

COUNTY OF MAUI
Department of Housing and Human
Concerns
Maui County Office on Aging
An Area Agency on Aging

Four-Year Area Plan on Aging

October 1, 2019 - September 30, 2023

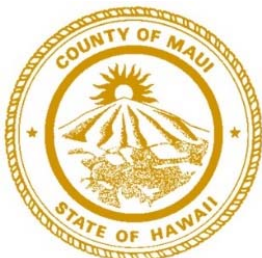


Table of Contents

Acknowledgements.....	3
Cover page	4
Verification of Intent	5
Executive Summary	6
Orientation to Area Agency on Aging	7
Common Acronyms	9
Part I – Overview of the Organizational Structure and Pertinent Demographics	11
Overview of the Aging Network	11
Chart 1 Administration on Aging Organizational Chart	12
Chart 2 State Network on Aging Organizational Chart	14
Mission, Vision, and Organization of the Maui County Office on Aging	14
Staffing of Agency and Organizational Structure	15
MCOA Advisory Groups	16
Activities of the Area Agency	16
MCOA Plan Development Process	19
Overview of the Aging Population	22
Hawai'i vs U.S. Elderly Trends	22
Life Expectancy	23
County Differences in Life Expectancy	23
Women Live Longer Than Men	24
Maui Population Trends	25
Geographic Changes in Maui County Population.....	26
Ethnic Composition	26
Health Status of Older Adults on Maui	27
Poverty Among Older Adults on Maui	28
Number of Chronic Conditions	28
Dementia and Alzheimer's—Facts, Figures, and Areas of Concern.....	29
Early Dementia Screening: “A Check-Up From the Neck Up”	30
Caregivers in Maui County	31
Grandparents and Other Relative Caregivers in Maui County.....	33
Volunteerism Among Maui's Older Adults	34
Existing Programs and Services	36
Community Focal Points and Multi-Purpose Senior Centers	38
Map of Community Focal Points, Multi-Purpose Senior Centers, and Nutrition Sites	39

Congregate Nutrition Sites and Home-Delivered Distribution Centers	40
Capacities of Hospitals and Specialty Care Beds for Calendar Year 2016	42
Maui’s Diverse Communities	43
Part II – Framework and Recommendations	52
Framework / The Older Americans Act.....	52
Hawaii’s Initiatives	53
External Influences	54
The Social Determinants of Health	54
Targeting of Services	56
Part III – Summary of Goals, Objectives, and Action Plans	57
Summary of Goals and Objectives	58
Summary of Action Steps, Outcomes, and Effectiveness Measures for all Goals and Objectives.....	61
Goal 1	61
Goal 2	64
Goal 3	67
Goal 4	70
Goal 5	73
Part IV – Funding Plan	77
Allocation Plan and Service Outputs	78
Minimum Percentages for Title III B Categories of Services Outputs	80
Part V – Evaluation Strategy	81
Appendices	82
Assurances of Compliance (A, B, and C).....	82
Staffing and Responsibilities	94
Glossary	97
Waiver to Provide Direct Services.....	106
Public Hearing on Area Plan	108
Written Comments on Area Plan	113
Survey Findings.....	114
Older Adult Surveys	114
Caregiver Surveys	123
Regional Focus Group Summaries.....	132
Mahalos and Credits.....	139

ACKNOWLEDGEMENTS

In the Hawaiian language, the word *lōkahi* carries deep meaning. *Lōkahi* represents harmony and unity and is embodied by collaboration and cooperation. *Lōkahi* often signifies the value of teamwork. *Lōkahi* is an excellent way to describe the manner in which the staff of the Maui County Office on Aging (MCOA) joins together with each other and the community in working to create this Four-Year Area Plan on Aging.

Mahalo to the team that directly participated in crafting MCOA's Four-Year Area Plan on Aging for 2019-2023. 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 also extended to the entire staff of the MCOA Division for their input into the plan and for managing the daily operations with compassion, competence, and an emphasis on person-centeredness. With *lōkahi*, MCOA employees engage collaboratively with program participants to work together improving quality of life and preserving dignity.

We further thank members of our Aging Network, including our advisory board, and the 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.

MCOA wishes to acknowledge the unprecedented support we experience from other Maui County Departments; our Director, Deputy Director, and fellow Divisions; the Mayor and his administration; and all of our elected officials.

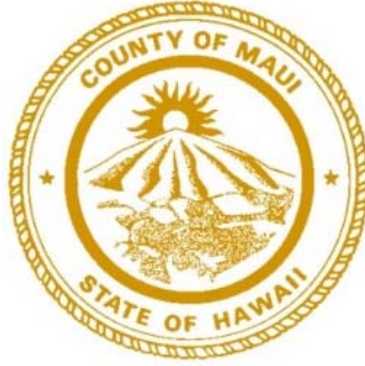
Finally, all of us express our gratitude for the older adults of Maui County, individuals with disabilities, and family caregivers who allow us into your homes and lives on a daily basis. You inspire us to come to work each day with purpose and intent.

Mahalo,



Deborah Stone-Walls
MCOA Executive on Aging





FOUR-YEAR AREA PLAN ON AGING

October 1, 2019 - September 30, 2023

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

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, 2019 through September 30, 2023.

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.

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

8-19-19
Date

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

Signed 
Lois Prey, Chair
Council on Aging


8/19/19
Date

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

Signed 
Lori Tshako, Director
Department of Housing and Human Concerns

8/19/2019
Date

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

Signed 
Michael P. Victorino, Mayor
County of Maui

8/19/2019
Date

Executive Summary

The four-year Area Plan on Aging, that covers the federal fiscal period from October 1, 2019 through September 30, 2023, 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 planned strategies and approaches to provide an appropriate and coordinated system of services that fully supports the well-being of Maui County residents. The carefully developed array of supports and services detailed within these pages demonstrates the foundational belief that Maui County Seniors deserve the opportunity to age with the grace and dignity encompassed in the Hawaiian value known as 'aloha.'

In keeping with the commitment to honor choice, independent living, and dignity, the State of Hawaii and all four County Area Agencies on Aging (AAAs) have embraced the following five goals to guide the Maui County Office on Aging (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;**
- **Strengthen the statewide ADRC (Aging and Disability Resource Center) system for person with disabilities, older adults, and their families;**
- **Enable people with disabilities and older adults to live in their communities 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 for Community Living's continued progress towards rebalancing and changing long-term care systems and offer the framework of a map for States and AAA's to build strong Aging and Disability Resource Centers (ADRCs). Continued 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, as established by the reauthorization of the OAA in 2006, 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. Information and assistance can be provided at the ADRC, via telephone, or through a home visit, whichever is more convenient to the individual seeking help.

The number of individuals turning 60 is higher than ever in our nation’s history, and the number of adults aged 85+ is increasing at the highest rate. In addition to the sheer growth in numbers of senior citizens, Hawaii’s length of lifespan leads the nation. This means that not only are the numbers of Kūpuna rapidly growing, but it also means that communities must plan carefully in order to create an effective infrastructure to address the critical component of healthy aging.

The National Association of Area Agencies on Aging asserts in the 2019 “Policies for an Aging American” that relevant areas of priority for policy and funding will help older adults:

- Live safely at home
- Eat well and stay healthy
- Have the opportunity to engage in the community
- Live with dignity, and
- Avoid unnecessary, costlier and often unwanted institutional long-term care

According to Lance Robertson, the Assistant Secretary for Aging and Administrator of the Administration for Community Living: “...we all need this to work. And as we move forward and try to meet the demand that we see demographically, not just for the older population but certainly for individuals living with a disability, both of these populations continue to grow. ... we all need to be at the table talking about this. At the end of the day, we need Congress to understand the value of this conversation.” (American Bar Association Interview, 2018, online).

This plan outlines how Maui County Office on Aging will meet those challenges and endeavor to provide a community infrastructure focused on person-centered solutions that promote and sustain healthy aging.

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 funds designated to support Kūpuna through the County AAAs.

The Older Americans Act (OAA), the foundation for the work of MCOA, is the major federal discretionary funding source for home and community-based services for older adults and is,

once again, due 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 to adjust the Act to reflect the current times.

While the timeless emphases on aging in place, living with dignity, and creating pathways of continued engagement for seniors will continue to underpin ongoing supports and services, current reauthorization efforts focus on strengthening local efforts to further embed the critical infrastructure needed to support this growing demographic. Advocates invest effort to inform Congress not only of the need to increase funding, but also of the importance of allowing local needs and priorities to direct expenditures of that funding.

In addition to providing the framework for in-home and community supports and services, the OAA established ADRCs to 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 OOA 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 Older Americans Act (most recently reauthorized in 2016) as well as those identified needs that may be unique to Maui County. Critical supports include but are not limited to the following: 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 direct service funding received under Title III of the Older Americans Act, Hawaii Kūpuna Care, Hawaii Kūpuna Caregiver, ADRC, and County Grants for Frail and Elderly programs. 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 2019-2023.

A&A	Access & Assistance (MCOA's outreach unit)
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
CCTP	Community-Based Care Transitions Program
CHSP	Congregate Housing Services Program (Hale Mahaolu)
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)
COA	Council on Aging
CPD	Commission on Persons with Disabilities
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)
DME	Durable Medical Equipment
DOH	Dept. of Health (state)
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
HUD	U.S. Dept of Housing and Urban Development (federal)
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	Kūpuna Care
KCG	Kūpuna Caregivers Program
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.
NCOA	National Council on Aging
NWD	No Wrong Door Initiative
OAA	Older Americans Act
PABEA	Policy Advisory Board for Elder Affairs
PCO	Person-Centered Organization
PHN	Public Health Nursing
PSA	Planning & Service Area
PTC	Powerful Tools for Caregivers
RFP	Request for Proposal
RSVP	Retired Senior Volunteer Program
SAMS	Social Assistance Management System
SCSEP	Senior Community Service Employment Program
SDOH	Social Determinants of Health
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
VDC	Veterans Directed Care (formerly VD-HCBS)
VOAD	Volunteer Organizations Active in Disaster
WMSC	West Maui Senior Center (Kaunoha Services)



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 and reauthorized periodically. The most recent reauthorization occurred in 2016, and the Act is set to expire at the end of fiscal year 2019. The 2016 reauthorization focused on improving coordination between Aging and Disability Resource Centers (ADRCs) and Area Agencies on Aging as well as increasing protections for vulnerable elders by strengthening the Long-Term Care Ombudsman Program, calling for increase elder abuse screening and prevention efforts, and updating definitions for elder abuse to parallel the Elder Justice Act, just to mention a few.

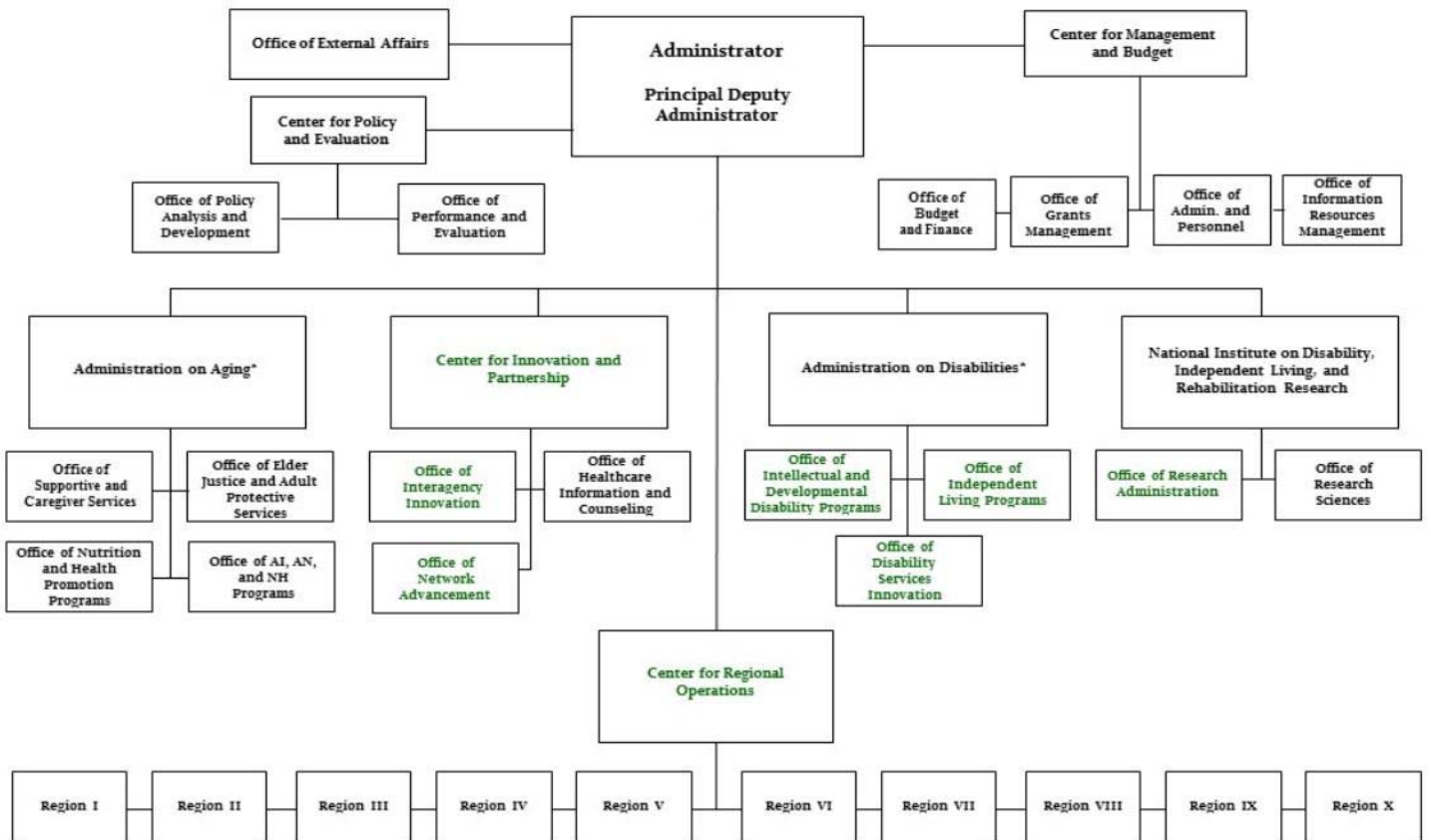
As a result of the original Act, a social services and nutrition services program for America's older adults was established. In addition, State and Area Offices on Aging were established and a nationwide "Aging Network" was created. The purpose of this "Network" is to assist Older Americans to meet 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 (AoA), housed in the Administration for Community Living (ACL), leads the Aging Network on the federal level. Directed by the Administrator for ACL who holds a dual role as the Assistant Secretary on Aging, AoA is the agency that awards Title III funds to the states and territories and monitors and assesses state agencies which administer these funds to the federally-designated AAAs. The mission, vision and strategic plan of ACL are as follows:

- Mission: Maximize the independence, well-being, and health of older adults, people with disabilities across the lifespan, and their family caregivers.
- Vision: For all people, regardless of age and disability, to live with dignity, make their own choices, and participate fully in society.
- Strategic Plan: All Americans should be able to live at home with the supports they need, participating in communities that value their contributions.

The following chart indicates the organization of ACL that serves to translate the mission, vision, and strategic plan into activities that are carried out at the federal, state, and local levels.

ADMINISTRATION FOR COMMUNITY LIVING ORGANIZATIONAL CHART



* The Administration on Aging is headed by the Assistant Secretary for Aging, who is also the ACL Administrator. The Deputy Assistant Secretary for Aging supports the Assistant Secretary in overseeing the Administration on Aging. The Deputy Assistant Secretary for Aging also serves as the Director of the Office of Long-Term Care Ombudsman Programs consistent with Section 201 of the Older Americans Act.

** The Administration on Disabilities is headed by a Commissioner who also serves as: the Commissioner of the Administration on Developmental Disabilities as described by the Developmental Disabilities Act; and the Director of the Independent Living Administration, reporting directly to the ACL Administrator in carrying out those functions, consistent with Section 701A of the Rehabilitation Act.

Chart 1 - Administration for Community Living (8.06.19)
Writing in green indicates recent changes in ACL

Just as ACL serves as the leader of the national aging network, the **State Executive Office on Aging (EOA)**, an attached agency to the Hawaii Department of Health, is the designated lead agency for the aging network in Hawaii. As such, the Older Americans Act requires EOA to plan for and to offer leadership at both the state and local levels in order to coordinate access to services and the delivery of home- and community-based services to the older adult population. This office is responsible for statewide planning, policy development, administration, coordination, priority setting, and evaluation of all State activities related to the objectives of the OAA.

Not only is EOA as the State Unit established in the OAA, it is also written into Hawaii State Law. The Hawaii Revised Statutes (HRS), Section 349-1, clarifies the purpose and duties of EOA and identifies several areas of support for Kūpuna including:

- Adequate income
- Best possible physical and mental health
- Suitable housing
- Full restorative services for those who require institutional care
- Opportunity for employment
- Retirement in health, honor, and dignity
- Pursuit of meaningful activity within civic, cultural, and recreational opportunities
- Efficient community services which provide social assistance
- Immediate benefit from proven research knowledge which can sustain and improve health and happiness
- Freedom, independence, and the free exercise of individual initiative in planning and managing their own lives.

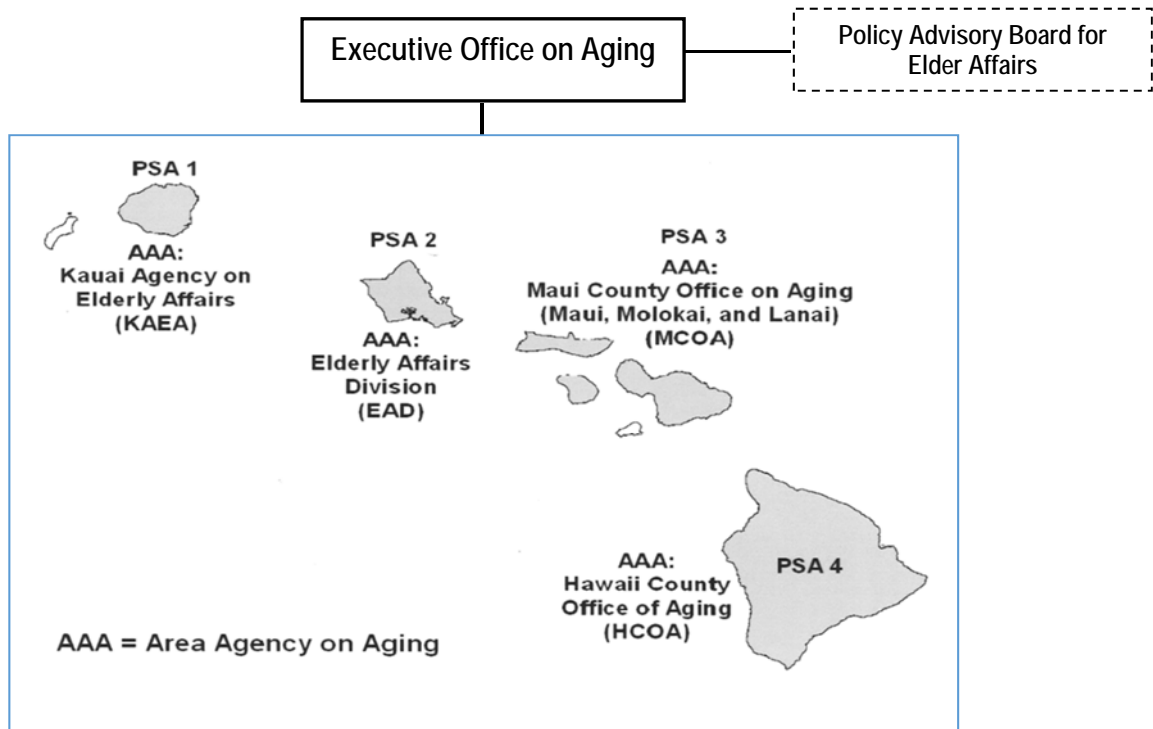
EOA ascribes to this Mission Statement: “Optimize the health, safety and independence of Hawaii’s older persons. We support Kūpuna and their caregivers through advocacy, planning, development, and coordination of policies, programs, and services.”

HRS, Chapter 349 also establishes the **Policy Advisory Board for Elder Affairs (PABEA)** which assists EOA 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. PABEA members from all four counties in the state are appointed by the Governor and confirmed by the Senate to serve a term of five years. There are currently two PABEA members representing Maui County.

As the responsible entity to lead the state in regard to carrying out the mandates of the Older Americans Act, EOA submits a State Four-Year Plan on Aging that is developed in conjunction with the four county Area Agencies on Aging (AAA). As the OAA intended for local needs and issues to fully inform statewide priorities, EOA utilizes input from the four Hawaii counties to serve as the foundation for the development of the statewide plan.

In order to create a formal manner in which to create distinct areas for purposes of program planning and development, service delivery, and the overall administration of services as required by the Older Americans Act, EOA has designated each of the counties of the State—namely, Kauai, Honolulu, Maui, and Hawaii—as Planning and Service Areas (PSAs). 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. The Chart below illustrates the PSAs of Hawaii.

Chart 2 - State Network on Aging



Mission, Vision, and Organization of the Maui County Office on Aging—Hawaii Planning and Service Area 3

As the designated PSA, the Maui County Office on Aging is the recognized leader in planning, implementing, supporting and advocating for the well-being of Older Americans and their caregivers in Maui County per the Older Americans Act. MCOA, therefore, embraces the duty and honor associated with that role. Dedicated staff members work to translate the mission of the Maui County Office on Aging—*To promote and protect the well-being of the older person in Maui County*—into action.

The vision for the Maui County Office on Aging is that individuals 60 years and older, their caregivers and persons with disability are independent, healthy and feel regarded as 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.

Staffing of the Area Agency

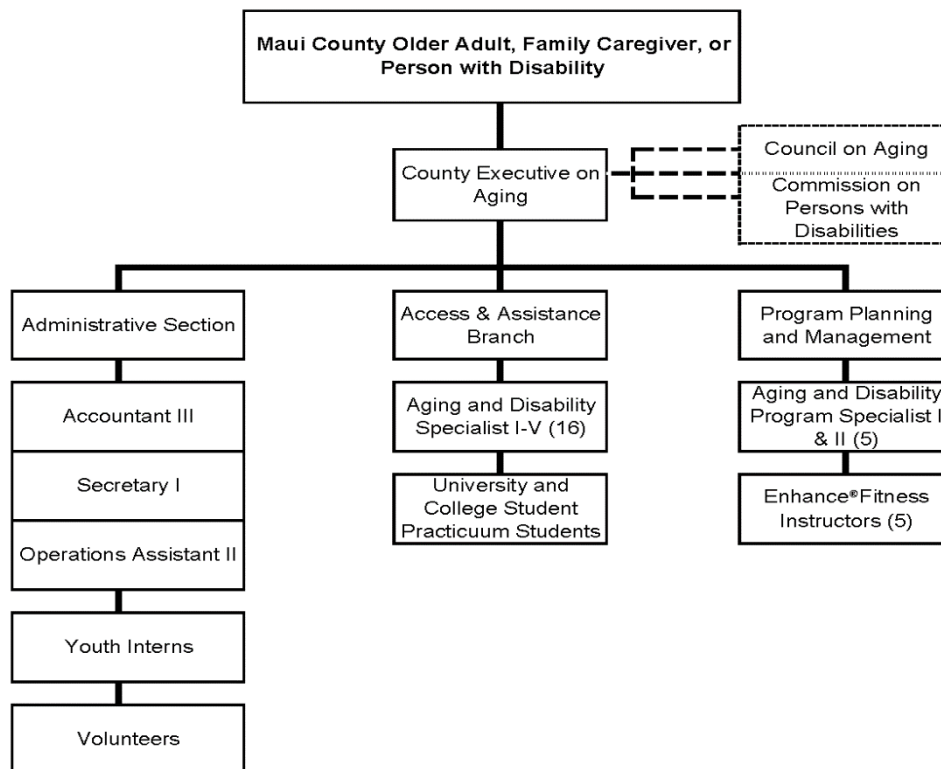
The Maui County Office on Aging has 29 full time equivalent (FTE) staff positions on Maui, Lana'i and Moloka'i. This staffing pattern represents a 50% increase in the number of employees since the last Area Plan. The growth in the number of staff members directly relates to the increased level of need as expressed by residents of Maui County.

MCOA employees cover all geographic areas of the County and ensure that residents benefit from in-home assessments and person-centered assistance regardless of geographic location. The agency endeavors to ensure that health promotion; caregiver support, education, and training; nutrition assistance, and home- and community-based services are provided with equity on Maui, Molokai, and Lanai. In addition to the main office in Wailuku, MCOA maintains offices in Kihei, Hana, Lahaina, Lana'i and Moloka'i.

Organizational Structure

Organizational Chart FY 2019

Department of Housing and Human Concerns
Office on Aging



Maui County Office on Aging is a Division of the Maui County Department of Housing and Human Concerns (DHHC). Other DHHC Divisions include: Kaunoa Senior Services, Housing, Grants Management, Immigrant Services, Program for the Homeless, Early Childhood, and Volunteer Services. The current structure of MCOA is illustrated above.

MCOA Advisory Groups

MCOA, in accordance with the Older Americans Act, HRS, and Code of the County of Maui, has established an advisory council to advise the County Executive on Aging regarding needs of older persons, plans for helping older persons, programs that service older persons, and legislation and issues affecting older persons. Appointed by the Mayor and confirmed by the County Council for a three-year term, this advisory board known as the **Council on Aging (COA)**, is comprised of 15 people representing older adults, agency and community representatives and stakeholders. The Council on Aging includes members from all geographic regions of Maui County and meets every other month for a total of six times a year. COA members assume an active role in reviewing the Area Plan prior to adoption and evaluating progress towards the goals and objectives of the Area Plan once adopted.

Additionally, MCOA staffs the **Commission on Persons with Disabilities (CPD)** which is also established by County Code. The CPD includes a total of nine commissioners that are also appointed by the Mayor, confirmed by the County Council, and tasked to serve a term of three years. Like the COA, members of the CPD are residents of Maui, Molokai, and Lanai. The Commission on Persons with Disabilities assists the County in rendering services to persons with disabilities by performing the following duties:

- Reviews County policies and practices to determine their impact on persons with disabilities
- Recommends use of monies received from federal and state governments designated for programs and improved accessibility for persons with disabilities
- Recommends changes to policies and practices that do not meet the requirements of federal, state, or county law
- Reviews County program and facility access to determine impact on personas with disabilities and recommends changes and additions to ensure full availability of services to persons with disabilities
- Promotes housing, employment, transportation, and other activities which address the needs of persons with disabilities
- Educates providers of community services and other members of the community concerning non-discriminatory practices and laws regarding persons with disabilities

Activities of the Area Agency

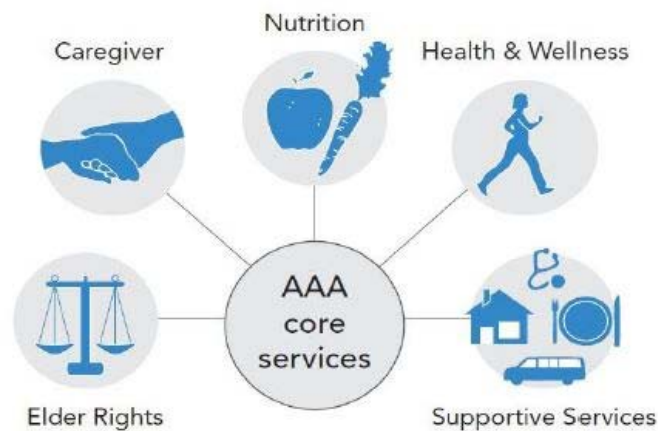
MCOA, under the leadership, guidance, and direction of the State Executive Office on Aging, proactively plans, coordinates, implements, and evaluates a comprehensive system of services that promotes and supports older people in maintaining independence and dignity in their homes and communities as long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

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

The Maui County Office of Aging (MCOA) staff conducts outreach to elders to identify and assess needs and refer the elderly and individuals of all ages with disabilities to appropriate service providers. Additionally, staff members provide comprehensive in-home assessment, support planning, and options counseling to individuals and family caregivers according to person-centered principles.

Core services are categorized into one of the following broad areas:



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

- Adult day care
- Adult day care respite
- Alzheimer's support
- Attendant Care
- 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

In addition to the more “traditional” style of service delivery utilized to provide most of the services in the list above, MCOA offers two different types of person-directed models. Both the Community Living Program (CLP) and the Veteran’s Directed Care (VDC) program allow for creative solutions to meet participant needs. In both programs, the senior or individual with a disability functions in the role of the employer by directly hiring employees to perform services included in the personalized spending plan. This model of service provision allows for the service milieu to be highly customized. Additionally, in remote geographic areas, participants are more likely to be able to directly hire an employee or family member living in the area than an agency would be to find an employee willing to routinely travel the necessary far distances.

Operationalizing a comprehensive system of services and supports requires a collective determination to work closely as a community. The development of a comprehensive network of engaged public offices, and private agencies, and informed citizens is vital to the successful creation of a thriving and effective community infrastructure.

The primary avenue through which to build these essential collaborations for **Maui County Office on Aging (MCOA)** is the Aging and Disability Resource Center (ADRC). The ADRC includes an array of private and public partners and formal and informal relationships. MCOA/ADRC participates in and offers leadership in collaborations with the following entities in no particular order:

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. Lana’i Aging Network Council
8. Kūpuna Caucus

9. Maui Community Partners (Care Transitions)
10. Case Management Coordination Program – Interdisciplinary Team
11. Healthy Aging Partnership- Empowering Elders
12. Maui Disability Alliance
13. Commission on Persons With Disabilities
14. Hi`i Na Kūpuna Coalition (Grandparents raising Grandchildren)
15. Joint Advocacy Committee on Senior Affairs
16. University of Hawaii, Maui College- Cooperative Extension
17. Prevent Suicide Maui County Task Force
18. Adult Protective Services
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 Prevention Team
25. Hale O Lanakila Clubhouse
26. Council on Aging
27. Policy Advisory Board for Elder Affairs
28. AARP Hawaii
29. Maui Voluntary Organizations Active in Disaster
30. American Society on Aging
31. Center on Aging
32. Hawaiian Agencies & Organizations
33. Job Corps- Career Technical Training Program
34. Alliance of Information and Referral Systems
35. Senior Medicare Patrol
36. State Health Insurance Assistance Programs
37. Legal Aid Society of Hawaii
38. Alzheimer’s Association, Maui
39. National Asian Pacific Center on Aging
40. Maui Metropolitan Planning Organization
41. Various State and County departments and divisions

MCOA Area Plan Development Process

The planning process used to develop the 2019-2023 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 October 2018 through March 2019, 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 years 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 406 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 149 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.

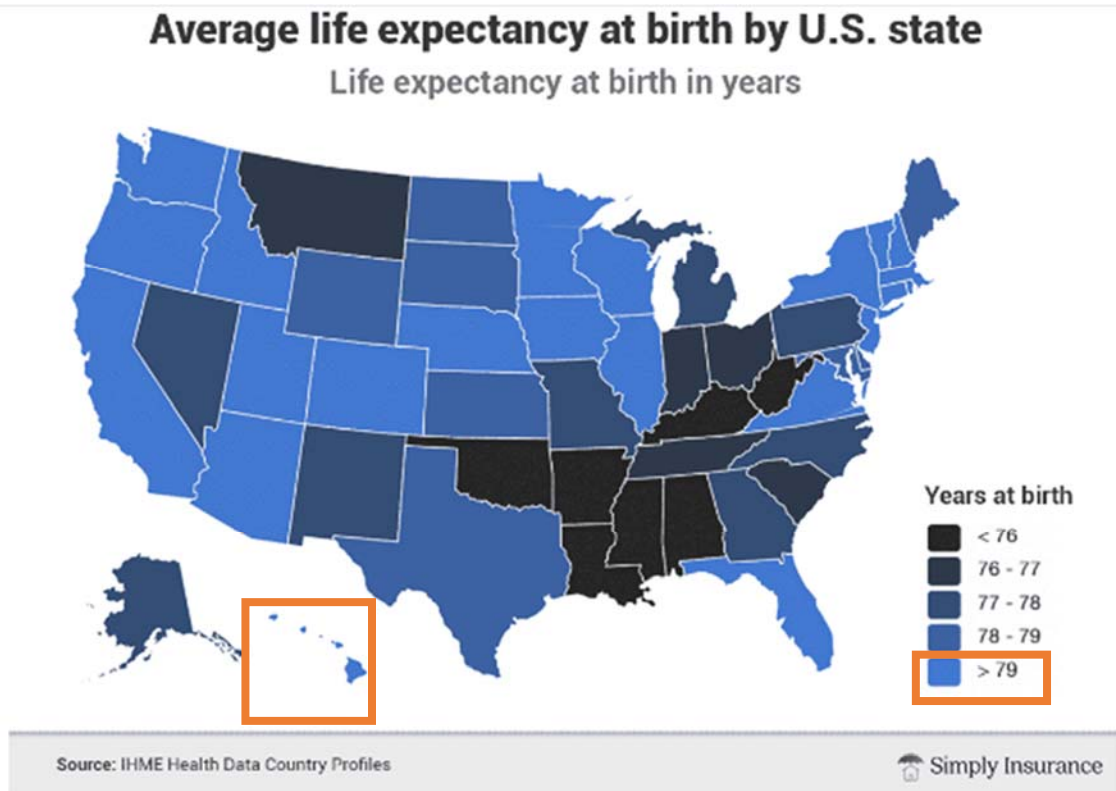
Survey results and complete focus group comments are noted specifically in this plan and are shown on pages 114-138 of this plan.

MCOA staff members attended various meetings to ensure that the resulting area plan lines up consistently with the EOA goals and the statewide ADRC priorities. Activities involved in the Area Plan included:

- 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.
- MCOA disseminated information through 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.



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 sections.

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. The American Community Survey 5 Year Estimates indicate that Hawai'i's aging population (65 and older) has increased 22% since 2010 while the entire U.S. aging population (65 and older) has increased by 19%. According to a release from the U.S. Census Bureau regarding the 2018 State and County population characteristics, Hawai'i's total population grew by 4.4% between April 1, 2010 and July 1, 2018. The average national annual growth rate was 0.5%. Comparatively, the elderly population, those 65 years and older, grew 33.7% in that same period and had an average growth rate of 3.6% annually.

Table 1- 1. Resident Population by County: 1980-2045

Year	State Total	Hawaii County	Honolulu County	Kauai County	Maui County
1980 ¹	968,500	92,900	764,600	39,400	71,600
1990 ¹	1,113,491	121,572	838,534	51,676	101,709
2000 ¹	1,213,519	149,244	876,629	58,568	129,078
2010 ¹	1,363,621	185,406	955,775	67,226	155,214
2016 ¹	1,428,557	198,449	992,605	72,029	165,474
2025 ²	1,514,700	222,400	1,032,700	78,000	181,600
2035 ²	1,592,700	248,500	1,062,100	84,300	197,800
2045 ²	1,648,600	273,200	1,073,800	90,000	211,500
Average annual growth rate (%)					
1980-1990	1.4	2.7	0.9	2.7	3.6
1990-2000	0.9	2.1	0.4	1.3	2.4
2000-2010	1.2	2.2	0.9	1.4	1.9
2010-2016	0.8	1.1	0.6	1.2	1.1
2016-2025	0.7	1.3	0.4	0.9	1.0
2025-2035	0.5	1.1	0.3	0.8	0.9
2035-2045	0.3	1.0	0.1	0.7	0.7

¹ July estimates by the U.S. Census Bureau

² DBEDT projections, figures presented here can be different from those in the appendix tables because of rounding.

Life Expectancy: 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 it 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. It is important to note that the life expectancy has decreased in the United States as a whole, but it has continued to improve in Hawai'i. 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 81.5 years, three years longer than the U.S. average. (DBEDT 2014).

County Differences in Life Expectancy: In 2014, life expectancy in Honolulu, Maui, and Kauai 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 Hawaii County is still longer than that for the nation as a whole.) The longest life expectancy for males was 79.4 years in Kauai, and female life expectancy was longest on Honolulu at 84.6 years. The greatest difference between male and female life expectancy was in Hawai'i County, where women were expected to live 5.3 years longer than men. The least difference was in Kauai, with women projected to live 4 years longer than men.

Table 2- 3. Projected Life Expectancy at Birth for Hawaii: 2014 and 2045 (Other Civilian)

	Life Expectancy in 2014 ¹		Projected Life Expectancy in 2045 ²	
	Male	Female	Male	Female
State of Hawaii	78.7	84.4	83.8	88.5
Hawaii County	77.2	83.4	82.3	87.4
Honolulu County	79.0	84.6	84.1	88.7
Kauai County	79.4	84.4	84.5	88.5
Maui County	78.2	84.1	83.3	88.2

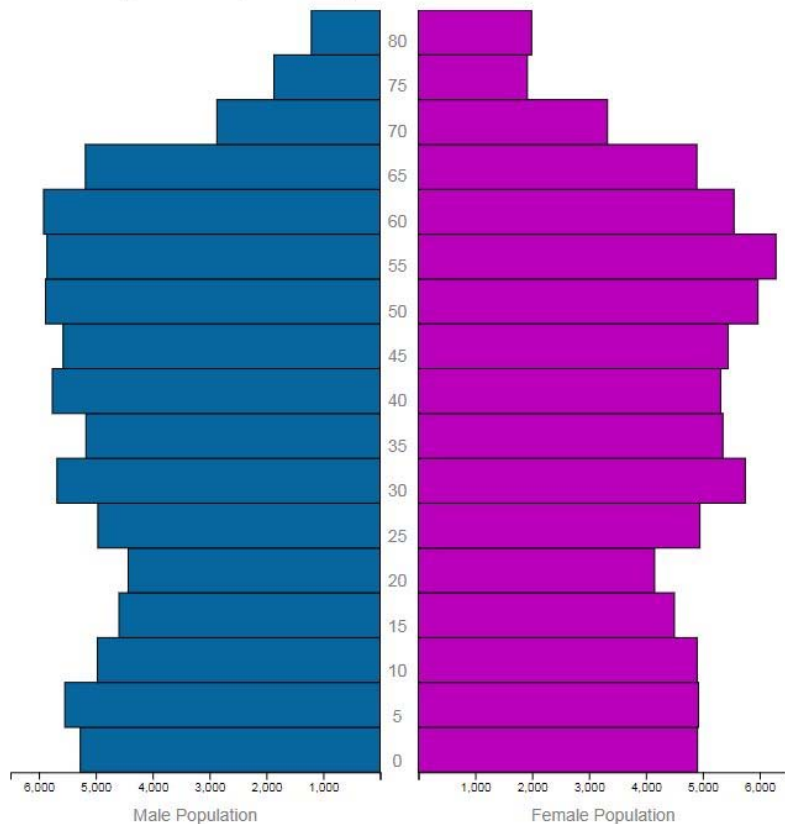
¹ DBEDT Estimates.
² DBEDT Projections.

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. (Hawaii Health Trends) It can be noted that with advancing age, the percentage of women becomes greater. DBEDT 2045 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+.

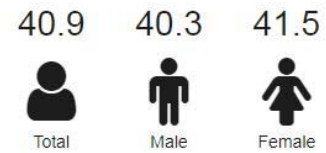
Maui County, Hawaii Population by Age

Source: US Census 2017 ACS 5-Year Survey (Table S0101)

Maui County, Hawaii Population Pyramid 2019



Maui County, Hawaii Median Age



Maui County, Hawaii Adults

There are 127,649 adults, (26,473 of whom are seniors) in Maui County, Hawaii.

Maui County, Hawaii Age Dependency

62.2 Age Dependency Ratio

26.2 Old Age Dependency Ratio

36 Child Dependency Ratio

Maui County, Hawaii Sex Ratio

Female	82,161	50.07%
Male	81,933	49.93%

Maui Population Trends – According to Maui County Population Projection, Selected Components, 2010-2045, the resident population is expected to grow from 155,072 in 2010 to 211,537 in 2045. This is a 1.04 percent annual growth rate which equates to a 36.4 percent increase in population over the 35 year period. These projections indicate a population increase of 11.4 percent between 2010 and 2020, and an increase of 9.9 percent 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 older persons wishing to retire in the county 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. In Maui’s case, 45,091 people will be 65 years or older in 2030.

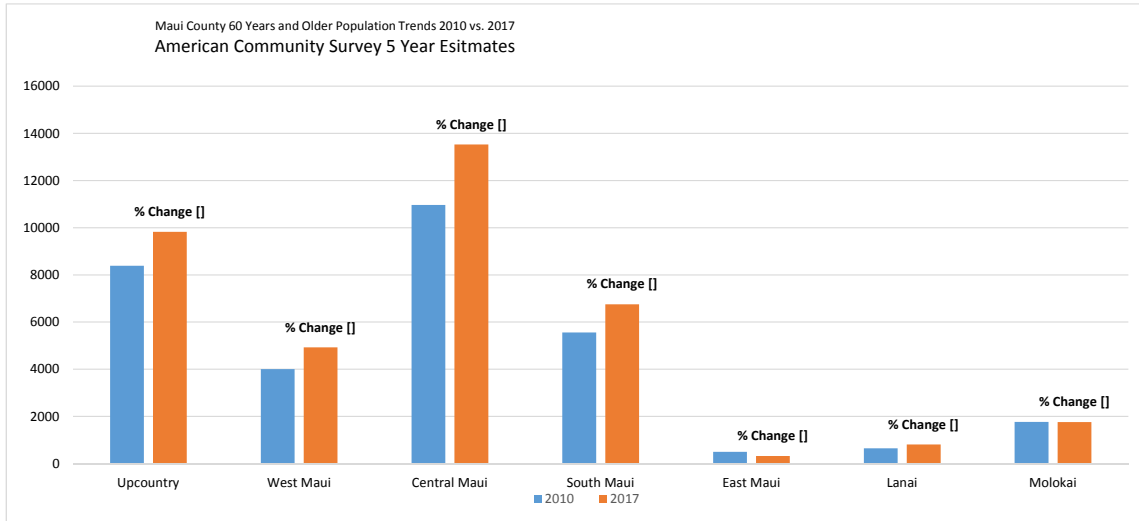
In 2020, Maui County percentage of older adults (60+) in comparison to the total population will represent 19.2 percent of the population. With the large amount of baby boomers in Maui reaching the 60+ benchmark over the next decade, Maui will be presented with a notable increase in individuals in the older adult age range that potentially will be needing services.

Table A-6. Maui County Population Projection, Selected Components, 2010-2045

	2010 ¹⁾	2016 ¹⁾	2020	2025	2030	2035	2040	2045
Total resident population	155,072	165,474	172,762	181,577	189,947	197,836	205,040	211,537
Population: 0 to 4 years	10,011	10,145	10,161	10,588	10,955	11,388	11,751	12,033
Population: 18 to 44 years	53,845	55,047	56,858	58,625	60,356	62,865	65,031	67,213
Population: 45 to 64 years	45,873	46,647	45,453	44,705	45,144	45,580	47,084	48,149
Population: 65 to 84 years	17,355	24,032	29,243	35,067	38,640	39,228	38,642	38,573
Population: 85 years and over	2,695	3,509	3,932	4,676	6,451	9,525	12,245	14,250
De facto population	194,384	218,059	232,448	245,344	258,143	270,545	281,913	293,348
Annual growth rates (%)								
	2010-2016	2016-2020	2020-2025	2025-2030	2030-2035	2035-2040	2040-2045	
Total resident population		1.1	1.1	1.0	0.9	0.8	0.7	0.6
Population: 0 to 4 years		0.2	0.0	0.8	0.7	0.8	0.6	0.5
Population: 18 to 44 years		0.4	0.8	0.6	0.6	0.8	0.7	0.7
Population: 45 to 64 years		0.3	-0.6	-0.3	0.2	0.2	0.7	0.4
Population: 65 to 84 years		5.6	5.0	3.7	2.0	0.3	-0.3	0.0
Population: 85 years and over		4.5	2.9	3.5	6.6	8.1	5.2	3.1
De facto population		1.9	1.6	1.1	1.0	0.9	0.8	0.8

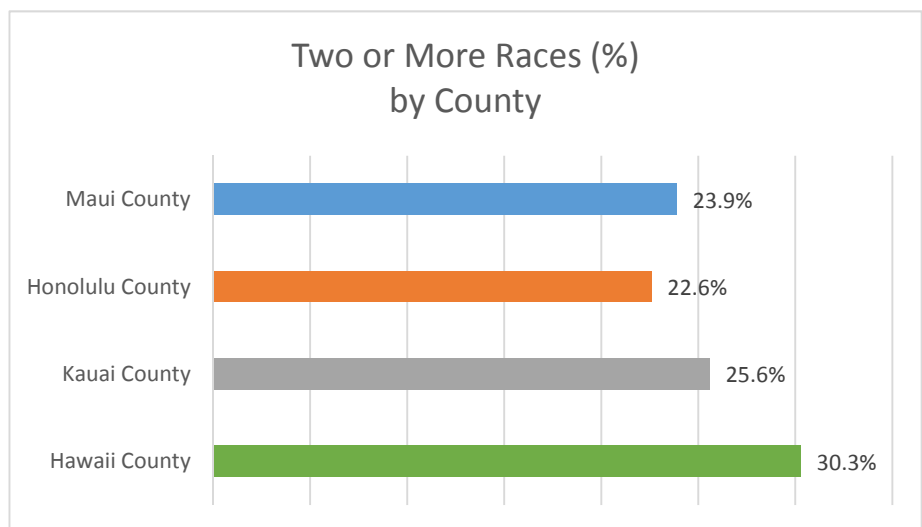
1) 2016 vintage population estimates for July 1st of the year by the U.S. Census Bureau.

Current numbers from the Hawaii Health Survey data indicate that Maui’s older female comprise 50% of the older population (13,236), with 49% representing the older male. Projections to 2030 indicate that Maui’s older female will continue to consistently outnumber the percentage of male older adults consistent across all counties, at 18 to 20 percent in 2007.



Geographic Changes in Maui County Population: The population of residents of Maui County 60 years of age and older has increased in most geographic areas according to the American Community Survey 5 year estimates. East Maui showed a drop in the number of older residents while the island of Molokai had no change in the number of older residents.

Ethnic Composition: The counties continue to show differences in ethnic composition. While the proportion of mixed ethnicity (more than 2) was between 18 to 20 percent in 2007, it has increased in each county, ranging from 22.6 percent to 30.3 percent in 2018 (U.S. Census Bureau QuickFacts: Hawaii County; Kauai County; Honolulu County; Maui County). Hawai'i County has the largest proportion of Hawaiians/part-Hawaiians at 13 percent. Hawai'i



County also has the largest proportion of mixed ethnicities (30.3 percent). Hawai'i and Maui have the largest proportion of Caucasians in their populations. According to the most recent report from the State of Hawaii, there are 25 languages that are spoken in Maui

County. For further details and a breakdown of the top ten languages, see the table below, “Top 10 Languages Other Than English Spoken at Home for Maui County”.

Top 10 Languages Other Than English Spoken at Home for Maui County					
Rank	Language	Number of speakers	% of total speakers	Speak English less than "Very Well"	% speak English less than "Very Well"
1	Ilocano	8,665	28.6	5,000	57.7
2	Tagalog	6,119	20.2	3,343	54.6
3	Spanish	2,750	9.1	1,105	40.2
4	Hawaiian	2,050	6.8	240	11.7
5	Japanese	2,006	6.6	820	40.9
6	Tongan	1,450	4.8	525	36.2
7	Marshallese	1,220	4.0	670	54.9
8	French	740	2.4	205	27.7
9	Mandarin	605	2.0	360	59.5
10	German	490	1.6	70	14.3

files.hawaii.gov > census > acs > Report > Detailed_Language_March2016

Health Status of older adults on Maui:

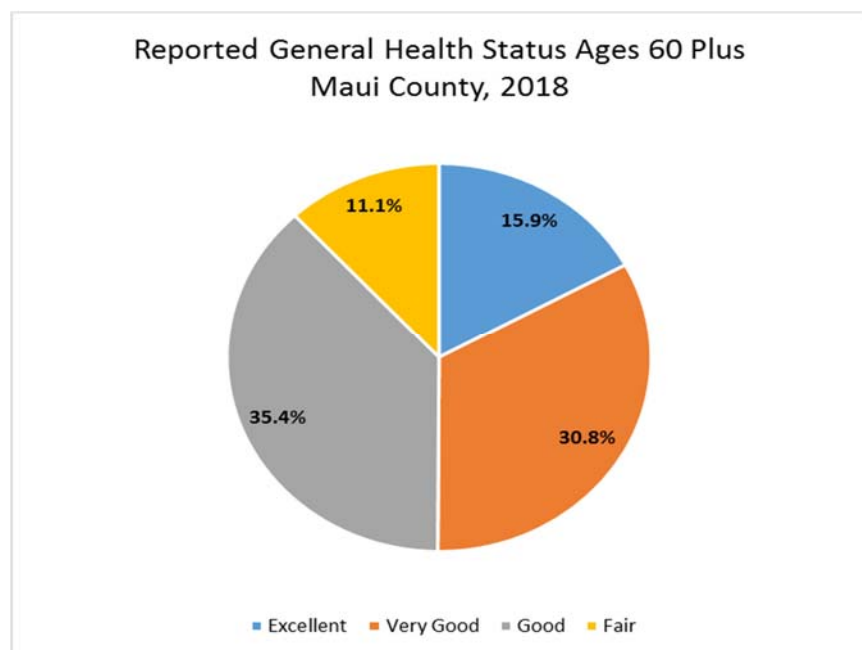
According to the Hawai'i Behavioral Risk Factor Surveillance System (Hawai'i State Department of Health), the self-reported health status for Maui's 60 plus community is: 35.4 percent excellent; 30.8 percent very good; 35.4 percent good; and 11.1 percent fair (poor was not reportable).

According to America's Health Rankings Senior Report 2019, Hawai'i remains the healthiest state for seniors.

The indicators that lead to this conclusion are:

The indicators that lead to this conclusion are:

- Lowest prevalence of obesity at 19.8 percent of adults aged 65 and older, compared with 28.5 percent nationally



- Highest prevalence of arthritis management (those with arthritis who report arthritis does not limit usual activities) at 60.0 percent of adults aged 65 and older, compared with 52.9 percent nationally
- Highest percentage of four- and five-star nursing home beds at 67.9 percent, compared with 47.3 percent nationally
- Lowest death rate among 65- to 74-year-olds at 1,415 deaths per 100,000, compared with 1,791 deaths nationally

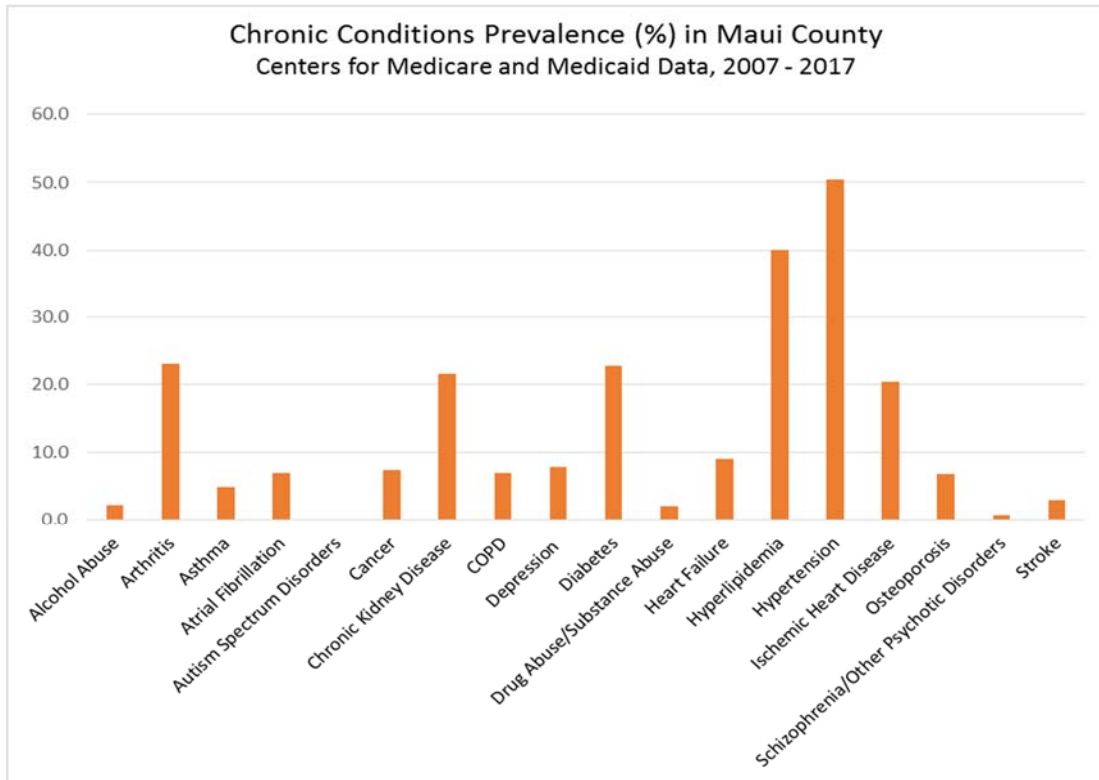
While all of the above statistics are promising for the state’s overall health status for older adults, the report identified the following challenges:

- High prevalence of excessive drinking at 10.1 percent of adults aged 65 and older, compared with 7.4 percent nationally
- Low percentage of volunteerism at 20.5 percent of adults aged 65 and older, compared with 28.0 percent nationally
- High percentage of hospital deaths at 24.1 percent of chronically ill Medicare decedents aged 65 and older, compared with 20.8 percent nationally

Poverty among older adults on Maui - The 2017 American Community Survey 1- Year Estimates indicate that 10.4 percent or 4,251 individuals over the age of 60 are at or below the poverty level in Maui County. Compared to the incidence of poverty among older adults reported in the previous Area Plan, this is a 12.8 percent increase. In fact, annual data has demonstrated a consistent rise in the number of Maui County seniors living in poverty since 2010.

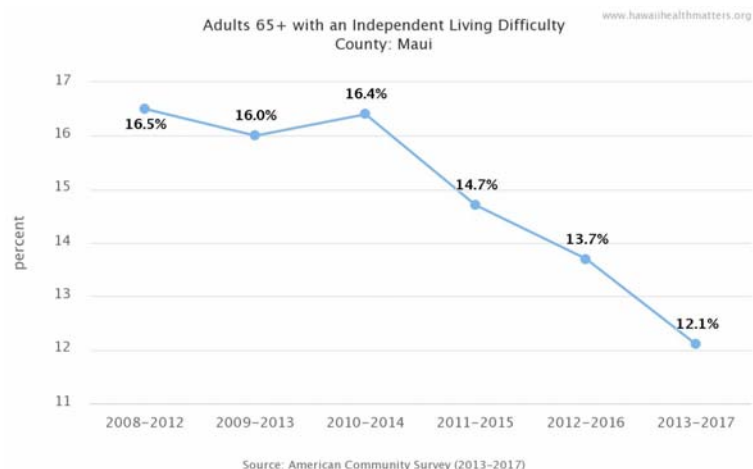
Number of Chronic Conditions: ‘Chronic conditions’ is a general category that includes chronic illnesses and impairments. It includes conditions that are expected to last a year or longer, limit what an individual can do, and/or may require ongoing medical care. Common chronic conditions include hypertension, high cholesterol, diabetes, heart disease, asthma, respiratory diseases, arthritis, eye conditions, and certain mental conditions.

According to the Hawai’i Behavioral Risk Factor Surveillance System (Hawaii State Department of Health), 64.2% of Maui’s older adults are managing their lives with two or more chronic conditions. The percentage of individuals reporting two or more chronic conditions has actually **decreased by 14%** since the previous Four-Year Area Plan. Although it was anticipated that the incidence for chronic conditions would likely grow because of longer life expectancy rates, self-report demonstrates otherwise.



People with chronic conditions, particularly those with multiple chronic conditions, are the heaviest users of health care services. According to the Centers for Disease Control and Prevention, the care given to people with chronic conditions accounted for 90 percent of U.S. health care spending in 2016. However, prevention, early detection, public education campaigns and community outreach may be helping elders better manage their chronic health conditions.

Likewise, the percentage of seniors reporting an Independent Living Difficulty in Maui County has dropped steadily since the time period of 2010-2014. This is a hopeful sign that older adults in Maui County appear to be improving both with regard to chronic conditions and with regard to independent functioning in the community.



Dementia and Alzheimer’s - Facts, Figures, and Areas of Concern: According to the Alzheimer’s Association, an estimated 5.7 million Americans of all ages are living with Alzheimer’s dementia in 2018. As the entire U.S. population ages, the Centers for Disease Control and Prevention (CDC) recently reported that the burden of Alzheimer’s disease and

related dementias (ADRD) will double by 2060 . As for the Medicare population, the Alzheimer’s Association identifies that one in ten people age 65 and older has Alzheimer’s dementia. Regarding mortality in the United States, Alzheimer’s is noted as the only top ten cause of death that cannot be prevented, cured, or slowed; and it is currently the sixth-leading cause of death in the total population. For those individuals 65 and older, Alzheimer’s is the fifth leading cause of death.

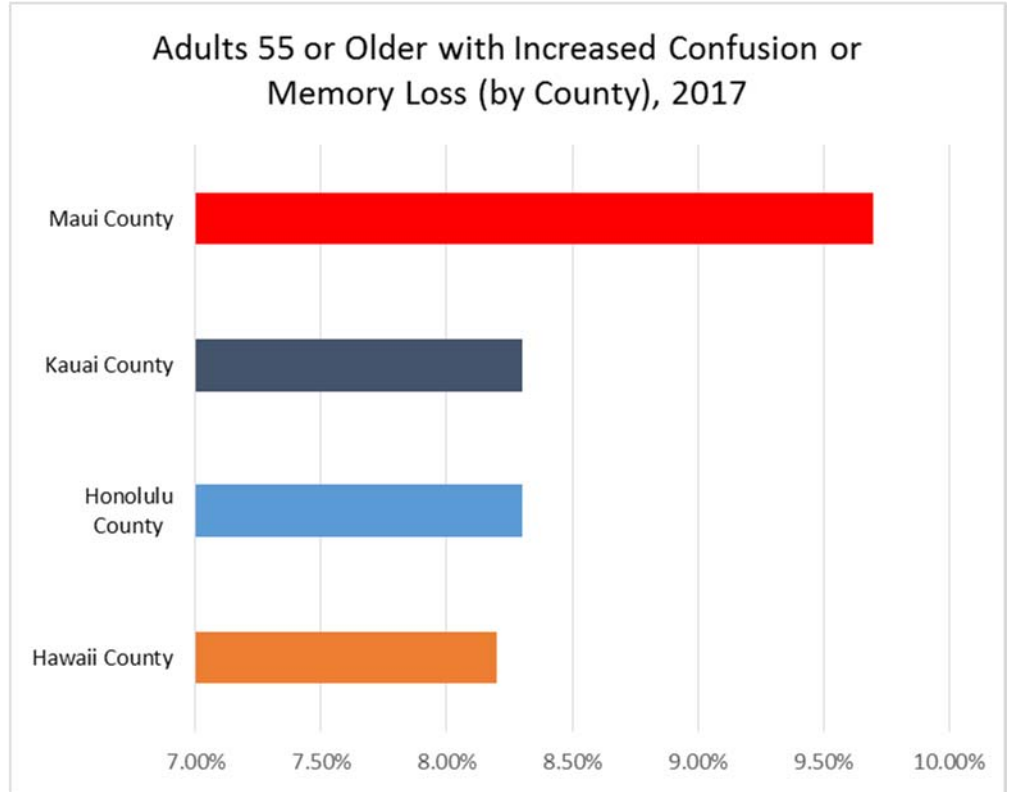
Besides the prevalence and mortality, Alzheimer’s disease is devastating not only for the patient but also the patient’s family, caregivers, and support system. As for those caregivers, the Alzheimer’s Association estimates that 18.4 billion hours of care were provided by family and unpaid caregivers (a value of over \$232 billion). While these caregivers provide an invaluable service, it does not come without burden. Compared with caregivers of people without dementia, the Alzheimer’s Association reports that twice as many caregivers of those with dementia indicate they experience substantial emotional, financial, and physical difficulties.

In addition to the burden on caregivers, healthcare costs for the treatment of Alzheimer’s should be a concern for all stakeholders. In 2018 the lifetime cost for a patient living with dementia is reported to be \$341,840, and costs to the health care system are estimated to be near a quarter of a trillion dollars.

The CDC believes that early diagnosis is essential to helping patients and their families cope with memory loss, navigate the health and social service systems, and plan for their future care. The Alzheimer’s Association also estimates that early detection may help save \$7 trillion to 7.9 trillion in health and long-term costs if Alzheimer’s disease is diagnosed in the mild cognitive impairment stage.

Early Dementia Screening: “A Check Up from the Neck Up”: In February 2018, Maui County Office on Aging care managers received training from Dr. Terry and Michelle Barclay to help identify the early signs of dementia in Maui County’s participant population. Dr. Barclay, a fellowship-trained neuropsychologist at the Center for Memory and Aging, specializes in neurodegenerative disease and timely detection of cognitive impairment in the geriatric population. In his home state of Minnesota, he serves as the Clinical Director of the statewide program for dementia caregivers known as Family Memory Care, and he is highly regarded for his research and clinical expertise in aging and dementia.

Since the hands-on training, MCOA’s assessors now conduct either the Eight-item Interview to Differentiate Aging and Dementia (AD8) or the Mini-Cog® through the WellSky Aging and Disability assessments. This valuable data enables the Office on Aging to identify potential areas of cognitive concern in Maui’s aging population and to make appropriate referrals to the participant’s health care provider.



Hawaii Health Data Warehouse, Hawaii State Department of Health, Behavioral Risk Factor Surveillance System, 2017.

Caregivers in Maui County

In short, caregivers are the backbone of service delivery in America as they fill both a functional and economic need in society. Family and informal caregivers are believed to provide an estimated 80% of all care nationwide for frail seniors and individuals with disabilities thereby saving the service delivery system literally billions of dollars annually. This truth demonstrates why the National Family Caregiver Support Program of the Older Americans Act is so important. The national network as a whole recognizes the great importance of supporting family caregivers, and the staff of MCOA certainly understand the crucial role of ‘ohana (family) in the lives of seniors and individuals with disabilities.

According to the U.S. Department of Health and Human Services Centers for Disease Control and Prevention, one in six adults in Hawaii are caregivers. Of those, 57% are women; 21% are 65 years old or older; 42% are caring for a parent or parent-in-law; and 9% are providing care to someone with dementia.

Caregivers are diverse and provide a variety of helpful interventions. However, three of four caregivers manage household tasks, and over 50% assist with personal care needs such as bathing and hygiene.

Caregiving in our island state can be lengthy and intense. Nearly half of all caregivers in Hawaii have provided care for at least two years, and almost one-third have provided care for a minimum of twenty hours per week.

Because the nature of caregiving is often intense and time-consuming, it is more common than not for caregivers' lives to be impacted. Many times caregivers feel they do not have the time or the energy to engage in self-care. For this reason, over 50% of AAAs in America provide some sort of evidence-based caregiver support program. These programs are designed to help caregivers remember how to care for themselves—even in the midst of their critical role.

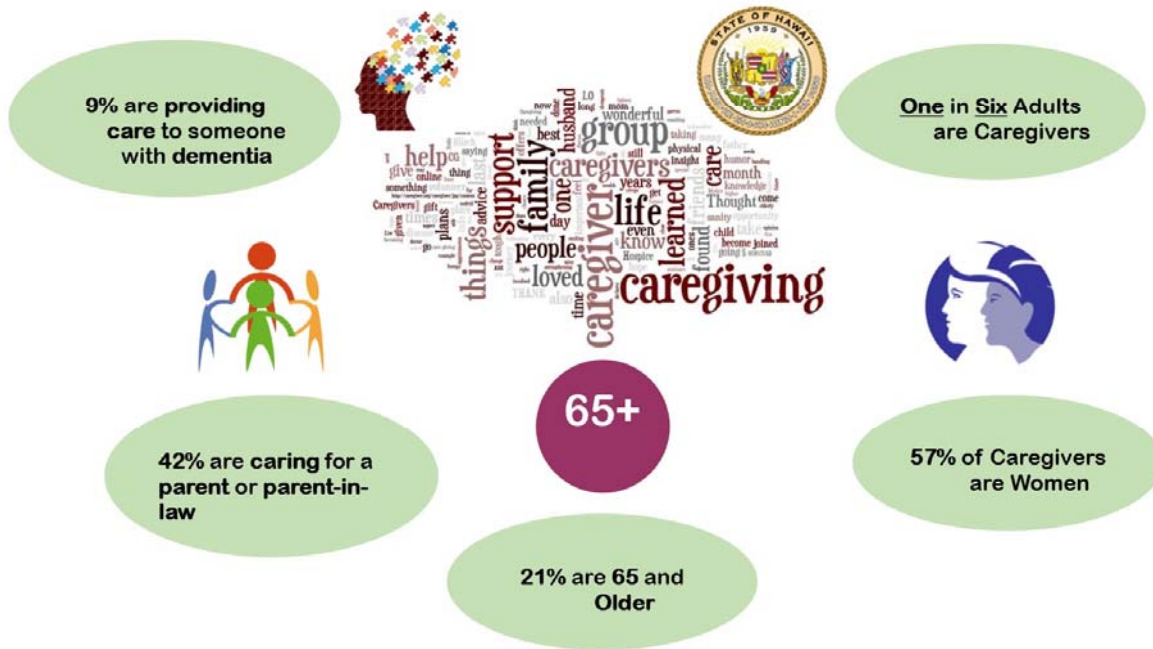
MCOA truly values the caregivers in our community. The Division is conscientious about reaching out and providing caregivers the information and resources they need. One avenue for such outreach involves the annual Caregiver's Conference. At this annual conference (now reaching over 300 attendees), caregivers 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 (and now more recently grandparent caregivers) learn skills necessary to avoid burnout.



The most recent option for caregiver assistance is the Hawaii Kūpuna Caregivers Program. This unique program is designed to assist caregivers that are employed at least thirty hours a week. Kūpuna Caregivers Program demonstrates the State's commitment to upholding and supporting caregivers as a valuable resource in our community.

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.

Caregiver Characteristics in Hawaii



Grandparents and other relative caregivers in Maui County

According to the AARP Foundation in 2017, in Hawaii 46,913 children lived in grandparent-headed households (15.3% of all the children in the state). There were another 14,105 children living in households headed by other relatives (4.6% of all the children in the state). Of the children living in households headed by grandparents or other relatives in Hawaii, 17,000 were living at a home without either parent present.

The Foundation further reported that 12,574 grandparents are responsible for their grandchildren living with them: 23% of these grandparents were Native Hawaiian and other Pacific Islander; 7% were Hispanic/Latino; 35% were Asian; and 14% were White. 24% percent of grandparents raised children in households without the children's parents present. 51% were under the age of 60; and 15% lived in poverty. 23% of grandparents had a disability themselves; 59% remained in the workforce; and 22% were not married.

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 Kūpuna 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 Kūpuna 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 three important and fundamental programs in the community.

-Retired Senior Volunteer Program

The Retired Senior Volunteer Program (RSVP) is provided through Kaunoa Senior Center. In FY 2018 (October 1, 2017- September 30, 2018) the total number of senior volunteers was 502 and the total number of volunteer hours provided over this period was 49,404 hours.

-Na Hoaloha

Na Hoaloha 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 318 volunteers who served approximately 864 seniors. This represents a doubling of both volunteers and the number of seniors receiving assistance and support in the last four years. Services provided by Na Hoaloha volunteers include friendly visits, telephone reassurance, homemaker, and in-home respite. Often friendly visits result in the volunteer providing rides, shopping, housekeeping assistance, errands, reading letters, helping with gardens, and even assistance with pets. Over 60,100 hours of service (almost three times the amount provided as reported in the last Area Plan) was provided by Na Hoaloha during the last fiscal year to Maui seniors. Also over 79,260 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 Maui Adult Day Care and 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 future growth anticipated in the senior community, an increasingly 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
ACCESS			
Information and Assistance	Maui County Office on Aging**	Maui, Moloka'i, Lana'i	Yes
	Hale Hulu Mamo**	Hana	Yes
KC Trans/Assisted Transportation	Kaunoa Senior Services**	Maui except Hana	No
		Moloka'i & Lana'i	No
Case Management	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
IN-HOME			
Chore	Hale Mahaolu**	Maui, Moloka'i, Lana'i	No
	Care Options**	Maui	Yes
Friendly Visiting	Na Hoaloha**	Maui, Moloka'i, Lana'i	No
Home Health	Hale Makua	Maui	Yes
Hospice	Hospice Maui, Islands Hospice	Maui, Moloka'i	Yes
	Hospice Hawaii	Lana'i	Yes
Personal Care	Hale Mahaolu**, Care Options**, Ho'okele Caregivers Maui**, Lana'i Kina'ole**	Maui, Moloka'i, Lana'i	Yes
Telephone Reassurance	Na Hoaloha**	Maui, Moloka'i, Lana'i	No
COMMUNITY SERVICES			
Adult Day Care	Maui Adult Day Care**	Maui	Yes
	Na Pu'uwai**	Moloka'i	Yes
Personal Care	Maui Adult Day Care**	Maui	Yes
	Na Pu'uwai**	Moloka'i	Yes

Home Modifications	Habitat for Humanity**	Maui	Yes
NUTRITION			
Meals: Home Delivered	Hale Mahaolu**, ALU LIKE, Inc.*	Central Maui	Yes
	Kaunoa Senior Services**	Maui, Moloka'i, Lana'i	No
	Hale Kau Kau	South Maui	Yes
Meals: Congregate	ALU LIKE, Inc.*	Maui & Moloka'i	Yes
	Kaunoa Senior Services**	Maui, Moloka'i, Lana'i	Yes
LEGAL SERVICES			
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
CAREGIVER SERVICES			
Alzheimer's Support	Alzheimer's Association	Maui, Moloka'i, Lana'i	Yes
Day Health	Hale Makua	Maui	Yes
Senior 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, Moloka'i, Lana'i	Yes
Elder Abuse and Neglect	Dept of Human Services-Adult Protective Services	Maui, Moloka'i, Lana'i	Yes
	Hale Ho'omalua - Battered Women'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**, Alzheimer's Association	Maui	Yes
		Maui, Moloka'i, Lana'i	Yes
Family Caregiver Training	Maui Adult Day Care**, Alzheimer's Association	Maui	Yes
		Maui, Moloka'i, Lana'i	Yes
Family Caregiver Telephone Reassurance and Friendly Visiting	Na Hoaloha**	Maui, Moloka'i, Lana'i	Yes
Health Education/Promotion	Maui County Office on Aging- Enhance®Fitness**	Maui, Lana'i	Yes
Housing	Hale Mahaolu**	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**, Care Options**, Ho'okele Caregivers Maui**	Maui, Moloka'i, Lana'i	No
Respite Adult Day Care	Maui Adult Day Care**	Central Maui, Lahaina	Yes
	Na Pu'uwai**	Moloka'i	Yes
Volunteer Services	Kaunoa Senior Services (RSVP), Na Hoaloha**, Senior Companion, Project Dana	Maui, Moloka'i, Lana'i	Yes

*Designates minority service providers.

** Represents AAA administered programs and services.

Above table not meant to be an exhaustive list.





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 Community Center	90 Ainoa Street Kaunakakai, HI 96748	Moloka'i
Lana'i Senior Center	7 th Street and Fraiser 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

Map of Community Focal Points, Multi-Purpose Senior Centers, and Nutrition Sites (next page)

Maui County Service Sites



-  Focal Point - Senior Center Only
-  Focal Point - Senior Center and Congregate Dining
-  Focal Point - Area Agency on Aging
-  Congregate Dining Map Data

Congregate Nutrition Sites and Home Delivered Distribution Centers

Congregate Nutrition Sites	Areas Served	Congregate Units	HD Meals Units	Days and Hours
Hale Kau Kau - St. Theresa Church 25 W. Lipoa Street Kihei HI, 96753	Kihei	30,937	23,124	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	7,548	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)
Hale Mahaolu Elua 200 Hina Avenue Kahului, HI 96732	Elua Tenants and Kahului	7,028	N/A	Mon - Fri, 8:30 am – 11:30 am
Hana Community Center 1501 Uakea Road Hana, HI 96713	Hana, Nahiku	1,710	2,685	Tues, Thurs & Fri 9 am – 12 pm
Hannibal Tavares Community Center 91 Pukalani Street Pukalani, HI 96768	Pukalani	2,216	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	3,712	16,062	Mon, Wed & Fri, 9 am – 12 pm
Kahului Union Church 101 W. Kamehameha Avenue Kahului, HI 96732	Kahului	3,951	N/A	Tues & Thurs, 8:30 am – 11:30 am
Kaunoa Senior Center 401 Alakapa Place Paia, HI 96779	Maui County	N/A	99,939	Meals Delivered Mon - Fri
Kihei Community Center 303 E. Lipoa Street Kihei, HI 96753	Kihei	1,741	N/A	Tues & Fri, 8:30 am – 11:30 am
Kula Community Center Lower Kula Road Kula, HI 96790	Kula, Keokea	2,310	5,043	Tues & Fri, 8:30 am – 11:30 am
Lana'i Senior Center 7 th St. Lana'i City, HI 96793	Lana'i	4,912	9,597	Mon – Fri, 8:30 am – 11:30 am

Congregate Nutrition Sites	Areas Served	Congregate Units	HD Meals Units	Days and Hours
Maui Adult Day Care Center 11 Mahaolu Kahului, HI 96732	Clients only	9,032	N/A	Mon – Fri, 8:30 am – 11:30 am
Maui Adult Day Care Center - Kihei 56 Ehiku Street Kihei, HI 96753	Clients only	3,098	N/A	Mon – Fri, 8:30 am – 11:30 am
Maui Adult Day Care Center - Lahaina Lahainaluna Road Lahaina, HI 96761	Clients only	3,588	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	11,220	N/A	Mon – Fri, 8:30 am – 11:30 am
Mitchell Pauole Community Center 90 Ainoa Street Kaunakakai, HI 96748	Kaunakakai, Hoolehua, Kualapuu	3,514	N/A	Tues & Thurs, 9:30 am - 12 pm
Velma Santos Community Center Makakoa Place Wailuku, HI 96793	Wailuku	3,201	N/A	Mon & Wed, 8:30 am – 11:30 am
West Maui Senior Center 778 Pauoa Street Lahaina, HI 96761	Honolua, Napili, Kaanapali, Lahaina	3,411	N/A	Mon, Wed, Fri, 8:30 am – 12 pm

Units reported from FY19.



CAPACITIES OF HOSPITALS AND SPECIALTY CARE BEDS, MAUI COUNTY

Area by Type of Beds by Facility for the Calendar Year 2016

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>	29
Obstetric	
▪ <i>Maui Memorial Hospital</i>	22
▪ <i>Moloka'i General Hospital</i>	2
Psychiatric	
▪ <i>Maui Memorial Hospital</i>	11
Skilled Nursing/Intermediate Care	
▪ <i>Hale Makua Kahului</i>	345*
▪ <i>Hale Makua Wailuku</i>	112*
▪ <i>Kula Hospital</i>	105
▪ <i>Lana'i Community Hospital</i>	10
Acute/Skilled Nursing	
▪ <i>Kula Hospital</i>	9
▪ <i>Moloka'i General Hospital</i>	4
Hansen's Disease	
▪ <i>Kalaupapa Care Home</i>	5
Other	
▪ <i>Ai Pono Maui</i>	8
▪ <i>Aloha House, Inc.</i>	48
Maui County Total	862*

Source: Maui County Data Book 2017 *updated 2019



Maui's Diverse Communities

Maui County includes not only three unique islands, but multiple communities that connect the diversity of its people and the land. Data provided here was obtained from the 2013-2017 American

Community Survey 5-Year Estimates, the current census information, input from key informants and focus groups, survey data, online sources, and the agency's database (WellSky Aging and Disability, formerly SAMS)

Moloka'i

Moloka'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.

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 five principal zip codes that comprise 3 main areas, West Moloka'i (96770 and 96729, Central Moloka'i (76742 and 96737), and East Moloka'i (96748). According to the American Community Survey 5 Year Estimates, the population for the island is as follows: West Moloka'i (2,171 residents); Central Moloka'i (666 residents); and East Moloka'i (4,143 residents). The total population is estimated to equal 6,980 and 1,767 individuals are over the age of 60,

which represents a 0.3 percent decline from the previous Area Plan. The total population on Moloka'i has declined 5% from the previous Area Plan.

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 one congregate meal site servicing seniors in Kaunakakai (5 days a week). Last year over 3,712 meals were served via this one location to approximately 36 seniors. There were also 17, 593 home-delivered meals provided to 110 seniors in the past state fiscal year. MCOA currently services 216 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) and one community care foster home on Moloka'i.

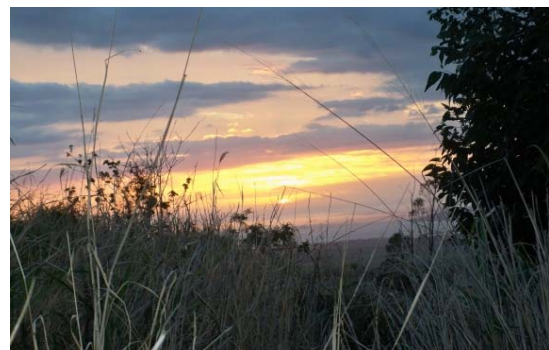
There are two airports on Moloka'i: Moloka'i Airport or Ho`olehua Airport is located in the center of the island and Kalaupapa Airport is located on the Kalaupapa Peninsula two miles north of the Kalaupapa community.

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.

Upcountry

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

Upcountry is a 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 2013-2017 American Community Survey 5 Year Estimates, the total Upcountry area population is 40,308. There are 9,831 individuals that are 60 years and over or 24% of the Upcountry population. This is a 17.2% increase since the last Area Plan.

There are two congregate meal sites in the Upcountry area: Kula and Pukalani. Several other congregate meal sites have existed in the past, but changing community needs resulted in the consolidation of these Upcountry sites. Last state fiscal year (2019) 4,526 meals were provided to 88 seniors at these congregate meal sites. Additionally, 27,513 home-delivered meals were provided to 197 people during the same period. Last year MCOA provided 574 individuals in this region with various services.

There are two senior living complexes in Upcountry, Hale Mahaolu Eha and the newly opened (February 2019) 61 unit called Hale Mahaolu Ewalu. Upcountry seniors cite the need for additional senior housing, adult day care, transportation options, and more opportunities to connect with neighbors and communities to meet every day needs for care and safety. Upcountry seniors value companion/visiting services, respite care, transportation, homemaker/chore and personal care services. Kaunoa Senior Center, located in Pa'ia, is a central hub of activity for senior programs and activities.

West Maui



West 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. West Maui was also once known for its whaling history. 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 4,933 for this part of the island. From the previous Area Plan, this represents a 23 percent increase in individuals age 60 and older. West Maui's entire population is 23,516. The Westside 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 Westside seniors, (Maui Adult Day Care five days a week and the West Maui Senior Center three days a week). In state fiscal year 2019, 95 participants received 6,999 meals. MCOA also serviced 320 clients on the Westside with a

variety of services. There were 12,258 home-delivered meals provided to 92 Westside 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. 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. 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 Westside. The distance to Maui Memorial Medical Center in Wailuku is a barrier towards emergency medical care. The plan to build a West Maui Hospital was slated for 2015 but is at a standstill. The facility, which is planned to be built in the Kaanapali area, would have 25 critical-access beds and would be adjacent to a 40-bed skilled nursing facility and a separate 40-bed assisted living facility.

Central Maui

Sprawling 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. Kahului is considered the business and industrial center of Central Maui. Hawaii's second busiest airport and seaport are found in Kahului as well as the island's largest shopping centers. One of the ten branches of the University of Hawaii (UH) statewide, the UH Maui College is located in Kahului.

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 60,863 persons reside in the Central Maui area according to the 2013-2017 American Community Survey 5-Year Estimates compared to 164,094 persons island wide. A breakdown of senior age groups are (60-64) 3,939; (65-74) 5,405; (75-84) 2,706; and (over 85) 1,481. From the previous Area Plan, the population 60 years and older has increased 23.3 percent.

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 state fiscal year, MCOA's Home Delivered Meals Program delivered 54,205 meals to 397 clients. ALU LIKE and Hale Mahaolu Evening and Weekend Meals Program delivered meals exclusively in the Central area. Hale Mahaolu delivers meals 365 days a year. Hot lunches are delivered 5 times a week to 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 56 Adult Foster Care Homes on Maui.

There are 6 congregate meals sites in Central Maui: Velma McWayne Santos Center, Kahului Union Church, Hale Mahalo Akahi, Hale Mahalo Elua, Hale Mahaolu Elima (Maui Adult Day Care), and Ocean View Adult Day Care Center (Maui Adult Day Care). There were 42,006 nutritious lunches enjoyed by 595 seniors during the 2019 state fiscal year. Kūpuna of Hawaiian ethnicity 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 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 assisted 1,274 residents 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 the need for more accessible and increased frequency of transportation. Other identified needs are 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 agricultural 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 27,935 individuals, 6,757 of them are 60 years and older, which represents an increase of 21.5% compared to the previous Area Plan. 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 Pili-loha 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 Kihei Community Center. Maui Adult Day Care also uses the Ehiku facility to provide services in the South Maui Community. In state fiscal year 2019, MCOA assisted 399 community members in South Maui. Of those, 102 people received 4,839 congregate meals. 73 participants received home-delivered meal service totaling 8,400 meals this past state fiscal year. Hale Kau Kau, which is a program of St. Theresa's church, provides daily meals to the homeless, 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

This part of Maui covers a vast area including Keanae, Nahiku, Hana, Kaupo, and Kipahulu. Older adults 60 years and older number 327 (25%) out of a total population of 1,323. This is a -34.7 percent change from the previous Area Plan. 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.

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 (26 clients, 1,710 meals in state fiscal year 2019). Home delivered meals are offered 5 days a week utilizing Title III Older American Act funds (16 clients; 3,019 meals). Hana Health Center provides home delivered meals several days a week utilizing Title VI Older American Act funds. 46 community members were provided assistance in the previous state fiscal year by the Office on Aging staff.

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 Kaunoa Senior Services (Meals on Wheels/congregate), Hana Health Center provides medical and limited dental services, Hale Hulu Mamo Senior Center and a 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 is one social club for older adults 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 defined the development and life on the island. 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). Lana'i City is situated in the upper elevations of central Lana'i. Lana'i's population is about 3,203 people; 815 of whom are age 60 years and older. From the previous Area Plan, this represents a 25% increase in the population aged 60 years 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. Today, the island's main employer is the Four Seasons hotel with two locations: Manele Bay and Koele Lodge. In addition, Mr. Ellison has restored Lana'i's only public swimming pool and the old theater in town. 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 one public school serving grades K-12 and no stop lights on this island.

The remoteness of Lana'i has posed some medical challenges. 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 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. Only recently has Lana'i Kinaole Inc, a private entity providing home healthcare, and home and community based services started to make inroads to improving health. Generally, the need remains 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 between 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 Kūpuna O Lana`i - but no care homes or assisted living options. There is one airport on island and two harbors.

In state fiscal year 2019, Kaunoa Senior Services provided 66 seniors with 4,912 congregate dining meals at Lana`i Senior Center. Home-delivered meals are also available to qualified seniors in need. Lana`i's senior center, which was funded by the County, is home to Kaunoa Senior Services, the Office on Aging, Immigration Services, and the Department of Motor Vehicles. Lana`i's MEO senior club is the second largest in the county.

MCOA provided a variety of services to 150 participants on Lana`i. The total of home delivered meals to Lana`i seniors during state fiscal year 2019 was 9,661.



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 2016, and Chapter 349, Hawaii Revised Statutes. They are consistent with the objectives of the Older Americans Act, as amended in 2016, the U.S. Administration for Community Living's goals, 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, "... declares 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 Native American 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 Initiatives

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 Kūpuna Care, but not from both at the same time except in unique circumstances.

In 2011, the Hawaii Statewide Aging and Disability Resource Center (ADRC), was implemented where information, services, and supports were centralized for single-point entry to streamline access to publicly funded support. The ADRC is intended to serve 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 ADRC is the gateway for older adults to access Kūpuna Care, Kūpuna Caregiver and Older American Act services, as well as private pay options for all populations. The AAAs 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 also screens and links individuals to the state Medicaid agency if the individual requesting assistance is likely to be eligible for Medicaid.

The four Hawaii Area Agencies on Aging have adapted standardized tools and protocols, and the Hawaii State Executive Office on Aging has implemented a consolidated statewide database.

Following the establishment of the Statewide ADRC, EOA introduced a subsequent initiative, the **No Wrong Door (NWD)** System. The goal of this collaborative effort is to 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.

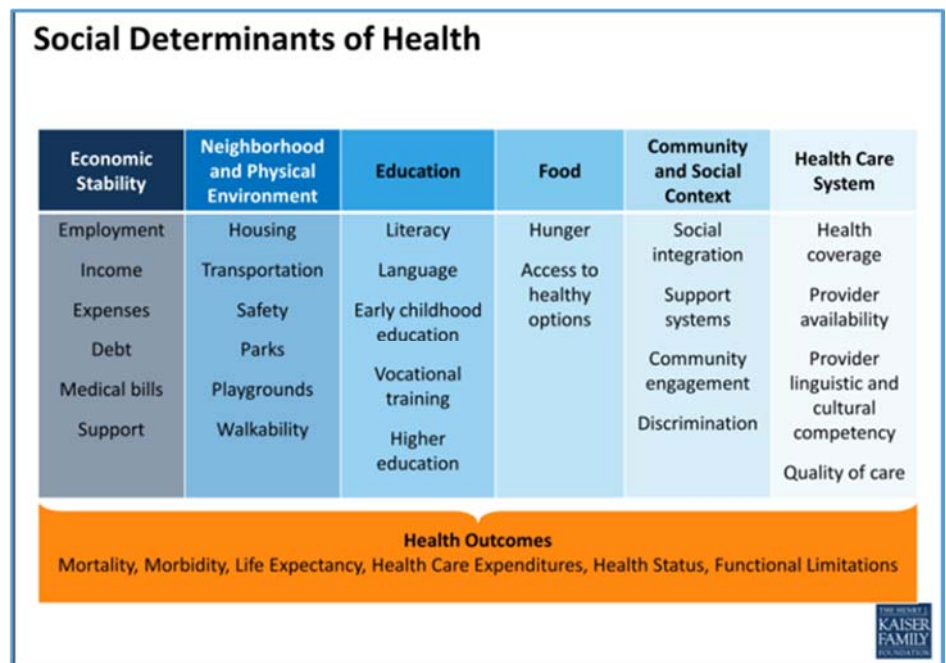
NWD is increasing active collaboration with state agencies such as the Department of Human Services Medicaid and Vocational Rehabilitation Divisions; the Department of Health Executive Office on Aging, Adult Mental Health Division, Developmental Disabilities Division, Disability and Communication Access Board, Hawaii State Council on Developmental Disabilities, 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.

External Influences: Recent years have brought unprecedented changes in the aging network itself. The burgeoning numbers of seniors coupled with the astronomical rise in health care costs have created an entirely new paradigm that demands a new way of conducting business. The convergence of aging and healthcare have necessitated that AAAs adapt and grow into a more health-care driven environment.

Services that previously has been siloed from health care as “social” interventions are now viewed as integral to assisting individuals gain and maintain a healthy lifestyle. The health care sector now recognizes the importance of addressing these health-related social needs referred to as the Social Determinants of Health.

The Social Determinants of Health: According to the Centers for Disease Control and Prevention, the social determinants of health are “the conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes.”

The Kaiser Family Foundation identifies the six primary components of the social determinants of health as economic stability; neighborhood and physical environment; education; food; community and social context; and the health care system. For further details, please reference the infographic to the right, “Social Determinants of Health”.



Medical care is estimated to account for only 10-20 percent of the modifiable contributors to healthy outcomes for a population. With this estimate, one can conclude that the social determinants of health contribute to as much as 80 percent of overall health outcomes.

Since the implementation of Social Assistance Management System (SAMS) in 2012 (now known as WellSky Aging and Disability), the Maui County Office on Aging has been collecting valuable data that relates to the social determinants of health. As mentioned previously, area agencies on aging serve as the single point of entry for persons seeking assistance through public programs. The services and resources offered by the Maui County Office on Aging compliment the care a patient receives in the clinical setting, which promotes greater patient health outcomes, independence, and overall quality of life.

According to the research article, “Cross-Sectoral Partnerships by Area Agencies on Aging: Associations with Health Care Use and Spending”, the analysts believe that findings suggest that Area Agencies on Aging may be a promising source of leadership for cross-sectoral partnerships that effectively address both social and medical determinants of health for older adults, who account for a substantial share of overall health care spending.

Their research also indicates that partnerships between Area Agencies on Aging and health systems improve the following:

1. Emergency department visits are reduced.
2. Readmission rates are decreased.
3. Increased compliance with health care provider orders.
4. Improved medication management.
5. Improved primary care visit follow-up
6. Substantial cost savings within health systems (and the probability of increased Medicare reimbursement due to improved outcomes).

During the course of this Four-Year Plan, MCOA anticipates a growing emphasis on the importance of working closely with the health care sector. The AAA network has a rich history—more than 50 years of experience—in working directly with seniors to minimize the negative impact of Social Determinants of Health (SDOH) by helping to meet those needs. With the widespread recognition that SDOH have a greater impact on overall health than the actual medical care received, the network is at the ready to promote successful aging on many levels.

Additional external influences that impact the direction and intent of MCOA include initiatives such as Age Friendly Communities; Dementia-Friendly Communities; and Age-Friendly Health Systems which is the joining of Public Health and Aging. With the trend towards an aging population, fewer and fewer public initiatives exist that disregard potential impacts on seniors.

Issues such as the acute awareness of the importance of family caregivers, serious illness and end of life issues, and the growing opioid crisis directly correlate to the everyday work of AAAs across the nation. The demand for practical help for seniors coupled with the gap between the very real need and the amount of funding available to meet that need means that the network must both seek additional funding and carefully ensure that the available resources are directed to those for whom no other help exists.

Targeting of Services

The Older Americans Act, as amended in 2016, 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 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 who are Holocaust survivors;
- 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 Community Living is leading efforts to rebalance long-term services and supports. The ADRC model promises to remain a continued 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. *Strengthen the Statewide ADRC System for Kūpuna 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;
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Objectives
<i>1-1: Support community initiatives, agencies and programs that assist older adult to stay healthy active and socially engaged.</i>
<i>1-2: Ensure the evidence-based Enhance®Fitness (EF) Program is readily available to older adults and persons with disabilities throughout Maui County</i>
<i>1-3: Promote a comprehensive falls prevention program within the County of Maui.</i>
<i>1-4: Increase opportunities for purpose and fulfillment by addressing isolation and loneliness.</i>

GOAL 2: Forge Strategic Partnerships and Alliances that Will Give Impetus to Meeting Hawaii’s Greatest Challenges for the Aging Population;
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Objectives
<i>2-1: Identify and pursue new avenues that lead to revenue generation opportunities in order to meet the increasing demand for services.</i>
<i>2-2: Pursue avenues to increase the number of Dementia-Friendly (Dementia-Capable) agencies and communities in the County.</i>
<i>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.</i>
<i>2-4: Enhance MCOA Partnership with the Local, State and Federal Veterans Entities.</i>
<i>2-5: Maintain active influence in the area of developing livable communities.</i>

GOAL 3: Strengthen the Statewide ADRC System for Kūpuna 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: Increase MCOA's involvement in the No Wrong Door Initiative.

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: Maximize MCOA capacity to support caregivers through person-centered direct services trainings, and educational opportunities.

4-3: Examine and address current transportation concerns for older adults and disabled persons in Maui's communities.

4-4: Expand MCOA's intergenerational programs and efforts.

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

Objectives

5-1: Meet people at their point of need with person-centered services and programs delivered in a timely and effective manner.

5-2: Educate older adults and the community at large on abuse, neglect, and exploitation so that risk of harm is reduced.

5-3: Promote awareness of culturally appropriate LTSS planning/education including the end-of-life.

5-4: Ensure 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.



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 adults to stay healthy, active and socially engaged.*

Major Action Steps to Achieve Objectives	Completion Date
1. Maintain Access & 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. Support community initiatives in the provision of the Stanford Self-Management Programs- Better Choices, Better Health (BCBH).	Ongoing

Outcomes

- Older adults report having positive and meaningful lives and improved functioning.
- Older adults are more aware of local programs and are able to access available resources.
- Community residents continue to have access to self-management programs designed to improve overall health outcomes.

Effectiveness Measures

- 75% of surveyed participants report having positive, meaningful lives.
- 80% of participants report increased awareness of engagement opportunities.
- 100% of partner agencies report satisfaction with MCOA support and technical assistance.

1-2: 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

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| 2. Increase visibility and outreach of the EF program through the development and implementation of an expanded public relations effort. | Ongoing |
| 3. Provide advocacy for the program’s financial stability by grant application assistance and state legislative advocacy with the Statewide Healthy Aging Partnership. | Ongoing |
| 4. Maintain Enhance®Fitness license through Senior Services by complying with program fidelity and reporting requirements. | As required |
| 5. Actively participate in the Statewide Healthy Aging Partnership, a coalition dedicated to embedding evidence-based promotion programs into Hawaii’s communities | Quarterly |
| 6. Start an Enhance®Fitness class on Moloka’i. | Fall 2021 |

Outcomes

- 400 unduplicated individuals will participate in EF annually
- 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 Measures

- 90% of EF classes remain at capacity.
- 75% of EF participants demonstrate improved or maintained levels of physical functioning.
- 90% of MCOA outreach events, presentations, speaking engagements, multi-media, etc. will include written information regarding EF.
- MCOA will initiate an EF class on Molokai.

1-3: Objective to meet goal: *Promote a comprehensive falls prevention program within the County of Maui.*

Major Action Steps to Achieve Objectives

Completion Date

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| 1. Co-sponsor, support and promote initiatives and activities designed to increase public awareness of falls prevention. | Ongoing |
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| 2. Support planning efforts on county and state level regarding falls prevention. | Ongoing |
| 3. Advocate for increased use of home risk assessments to reduce residential falls risks. | Ongoing |
| 4. Continue to offer Enhance®Fitness and support organizations that provide similar exercise as a way to increase an individual’s sense of balance. | Ongoing |

Outcomes

- 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.
- Older adults in Maui County will receive in-home fall risk assessments.

Effectiveness Measures

- 100% of seniors receiving home and community based services through MCOA will receive falls risk screening.
- 100% of seniors deemed at risk for falls receive a referral for an in-home fall risk assessment.
- 75% of Enhance®Fitness participants maintain or improve balance as demonstrated by fitness checks.

1-4: Objective to meet goal: Increase opportunities for purpose and fulfillment by addressing isolation and loneliness.

Major Action Steps to Achieve Objectives	Completion Date
1. Work with volunteer organizations that help older adults to recruit, retain and utilize volunteers.	Ongoing
2. Assess all older adults receiving home and community-based services for social isolation and loneliness.	Ongoing
3. Partner with and support other volunteer programs that work with older adults and people with disabilities in the County.	Ongoing
4. Provide appropriate referrals to community agencies that offer paid and unpaid engagement opportunities.	Ongoing

Outcomes

- Increased community awareness of programs that offer opportunities for engagement.
- Older adults are engaged in the community and satisfied with their worth.

Effectiveness Measures

- 100% of those assessed with having feelings of isolation and loneliness will be offered the opportunity to have a corresponding support plan goal.
- Percentage of volunteers retained by contracted providers.

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.*

Major Action Steps to Achieve Objectives	Completion Date
1. Actively pursue third-party insurance reimbursement for evidence-based health promotion programs, i.e. Silver&Fit®	October 2020
2. Receive approval to initiate a private-pay option for service delivery to seniors with evident financial capacity to contribute.	July 2020
3. Support statewide efforts to obtain Medicaid Federal Financial Participation reimbursement.	July 2020

Outcomes

- 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 Measures

- Maintain or increase the percentage of EF costs that are supported by health insurance reimbursement.
- Maintain or increase the percentage of operational costs that are supported by third-party payments and/or private-pay individuals.

2-2: Objective to meet the goal: 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.	Annually
2. Provide Dementia-Capable training to contracted service providers, community agencies and businesses, and the general public.	Annually
3. Embed Dementia-Friendly community tenets in all events and trainings sponsored by MCOA.	Ongoing

Outcomes

- 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 more dementia-friendly community.

Effectiveness Measures

- 100% of MCOA staff will receive annual training in Dementia-Capable tenets.
- At least one staff member from 95% of contracted provider agencies will receive Dementia-Capable training.
- 80% of training participants will report an increased awareness of dementia and its effects on individuals and family members.

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.

Major Action Steps to Achieve Objectives	Completion Date
1. Identify and participate with a community partner agency in the development of a home modification program.	October 2019
2. Develop a process to determine eligibility and referral for	December 2019

home modification assistance.

3. Implement the use of grant funds to provide home modifications through a partner agency. January 2020

Outcomes

- MCOA will establish a formal means by which to provide minor home modifications.
- Older adults will obtain meaningful home modification assistance.
- Individuals in the community will become informed about home modification resources that will facilitate aging in place.

Effectiveness Measures

- 100% of eligible seniors will be referred for home modification.
- 95% of seniors who receive minor home modification will report satisfaction with the results.

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

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| 1. Maintain capacity to serve veterans through the Veterans Directed Care (VDC). | Ongoing |
| 2. Continue exploring collaborative Veterans opportunities. | Ongoing |

Outcomes

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

Effectiveness Measures

- 100% of participants referred to the VDC will be assessed
- 90% of VDC participants will indicate that they are satisfied with the MCOA and the services they receive.

2-5: Objective to meet the goal: *Maintain active influence in developing livable and age-friendly communities.*

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 regarding home modifications.	Ongoing
3. Support the efforts of other community projects/coalitions doing similar work.	Ongoing

Outcomes

- Community leaders and the general public have a better understanding about livable communities.
- Maui County moves towards infrastructure and residential design that embrace the concepts of livable communities.
- Maui County Office on Aging will continue to actively engage in legislative advocacy efforts at the local, state, and federal level.

Effectiveness Measures

- Upon request of MCOA to attend or provide a presentation at a planning or a collaboration meeting, 95% of the time an MCOA staff member will be present and/or provide a presentation.
- MCOA will submit legislative testimony 90% of the time when applicable.

Goal 3 - Strengthen the statewide ADRC system for person with disabilities, older adults and their families.

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

Major Action Steps to Achieve Objectives	Completion Date
1. Continue to use the statewide standardized tools for	Ongoing

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| assessment, Support Planning, and Service Authorization. | |
| 2. Maintain agency participation in the Statewide Consolidated Database. | Ongoing |
| 3. Maintain and update inclusion of all service providers in the Statewide Consolidated Database. | Ongoing |
| 4. Continue to educate local and state elected officials regarding the need for continued ADRC funding. | Ongoing |

Outcomes

- 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 Measures

- MCOA receives favorable monitoring results from the Executive Office on Aging.
- 90% of individuals surveyed following assessment, Support Planning, and authorization of services express overall satisfaction of services
- 100% providers included in the Statewide Consolidated Database are in compliance with the Inclusion/Exclusion policy established by EOA.
- 100% of eligible Outreach staff will all obtain CRS-A/D Certification.
- 90% of MCOA’s staff will receive the Person Centered Organization training.

3-2: Objective to meet Goal: *Increase MCOA’s involvement in the No Wrong Door Initiative.*

Major Action Steps to Achieve Objectives	Completion Date
1. Actively distribute educational and informational materials.	Ongoing
2. Participate in the bimonthly No Wrong Door Cross-Door Information Sharing Meetings	Ongoing
3. Maintain active engagement in the No Wrong Door Advisory Committee Meetings.	Ongoing

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| 4. Maintain the virtual ADRC through the online portal and online searchable database. | Ongoing |
| 5. Implement a mobile capable website, which will enable community members to discover information from the convenience of their smartphone, tablet or other mobile device. | Ongoing |

Outcomes

- The community will continue to 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 Measures

- 90% of resource library visitors expressed satisfaction with the resources available to them.
- 95% of website survey respondents will indicate that they are satisfied with the services available online.

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 Steps to Achieve Objectives	Completion Date
1. Implement MCOA’s Language Access Plan in Collaboration with the State Executive Office on Aging.	June 2020
2. Acquire and distribute the most commonly requested informational brochures in a variety of languages.	Ongoing
3. Ensure that all MCOA staff members know how to access interpreters when necessary.	Ongoing
4. Increase overall staff knowledge of, access to and use of assistive technologies in appropriate circumstances.	Ongoing

Outcomes

- 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.

Effectiveness Measures

- 100% of participants requesting language assistance will receive appropriate Language Access assistance.
- 100% of translatable materials that are requested for translation into another language will be completed 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.*

Major Action Steps to Achieve Objectives	Completion Date
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

Outcomes

- MCOA and community provider partners actively collaborate to strengthen the in-home direct service workforce.
- 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.

Effectiveness Measures

- 90% of individuals at risk for institutionalization remain safely at home for a minimum of twelve months.
- 90% of persons receiving services from MCOA and service providers indicate satisfaction.
- 100% of Maui County communities have access to at least one LTSS service.

4-2: Objective to meet the goal: *Maximize MCOA capacity to support caregivers through person-centered direct services, trainings, and educational opportunities.*

Major Action Steps to Achieve Objectives	Completion Date
1. Investigate opportunities to expand Caregiver Respite to include institutional settings.	January 2021
2. Strengthen the provision of Caregiver Respite services in-home as well as community settings through the Kūpuna Caregivers Program.	Ongoing
3. Maintain the provision of supplemental Caregiver Meals.	Ongoing
4. 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
5. Co-sponsor and provide funding for evidence-based Caregiver programs and Caregiver training, support, and counseling activities.	Ongoing

Outcomes

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

Effectiveness Measures

- 80% of Caregivers demonstrate a reduction of stress as indicated by assessment.
- 90% of Caregivers report satisfaction with services provided.
- 90% of Caregivers served report increased knowledge.

4-3: Objective to meet the goal: *Examine and address current transportation concerns for older adults and disabled persons in Maui’s communities.*

Major Action Steps 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
4. Provide advocacy and support to increase affordable transportation options for Maui County residents.	Ongoing

Outcomes

- Transportation becomes more accessible to older adults and people with disabilities in Maui County in a participant-directed manner.
- Seniors and individuals with disabilities are more aware of available transportation options.

Effectiveness Measures

- 75% of transportation recipients report satisfaction with available transportation options/services.
- 80% of informational Maui County Transportation Option Guides taken to outreach and educational events are distributed.

4-4: Objective to meet the goal: *Expand MCOA's intergenerational programs and efforts.*

Major Action Steps to Achieve Objectives	Completion Date
1. Increase awareness of the supports and services available to multigenerational families.	Ongoing
2. Participate in community events that provide education and support to multigenerational families.	Annually
3. Connect grandfamilies with appropriate resources and assistance.	Ongoing

Outcome

- Multigenerational families obtain the information and support they need.

Effectiveness Measures

- 90% of multigenerational families receiving support and assistance report satisfaction with services received.
- 90% of assisted multigenerational families report increased awareness of available resources.

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

5-1: Objective to meet goal: *Meet people at their point of need with person-centered services and programs delivered in a timely and effective manner.*

Major Action Steps to Achieve Objectives	Completion Date
1. Embed a Person-Centered philosophy into all operational aspects of the agency and promote person-centered service delivery among direct service providers.	Ongoing
2. Manage waitlists effectively to ensure that individuals obtain service at an optimum time.	Ongoing
3. Support and maintain the Community Living Program (CLP).	Ongoing
4. Maintain Community-Based Care Transitions Program (CCTP) in collaboration with Maui Memorial Medical Center.	Ongoing

Outcomes

- Staff develop mastery in using person-centered approaches.
- Participants believe that their individualized Support Plan reflects personal choices and priorities.
- CLP participants continue to live at home in their community.
- Participants have support to make successful transitions from hospital to home and avoid unnecessary hospital readmissions.

Effectiveness Measures

- 100% of staff members utilize person-centered practices and philosophy.
- 100% of persons receiving services are offered the opportunity to create an individualized Support Plan that reflects their choices and priorities.
- 90% of CLP participants have the supports and services necessary to remain in their homes.
- 80% of CCTP participants avoid unnecessary hospital readmissions.

5-2: Objective to meet goal: *Educate older adults and the community at large on abuse, neglect, and exploitation so that risk of harm is reduced.*

Major Action Steps to Achieve Objectives

Completion Date

- | | |
|--|---------|
| 1. Maintain the current APS 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. Assure culturally-appropriate multimedia educational materials and programs are 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 |

Outcomes

- Community members report that they are more aware of the resources and protocols as to reporting elder abuse.

- The incidence of abuse and neglect of vulnerable older adults in Maui County decreases.
- Older Adults and family 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 Measures

- 90% of individuals receiving information indicate increased knowledge and awareness.
- 100% of MCOA staff members appropriately refer suspected incidences of abuse to APS.

5-3: Objective to meet goal: *Promote awareness of culturally appropriate LTSS planning/education including the end-of-life.*

Major Action Steps to Achieve Objectives	Completion Date
1. Assist in the coordination of LTSS 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. MCOA will provide Five Wishes in a minimum of five languages.	Ongoing

Outcomes

- Older adults will acquire advance health care directives.
- Community members will have access to Five Wishes in the most common languages spoken in the community.
- Maui’s older adults are self-assured because they have planned for aging and the end of life.

Effectiveness Measures

- 80% of program participants who indicated the absence of an advance healthcare directive will possess an advance healthcare directive upon reassessment.
- 100% of MCOA staff are trained annually in LTSS planning and education including end of life.

5-4: Objective to meet goal: *Ensure 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 Steps 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. | Ongoing |
| 5. Utilize the ADRC Website as an ongoing education venue about emergency preparedness. | Ongoing |
| 6. Collaborate with Maui County Civil Defense, VOAD, and DOH Disaster Preparedness Coalitions. | Ongoing |

Outcomes

- 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 Measures

- 100% of MCOA participants have a personalized disaster preparedness plan.
- 100% of community service providers have a written disaster plan.
- 100% of Home-Delivered Meal recipients will receive a minimum of a five-day supply of emergency food rations.

PART IV Funding Plan

Previous Year Expenditures for Priority Services (FY 2018)

-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 (\$)	FY 18 Actual Expenditures (\$)	% for Title III Categories
Access			
Information & Assistance	28,625	70,937	25%
Outreach	14,313	20,104	7%
Subtotal	42,938	91,041	32%
In-Home			
Case Management	14,313	18,003	6%
Subtotal	0	18,003	6%
Legal	57,250	60,470	21%
Subtotal	57,250	60,470	21%
Title III Part B Total	100,188	169,514	59%

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
	2020	2021	2022	2023	2020	2021	2022	2023		2020	2021	2022	2023	
ACCESS														
Information & Assistance	2,113	2,109	2,104	2,100	4,114	4,196	4,280	4,365	Contacts	\$72,356	\$75,279	\$76,784	\$78,320	NB
Information & Assistance										\$44,566	\$46,366	\$47,293	\$48,239	A
Information & Assistance										\$27,731	\$28,851	\$29,428	\$30,017	S
Outreach	3,396	3,403	3,409	3,416	3,527	3,666	3,810	3,960	Contacts	\$20,896	\$21,720	\$22,576	\$23,465	NB
Outreach										\$12,870	\$13,645	\$14,182	\$14,741	A
Case Management										\$8,008	\$8,491	\$8,825	\$9,173	S
Case Management	1,287	1,332	1,378	1,426	3,273	3,388	3,506	3,629	Hours	\$206,340	\$217,833	\$225,457	\$233,348	NB
Case Management										\$159,415	\$168,294	\$174,184	\$180,281	A
Case Management										\$99,196	\$104,721	\$108,387	\$112,180	S
Transportation	298	304	310	316	11,988	12,252	12,521	12,797	Trips	\$275,102	\$286,777	\$293,086	\$299,534	A
Transportation										\$18,943	\$19,360	\$19,786	\$20,221	S
Transportation										\$15,308	\$15,644	\$15,988	\$16,340	PI
SUPPORTIVE: IN-HOME														
Chore	45	44	43	42	286	285	285	285	Hours	\$6,806	\$6,799	\$6,793	\$6,786	A
Homemaker	433	438	442	446	8,902	9,008	9,116	9,226	Hours	\$221,930	\$224,593	\$227,288	\$230,016	S
Homemaker										\$2,829	\$2,862	\$2,897	\$2,932	PI
Personal Care	205	202	199	197	14,009	13,547	13,100	12,667	Hours	\$207,088	\$200,254	\$193,646	\$187,255	S
Personal Care										\$137,875	\$133,325	\$128,925	\$124,671	A
Personal Care										\$643	\$622	\$601	\$581	PI
Adult Day Care	146	147	148	149	43,536	46,584	49,845	53,334	Hours	\$172,444	\$184,515	\$197,431	\$211,251	S
Adult Day Care										\$100,018	\$107,019	\$114,510	\$122,926	A
Friendly Visiting	974	974	974	974	18,182	18,182	18,182	18,182	Visits	\$108,000	\$108,000	\$108,000	\$108,000	S
Telephone Reassurance	357	357	357	357	11,864	11,864	11,864	11,864	Calls	\$12,000	\$12,000	\$12,000	\$12,000	S
NUTRITION														
Congregate Meals	934	914	895	876	69,610	68,983	68,362	67,747	Meals	\$108,570	\$107,593	\$106,625	\$105,665	NC1
Congregate Meals										\$202,170	\$200,350	\$198,547	\$196,760	S
Congregate Meals										\$198,339	\$196,554	\$194,785	\$193,032	NO
Congregate Meals										\$65,663	\$65,072	\$64,486	\$63,906	PI
Home Delivered Meals	776	801	828	855	100,240	100,441	100,641	100,843	Meals	\$90,999	\$91,181	\$91,363	\$91,546	NC2
Home Delivered Meals										\$180,397	\$180,758	\$181,119	\$181,482	NO
Home Delivered Meals										\$69,724	\$69,863	\$70,003	\$70,143	S
Home Delivered Meals										\$70,197	\$70,338	\$70,478	\$70,619	PI
Home Delivered Meals										\$104,566	\$104,795	\$105,005	\$105,215	A
Nutrition Education	1,705	1,716	1,723	1,732	15,522	15,569	15,616	15,663	Sessions	\$2,500	\$2,500	\$2,500	\$2,500	NC-1
Nutrition Education										\$2,500	\$2,500	\$2,500	\$2,500	NC-2
LEGAL														
Legal	592	598	604	610	1,520.82	1,529.95	1,539.13	1,548.36	Hours	\$60,833	\$61,198	\$61,565	\$61,934	NB
Legal										\$141	\$142	\$143	\$143	PI
CAREGIVER SUPPORT														
Information Services	2,287	2,324	2,361	2,399	78	86	93	102	Activity	\$6,600	\$6,600	\$6,600	\$6,600	NE
Support Groups and Training	74	74	75	76	166	168	169	171	Sessions	\$26,638	\$26,877	\$27,119	\$27,363	NE

Programs, Services and Activities	Unduplicated Persons				Units of Service				Unit Type	*Total Amount				Source Code
	2020	2021	2022	2023	2020	2021	2022	2023		2020	2021	2022	2023	
	Support Groups and Training													
Respite - Day Care	126	130	134	138	29,740	31,346	33,038	34,822	Hour	\$6,044	\$6,098	\$6,153	\$6,209	S
Respite - Day Care														
Respite - Personal Care	-	-	-	-	-	-	-	-	Hour	\$34,809	\$36,689	\$38,670	\$40,759	NE
Respite - Personal Care	-	-	-	-	-	-	-	-	Hour	\$151,063	\$159,221	\$167,819	\$176,881	S
Respite - In Home	90	92	93	95	3,849	4,057	4,276	4,507	Hour	\$21,231.71	\$22,378.22	\$23,586.64	\$24,860.32	NE
Respite - In Home														
Supplemental Services: Legal	9	9	10	10	97	127	167	219	Requests	\$92,139.70	\$97,115.24	\$102,359.46	\$107,886.87	S
										\$3,893.67	\$5,104.60	\$6,692.13	\$8,773.39	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

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):

Categories of Services	Percent
*Access	15%
In Home	5%
Legal	20%
Total Percent	40%

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



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 a 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 8/21/19

95 MAHALANI STREET, RM 20

WAILUKU, HAWAII 96793

(Applicant's mailing address)

By Michael P Victorino

Michael P. Victorino, 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

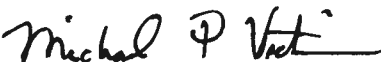
99-60000618
IRS-Employee Identification Number

WAILUKU
City

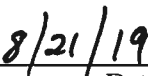
808-270-7755
Phone Number

HAWAII 96793
State, Zip

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



Michael P. Victorino, Mayor, County of Maui



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

Date 8/21/19

Michael P. Victorino
Michael P. Victorino, 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 73224-73228) 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 2016.

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



Michael P. Victorino, 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

Position with Lead Authority for Decision-Making for Defined Responsibilities

1. General Administration

Descriptive Position Title

Overall program administration

County Executive on Aging

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

County Executive on Aging

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

County Executive on Aging

Hiring of staff resources

County Executive on Aging

Organization of staff resources

County Executive on Aging

Liaison to Council On Aging

County Executive on Aging

Public relations/information

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

Overall program policy

County Executive on Aging

Contracts management

ADS Program Specialists

Fiscal Management

County Executive on Aging, Accountant III

Personnel Management

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

Information management/reporting

County Executive on Aging, ADS Program Specialists, Accountant III

Primary Area Agency Responsibilities

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

2. Program Planning

Descriptive Position Title

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

ADS Program Specialist responsible for
Data Analysis

Resource identification/grantsmanship

County Executive on Aging,
ADS Program Specialists,
Accountant III

3. Advocacy

Descriptive Position Title

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

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 Specialists I-V

Primary Area Agency Responsibilities	Position with Lead Authority for Decision-Making for Defined Responsibilities
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	Department of Housing and Human Concerns Director’s Office, County Executive on Aging, 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	County Executive on Aging, ADS Program Specialists
Providing technical assistance to service providers under the area plan	ADS Program Specialists
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
Assessing the meaning of monitoring and evaluation information on developing comprehensive and coordinated service for older people in the planning and service area	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, 2016)

Assisted Transportation: Assistance and transportation, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation. (FSRR, 2016)

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, 2016).

Chore: Assistance such as heavy housework, yard work or sidewalk maintenance for a person. (FSRR, 2016)

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, 2016)

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))

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)

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, 2016)

Homemaker: Assistance such as preparing meals, shopping for personal items, managing money, using the telephone or doing light housework. (FSRR, 2016)

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, 2016)

Legal Assistance: Legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney. (FSRR, 2016)

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, performed by a registered dietician or the health professional functioning within their legal scope of practice. (FSRR, 2016)

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, 2016)

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, 2016)

Personal Care: Personal assistance, stand-by assistance, supervision or cues. (FSRR, 2016)

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: Curb-to-curb transportation for older persons who require help in getting from one location to another using a vehicle. Does not include any other activity. (FSRR, 2016)

2. Services to Caregivers

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, 2016)

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, 2016)

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, 2016)

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, 2016)

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, 2016)

3. Facilities

Focal Point: A facility established to encourage the maximum co-location 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 two 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))
- (3) **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))
- (4) **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))

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))

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))

High Nutritional Risk: An individual who scores six (6) or higher on the “DETERMINE your Nutritional Risk Checklist” published by the Nutritional Screen Initiative. (FSRR, 2016).

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, 2016)

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)

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, 2016)

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, 2016)

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, 2016)

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

African American or Black: A person having origins in any of the black racial groups of Africa. (FSRR, 2016)

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, 2016)

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, 2016)

Caucasian or White: A person having origins in any of the peoples of Europe, the Middle East, or North Africa. (FSRR, 2016)

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. (FSRR, 2016)

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)

Native Hawaiian or Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands. (FSRR, 2016)

6. Other Definitions

Aging and Disability Resource Center (ADRC): 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))

Kūpuna: Hawaiian word for elder, grandparent, or ancestor.

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))

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, 2016)

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))

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))

Volunteer: An uncompensated individual who provides services or support on behalf of older individuals. (FSRR, 2016).

Sources:

(FSRR) Federal and State Reporting Requirements, 2016

(OAA) Older Americans Act, as reauthorized and amended, 2016



**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, 2018 through June 30, 2019

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	\$362,989.00
ADRC	\$ 247,631.00

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 scheduled for the DRAFT County Area Plan which coincided with the Council on Aging meeting on Tuesday, June 4, 2019.

COUNCIL ON AGING
June 4, 2019
12:30 p.m.
J. Walter Cameron Center
95 Mahalani Street
Wailuku, HI 96793

MEETING MINUTES

Call to Order: 12:35 p.m.

Introductions

Members Present: Katherine Smith, Robert Carroll, Mei Lani Aki, Judith Mikami, Lois Prey, Hannah Werth, Debra Cabebe, and County Councilmember Yuki Lei Sugimura

Members Excused: Kathleen Harrowby, Vivian Lindsey

Members Absent: Susan Lussier, Doreen Forsberg, Miguel Morales

Guests Present: None

County Staff Present: Deborah Stone-Walls (Office on Aging), Alida Murray (Office on Aging), Claudette Medeiros (Office on Aging) Kevin Dusenbury (Office on Aging), Vicki Belluomini (Office on Aging)

Topic/ Agenda Item	Discussion	Action
Introductions	Introductions of Members and County Staff Present Since the Chair and Vice Chair roles are currently vacant, Councilmember Carroll agreed to facilitate the meeting.	
Review/Appr ove Minutes	Members reviewed the April 9, 2019 meeting minutes.	Councilmember Prey moved to approve the minutes; Councilmember Sugimura seconded. Motion carried unanimously.
New Business	a. Nomination for Vacant Position Openings i. Chair (for the 2019-2020 Board Year)	Councilmember Prey nominated Councilmember

	<p>ii. Vice Chair (for the 2019-2020 Board Year)</p> <p>b. A brief discussion ensued as to a change in the start time of the meeting to ensure Councilmember Cabebe had offered the use of a conference room at MEO. For the present, the meeting will remain at 12:30pm at the Cameron Center conference room.</p>	<p>Carroll as Chair and Councilmember Forsberg as Vice Chair. Councilmember Sugimura seconded. Motion carried unanimously.</p>
<p>MCOA Report</p>	<p>a. Maui County Office on Aging Four-Year Area Plan on Aging – Public Hearing</p> <p>Executive on Aging, Deborah Stone-Walls, introduced the draft Area Plan and noted that it is required by the Older Americans Act for every aging agency in America. These area plans vary from two to five years. Maui County's Area Plan is for the next 4 years. Over 400 surveys and a variety of focus groups were used to obtain the information from community members and groups in every area, Central, Hana, Molokai, Lanai, and Upcountry. The information gathered from these various communities helps inform the next 4 years covered in the Area Plan. The Office on Aging has until June 12 to receive input from the public and from the Council on Aging. This Council has the opportunity to steer the Office on Aging in the direction the Council thinks is best for the community. Ms. Stone-Walls summarized the five goals consistent with the State's goals for each county as mandated by the Older Americans Act of 1965. Ms. Stone-Walls then summarized the objectives that support these goals. For each one of the goals and objectives, there are major action steps to achieve each objective with anticipated outcomes for each goal and effective measures to ascertain if those goals and objectives have been met. The prevailing viewpoint is that in order for older adults to age well, remaining active and engaging in their communities is key. To that end, one of the objectives is to ensure the evidenced-based Enhanced Fitness program is readily available to older adults and persons with disabilities throughout Maui County. Ms. Stone-Walls identified a gap in both Molokai and Hana. A barrier to developing Enhanced Fitness in these two areas is the lack of individuals who would meet the criteria for certification at the national and state level. A discussion ensued regarding the national certification process necessary for an evidenced-based program. Ms. Stone-Walls noted that as a community, it is prudent to support and encourage elderly individuals to remain</p>	<p>No other public testimony was made/given.</p>

	<p>active and healthy to help them avoid or delay the need for in-home services. This area plan has a forward focus on health and wellness. A summary sheet of the Enhanced Fitness program was distributed. Bob Carroll will present information on the program to Hale Hulu Mamo. Ms. Stone-Walls discussed the current pursuit of Medicaid money that can become available to our Community as a way of expanding revenue sources. The idea is to keep people at home with their needs met and not on Medicaid. The more people on Medicaid, the more of a financial burden on our overall State system, stated Ms. Stone-Walls. She noted that it has been estimated that by tracking the amount of time MCOA employees assist seniors to delay enrollment on Medicaid and the amount of time employees assist eligible individuals to apply for Medicaid, Maui could pull in an additional \$450,000 per year. She went on to say that dementia awareness is another area that the Office on Aging is seeking to make inroads, particularly with the business community. Ms. Stone-Walls stated that the Office on Aging will continue to look at ways we can interact with the business community, however, there would seem to be a barrier to business engagement. MCOA is doing some work with the Alzheimer's Association to that end. Although there is recognition of the huge impact that individuals with dementia will have on our economy, there isn't sufficient interest in addressing ways to mitigate that impact. The discussion segued into a discussion regarding bracelets that can be used to track individuals with dementia who wander off. Vicki Belluomini of the Office on Aging spoke about Project Lifesaver. It is a band with GPS that an individual can wear that works in conjunction with the fire department. Ms. Stone-Walls noted that previously on Maui some families felt that having this tracking device was a violation of civil rights and prohibited ongoing interest in the project. The Office on Aging remains interested, however, in pursuing a re-boot. Ms. Belluomini said she would revisit what the status of the Project Lifesaver program is. She noted that because of the stigma of dementia, families were hesitant to participate. This is the prevailing attitude which also affects the business community making them reluctant to engage. Ms. Belluomini noted that The Office on Aging had held an evening dementia workshop, free of charge, for businesses, and very few businesses participated.</p>	
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	<p>She noted that there was a need to work more closely with the Alzheimer’s Association in order to engage with the business community with the idea that open discussion may help to reduce the stigma.</p> <p>Ms. Stone-Walls summarized the comments for the record to include the increase in marketing so that the Maui community has a better understanding of what programs the Office on Aging has available.</p> <p>b. World Elder Abuse Awareness Day Conference Update Vicki Belluomini provided information on the second World Elder Abuse Awareness Day. It will be at the Grand Wailea on Friday, June 14, 2019, from 8:30 am to 3:00 pm. A continental breakfast and lunch will be provided. It is a free, but invitation-only, conference with the primary focus to help professional service providers and care providers increase their awareness to identify and or prevent elder abuse when interacting with this vulnerable population. Members of the Council on Aging are invited as well as Adult Protective Services, community service providers, other area agencies, the Executive Office on Aging and members of the prosecutor’s office. There will be two keynote speakers from the mainland, Mr. Bob Blancato, who has been called “the father of elder justice in America” and Mr. Paul Greenwood, who started the nation’s first self-contained prosecution unit for elder abuse in San Diego.</p> <p>c. General Program Updates Commissioner Katherine Smith distributed the Veterans Report</p> <p>d. Personnel Update We have 3 open positions in the Access and Assistance section. A supervisor position, a case manager position and another direct service position in that section. We are pleased to have added Tony Krieg to our staff.</p>	
Additional Information	a. Legislative Update: Deferred to next meeting.	
Upcoming Events and	a. None	

Additional Information		
Agenda Items for Future Meetings	a. Discussion and presentation from Dr. Andrew Kayes, MD, regarding senior depression and suicide (tentative August 2019, pending availability of Dr. Kayes)	
Next Meeting Date	J. Walter Cameron Center August 13, 2019 Time: 12:30 p.m.	
Adjournment	1:35 p.m.	The meeting adjourned when a Councilmember had to leave the due to a schedule conflict.

Written Comments on Area Plan

NONE WERE RECEIVED

2018-19 Survey Findings



Older Adult Survey Summary- 683 responses

(Note: Survey period from October 2018 through March 2019)

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 congregational 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 adults 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

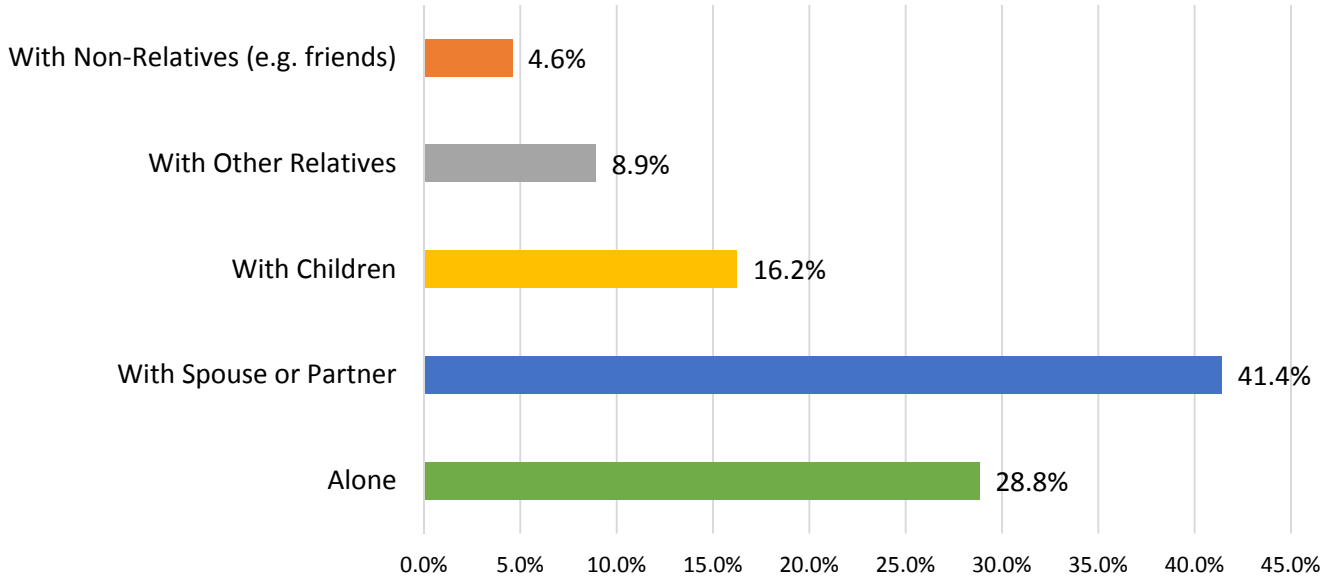
Female	83%
Male	17%

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%).

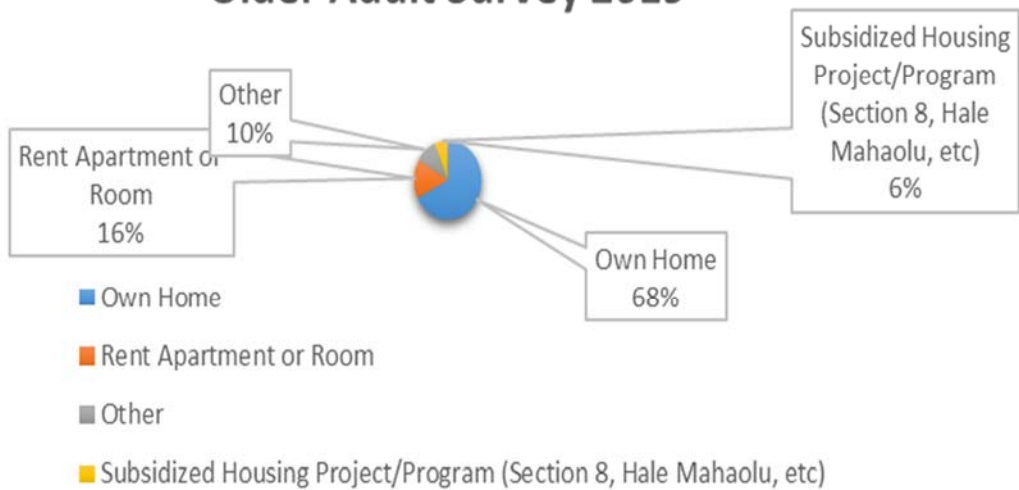
4. Who do you live with?

Current Living Situation Older Adult Survey 2019

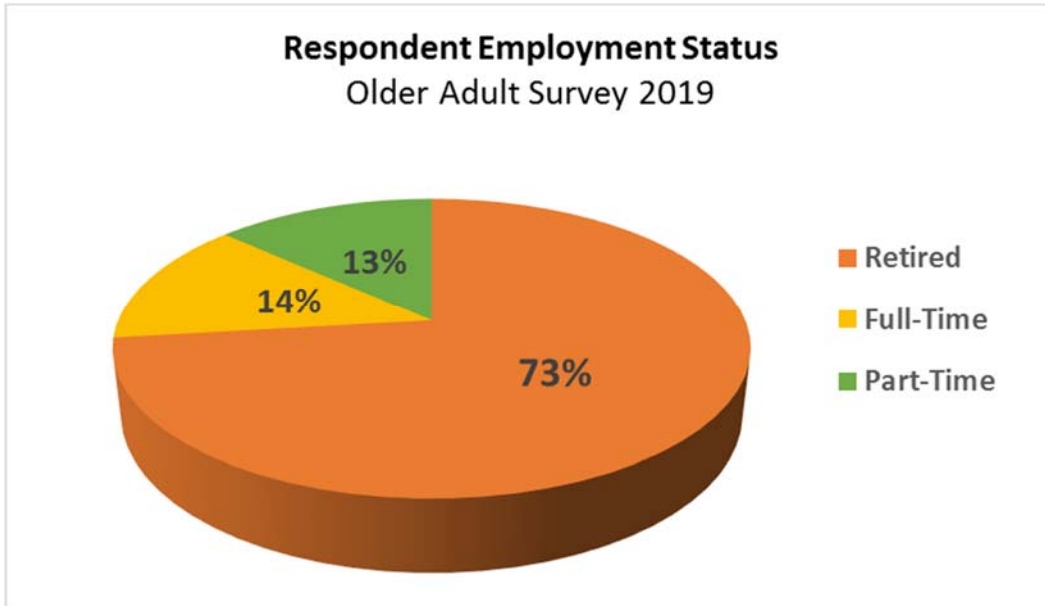


5. Where do you live?

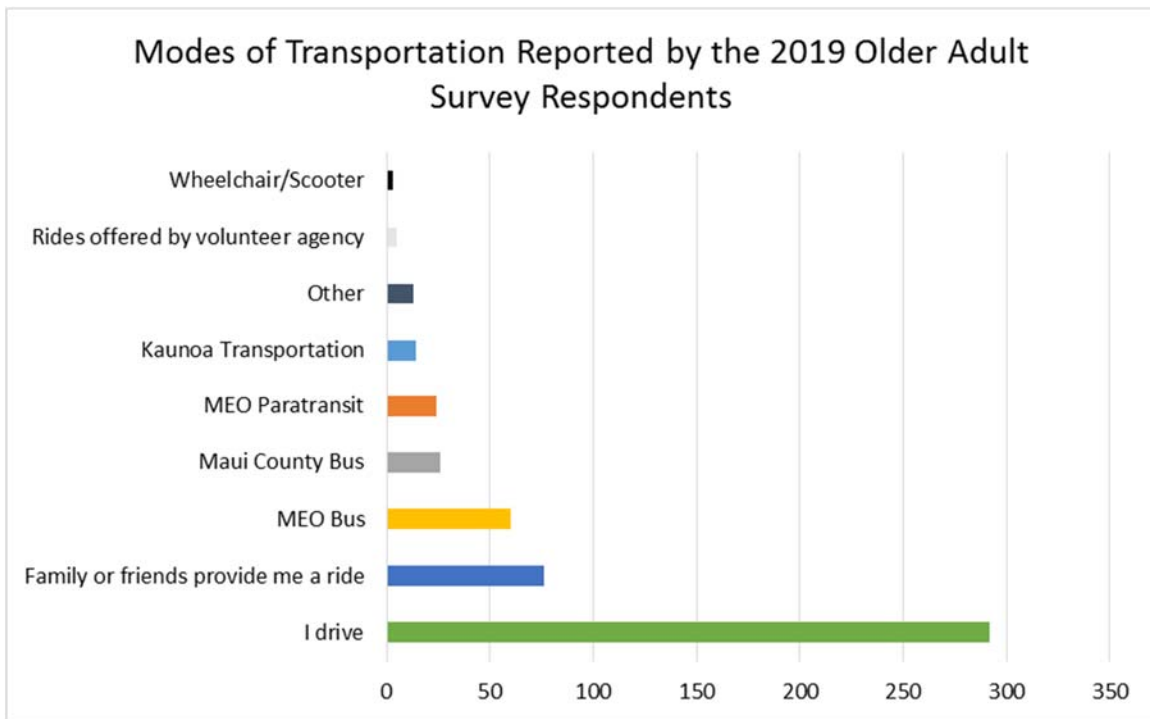
Respondents' Dwelling Types Older Adult Survey 2019



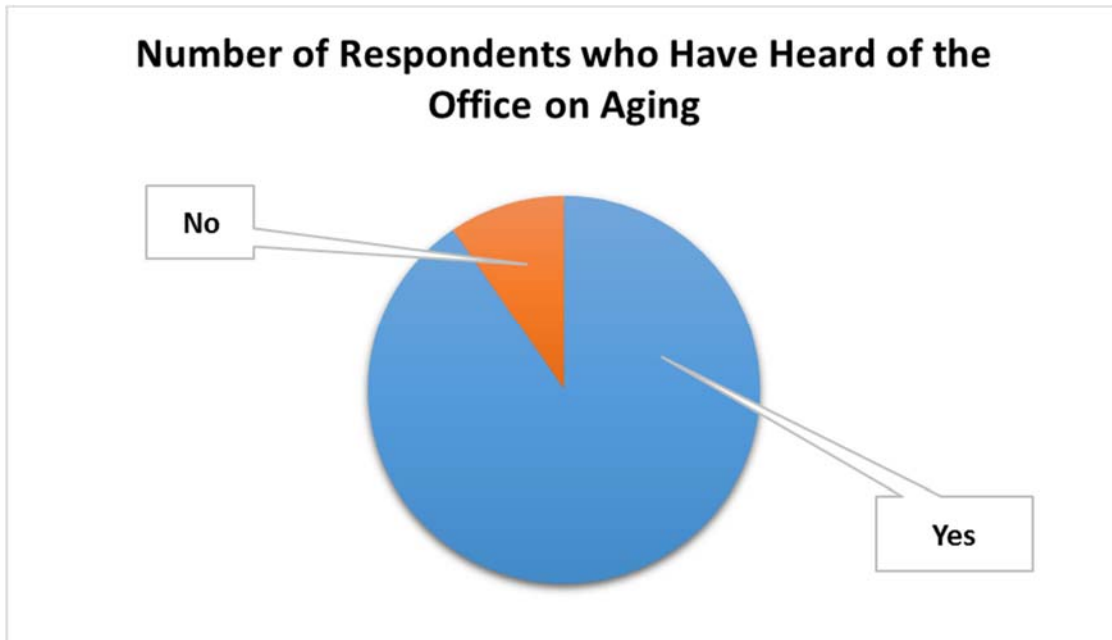
6. Are you currently employed?



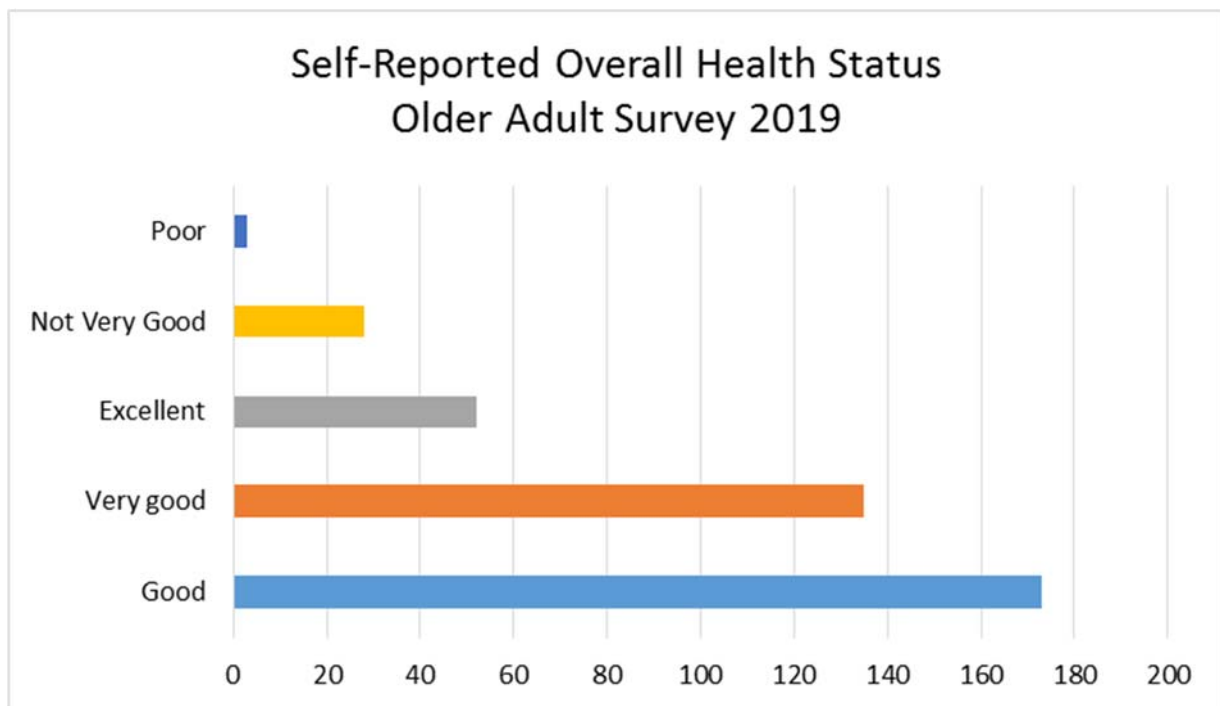
7. Types of transportation



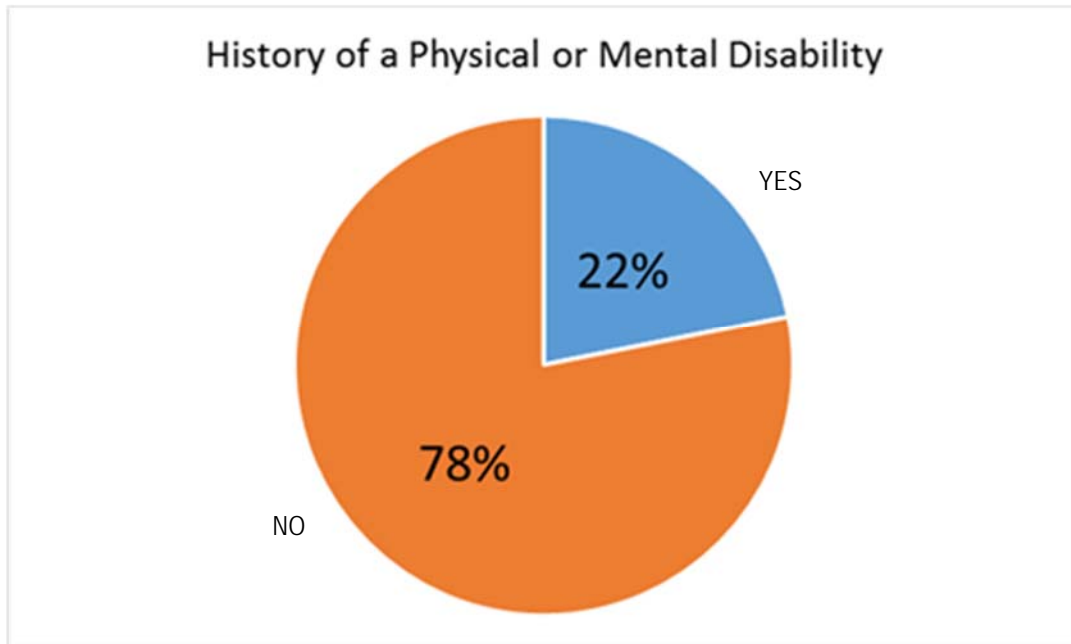
8.



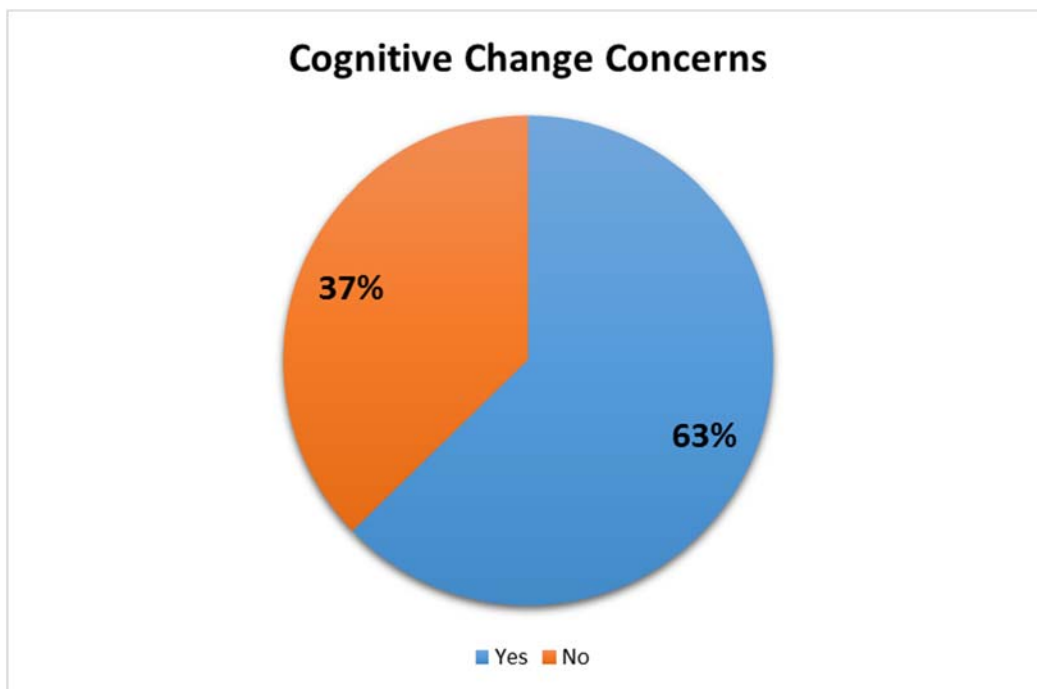
9. Over the last 12 months how would you rate or describe your overall health?



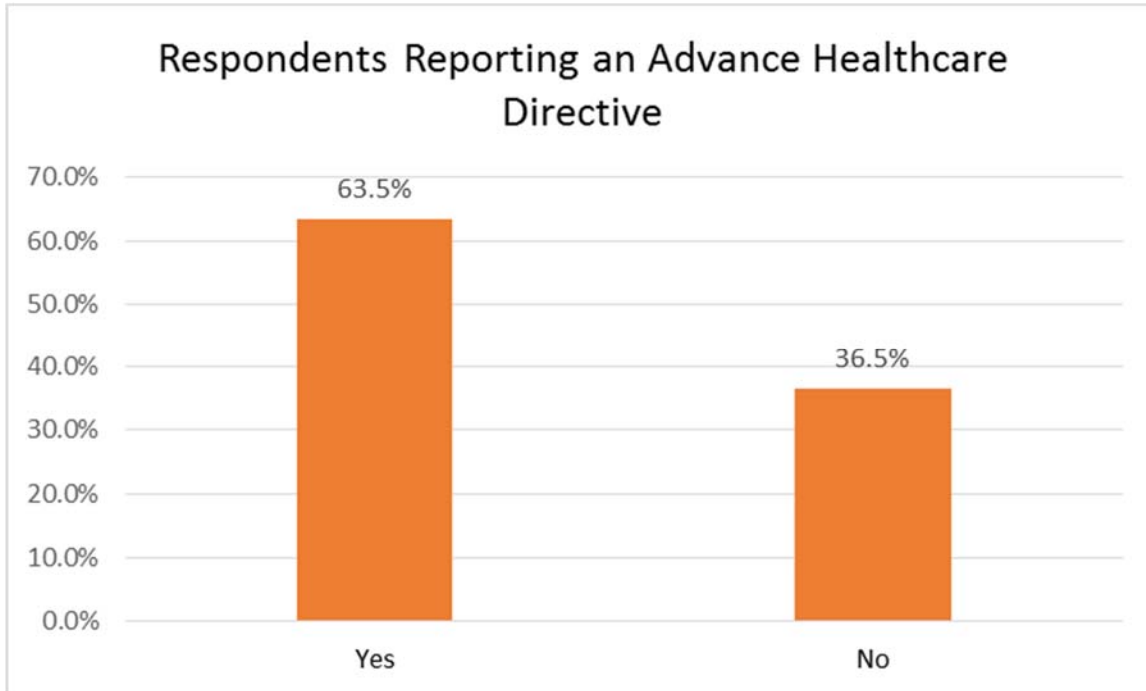
10.



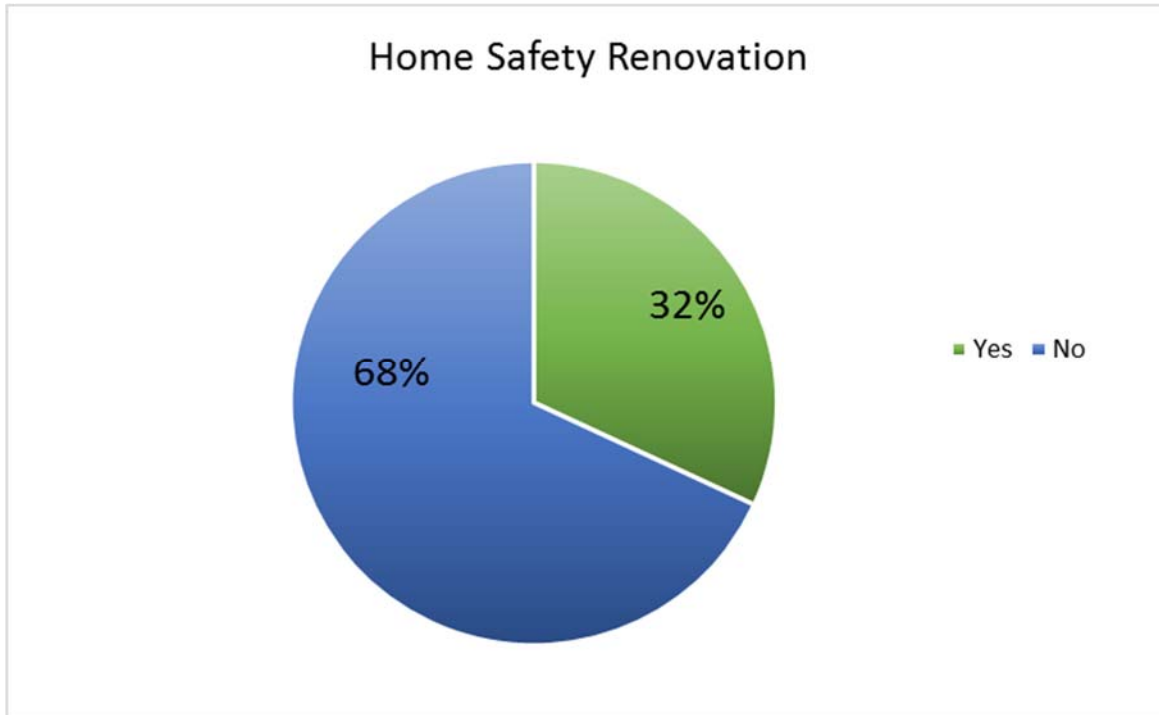
11. Are you concerned about developing or having to deal with dementia and/or cognitive changes?



12. Advance Health Care Directives



13. Have you had to remodel/renovate your home to make it more age-friendly (e.g. install grab bars, ramps, improve lighting)?



14. Do you volunteer?

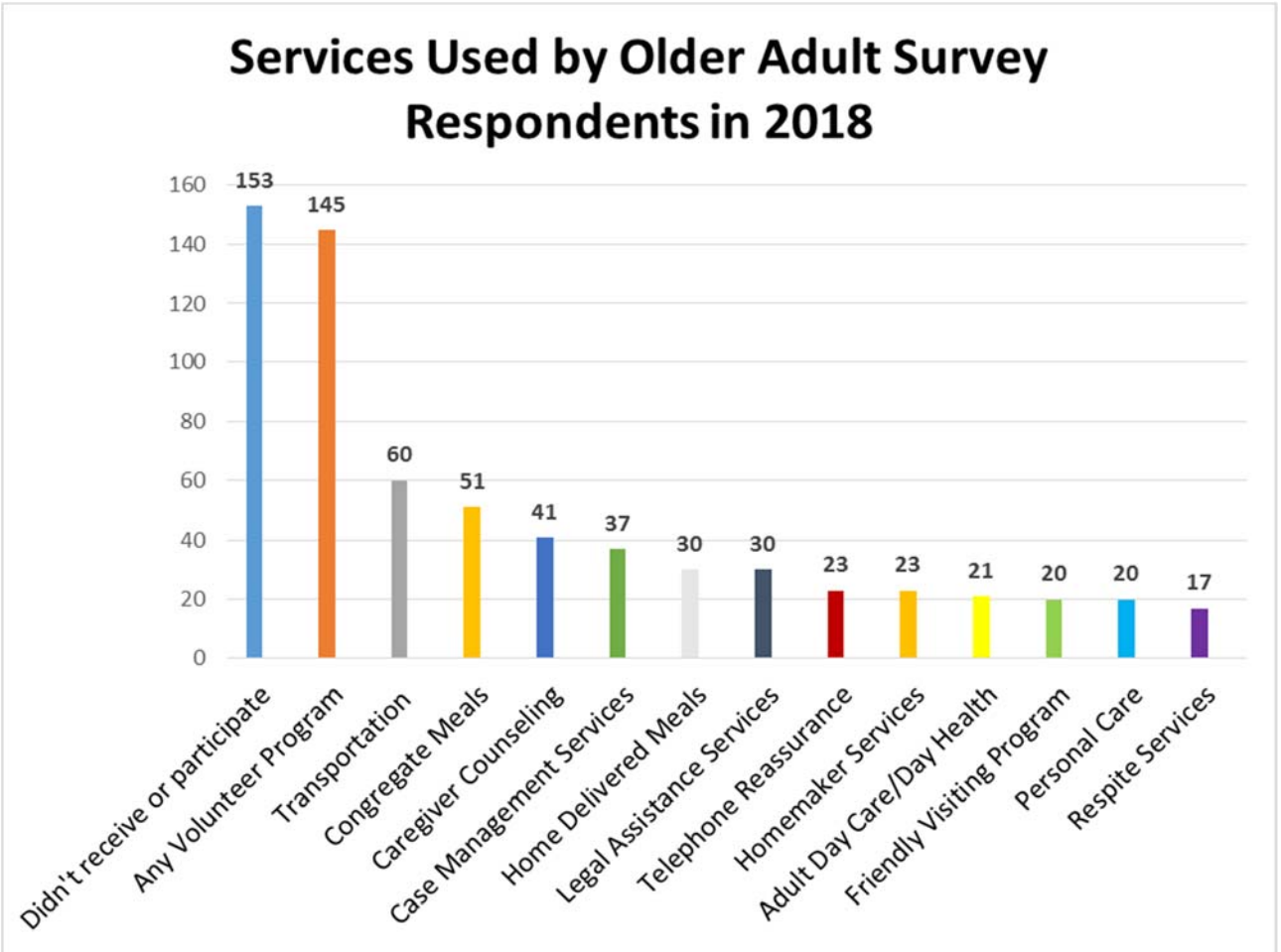
No 57%

Yes 43%

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



15. Services received or used in the last 12 months



16. Satisfied with services in Q 15

Yes 95%

No 5%

17. 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%

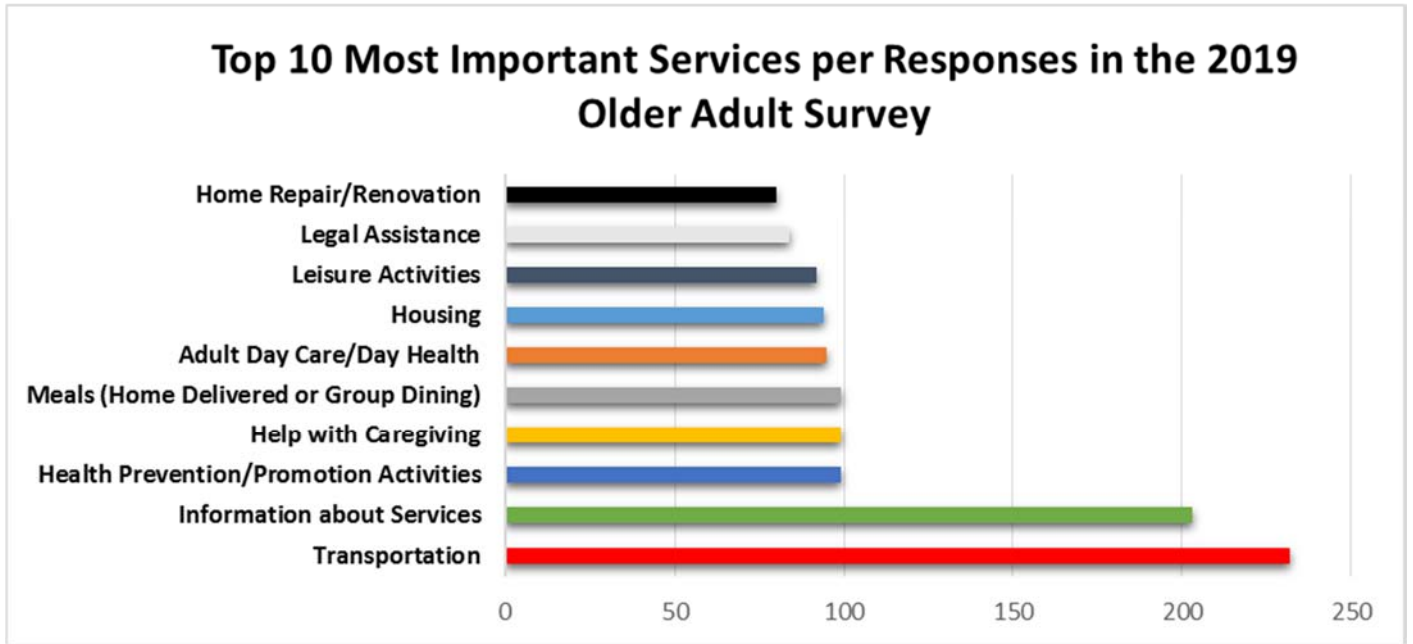
I don't want outsiders coming into my home 5%

Other 4%

I applied but was denied 3%

Not available during the times I needed them 3%

18. Top 10 services ranked according to importance to older adults (weighted averages)



Caregiver Survey Summary- 186 responses



(Note: Survey period from October 2018 through March 2019)

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 is 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 to learn “hands-on” personal- and medical-care techniques. The majority named respite as their most needed support.

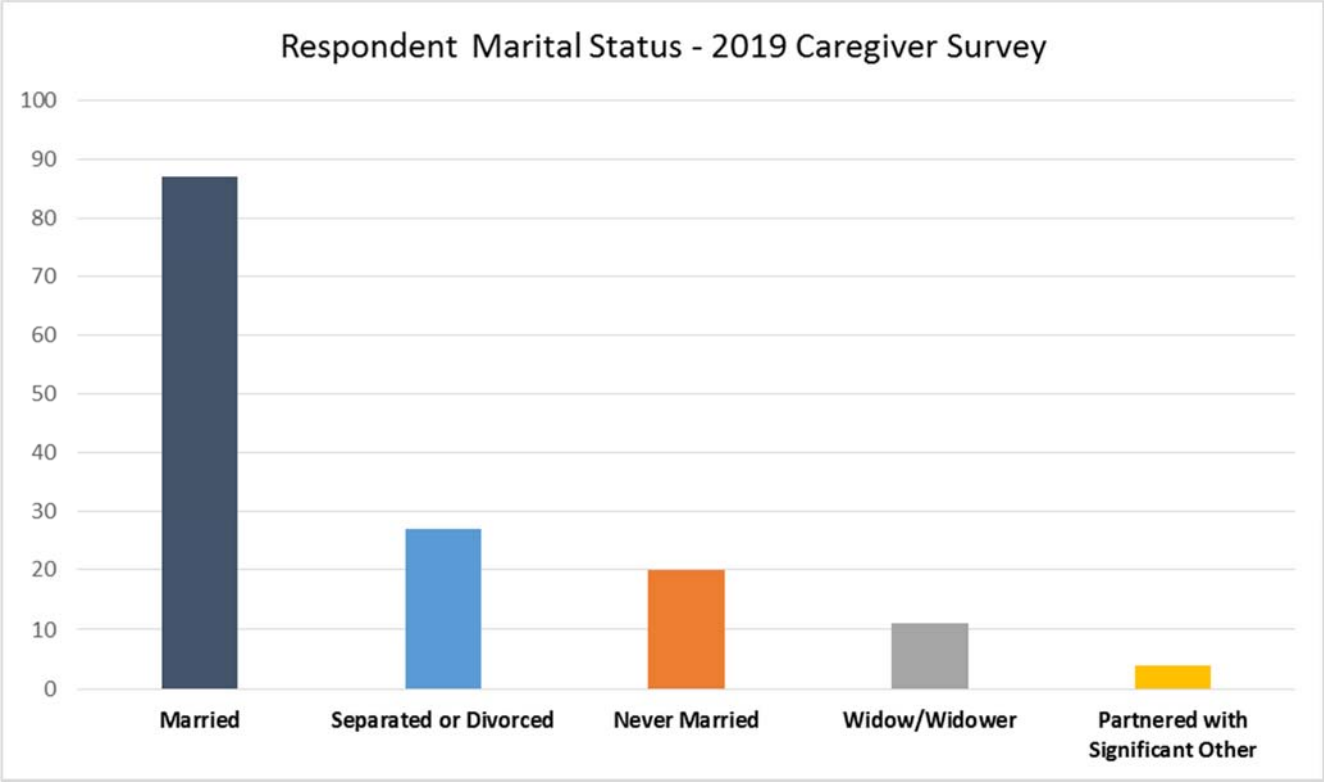
1. Gender:

Female 85% - Male 15%

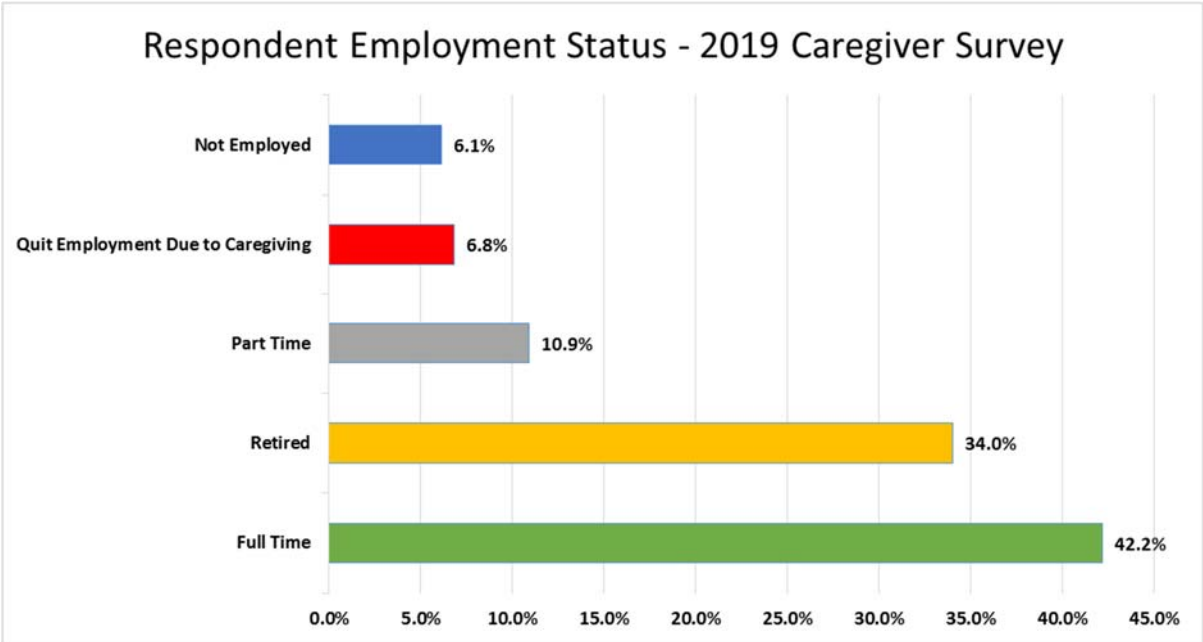
2. What is your age?

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

3. Marital status:

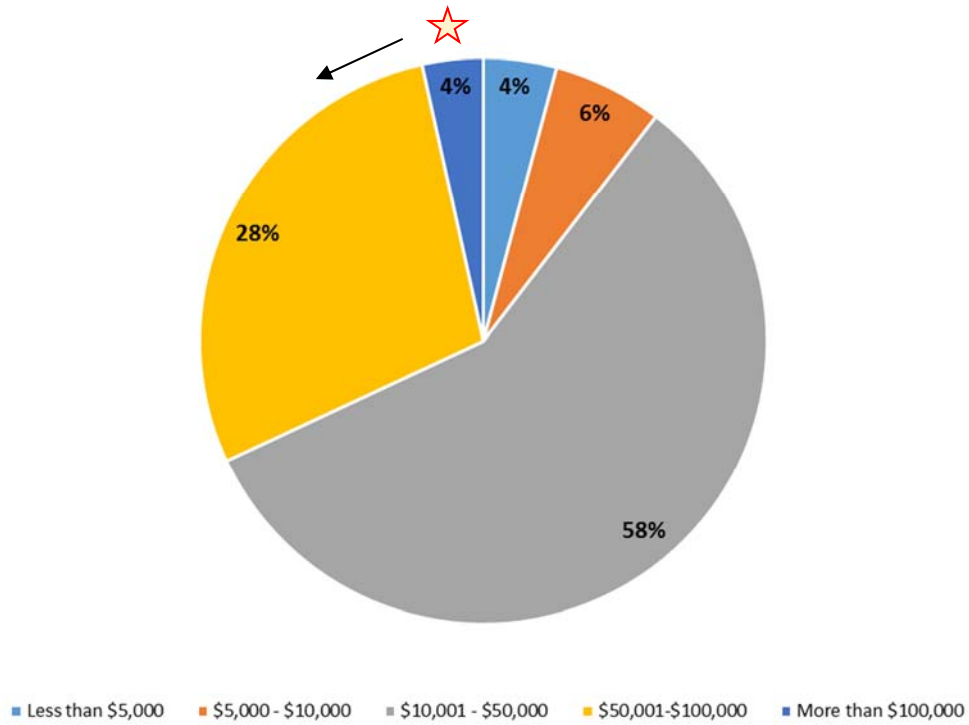


4. Employment Status

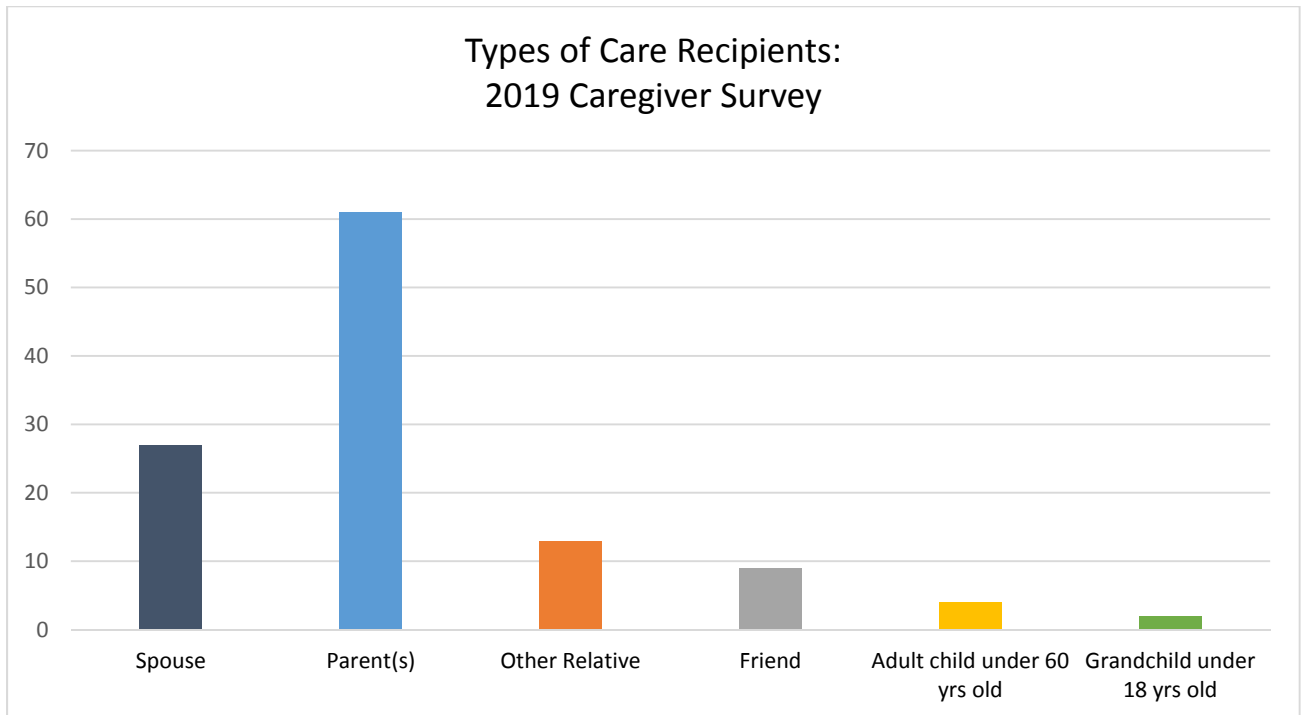


5. Personal Income

2019 Caregiver Survey: Reported Personal Income



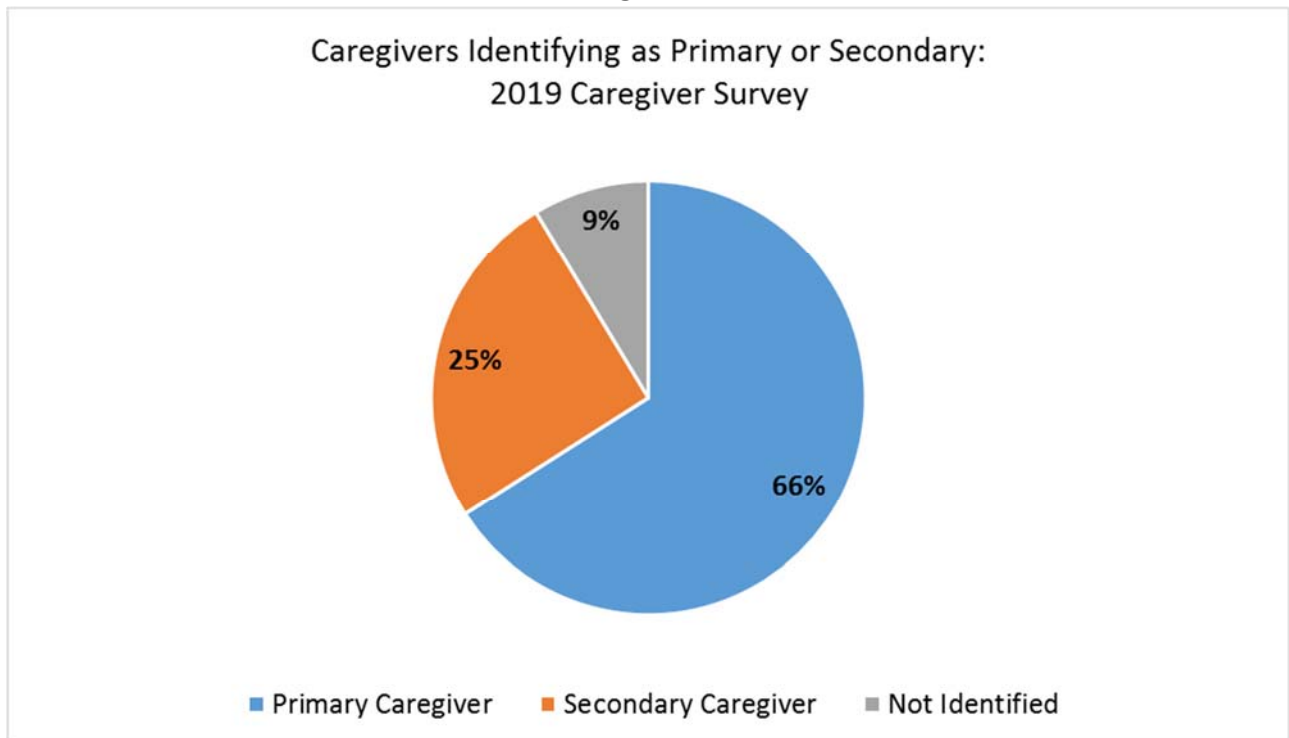
6. Who are you caring for?



7. How old is the person you care for?

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

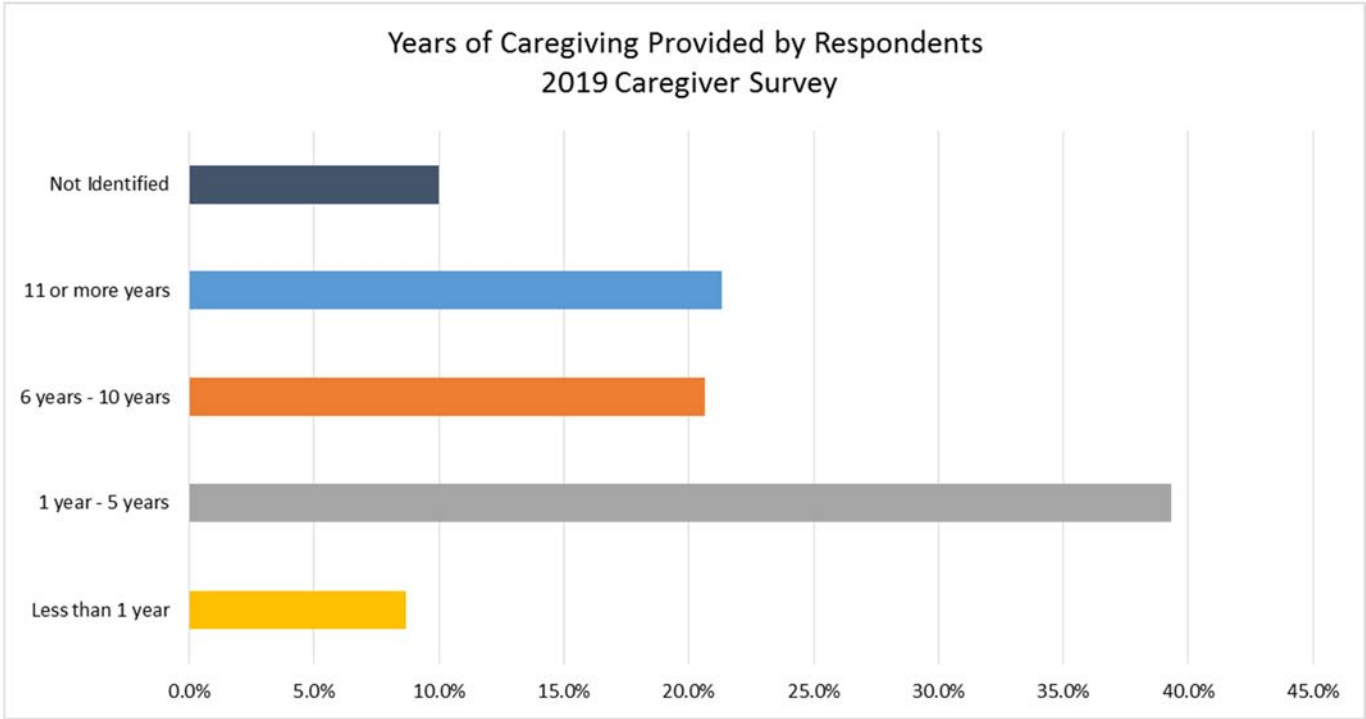
8. Are you the primary or secondary caregiver?



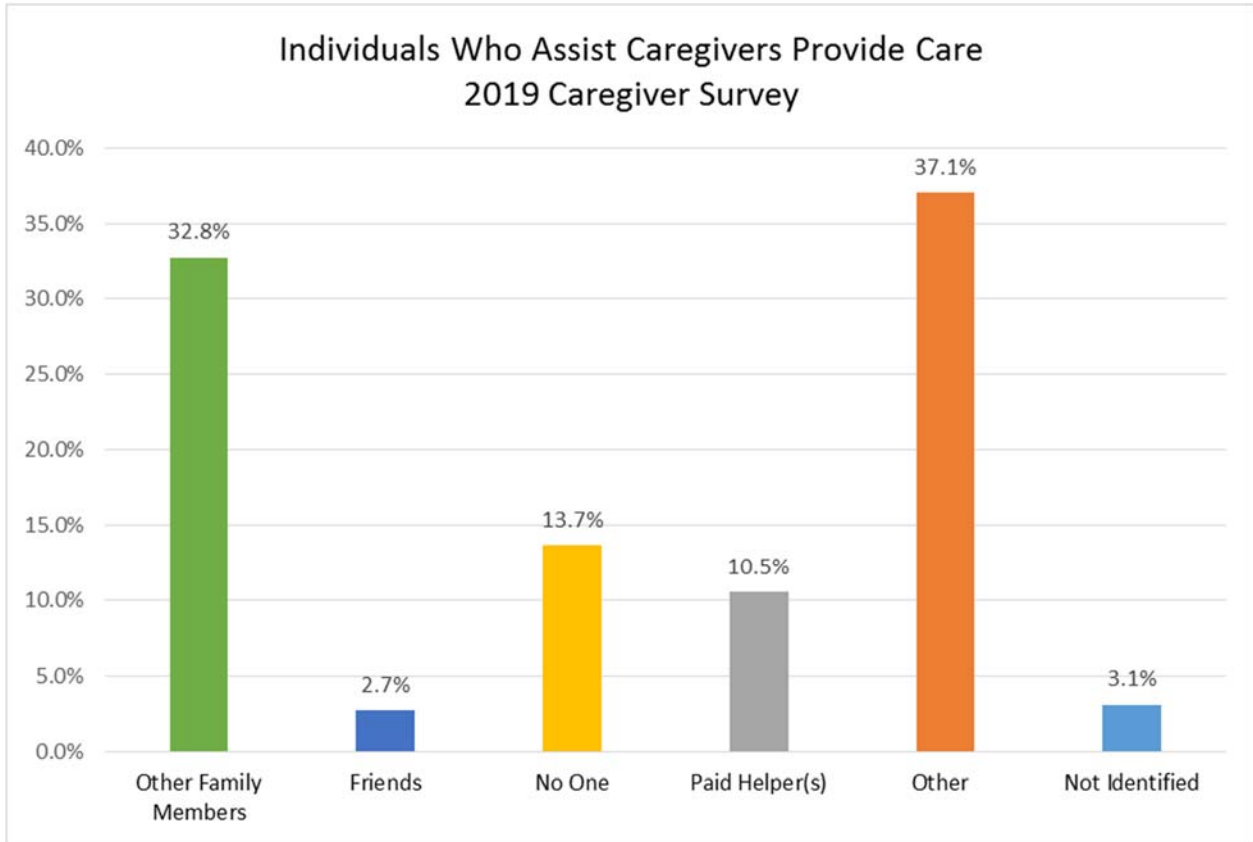
9. Do you live with the person you provide care for?

Yes	55%
No	40%
Not identified	5%

10. How long have you been providing care?



11. Who helps you provide care?



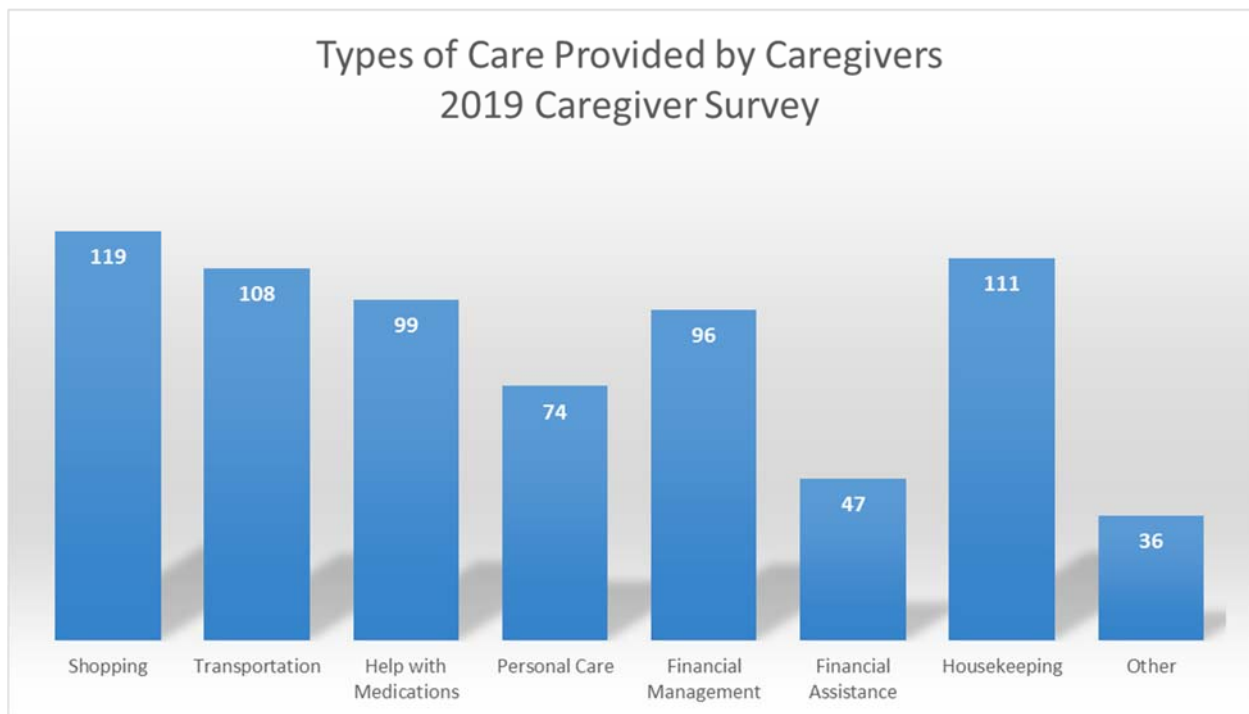
12. How often do you provide care during the week?

- Every day 60%
- 2-3 times per week 10%
- 4-5 times a week 11%
- Once a week 9%
- 6 times a week 2%
- Not identified 8%

13. Stress level of the caregiver

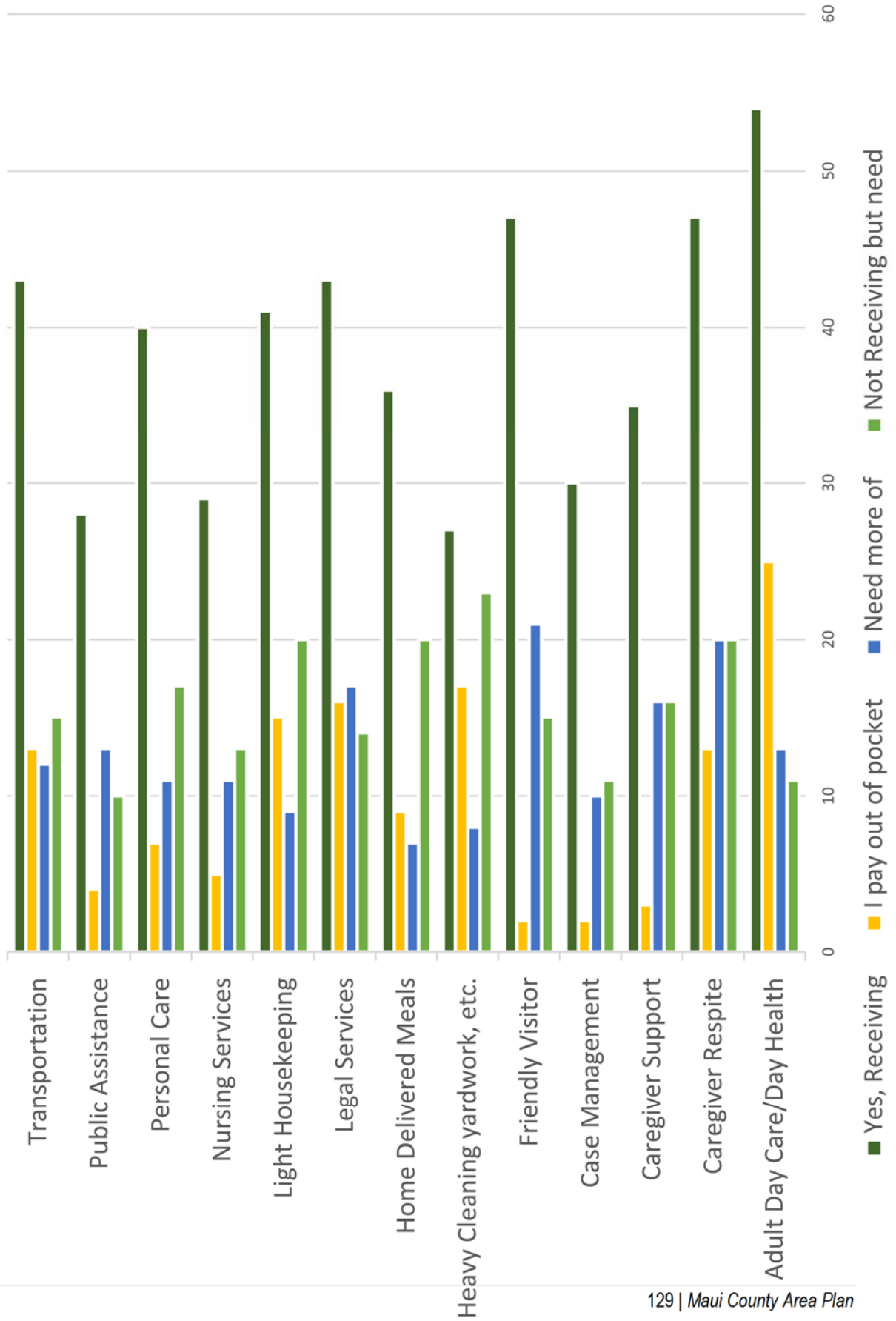
- Moderate 42%
- A lot 27%
- A little 23%
- None 2%
- Not identified 6%

14.



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

Services Summary



16. Do you have regular access to the Internet at home, work or other place?

Yes 86%

No 9%

Not identified 5%

17. 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%

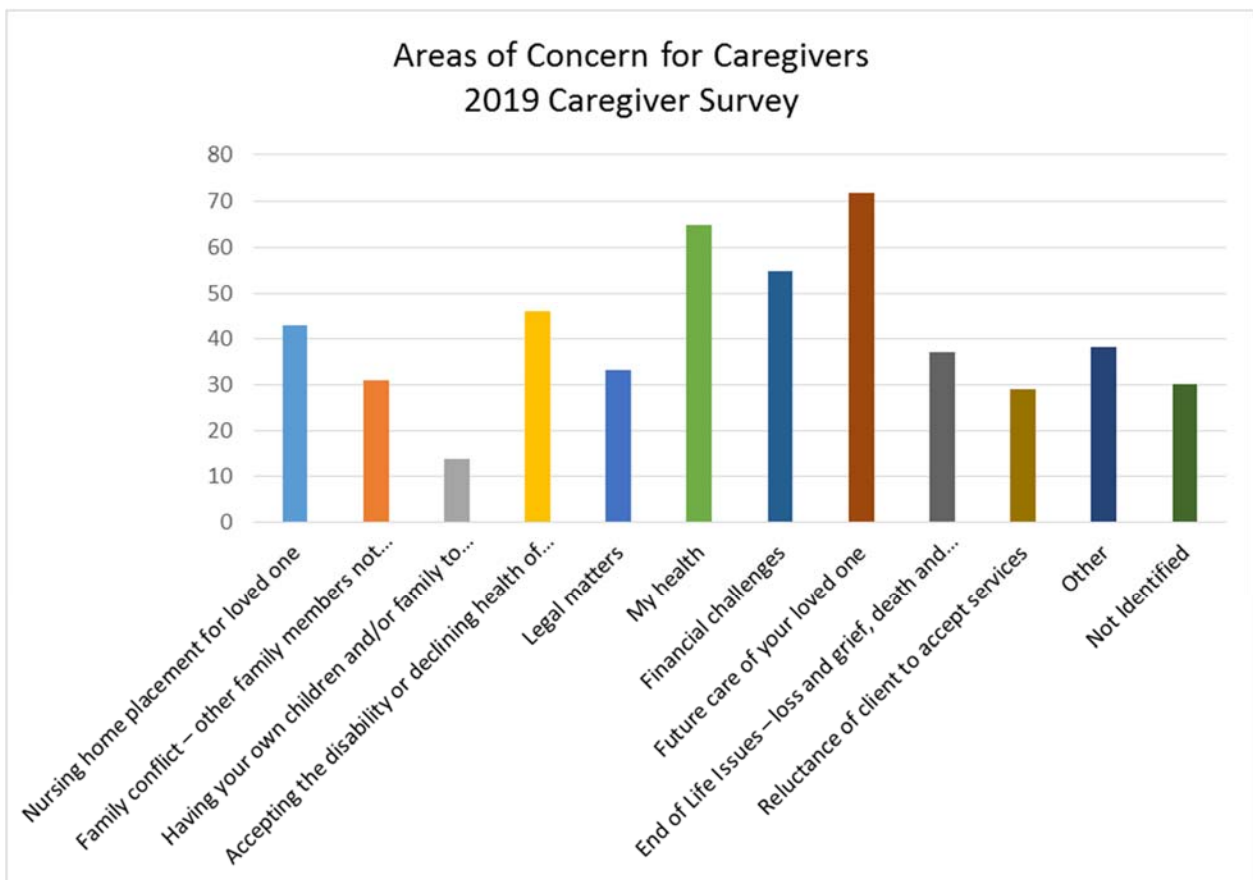
Not available during times I need it 8%

Don't want outsiders in the home 8%

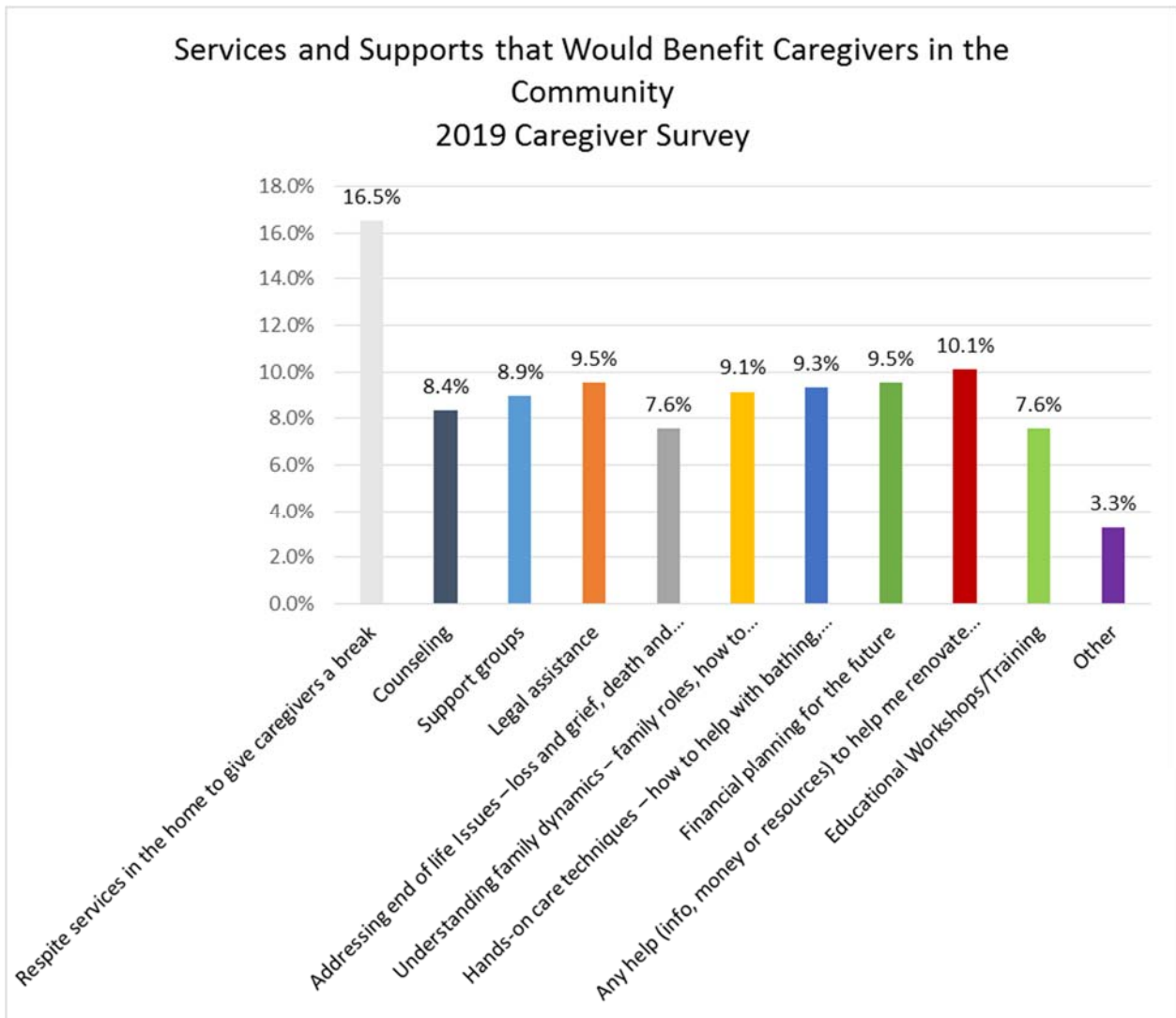
Applied but was denied 8%

Don't know how to get services/info 7%

18. What issues concern you as a caregiver?



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



Regional Focus Group Summaries

[Moloka'i - Central – East Maui – Lana'i – Upcountry – West Maui – South Maui]
Plus (1) Partners Roundtable Meeting

Background: Several focus group meetings or ‘talk-story’ sessions (and one partners’ roundtable meeting done in concert with Na Hoaloha, 9/2018) were held throughout the county in January 2019. 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: Kūpuna, adult from growing ethnic group, caregivers, community leader, someone receiving Kūpuna Care services, someone who doesn’t receive Kūpuna Care services, someone on Medicaid, Veteran status, Professional, long-time resident, new resident/transplant, retiree status, grandparent raising grandchildren.

The basic questions asked were relative to the specific community, what’s working and not working with regard to aging, services, trends, challenges, etc.

These lists are not meant to be exhaustive and only capture the feelings/sentiments of the given time.

MOLOKAI

Summary of Moloka'i Focus Group

What’s Working/Happy with:	What’s Not Working/Need for:
<ol style="list-style-type: none"> 1. Medicaid 2. Hospice 3. Rural Health Council 4. Home Pumehana- Hale Mahaolu 5. Volunteer Services 6. Adult Day care 7. Kūpuna Program- ALU LIKE, Central/Kaunakakai: Home (10)/Congregate (15-hospital meals) 8. ‘Ohana Health plan 9. County centers available 10. County Home-delivered meals: East- 4, West 3, Kaunakakai/Central – 5 11. MEO Transportation 	<ol style="list-style-type: none"> 1. Medicare: Not getting home services 2. Lack of awareness about programs and services 3. Medical coverage is not sufficient 4. Services not allowed to crossover 5. Meals- need availability 7 days a week 6. Need for more locally grown, healthy meals 7. Legal representation 8. Early detection and referral 9. Nutritionist/dietician- ongoing and active 10. Senior Companions 11. Long-term care: rehab, skilled nursing at home, Lomi lomi

	<ul style="list-style-type: none"> 12. Need help with installing smoke detectors, developing evacuation lists 13. The conversation about power of attorney, end-of-life planning 14. More networking 15. Better understanding of insurance benefits 16. Medical alert systems
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Central Maui

Summary of Central Maui Focus Group

What's Working/Happy with:	What's Not Working/Need for:
<ul style="list-style-type: none"> 1. Paratransit MEO (pleasant experience, reliable and good timings) 2. Plenty of exciting programs 3. MCOA 4. Kaunoa- active socialization, sense of place and family, especially for caregivers. A nice place to volunteer and/or take classes. 5. Certain health insurances could cover transportation (check with yours) 6. MEO clubs/services 7. "Hospice is a Bridge" 8. Creating stories- personal, inspiring and educational 	<ul style="list-style-type: none"> 1. MEO's transport schedule is limited (hours/days/reservations) 2. Reliability of transportation 3. Spreading word of events/workshops (marketing) 4. More access to transportation (options) 5. More advocacy – Where to start and who to talk to about particular issue, e.g. free smoke alarm, paratransit service 6. Education and navigation 7. Start early—one-on-one 8. MCOA response time—NO call back (maybe lack of staff), need for improved service delivery 9. Training, customer service and working with the elderly and those with disabilities 10. Housing for all- with consideration for various abilities, renovating places to make good use of existing spaces, inclusive of multi-generations 11. Better planning earlier in life to understand all that affects us in older age 12. Media outlets: better use of social media, Maui News and Maui Now

	13. Integrate social work with physicians (do lunch roundtables) and with hospitals, medical groups and medical staff
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Additional supports: Recognition and appreciation of volunteers; Pilot a project with college students to have an exchange (credits or pay off loans) for hands-on experience in the aging field, grant writing/fundraising, rethink challenges faced by people with disabilities. The group acknowledges that these are hard tasks to tackle.

East Maui

Summary of East Maui Focus Group

What's Working/Happy with:	What's Not Working/Need for:
<ol style="list-style-type: none"> 1. Hana Health patients- Concierge services and other providers too 2. Public Health Nursing- home visits 3. MEO transportation 4. Homemaker services 5. In-home respite 6. Personal Care 7. Hospice Doctor 8. MCOA 9. Hale Hulu Mamo <ul style="list-style-type: none"> - Partnership with Hospice Maui, DME, Oxygen concentration, supplies - Daycare, respite, social, cultural, physical, spiritual, aquacise, yoga, bridge, lomi, acupuncture, reiki, ahimomi foot reflexology 10. Bulk shopping- Hana Community Endowment Fund 	<ol style="list-style-type: none"> 1. MEO's transport schedule is limited (hours/days/reservations) 2. Need for more expanded hospice services 3. Physical therapy services 4. Agencies need more space to grow like Hale Hulu Mamo and MCOA 5. Senior Housing- independent, assisted living, and nursing levels 6. Expand to outlying areas in Hana District 7. Private/public partnerships (funding)- proposal plan, insurance/providers partnerships 8. Substance abuse help 9. More collaborations

Summary of Partners' Roundtable Meeting (comprised of both contracted and non-contracted service providers)

What's Working/Happy with:	What's Not Working/Need for:

<ol style="list-style-type: none"> 1. Coordinated Services (Interdisciplinary Teams) 2. Transportation (all types and providers) 3. High quality of services 4. Kaunoa Transportation-getting more requests, esp for cancer patients 5. Sharing resources (e.g. No Wrong Door initiative) 6. In-Home respite through Na Hoaloha 	<ol style="list-style-type: none"> 1. Kaunoa transportation having to manage more requests to and from day care—shortage of drivers, volunteers. Priority is medical appts 2. Waitlist for senior housing (3-7 years) 3. Lack of HUD approved rentals 4. Challenges in finding homemaker workers 5. Many participants are not so flexible with scheduling. 6. Overall shortage of workers: bus drivers, personal aides, and trained volunteers 7. “Incomplete” discharges from the hospital 8. People with disabilities often cannot participate in events due to time schedule (i.e., after 10 am works better)
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Additional thoughts: Create incentive/recognition for volunteers, pathway from education to employment that involves millennials, continue No Wrong Door model that engages providers and could involve engaging younger volunteers in the schools.

Lanai

Summary of Lana'i Focus Group

What's Working/Happy with:	What's Not Working/Need for:
<ol style="list-style-type: none"> 1. MCOA home and community-based services help older adults live at home 2. Kaunoa Senior Center and classes help provide opportunities for socialization and enrichment 3. Na Pu'uwai- - lomi services, podiatry and other Hawaiian healing methods 4. Red Cross and County Emergency shelters during times of natural events/disasters 	<ol style="list-style-type: none"> 1. Are emergency plans coordinated among groups in Lanai? Is there a phone tree and buddy system among residents? 2. Would like to see additional buses to assist those needing more help from the boat harbor, esp those who cannot carry purchases by themselves 3. Need a Lanai directory with all information to help a newly transplanted individual, esp an older adult. Have paper and online

<ol style="list-style-type: none"> 5. MEO transportation helps residents get to and from the boat harbor 3x/month 6. Home Delivered Meals 7. Hospice services 8. Home health services 9. Care coordination: Straub, Kaiser, Lanai Community Health Ctr, Dept of Health, Lana'i Kina'ole, Na Pu'uwai, VA 10. Lanai Aging Network meets regularly 11. Tight knit community 12. MEO Sr Club 	<p>versions that can be distributed in senior housing and at the senior center.</p> <ol style="list-style-type: none"> 4. Need for more volunteers to deliver meals to homebound. 5. Better quality food for delivered meals; school lunches aren't the best for many 6. Better coordination for off-island travel with insurance companies, vendors 7. Cost of long-term care services and few services on island 8. No Adult Day care, no staff, no funds 9. No meal delivery on Saturday and Sunday 10. No meal options: diabetic, non-diabetic 11. Want a specific Lanai area plan 12. Concerns about dementia care, help 13. 24-hr in-home care assistance 14. Expanded pharmacy services 15. Dietician, Geriatrician, case managers needed 16. Home renovations/modifications 17. Emergency alert system 18. Falls prevention 19. End of life planning, resources 20. Transportation, multi-modal 21. Regular visits from Social Security personnel
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Upcountry

Summary of Upcountry Maui Focus Group

What's Working/Happy with:	What's Not Working/Need for:
<ol style="list-style-type: none"> 1. Hale Mahaolu just opened up a new senior living complex (Ewalu) with 38 units 2. Kaunoa's classes- e.g., line dancing at Hannibal Tavares Community Ctr 	<ol style="list-style-type: none"> 1. How do new residents find out about MCOA services? Would like to see a comprehensive book on aging services. Resource Directory is great but only lists phone numbers. Can

<ol style="list-style-type: none"> 3. Hale Mahaolu has volunteer watch guards- residents who do ‘friendly checks’ on others to ensure safety 4. Kaunoa Home-delivered meals, more than a meal 5. Volunteerism is strong 	<p>MCOA and Kaunoa do more cross-promoting, like in their newsletter?</p> <ol style="list-style-type: none"> 2. Wanting to know more about dementia from an earlier standpoint 3. What are caregivers learning or trained in regards to cognitive impairment and dementia? 4. Maximize the benefits of media and doing grassroots efforts
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Additional thoughts: This group felt there could be more in way of outreach and education about aging services in the county and community-specific. Can do mailers for those who are new to Maui. UH students can be recruited to do studies related to aging and also write grants to demonstrate pilot project ideas.

West Maui

Summary of West Maui Focus Group

<p style="text-align: center;">What’s Working/Happy with:</p>	<p style="text-align: center;">What’s Not Working/Need for:</p>
<ol style="list-style-type: none"> 1. Kaunoa, West Maui Senior Center (WMSC) - aiming to keep seniors healthy, active and independent. People want more classes. 2. Kaunoa has many volunteers 3. New bypass seems to be helping traffic flow into Lahaina 4. Arc of Maui provides group home living for developmentally disabled 5. Various transportation options, the county bus, paratransit, the Ferry. 6. Meals on Wheels 7. MCOA 8. Old Lahaina Luau and Na Hoaloha Ekolu do wonderful community service projects like landscaping of seniors’ yards and maintenance in the homes 9. The two Hospices on Maui 10. Homeless issue being dealt with mini homes (like storage sheds) up in Puamana 11. Habitat for Humanity on Maui 12. MEO Senior club is active 	<ol style="list-style-type: none"> 1. Some individuals are dropped off at WMSC thinking it is a day care and left there by themselves. 2. A lot of activities are in Central Maui which is a travel challenge for older people, caregivers and people with disabilities. 3. Would like to see a ‘portable’ type subsidy for certain areas so that older adults can age in place and not have to move or deal with increased rents beyond their resources 4. Difficulty finding volunteers because of cost of travel, timing. 5. Better coordination to pool volunteers 6. New transplant/resident education about all things related to aging. Can the County produce a booklet that covers this? 7. Growing homelessness on Westside 8. Financial support for caregivers 9. Web access to county agencies- website that clearly explains what

	<p>county services are. The current website doesn't do its job. Kaunoa is not seen as a senior center. We need to keep up with technology age. CGs are looking on their phones and looking up websites.</p> <p>10. Home modifications to age in place</p>
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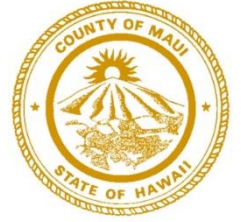
Additional thoughts: One participant reported that Maria Lanakila Church wants to start a volunteer program but would focus on late afternoon and evening type of service. Recommendation was to contact County Volunteer Center for assistance.

South Maui

Summary of South Maui Focus Group

What's Working/Happy with:	What's Not Working/Need for:
<ol style="list-style-type: none"> 1. Being able to connect with others in the community, both residents of Maui and visitors alike 2. Hale Kau Kau is serving a lot of people and thanks the County for funding. Need more volunteers though. 3. Kalama Heights Retirement is doing a lot of community activities to bring in visitors to the facility, like Pie Day and Bingo 4. Hale Mahaolu senior housing 5. MEO Senior Club in South Maui is active and does a variety of activities. Always on the lookout for new things to do. 6. A new mode of Transportation in South Maui is Turtle Tracks. Like a souped up golf cart, the cost per ride is \$3 one way and will take you anywhere in South Maui. 7. Islands Hospice is thriving and working with other partners in South Maui 8. A lot of collaboration among groups in South Maui 	<ol style="list-style-type: none"> 1. Ability to post online announcements to publicize all events pertaining to older adults 2. Need for more housing 3. Need for more people working in home care to be able to do the specific needs of those residing in this area 4. Critical medical care. South Maui is far from Maui Memorial Medical Center. 5. Need for Geriatrician 6. Many Snowbirds (temp residents that spend the winters in Hawaii) sometimes do not have adequate social support to deal with critical events 7. Education about aging and preparing early on

Mahalo and credits:



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

We sincerely appreciate the following:

Maui County Seniors, Family Caregivers, and Individuals with Disabilities willing to share opinions and input necessary to produce a relevant plan;

Residents of Maui County, Service Providers, and MCOA Staff pictured on these pages;

Volunteers who assisted with data input (Vicky Peters), Survey Distribution (Doreen Forsberg), and review of the Plan (Council on Aging members);

Many MCOA Staff members for their contribution of data analysis and reports, content development, formatting, editing, survey distribution and collection, and focus group facilitation.

All of those who read this plan and use the information to assist MCOA to ensure that the actions of this office continue to meet community needs for information, referral, assistance, support, and services for years to come!

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