

**REPORT TO THE TWENTY-FOURTH LEGISLATURE
STATE OF HAWAII
REGULAR SESSION OF 2008**

**PURSUANT TO SECTION 349-5(b)(2) HAWAII REVISED STATUTES
REQUIRING THE EXECUTIVE OFFICE ON AGING TO PROVIDE AN
ANNUAL EVALUATION REPORT ON ELDER PROGRAMS FOR THE
GOVERNOR AND TO THE LEGISLATURE**

**Prepared by
State of Hawaii
Department of Health
Executive Office on Aging
December 2007**



A Message from the Director

“Ua Mau Ke Ea O Ka Aina I Ka Pono.” These familiar Hawaiian words constitute the motto of the State of Hawaii and signal that truly we believe “The Life of the Land is Perpetuated in Righteousness.” Part of that pledge to righteousness is an unwavering commitment to our *kupuna*, the seniors among us who are gracing our *aina* in their golden years.

The Executive Office on Aging (EOA) recognizes that it is not only our obligation but also our privilege to do all we can as a State and as an *ohana* to ensure that our *kupuna* are respected, cherished, and honored. They are the roots which keep us grounded in these times of rapid change; they are the conscience of our community; and they are the bearers of wisdom and keepers of the ancestral memory.

I take this moment to extend a sincere *mahalo* to the countless number of residents of Hawaii who every day contribute to the quality of life of our *kupuna*. EOA takes seriously its role in supporting meaningful activities and significant services for our *kupuna*, in supporting caregivers, and in assuring that the days of our *kupuna* are long and overflowing with life, love, and aloha. Our commitment is to the twin pillars of meaningful living: namely, it is as important to add life to one’s years as it is to add years to one’s life.

A heartfelt *mahalo* is also due to our Governor Linda Lingle, her cabinet, and all of the other members of the Administration who strive to ensure our *kupuna* receive the very

best. Our *ohana* is more than government, but it no doubt includes all those who serve, whether elected or appointed, whether for a term or as a civil servant. It takes many paddlers to move a canoe forward.

Managing the receipt, distribution, and proper oversight of millions in federal and state dollars is part of EOA's responsibility to live up to our State motto. EOA is steadfast in empowering older people, their families, and consumers to make informed decisions about existing health and long-term care options. Government must do all it can to give our *kupuna* opportunities to remain in their own homes with a high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers. We seek to equip our *kupuna* with the tools and opportunities to stay active and healthy through services and benefits. We take seriously the protection of our *kupuna* – to prevent their abuse, neglect and exploitation. And we are striving every day to maintain effective and responsive management and oversight of all services offered to *kupuna* through various vendors and partnerships.

The following is an overview of the efforts of EOA to make Hawaii the premier place for our *kupuna* to enjoy their golden years.

“E Loa Ke Ola” – May Life Be Long!

Noemi Lynn Pendleton, MBA
Director
Executive Office on Aging

Executive Summary

During SFY 2007 (July 1, 2006 to June 30, 2007), the Executive Office on Aging (EOA) continued to address the mandates of the Older Americans Act (OAA) and the goals of the Hawaii State Plan on Aging (2003-2007). The following is a brief discussion of these goals and the actions taken towards them.

A. Older adults make informed decisions through accurate information

- The area wide programs and services of the State Plan, established in each county, function as a source of information for older adults. The Information & Assistance (I&A) component disseminates information through individual and group meetings, seminars, and forums, as well as radio and television broadcasts. The I&A staff provided 62,676 contacts to older adults.
- Two programs within EOA assist older adults to make informed decisions through accurate information: 1) SMP Hawaii (formerly Sage Watch) uses volunteers to inform older adults and family members about health care fraud and abuse and how to detect and prevent them from occurring; and 2) Sage PLUS uses volunteers to help members, their families, caregivers, and professionals understand the benefits of the Medicare program. These projects recruited and trained about 163 volunteers.

B. Older adults are able to live independently in their homes for as long as possible

- Helping older adults live independently in their homes for as long as possible is the underlying purpose for the development and maintenance of the comprehensive and coordinated system of service for older adults. Again, the area wide programs and services of the State Plan established in each county function as the major resource for meeting this goal. The KUPUNA CARE (KC) program and Older Americans Act (OAA) or Title III provided services to an estimated 10,281 older adults statewide.

C. Family caregivers have supportive programs and services that address their needs to enable them to continue giving care

- Caregiving is mentally and physically demanding, and caregivers can easily burn out. This was acknowledged by AOA when the National Family Caregiver Support Program (NFCSP) was included as part of the OAA 2000 amendments. Services were provided to 1,751 caregivers.

- The Caregivers Resource Initiative Project (CRI) continued to promote self-advocacy among caregivers and coordinated a system of statewide caregiver support through the Hawaii Family Caregiver Network.

D. Older adults and family members are informed of elder rights and benefits

- SMP Hawaii informs older adults and family members about health care fraud and abuse and how to detect and prevent them from occurring. With a focus on the Medicare and Medicaid programs, the project recruited and trained 103 volunteers, the Senior Fraud Squad (SFS), to reach out to older adults. In addition, the project established working relationships with ALU LIKE, Inc. and Kokua Kalihi Valley. These are significant accomplishments, because the native Hawaiians and the Southeast Asian immigrants, whom these organizations serve and represent, are among the older adults who are most vulnerable to fraud and abuse.
- The Sage PLUS program is a peer-based volunteer information giving and counseling service that helps members, their families, caregivers, and professionals understand the benefits of various health insurance programs including Medicare Part A, B, C, and D, Medigap, Medicaid, prescription drug programs and others. The program participated in 65 health fairs throughout the State, including Molokai and Lanai to inform elderly persons of their Medicare benefits. Another accomplishment of the program is the establishment of monthly counseling in each county involving the Social Security Administration and the area agencies.
- The Long Term Care Ombudsman Program (LTCOP) identifies, investigates, and resolves complaints made by or on behalf of residents of long term care facilities. The program opened 141 cases which totaled 214 complaints. All cases have been resolved except 6, which will carry over to the following reporting cycle.

E. Public and private sectors and the community work together to address existing and emerging issues

- The Healthy Aging Project - Empowering Elders (HAPEE) works towards improving the health status of Hawaii's elderly through two programs: Enhanced Fitness (EF) and Chronic Disease Self-Management Program (CDMSP). In order to accomplish this, HAPEE enters into partnership with the aging network, public health programs, government, private sector, and the general community.
- EOA's CRI Project sponsored the 3rd Annual Holo Imua Kakou (Moving Forward Together) Legislative Reception in January 2007. The focus was on raising the

awareness of caregiver issues of Legislators and showcasing personal care giving stories.

It should be noted that the Policy Advisory Board for Elder Affairs (PABEA), advisory to the Director of EOA, is an essential part of EOA's endeavor towards meeting this goal. PABEA members come from the public and private sectors, as well as from the general community. Ex-officio members represent State departments that work with EOA on matters pertaining to aging. The other PABEA members, appointed by the Governor and approved by the Senate, are private citizens who are sixty years or older, including participants of the aging network. At least one member comes from each county.

Some of PABEA's accomplishments for the year are:

- The Legislative Committee conducted weekly meetings. Together with grass roots input, the legislative committee worked for the passage of several laws. (See Appendix 1 for the bills that passed.)
- The Plans and Project Review Committee participated in EOA's strategic planning process and provided advice to EOA in the preparation of the FY 2008- FY 2011 State Plan, which was subsequently approved by AoA.
- The Awards and Recognition Committee planned and hosted the annual luncheon recognition of Hawaii's outstanding older adults at Washington Place in May 2007.

This year's Older Americans Honorees are as follows:

Kauai: Mrs. Ramona M. Naka'ahiki
and Mr. Herman Paleka;

Honolulu: Mrs. Caroline K.Y. Tom
and Mr. Ken Chun;

Maui: Mrs. Anita T. Yamafuji
and Mr. Eugene K. Lehua;

Hawaii: Mrs. Vivian Mae V. Moku
and Mr. Joshua Akana.

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Part I. Background Information

A. Mission of Title III

The mission of Title III of the Older Americans Act (OAA) of 1965, as amended in 2006, is to promote the development and implementation of a State system of long-term care that is comprehensive and coordinated to enable older individuals to receive long-term care at home or in community-based settings. OAA prescribes the manner in which the system is to be developed, e.g., through collaboration, coordination, and implementation of services responsive to the needs and preferences of older individuals and their family caregivers.

Under OAA, the Administration on Aging of the U.S. Department of Health and Human Services (AoA) heads the aging network at the national level. Each State must designate a State Unit on Aging (SUA) to carry out this mission at the state level. Chapter 349, HRS, created the Executive Office on Aging (EOA) and authorized it to carry out the mission in the State of Hawaii.

B. The State Aging Network

The OAA requires EOA to divide the State into planning and service areas (PSAs) and to designate area agencies on aging (henceforth, area agencies) for each PSA. The area agencies have the responsibility of carrying out the Title III mission at the respective local levels.

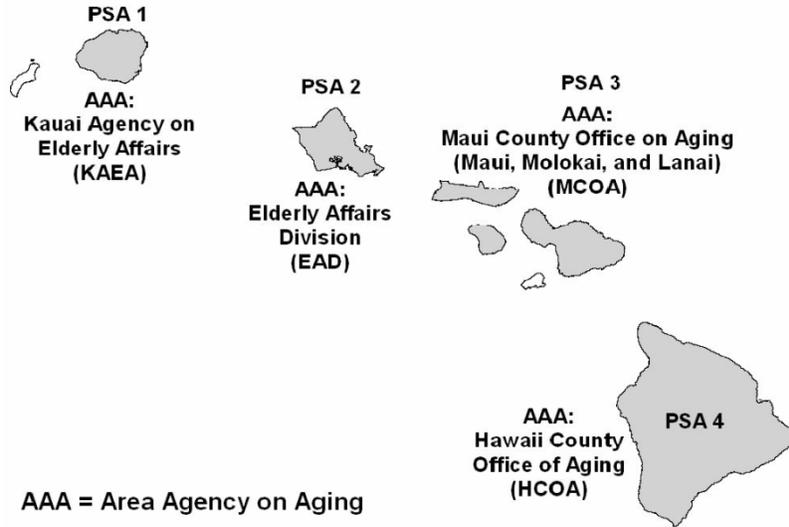
EOA has designated four PSAs and the following as the area agencies for the respective PSAs:

- County of Kauai: the Kauai Agency on Elderly Affairs (KAEA),
- City and County of Honolulu: the Honolulu Elderly Affairs Division (HEAD),
- County of Maui*: the Maui County Office on Aging (MCOA), and
- County of Hawaii: the Hawaii County Office of Aging (HCOA).

* Kalawao County, administered by the Department of Health, is included as part of the County of Maui for purposes of Title III.

Figure 1

Planning and Service Areas (PSAs)



C. State Plan on Aging

In order for Hawaii to be eligible for Title III funds, EOA must submit to AoA a four-year State Plan on Aging for approval. The Plan must contain the four sub-state plans, or area plans, developed by the area agencies. Just as the AoA-approved State Plan is the basis for award of Title III funds to EOA, the EOA-approved area plans are the basis for EOA's awards to the area agencies.

The State plan includes the program and services administered by EOA and funded by both federal and State funds. EOA administers programs and services directly when they have statewide application, when they are for demonstration purposes, or when required by law.

All programs and services are under EOA's general oversight and are integral parts of the comprehensive and coordinated system of services and the State plan.

The State plan addressed by this annual report was for the previous 4- year Federal Fiscal Year period October 1, 2003 to September 30, 2007. This annual report covers the fourth year of the State plan up to June 30, 2007 to coincide with the state fiscal year (SFY), which begins on July 1, 2006 and ends on June 30, 2007.

The goals were:

- *Older adults make informed decisions through accurate information.*
- *Older adults are able to live independently in their homes for as long as possible.*
- *Family caregivers have supportive programs and services that address their needs to enable them to continue giving care.*
- *Older adults and family members are informed of elder rights and benefits.*
- *Public and private sectors and the community work together to address existing and emerging issues.*

D. Funding Levels

EOA’s total operating budget composed of state and federal funds was \$14,467,345 and is presented in Table 1 below.

Table 1. EOA’s State and Federal Funding for SFY 2007

Source	SFY 2006	%	SFY 2007	%
State	\$6,301,597 (1)	46.30%	\$7,023,625 (2)	48.55%
Federal	\$7,141,320	53.63%	\$7,443,720	51.45%
Private	\$9,000	.07%	n/a	n/a
Total	\$13,451,917	100%	\$14,467,345	100%

(1) *Includes Act 236 funds for Grants in Aid.*

(2) *Includes Act 262 funds to support CRI and expand KUPUNA CARE services.*

Table 2 presents state and federal funds allocated to the area agencies. State funds include funds for KUPUNA CARE, Act 262 (SLH 2006), senior centers, and elder abuse. Federal funds include funds from OAA, Nutrition Services Incentive Program (NSIP), Healthy Aging Partnership - Empowering Elders (HAPEE), and Aging and Disability Resource Center (ADRC). (See Table 2 on the next page.)

Table 2. State and Federal Funds Allocated to Area Agencies for SFY 2007

Area Agency	State Funds	Federal Funds	Total
Kauai Agency on Elderly Affairs (KAEA)	\$662,997	\$595,075	\$1,258,072
Honolulu Elderly Affairs Division (HEAD)	\$3,604,101	\$3,232,709	\$6,836,810
Maui County Office on Aging (MCOA)	\$776,845	\$825,300	\$1,602,145
Hawaii County Office on Aging (HCOA)	\$738,362	\$1,237,387	\$1,975,749
Total	\$5,782,305	\$5,890,471	\$11,672,776

Part II: Services, Programs, and Special Initiatives

A. Services

The following service utilization data were provided by the four area agencies. It should be noted that the data, where available, are estimates and are subject to the following limitations:

- Federally funded services, such as information and assistance and outreach, do not require registration of recipients. Many contacts occur anonymously through the telephone, making registration inappropriate. Without registration, it is not possible to have a reliable estimate of the number of individuals who have received the services. Consequently, these individuals are not counted. An asterisk (*) in the “Persons Served” column in the following tables means data is unavailable.
- Multiple services provided to one person may lead to an overestimation in the total number of persons served. For example, while a person is counted only once for a service, a person who receives multiple services may be counted multiple times; thus, duplicated counts are produced in the total number of persons served.
- A service may be funded by multiple funds. For example, home-delivered meals are funded by the State, OAA, the County, private foundation or grants, and program income from participants. It is difficult to attribute service utilization data to a specific funding source or to distinguish which source of funds paid for which unit of service.
- The accuracy of any data is subject to the reliability of the data collection, tabulation, and inputting processes.

In SFY 2007, state and federal funds provided services to an estimated 10,281 older adults. Of the 10,281 older adults, 1,691 were adult, informal family caregivers of older adults (age 60+) and 60 were grandparents or older individuals, age 55 years and older, who were caregivers to related children under age 18 or to related individuals with a disability up to age 59.

Some of the highlights of major services are:

- Family Caregivers and “Grandparents and Older Individuals who are Relative Caregivers.” The purpose of these services is to support and provide relief to family

caregivers of older adults as well as to grandparents or older individuals, age 55 and over, who are caregivers to related children or to related individuals with a disability.

Table 3. Family Caregiver Services and Persons Served

Services	Persons Served	Units of Services
Counseling, Support Groups, Training	1,393	257 Sessions
Respite Care	321	26,279 Hours
Supplemental Services (1)	57	449 Requests

(1) Supplemental services include home modification, assistive technology, emergency response systems, incontinence supplies, legal assistance, transportation etc. not available through any other funding.

Table 4. “Grandparents or Older Individuals Age 55+ Who are Relative

Services	Persons Served	Units of Services
Counseling, Support Groups, Training	53	36 Sessions
Supplemental Services	60	78 Requests

Caregivers” Services and Persons Served

- Access Services. The purpose of access services is to provide information about resources and link older adults to resources or needed services in the community. These services include information and assistance (I&A), outreach, case management, and assisted transportation. (See Table 5 on the next page.)

Table 5. Access Services and Persons Served

Services	Persons Served	Units of Service
(I&A)	*Not Available	33,611 contacts
Outreach	*Not Available	29,065 contacts
Case Management	1,688	30,374 hours
Assisted Transportation	59	1,554 trips

- Home and Community-Based Services (HCBS). The purpose of HCBS services is to help older adults remain in their home for as long as possible. These services include personal care, homemaker, adult day care, and chore.

Table 6. HCBS Services and Persons Served

Services	Persons Served	Units of Service
Personal Care	785	48,401 Hours
Homemaker	515	14,357 Hours
Adult Day Care	115	24,783 Hours
Chore	172	1,023 Hours

- Nutrition Services. The purpose of nutrition services is to ensure elderly persons receive meals that are compliant with the nutrition requirements of AoA and to provide an opportunity to older adults to socialize, learn new things, enjoy recreational activities, receive nutrition education, and obtain access to other support services like shopping assistance, transportation etc.

Table 7. Nutrition Services and Persons Served

Services	Persons Served	Units of Service
Home Delivered Meals	3,575	461,316 meals
Congregate meals	4,517	307,514 meals

B. Elder Abuse Prevention and Elder Rights Programs

Through Title VII of the OAA, state funds, and other federal funds, EOA coordinates with and facilitates the development of an elder abuse prevention and elder rights response system. The system includes public awareness activities, I&A and outreach services, the Long-Term Care Ombudsman Program (LTCOP), SMP Hawaii, protection and advocacy programs, Sage PLUS, Office of Health Care Assurance (OHCA), consumer protection, and State and local law enforcement agencies. The system is intact and continues to improve at the local level.

- Long-Term Care Ombudsman Program (LTCOP). LTCOP started out in 1975 as a demonstration project under the Older Americans Act (OAA). As a result of the demonstration, the Legislature amended Chapter 349, HRS in 1979 to authorize EOA to investigate and resolve long term care complaints. In 2007, the legislature passed a bill to create the Office of the Long-Term Care Ombudsman within EOA, which was signed into law by Governor Linda Lingle on May 24, 2007.

The LTCOP has accomplished the following:

- Opened 141 cases which totaled 214 complaints. All cases have been resolved except 6, which will carry over to the following reporting cycle.
- Received approximately 933 volunteer hours from 30 certified Volunteer Ombudsman Representatives.
- Provided consultation and assistance to 1,377 individuals and 336 consultations to facility staff, as well as other health care, legal and other professionals; spoke at 44 resident councils and 19 family councils; and visited with residents in 10 adult residential care homes and all 10 assisted living facilities.
- Met with the residents of every nursing and assisted living facility on every neighbor island except Lanai and Molokai.
- Participated as a regular member of the Senate Task Force on Elder Abuse and Neglect and is now a member of its replacement, the Kupuna Caucus.
- Worked with the DOH, DHS and the Office of the Public Guardian on various issues affecting residents of care homes, assisted living facilities and nursing facilities, including successfully advocating for an increase in the personal needs allowance from \$30 to \$50/month for each adult residential care home and nursing home resident.

- SMP Hawaii. SMP Hawaii (formerly Sage Watch) is one of 57 federally funded Senior Medicare Patrol projects located in every state, the District of Columbia and Puerto Rico. SMP Hawaii uses volunteer retired professionals to work in their communities, educating and empowering beneficiaries to take an active role in the detection and prevention of health care fraud and abuse with a focus on the Medicare and Medicaid programs.

SMP Hawaii has accomplished the following:

- Executed an agreement with ALU LIKE, Inc. to provide outreach to native Hawaiian communities throughout the State. Advisory councils have been established in each county to organize educational meetings, fraud training, and outreach strategies.
 - Executed an agreement with Kokua Kalihi Valley (KKV) to provide outreach to Southeast Asian and Pacific Islander communities. KKV's staff has attended SMP Hawaii's training and has conducted similar presentations in various languages. Translations of fraud preventive brochures and other printed material observing cultural sensitivity have been done in Samoan and Ilocano and more translations are being planned.
 - Conducted a survey of family caregivers to assess their needs in fraud prevention and dissemination of fraud preventive education materials for family caregivers. A video message for local TV broadcast is pending completion.
 - Recruited 103 volunteers for the Senior Fraud Squad (SFS) to serve as an outreach and educational arm to the senior community in partnership with the local police. These senior volunteers, culturally diverse, were trained by members of law enforcement and consumer advocacy groups.
- Sage PLUS. Sage PLUS, known as the Hawaii State Health Insurance Assistance Program (SHIP) at the federal level, is funded by the Centers for Medicare and Medicaid Services. Sage PLUS uses its statewide volunteer network to provide peer counseling services to help older adults, their families, caregivers, and professionals understand insurance benefits. Information is provided regarding Medicare (Part A, B, C, and D), Medigap, Medicare Advantage, Medicaid, prescription drug programs, long-term care insurance, and advance health care directives. The volunteers also assist the clients in comparing health and drug plans, in enrollment, in writing appeals for denied services, and in referrals to other agencies when appropriate.

Upon request, the volunteers do presentations to community organizations and other interested groups of individuals age 60 and over.

Sage PLUS has accomplished the following:

- Provided 29 Educational Seminars for community members in both rural and urban areas and 10 Medicare Trainings for Professionals Statewide.
- Participated in 65 Health Fairs and Medicare Part D comparison and enrollment events in both Rural and Urban Areas, including Molokai and Lanai.
- Participated in the Native Hawaiian (Na Pu'uwai) Health Fair;
- Provided update training to 56 volunteers Statewide and completed annual review and certification of the volunteers.
- Arranged for monthly counseling availability in each county through partnership with Social Security and the area agencies.
- Conducted trainings in each county for volunteers and professionals on Medicare updates.
- Translated Part D materials into Korean, Japanese, and Chinese.

C. Special Initiatives - Community Partnerships.

- Caregiver's Resource Initiative Project (CRI). In 2001, EOA executed a contract with the University of Hawaii-Center on Aging (UH-COA) in response to the OAA 2000 Amendments, which authorized the National Family Caregiver Support Program (NFCSP). UH-COA would provide CRI staff to meet the new demands placed on EOA by the federal government to develop support systems, services, and products for informal (unpaid) caregivers. Thus, CRI supports family caregivers by promoting and fostering a statewide, coordinated approach in addressing the needs of caregivers.
- CRI has accomplished the following:
 - Sponsored the 3rd Annual Holo Imua Kakou (Moving Forward Together) Legislative Reception in January 2007. The focus was on raising awareness of caregiver issues to Legislators and showcasing personal care giving stories.

- Developed the Family Caregiver Resource Kit for Businesses and distributed it statewide. AARP, the area agencies, and EOA were the primary sponsors of the Kit. Subsequent funding came from the Hawaii Community Foundation's "Mo Bettah Together" Grant.
- Conducted Caregiver's Day at the Capitol in March 2007. Caregiver Day consisted of over 40 exhibit tables, a legislative luncheon, scheduled meetings with legislators, an 8-page color insert in the Honolulu Star-Bulletin, and voluntarily staffing KHON's Action Line on caregiver issues.
- Received \$5,000 in February 2007 from the National Alliance for Caregiving to pay for caregiver awareness activities.
- Participated on the advisory committee for KHON's Elderhood Project and for KGMB's Genius of Aging Project.

CRI is also responsible for administering EOA's grant from the Brookdale Foundation's Relative as Parents Program. This program supports grandparents and other relatives who are surrogate parents. Under this grant, CRI has the following accomplishments:

- Assisted the QLCC (Queen Liliuokalani Children's Center) and Child and Family Services on Kauai to expand their Tutu Support Groups for grandparents raising grandchildren to East and West Kauai, and
 - Assisted Hi'i Na Kupuna, Maui's caregiver coalition, to continue its support group for another year.
- Healthy Aging Partnership - Empowering Elders (HAPEE). In 2003, EOA called upon the four area agencies, DOH Community Health Division, UH-COA, and service providers to build the aging network's evidence-based programming capacity. HAPEE is a result of this initiative.

EOA was awarded a three year grant of \$750,000 from AoA beginning on September 30, 2006 through July 31, 2009. Under the grant, EOA is obligated to: develop the infrastructure and partnership for evidence-based intervention; follow the Stanford University CDSMP model; and develop and implement a plan for the continuation of the program after the conclusion of the grant period.

HAPEE established two evidence-based programs developed by Stanford University and introduced on the national level: The Chronic Disease Self-Management Program (CDSMP) and The Enhanced Fitness (EF) Program.

CDSMP trains people to be confident in controlling their chronic symptoms. It is a six-week training program, consisting of one session of 2 ½ hours a week. The program focuses on building skills, sharing experiences, and group support.

EF is an exercise program consisting of stretching, flexibility development, balancing, low impact aerobics, and strength building. The program runs 16 weeks, three 1-hour classes a week.

HAPEE has the following accomplishments:

- Facilitated Kapiolani Community College's classes at Kahala Nui.
 - Held CDSMP team training at ALU LIKE, Inc. and Hale Mahaolu on Maui.
 - Held two EF programs in Pahoehoe and at Auntie Sally's site in Hilo.
 - Contracted with Dr. Kathryn Braun and Michiyo Tomioka from the University of Hawaii to provide evaluation support to ensure that the programs are implemented with fidelity, e.g., true to the original program design and outcomes. They are working closely with the National Council on Aging and staff with the EF and CDSMP programs.
- Aging and Disability Resource Center (ADRC). In 2005, EOA received \$800,000 a federal grant from AoA and the Centers of Medicare and Medicaid Services to develop ADRCs in Hawaii over the following three years. The UH-COA provides staff to coordinate the ADRC development in Hawaii through a contract with EOA. The project is part of a national effort to establish single entry points to long-term care resource, inclusive of the Medicaid program. ADRCs are locally based with the area agencies at the helm.

The ADRC project has the following accomplishments:

- Continued to assist HCOA in the development of the former Sun Sun Lau Restaurant in Hilo as the ADRC site. The ADRC will house major service providers from the aging and disability communities including the state Department of Human Service.
- Continued to assist HEAD in the development of a virtual ADRC site on Oahu.
- Received recognition nationally as a program that demonstrates the principles of AoA's strategy to rebalance and modernize health and long-term care for

older persons and those with disabilities. The project is posted in the AoA's website (www.AoA.gov).

Part III. Future Challenges and Plans

Goals in the State plan signify EOA's commitment and dedication to serve the elderly population in the State of Hawaii. They are the guiding posts for all directions and actions taken by the State aging network. As this report has shown, all programs, projects, and services in the network have been consistent with the goals in SFY 2007.

For the new four-year State Plan approved by AoA for the period October 1, 2007 to September 30, 2011, EOA has adopted the theme "Designing Livable Communities for an Aging Society." The theme reflects a renewal of EOA's commitment to give the highest priority to the target groups and their caregivers. The goals are:

- *Hawaii's communities have the necessary economic, workforce, and physical capacity for an aging society;*
- *Older adults and their caregivers have access to information and an integrated array of health and social supports;*
- *Older adults are active, healthy, and socially engaged;*
- *Families are supported in caring for their loved ones;*
- *Older adults have in-home and community-based long term care options; and*
- *Older adults are ensured of their rights and benefits and are protected from abuse, neglect, and exploitation.*

Appendix 1

Bills and Resolutions Affecting Older Adults Passed by The 2007 Legislature

- Direct Services to Older Adults and their Family Caregivers (S.B. No. 1916). Provides much needed respite for families by appropriating \$1 million to expand the KUPUNA CARE Program and for direct services for family caregivers. Services provided by KUPUNA CARE are for older adults who cannot live at home without adequate help from family or formal services, and include as adult day care, assisted transportation, attendant care, case management, chore, home delivered meals, homemaker, and personal care.
- Access to Long-term Care Resources (S.B. No. 1916). Supports the development of the Aging and Disability Resource Center by appropriating \$530,000 for its management information system, telephone system, consumer education and outreach campaigns, evaluation, staff training, and statewide coordination of the project.
- Joint Legislative Committee on Family Caregiving (S.B. No. 1916). Provides leadership to support families who are caring for their elderly relatives by extending the life of the Joint Legislative Committee on Family Caregiving (JLCFC) to June 30, 2008; requiring the JLCFC to explore establishing a paid family leave program under the State's Temporary Disability Insurance law; and conduct needs assessment of older adults and their family caregivers.
- Financial Assistance to Family Caregivers (S.B. No. 1916). Requires the Executive Office on Aging to research a cash and counseling program and conduct a cost-benefit analysis of a family caregiver refundable tax credit.
- Coordination of Family Caregiver Support Services and Policies (H.B. No. 500). Ensures that families will have affordable, readily available, high quality, comprehensive services and policies that are coordinated across all care settings by appropriating \$160,000 to the Executive Office on Aging to coordinate caregiver support services and policies statewide.
- Family Leave (S.B. No. 1833). Requires that only an employee can elect to use accrued paid leave, including vacation, personal, or family leave, when using some or all of their four-weeks of family leave.

- Inventory of Respite Services (H.C.R. No. 187). Requests the Legislative Reference Bureau to study respite care policies and programs in other states and the Executive Office on Aging to conduct an inventory of respite care services in Hawaii.
- Needs Assessment (S.B. No. 1916). Requires the Executive Office on Aging to conduct an assessment of the issues facing, and the needs of, grandparents raising grandchildren in Hawaii.
- Supportive Policies (S.B. No. 1916). Expands the scope of the Joint Legislative grandchildren.
- Pedestrian Safety (S.B. No. 1191). Appropriates funds to work with nonprofit organizations and the counties to take steps for immediate action to make crosswalks and roadways safer.
- Adult Protective Services (H.C.R. No. 188). Requests the Legislative Reference Bureau to study other states' adult protective services and compare them to Hawaii's adult protective services.
- Reporting Cases of Elder Abuse (H.C.R. No. 140). Requests the Department of Human Services to collect data and report statistics related to cases of abuse of vulnerable adults
- Personal Needs Allowance (S.B. No. 1182 and H.B. No. 928). Establishes a needs allowance for residents of care homes and long-term care facilities.
- Long-term Care Ombudsman (H.B. No. 807). Establishes an Office of the Long-term Care Ombudsman and its duties within the Executive Office on Aging.
- Lower Costs for Prescription Drugs (H.B. No. 10). Makes rebate agreements between drug manufacturers and the Department of Human Services mandatory.
- Violations Committed Against Elders (H.B. no. 1336). Protects Hawaii's older adults from financial abuse by adding enhanced civil and administrative penalties for securities violations committed against elders; and providing additional sanctions for violations by mortgage brokers and solicitors committed against elders.
- Sales of Annuities (S.B. No. 1008). Provides the suitability or solicitations and recommendations on the sale of annuities.

- Financial Abuse (S.B. No. 1400). Requires financial institutions to report suspected financial abuse against elders to the Department of Human Services and to require DHS to report suspected financial abuse to the proper authority over cases it does not have jurisdiction.
- Long-term Care Insurance (S.B. No. 1410). Adds consumer protections on long-term care insurance to comply with federal law and national standards.
- Pre-paid Funeral and Cemetery Plans (H.B. No. 1337). Provides additional protections for consumers of pre-paid cemetery and funeral plans, including disclosure requirements and continuance of contract after delinquency.

Appendix 2. How to Contact the State Aging Network

Executive Office on Aging

No. 1 Capitol District
250 So. Hotel Street, Suite 406
Honolulu, HI 96783-2831
Ph: (808) 586-0100
Fax: (808) 585-0185
Email: eoah@doh.hawaii.gov

LTCO Ph: (808) 586-0100

Sage PLUS Ph: (808) 586-7299

Toll Free: 1- 888-875-9229

SMP HAWAII Hawaii (808) 586-7281

Toll Free: 1-800-296-9422



Kauai Agency on Elderly Affairs

4444 Rice Street, Suite 330
Lihue, Hawaii 96766
Ph: (808) 241-4470
Fax: (808) 241-5113
Email: elderlyaffairs@kauai.gov



Honolulu Elderly Affairs Division

715 So. King Street, Suite 200
Honolulu, HI 96813
Ph: (808) 768-7700
Fax: (808) 527-6895
Email: information@elderlyaffairs.com



Maui County Office on Aging

2200 Main Street, Suite 547
Wailuku, Maui 96793
Ph: (808) 270-7774
Fax: (808) 270-7935
Email: aging@mauicounty.gov



Hawaii County Office of Aging

101 Aupuni Street, #342
Hilo, Hawaii 96720
Ph: (808) 961-8600
Fax: (808) 961-8603
Email: hcoa@hawaiiintel.net
Kona
75-5706 Kuakini Highway, #106
Kailua-Kona, HI 96740
Ph: (808) 327-3597
Fax: (808) 327-3599
Email: hcoakona.hcoa@hawaiiintel.net

