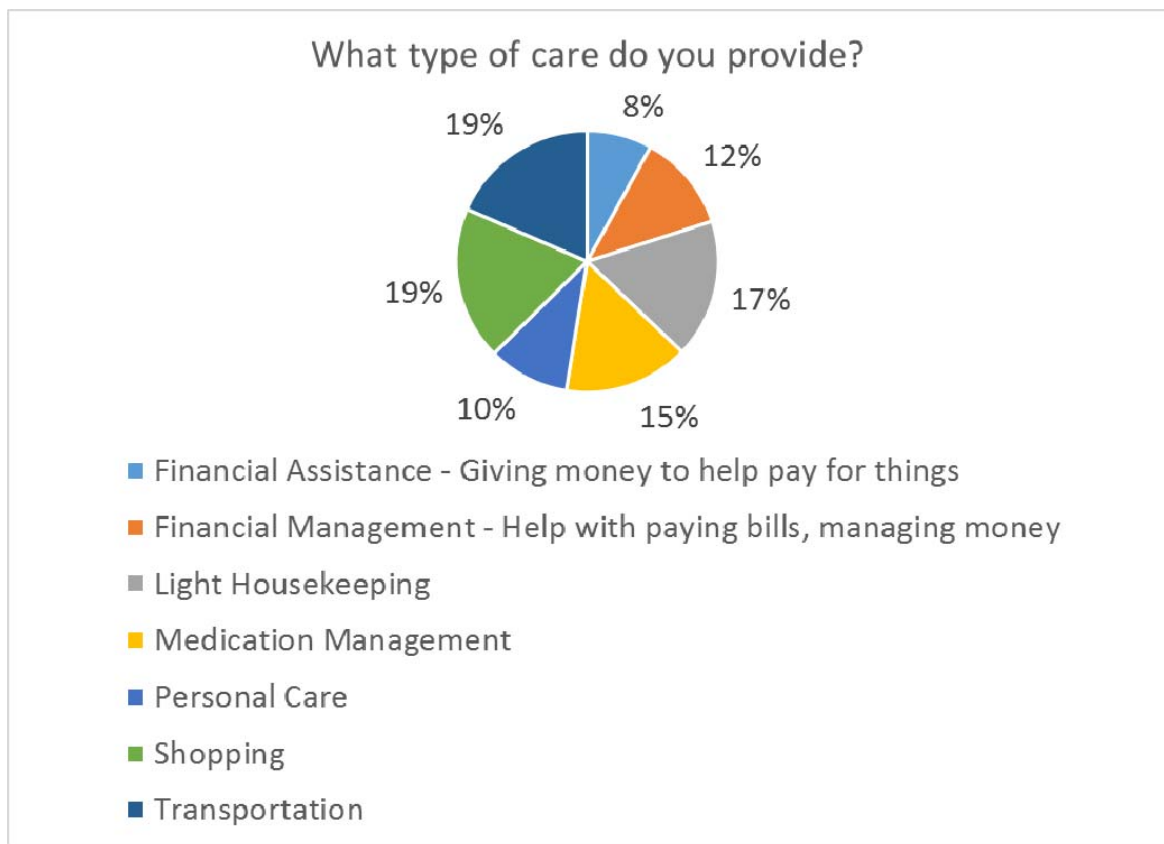
12. How often do you provide care during the week?

- Every day 66%
- 2-3 times per week 4%
- 4-5 times a week 13%
- Once a week 7%
- 6 times a week 4%

13. Stress level of the caregiver

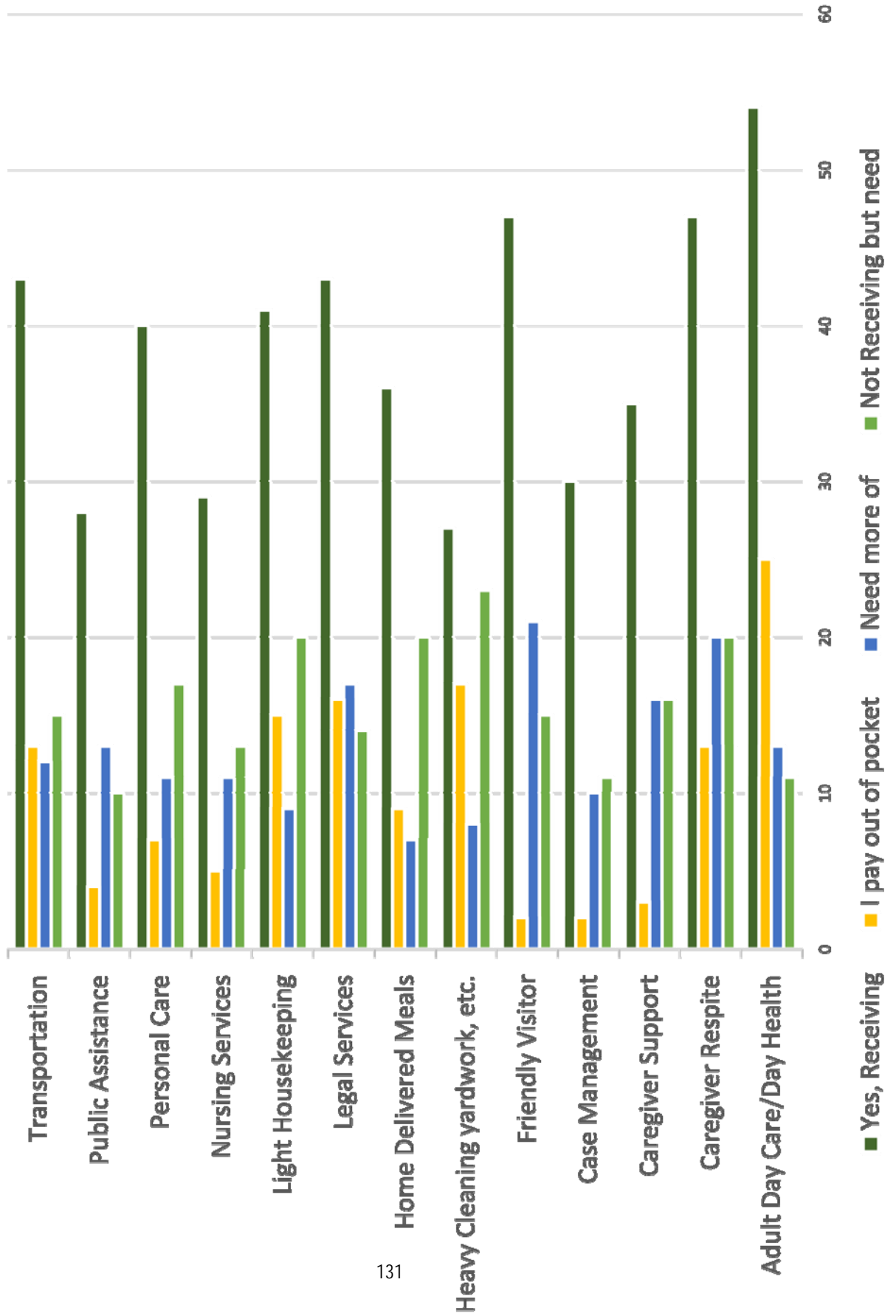
- Moderate 50%
- A lot 27%
- A little 19%
- None 4%

14.



15. Which services do you receive? See next page.

## Services Summary



16. Main reasons for **not** using community agency services

- Can manage for now 27%
- Don't know what's available 17%
- Can't afford to pay out of pocket 15%
- Other 11%
- Not available during times I need it 8%
- Don't want outsiders in the home 8%
- Applied but was denied 8%
- Don't know how to get services/info 7%

17. What issues concern you as a caregiver?

- My Health 16%
- Future care of care recipient 14%
- Financial challenges 13%
- Accepting disability of person you are caring for 10%
- Family conflict/other family members not helping out 10%
- Legal matters 8%
- End of life issues 7%
- Have own family to care for 6%
- Reluctance of care recipient to accept services 6%
- Other <1%

18. What kinds of support would help you or other caregivers?

- Respite 16%
- Hands-on care techniques 13% (personal and medical care)
- Support groups 12%
- Counseling 11%
- Legal Assistance 10%
- Family dynamics/conflict 10%
- Financial planning 10%
- Education workshops 9%
- End of life issues 7%
- Other 2%





## Regional Focus Group Summaries

[Central - East Maui - Lana'i - Moloka'i - South Maui - Upcountry - West Maui]

Background: Several focus group meetings or 'talk-story' sessions were held throughout the county from May to June 2015. A total of 50+ individuals were invited to participate in the sessions as organized by the Maui County Office on Aging. The characteristics of group members included but not limited to: kupuna, adult from growing ethnic group, caregivers, community leader, someone receiving Kupuna Care services, someone who doesn't receive Kupuna Care services, someone on Medicaid, Veteran status, Professional, long time resident, new resident/transplant, retiree status, grandparent raising grandchildren.

- 1) Of the services known, which do you feel are the most important to seniors, people with disabilities, and their caregivers? Why?



The word cloud generated by all the responses from the groups reveal that 'services,' 'meals,' 'transportation,' 'health,' 'respite,' 'caregivers,' 'Kaunoha,' 'Resources, and 'education' are the most prominent as far as importance.

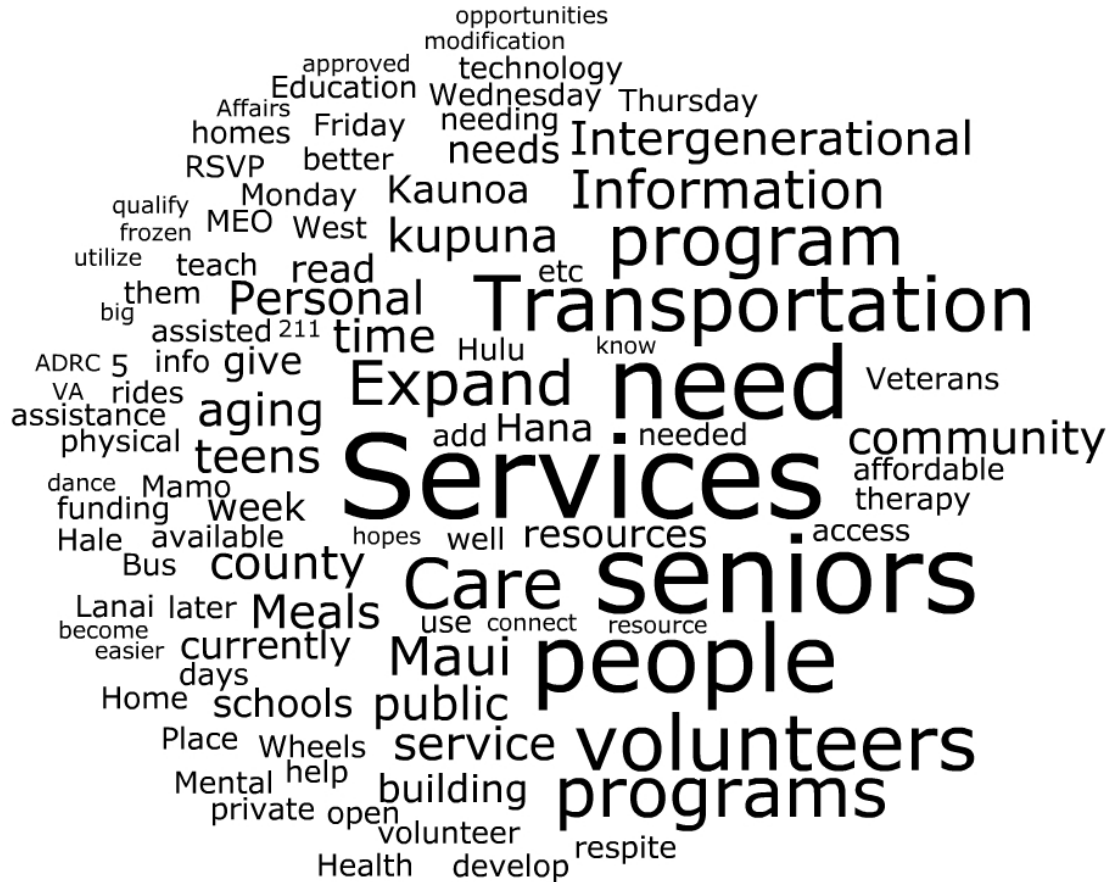
## 2) What are some needs that are not being met? What is it that way?

- Apathy towards aging, needing to find ways to get people to think more/plan for aging. Maybe a generational difference or may be one caused by reliance on technology
- Funding cuts seniors detrimental especially when it comes to meeting basic needs (food, shelter, medicine, etc.)
- Improved dissemination information regarding available services in different sectors due to changes in services or people who have the knowledge (quite, move, etc.)
- Overnight care for a loved one- Respite care
- Transportation- More drivers, assisted transportation, needs easier qualify as well as be more affordable or free
- Homemaker Services- More services in West Maui, more frequent services (1x per week), more workers needed
- Meals-on-Wheels- Services beyond Kahana, more volunteers, a West Maui kitchen frozen meals.
- Volunteers- need more of them to go walking, read with and visit seniors. People to call. Contact schools. Expand existing volunteer programs- give better incentives/ appreciation
- Support Group- need to reach more people
- Home modification programs and building Aging in Place homes
- 211 for Maui- to connect to RSVP about resources, the ADRC hopes to become this resource, utilize people in Maui county and community that know about resources
- Mental Health services for Veterans- from the time they get out to when/if they are approved for Veteran Affairs (VA) services
- Dental program- expand to include everyone from preventative to dentures
- Transportation- expand to have Upcountry routes and to more rural areas
- Kaunoha Escort- assistance with transportation
- Volunteers- expand our use of them to engage with technology
- Hospice Residential program
- Personal Care Attendants- need a one stop shop to look for and hire them, such as a personal care registry that could be run through the info desk at the county building with RSVP volunteers



- Veterans as volunteers- ask Vets about interest in volunteering in community or coordinating with other volunteer programs (there was a program like this on Lana'i, but it ran into obstacles)
- Intergenerational programs- utilizing seniors in schools as mentors/tutors
- Offer classes practical skills caregivers. safely help elderly disabled person fall, proper techniques of transferring
- Identify people who live alone social isolation emergencies
- MEO transportation- at least 5 days a week (currently Monday, Thursday Friday to Hana and Wednesday to Keanae) expand hours (leave Kahului to return to Hana at 4pm or later to allow more time for Dr's appointments and errands). need more in-town rides Hale Hulu Mamo to Kaunoa
- Kupuna Care- add personal care, chore services, increase Meals on Wheels delivered meals to 5 days a week for lunch and dinner. Also, add a Friday congregate meal service (currently have Tuesday and Thursday service from Kaunoa and Monday and Wednesday from Hana Health)
- Hale Hulu Mamo- need it to be open on Saturdays would be nice if it were open later
- Educating personal safety
- Bus service- more assisted transportation, bus stations closer to homes, better accessibility for seniors
- Senior housing
- Telephone Reassurance program- education needed
- Affordable respite care time banking

3) Which services need to be expanded or created? Can you share ideas on how to do that?



The word cloud generated from the responses to this question looks very similar to the responses to the question about what is important to seniors, caregivers and people with disabilities. The frequency of such words like services, seniors, people, volunteers, programs, transportation, information, care illustrate the basic needs that humans have to remain social, interactive, engaged with the world and doing something. The quality of life becomes much more distilled and often with great means necessary to preserve this.

- Medical providers need assistance in knowing the resources in the community
- Consideration to Kalama Heights residents with regard to being able to access Kupuna Care services

- Do a Welcome Wagon- new people personally greeted given info community availability of overnight care/respite
- Transition Program- a service in-between Congregate Dining and Adult Day Care with reasonable fees.
- Transportation- Reduced-fare or free pass for seniors and people with disabilities
- Revive PACE [Program for All Inclusive Care] program
- Create a “Kupuna Clubhouse” for seniors who don’t like the idea of going to adult day care, but who are not eligible for congregate dining because of functioning limitations
- Private business needs created to offer adult programming, activities and supervision. Perhaps in a private home

### CENTRAL MAUI

- Caregivers retreat- annual or semi-annual. Offer respite for caregivers, information about what to expect and about resources. Could be a day-long event or a two-day event with one day of training and the other pure respite
- Expand support groups if needed to maintain the in between times of meetings
- PACE program- reinstate the one like Hale Makua had except with less restrictive guidelines and limited barriers to entering it. Need to highlight the positive features of the program for people to want to make use of it
- Purposeful environment for people with Dementia- less institutional-like settings needed, without restraints or chemical sedation if possible
- Senior Playground- like the ones in Europe, for fun and to facilitate good health. Could be good for people who have Sundowner’s syndrome/effect
- Geriatric mental health service: having a psychologist or psychiatrist on island
- New strategies to engage people in volunteerism
- Studying the needs/challenges of those who are aging in prisons
- Studying medical marijuana benefits for those whose overall health could benefit from its controlled use

### LANA’I

- Home Care
- Ophthalmologist
- Travel companion program (concierge service) for medical travel off island. Could create a sign up list

### MOLOKA’I

- Errands and shopping transportation service
- Support groups- for caregivers and family members to discuss and learn about issues/challenges (ex. Dialysis, relatives, etc.)

- Local directory of services
- Education/awareness about resources in aging, caregiving and disabilities
- Transportation to airport for off island trips
- Education for younger generations regarding aging issues
- Legal assistance, education and guidance for kupuna, caregivers and family members about financial protection and consumer awareness in order to prevent exploitation and empower the individual to make the right choices and set up wills, trusts and do estate planning.
- Discussions about legal issues/planning at the family level while the kupuna has capacity are very needed/important.
- Establish a community advocacy program, such as with an ombudsman (advocate)
- Friendly visitor program
- Education and awareness for 50-year olds- helping them become aware of aging issues so they can better plan for it
- Website- for all of Moloka'i with updated resources
- Nursing home- with skilled nursing
- Need an agency representative to better monitor the services kupuna regarding getting in-home services, such as chore services and personal care services
- Program to teach youth how to malama and respect their kupuna
- Caregiver respite, support program

### **EAST MAUI**

- Hale Hulu Mamo- provides day care services. Maui Adult Day Care Center (MADCC) has a plan for this: set up a task force, already secured a location and is working with Hale Mahaolu at this time
- Need a Hale Mahaolu home that includes services across the lifespan and allows caregivers to live with recipients
- Hospice Services- need these services in Hana (nurses, education, support, respite, etc.)
- Certified caregiver training
- Home Health Agency/services needed in Hana

### **UPCOUNTRY**

- Neighborhood linkages- neighbors in communication so that if someone needs help there is a way to share that need and find someone to provide that help. Could be through a phone tree. Need an "injury prevention watch" to watch out for possible hazards at people's homes and to keep an eye out for people who are injured that need assistance

- Education Upcountry regarding whom to call in the event of different types of emergencies. For example, some people will call a neighbor or friend if they fall, but might not think to call 911
- Adult Day Care Upcountry- some people have to drive all the way downtown and back each day to attend
- Computer Recycling Program- is currently being worked on. University of Hawaii students could refurbish computers and then help people set them up to use the internet for socialization, Dr.'s appointments, in-home monitoring, etc.

### **SOUTH MAUI**

- Educate and recruit individuals to provide affordable care services in private homes
- Respite (perhaps caregivers can find a way to exchange their services)
- More programs for seniors to be able to do at home so that they are not lonely or bored
- Collaborations and partnerships in the community to help reach and teach each other (intergenerational, preparing for aging, mentoring)
- Emergency preparedness- mutual aid agreements within the community
- Provision of services for people with disabilities with regard to independent living

**4) Tell us your plans or concerns regarding natural or man-made disaster/threats to you and your community.**

### **WEST MAUI**

- This group wanted more education and awareness about updated emergency shelters and processes to help them in such an event.

### **CENTRAL MAUI**

- Media access- need education, create opportunities for initial learning
- Knowing where to go- clients and self
- Information publicly accessible about what to do in such an event
- Meals on Wheels has a disaster plan, knows who lives alone, would help transport these people. In a tsunami, the staff have plans to get agency cars and bring them upcountry and to Hana to use to get people out of danger. The staff have access to food
- Call neighbors to help with family member/s until they could get to them
- Call family to pick up person who needs care
- Keep a list of what to have at home

- Fear of emergency radio not working- so many stations that it's difficult to find a local station
- Have a shelter in place kit, car kit and toiletry kit. Need to remember to recycle food, water, medicines, etc.
- Feel safer having knowledge

### LANA'I

- Address the many language barriers
- Community Health Center has a plan that is a work in progress. Are looking at leveraging their resources. Has a radio as a means of communication
- Use word of mouth about plans/resources
- Would share with others and be self-sustaining
- Most people do not have a plan
- Want some civil defense guidance from the state or county in regards to disaster preparedness

### MOLOKA'I

- Not getting word out successfully to families of kupuna about resources available
- Kupuna not staying connected to family members and children off island
- Some local agencies have plans in case of fires
- Agency plans need shared with general public through poster boards and churches
- Use 'coconut wireless' and neighbors helping neighbors in an emergency
- Sometimes tsunami sirens go off at wrong time and don't work when they are needed
- We need to discuss plans for kupuna- how to reach them and transport them to disaster shelters ensuring they have their medicines, special needs equipment and that they are comfortable and safe

### SOUTH MAUI

- Neighbors keeping track of each other
- Memorandums of agreement need to be in place among the organizations and groups in the community so that they know how to properly act and utilize resources when the time of need comes
- Annual community resource/service staff training- so everyone knows what is available, qualifications, etc.
- Information not being disseminated to people
- Public does not know county plans. Civil Defense has a plan, but has not shared the information. It is not enough to post it in the phone book

- Texting alert on cell phones would be nice to use to notify people of emergency instructions
- Need a list of people who may need assistance and determine who would be responsible for maintaining it

### EAST MAUI

- Need more people trained as first responders since they are so isolated.
- Tsunami sirens in Hamoa don't work
- Need updated phone tree/contact information
- Need for more organized individual planning as well as a community plan
- Annual update and education needed
- Drumming- could be a way of communicating with neighbors in a disaster situation

### UPCOUNTRY

- Watch TV/listen to radio regarding shelter locations and event updates
- Cannot hear the tsunami sirens- not such a big deal Upcountry though except evacuees come into their community and leave behind their trash and create mess
- Have designated people to call on the mainland/other islands
- Have an escape plan in a fire
- Would contact county offices
- Telephone books have some disaster information
- Need to check on our isolated neighbors
- Use MEO buses if needed

**5) What else would you like to share about growing older, living with a disability or being a caregiver?**

### CENTRAL MAUI

- Hearing what others have been through and had to say
- Findings
- Merging of services for seniors and people with disabilities
- Ideas generated - what's needed and where we can volunteer

### MOLOKA'I

- Make sure each island is recognized as its own entity
- Will share what I learned about different programs
- Everyone should take care of the plans for funerals in the family

- Our kupuna need help now!!!
- It's nice that our concerns are being recognized
- How important it is to get input from each island
- If this momentum continues perhaps there is potential for a comprehensive community plan
- There are very active groups and individuals interested in and actually helping Kupuna

### **SOUTH MAUI**

- Get more people involved
- Valuable activity
- Worthwhile



***Mahalo and credits:***

Thank you to all who were involved in the development of this Area Plan.

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***“Ola i ke ahe lau makani”***

*There is life in a gentle breath of wind- a Hawaiian adage*