TABLE OF CONTENTS

I. EXECUTIVE SUMMARY

The State Executive Office on Aging (EOA), in partnership with Hawaii County Office of Aging (HCOA) and the City and County of Honolulu Elderly Affairs Division (EAD), initiated Hawaii's Aging and Disability Resource Center (ADRC) in 2005. The project goals were: 1) Establish the first physical site on the island of Hawaii to be followed by a second site on the island of Oahu using a virtual model (website) if additional funding is secured; 2) Streamline screening, intake, assessment, and eligibility determination with the co-location of multiple agencies in one site and an enhanced Management Information System; 3) Establish and convene a State ADRC Advisory Board to develop a long term care access plan that includes the establishment of ADRC sites and a statewide website and telephone system.

The ADRC was built from the core functions of the local Area Agencies on Aging. The first physical ADRC site in Hawaii County houses major aging and disability services and providers in a centralized facility, offering a one-stop shop for information and resources in the city of Hilo.   The second ADRC site, a virtual site for Honolulu, has built its own website that has a statewide resource directory of information and services, in conjunction with all other counties, the State Department of Health and a contracted website development team. This website complements the existing telephone system which will soon have one single statewide number to direct callers to the closest ADRC site in their respective counties, including new ADRC sites currently developing in Kauai and Maui counties. Both original ADRC pilot sites offer information, counseling, referrals, assessment and eligibility functions for both publicly and privately funded services targeting: 1) adults over age 60, and 2) adults with physical disabilities. Anticipated outcomes include high consumer satisfaction, and increase in the public's use of the ADRC as a reliable trusted source for seeking long term care resources and assistance.

II. INTRODUCTION

In 2005, the State of Hawaii through the Executive Office on Aging was awarded $800,000 from the U.S. Administration on Aging (AoA) and the Centers of Medicare and Medicaid Services (CMS) to develop Aging and Disability Resources Centers on the islands of Hawaii and Oahu in partnership with two area agencies on aging, the Hawaii County Office of Aging (HCOA) and the City and County of Honolulu Elderly Affairs Division (EAD).

Background/History

Serving as the project manager and lead agency, the grantee (EOA) contracted with the University of Hawaii (UH) School of Social Work to hire a state-level project coordinator/principal investigator and a project evaluator to assist in the overall project coordination and to work closely with the two pilot sites by providing them with technical assistance. As the two area agencies on aging and ADRC pilot sites, HCOA and EAD were responsible for developing, implementing and operating the ADRC in their respective counties. In Hawaii's 2005 ADRC original grant application proposal, the project focused on three goals: 1) Establish one ADRC site on the Island of Hawaii that can serve as a model for other sites throughout the state and seek resources for the second ADRC site in Honolulu; 2) Streamline the screening, intake, assessment, and eligibility determination with the co-location of multiple agencies at one site and an enhanced Management Information System; 3) Establish and convene a State ADRC Advisory Board to develop a long term care access plan that includes strategies for the establishment of ADRC sites, and a statewide telecommunications system (website and telephone).

From the $800,000 federal grant, Hawaii County's pilot site received $495,693 to initiate its start up for the 3 year project period. The federal funds were used for key project staff, office

equipment and planning activities. Hawaii County also committed additional county funds to lease the renovated former Sun Sun Lau restaurant for a minimum of 10 years and co-locate HCOA and other aging and disability agencies and programs in the facility. The square footage of the main first level in the building is 14,747; the basement is 2,397 square feet; and the new second level additional space is 5,472 square feet. Therefore, the total facility space is 22,616 square feet plus parking. With the lease rent and additional staff, Hawaii County is contributing over $4.5 million dollars to the project over the next 10 years. This additional funding support from the County has made the renovation and construction of the ADRC physical site in Hilo a reality.

Meanwhile, Honolulu's Elderly Affairs Division was scheduled for its start up in the second year of the grant. In the first phase of the project, EAD actively participated on the State Advisory Board and subcommittees for project planning, while assessing its internal infrastructure and service provider network to establish the second ADRC site in the state. Kauai and Maui counties also participated in many of the planning subcommittees to provide their input and begin their own preparation as future ADRC sites.   The sequence of start up for the Honolulu site provided extra time to seek additional funding from the Hawaii State Legislature. Honolulu received its signed contract and federal funds of $131,779 in February 2007.   An experienced ADRC project coordinator was hired in August 2007 after she relocated to Hawaii. The Hawaii State Legislature appropriated $530,000 for the fiscal biennium 2007-2009. In the first year $300,000 was released. Approximately one third of these state funds were used to build Honolulu's website which became the template for all four counties. The rest of the state funds were budgeted for staff training at area agencies on aging, the statewide telephone system, marketing and outreach activities, statewide coordination and evaluation. The remaining

$230,000 for the second fiscal year of the biennium was not released by the Governor's office due to the State's recent economic downturn.

ADRC Design/Services

The overall design strategy was to build the ADRC from the core functions of the local Area Agencies on Aging (AAA). The Hawaii ADRC project used the "No Wrong Door" approach for accessing public and private services. Hawaii's consumers would be able to access long term care options and resources through multiple entry points that were well coordinated and supported. In the original grant proposal, EOA recognized early on that a single ADRC entity for all of Hawaii was not feasible due to island geography and the fact that not all seven major islands have the same types or quantity of service and resources for long term care. However, it was important that there would be uniformity and standardization among the sites in key functions and processes, as outlined in federal criteria for a fully functioning ADRC, and that there would be a seamless system statewide. Each ADRC site has some flexibility in designing its staffing pattern and flow of operations to take into account the uniqueness of its service environment, geography and population demographics. Building an infrastructure that is uniform yet flexible for an island-state requires a tremendous amount of collaboration and planning. The progress is slow and deliberate. The teams have maintained a steady course towards achieving the State's vision to replicate the ADRC based on the lessons learned from the pilot sites.

The statewide access strategy was to establish a statewide ADRC website, telephone system (which includes a statewide number) plus a first physical site in Hilo which all serve as access venues and tools to assist the public. By working with other service providers and groups identified in the critical pathways to long term care, the ADRC is marketed so that the consumers

will know how to access the ADRC for assistance. The website (www.HawaiiADRC.org) is organized in a standardized format so that consumers will be able to: **Find** services**, Learn** about resources in the Library section**,** and **Apply** for public programs and benefits within any of the four counties.   The single number (statewide telephone number) will link the caller to the closest ADRC and/or AAA in the State. The statewide ADRC number 643-ADRC (2372) is targeted to be operational by late January 2010.   A dedicated TTY statewide toll-free phone number will also be installed for deaf and hard of hearing customers. The number is connected to a uni-phone instrument which has both voice and text messages capabilities. Until the statewide number is installed, the ADRC and county area agencies on aging are using their current local phone numbers for public access. These local phone numbers will continue to operate, again providing "no wrong door" for entry to the ADRC.

Honolulu has already established two satellite sites with one more site under renovation in strategic locations on Oahu. Staff members have been trained in the ADRC principles and functions at both the Honolulu and Hilo pilot sites, and on Kauai, which is developing the newest ADRC site.   Maui County ADRC staff members are scheduled for their formal training and orientation in spring 2010 while strategic planning and development activities are already underway.

Operational policies and procedures are being drafted by the pilot sites with input from the local and state stakeholders.   The Statewide Protocol Manual **(See Appendix A – ADRC Hawaii State Protocol Manual)** incorporates key components of these tested policies and procedures integrated with federal criteria for a fully functioning ADRC. The manual also includes materials developed by the UH project team and state-level subcommittees for a statewide marketing plan; curriculum for staff training on customer service, communications and

sequence of service; and the evaluation handbook. This manual is a working document which

serves as the template for ADRC replication throughout the state. It provides the framework for

future sites and protocols, to maintain uniformity, quality, and integrity of the ADRC principles.

The Hilo ADRC Site

The first ADRC site, in Hawaii County, has a physical facility. Former Mayor Harry

Kim and the County Council of Hawaii identified the ADRC as one of their priority projects, and

supported the project development on their island with additional county funds. The former Sun

Sun Lau restaurant, a landmark in Hilo, was completely renovated to house the Hawaii County

Office of Aging and other aging and disability agencies such as Coordinated Services for the

Elderly, Hawaii County Nutrition Program, Senior Training and Employment Program,

Department of Human Services Adult and Community Care Services, the Arc of Hilo, and

Hawaii Centers for Independent Living (Hilo). Other public and private groups such Public

Health Nursing, the Alzheimer's Association, and the Legal Aid Society also use space in the

ADRC on a regular basis. The facility had its grand opening in late Fall 2008 and tenants began

occupying the building in 2009. The newest tenant, the State Department of Human Services'

Adult and Community Care Services Branch, recently completed their move into the second

level of the building. The University of Hawaii at Hilo College of Pharmacy is will soon provide

free medication management consultation and community education on-site.

The Honolulu ADRC Site

Honolulu's ADRC is a virtual model in which a comprehensive website has been built by

a website development consultant/team in conjunction with Kauai County and State Department

of Health IT staff. Instead of purchasing an off-the-shelf ADRC website product produced for

numerous ADRC sites across the country, Hawaii opted to build its own using DotNetNuke, an

open-source content management system. At the price tag of $115,000 Hawaii procured a website consultant/project lead, a developer and designer, hardware and software. This build-it strategy had been determined by the four counties and EOA to be the most cost-effective and sustainable in the long run because the State would own and host this website, and could avoid paying high annual website maintenance fees to private vendors. The four counties are responsible for maintaining and updating their own website content and a statewide website advisory committee has been established to provide oversight for quality control and protocols as well as to share resources and support among the counties.

The website was successfully launched in October 2009 with a statewide entry portal and four county-specific ADRC websites (Hawaii, Kauai, Maui and City and County of Honolulu) with uniform features, design and functions. The sites contain county-specific information, a calendar of events, announcements and publications, as well as shared resources and commonly used public program/benefits information and applications. Statewide EOA programs such as Sage PLUS (State Health Insurance Program), Senior Medicare Patrol and the Long Term Care Ombudsman are also included in the website. This website project combined the services of contracted technical and management resources and existing information technology (IT) resources from state and county agencies. It is tailored to the local needs of the participating county Area Agencies on Aging.

Core Services and Target Population

At minimum, both ADRC the Hilo and Honolulu pilot sites offer:

- Information and Referrals

- Options Counseling

- Screening and Assessment

- Eligibility screening for both public (Medicaid, State Kupuna Care, Medicare Part D) and some private services contracted with the AAAs

- Coordination with Other Programs

- Short Term Case Management

- Prospective Planning to help people plan ahead for their long term service and support needs

Target Groups

1) Adults over age 60

2) Adults 18 years and older with physical disabilities

III. ACTIVITIES AND ACCOMPLISHMENTS

1. What measurable outcomes did you establish for this project and what indicators did you use to measure performance? To what extent did your project achieve these outcomes?

In Hawaii's 2005 ADRC application proposal, the following reflects the consolidation of overall project objectives as well as specific objectives for the State Executive Office on Aging and the two current pilot sites at the county level:

Objective 1: Establish highly visible and trustworthy Resource Centers that are easily accessible to the public and responsive to their needs for information and linkages to long term care options. This includes securing an affordable and sustainable site for the Honolulu ADRC.

Indicators/Measurable Outcomes: This objective has been met. The performance indicators are the two sites established during the grant period (for the City and County of Honolulu and Hawaii County). The first pilot site in Hawaii County now has a new physical site which houses nine major services and programs that serve older adults and people with disabilities, their caregivers and other consumers in need of long term care information and services. It is a highly

visible site in the Hilo community and offers a wide range of services, resources and training to caregivers and professionals.

EAD led a collaborative team which included the County of Kauai, the State Department of Health – Health Information System Office and a contracted website development team, to build a comprehensive website which served as a template for all counties in Hawaii. Some of the $300,000 appropriated by the Hawaii State Legislature and federal ADRC grant funds enabled the Honolulu ADRC site to reorganize and streamline its internal management information system, purchase new software applications and tools, and build the website.

Objective 2: The process for screening, intake, assessment, and eligibility determination will be efficient and streamlined to reduce redundancy of paperwork, confusion and frustration in accessing long term care support.

Indicators/Measurable Outcomes: This objective has been partially met and is still in progress. Performance indicators for this objective were to set up committees to review existing program eligibility criteria, establish priorities for streamlining these criteria and attempt to implement these changes. Two state-level committees were established to focus in these particular areas. One committee focused on access and linkages (critical pathways) and the other was to review the intake, assessment/screening and eligibility determination forms used by the county AAAs and pilot sites. The committees' composition included participating ADRC pilot site team members, key AAA staff, and other stakeholders from the community.

The Access and Linkages committee recommended establishing focus groups to assess eligibility and 'paperwork' barriers and to address unmet elder and caregiver needs. The focus groups included older adults, younger disabled adults, underserved minority groups and family caregivers. The findings from these focus groups confirmed the need for a consolidated and

organized source of long term care information. People rely on a variety of methods to get

information (family, media and health care professionals). While there were more who preferred

to obtain information by phone, many responders felt that a website would provide a broader

range of information, especially for younger adults and caregivers. Some people, especially

older adults, appreciated face-to-face encounters with staff at a physical site. **(See Appendix B**

for ADRC Streamlining and Access Focus Groups)

The intake and assessment committee reviewed the different intake and screening forms used

by all four counties for Administration on Aging funded programs and Medicaid as well as state

funded home and community based support programs (HCBS) such as KUPUNA CARE. They

attempted to identify common categories and elements that could be consolidated into one single

tool for all counties. This state-level review and coordination process proved to be difficult, but

will take another step forward in the near future. A key stakeholder, the single State Medicaid

agency (Department of Human Services), will now become involved through the objectives of

EOA's three recent federal grant awards for a person-centered hospital discharge planning

model, a Community Living Program, and further expansion of the ADRC. Concurrently, EOA

is conducting a statewide process with multiple stakeholders to revitalize the vision for

KUPUNA CARE, to include revisioning its eligibility and service priorities. Hawaii remains

committed and active to ensure that ADRC serves as the entry point for publicly funded long

term care, with highly coordinated financial and functional eligibility processes providing a

seamless experience for the consumer.

Using some additional ADRC state funds, Honolulu Elderly Affairs Division hired a

management information system (MIS) consultant. This assisted Honolulu's ADRC site to

continue assessing the intake/screening and data collection processes and to develop additional

recommendations to enhance, revamp and streamline their MIS. Based on this and two previous

consultants' findings and recommendations, the Honolulu pilot site purchased $30,000 worth of

equipment (laptops, wireless internet air-cards), and additional Harmony software applications,

licenses and upgrades, including its web-hosted system (agingnetwork.com). This suite of

products complements and enhances website development, information and assistance, service

delivery and data collection.

All four counties agreed to upgrade their existing Harmony SAMS software products by

purchasing and installing additional items such as SAMSIR, SAMS Web, and others. The

ADRC project thus became the means for AAAs to move to a more uniform, modern system for

information and assistance, case management and reporting. Once the additional Harmony tools

are installed by the AAAs, licenses can also be purchased for their contracted home and

community based service providers to expedite electronic exchange of service data with the

AAA and EOA.

HCOA already supported integrated SAMS operations with their contracted service providers

and negotiated with new tenants in the ADRC building in Hilo to revamp internal operations.

EAD intends to pilot SAMS interoperations with selected providers before deciding how to

roll-out a more comprehensive integration. However, initial pilot testing had been delayed due

to problems with the migration of EAD's existing database to agingnetwork.com. Also, certain

service providers have chosen to invest in an MIS system other than SAMS. EAD is currently

working with these providers to explore interoperability options between different systems. The

other AAAs will learn from these efforts, and can plan for their own adoption process.

Objective 3: Establish and convene a State ADRC Advisory Board to develop a long term care access plan that acknowledges reorganization and refinement of aging and disability services in the next several years.

Indicators/Measurable Outcomes: This objective has been met. The performance indicator is that an advisory board/committee was established and functions in an effective capacity during the years of the grant award and into the future. The Hawaii State Advisory Board is comprised of prominent stakeholders in the aging and disability service/program networks. It includes executive directors and representatives of the county Area Agencies on Aging, AARP Hawaii, State Department of Human Services - QUEST Division (Medicaid), State Developmental Disability Council, Department of Health's Adult Mental Health and Developmental Disabilities Divisions, Hawaii Centers for Independent Living, acute hospitals and long term care associations, the University of Hawaii, Kapiolani Community College, and community groups such as the Alzheimer's Association, Alu Like, Inc. and Project Dana.   The advisory board meets quarterly (except during the legislative session in the spring) and provides recommendations and advice to the State Executive Office on Aging and the contracted ADRC project staff.   The advisory board has six state-level subcommittees that served as work groups in the planning and development of the ADRC project. These subcommittees have played vital roles in providing guidance, quality oversight and additional resources to the pilot sites. The subcommittees and advisory board meetings were facilitated by the State Project coordinator and the UH team. The subcommittees included advisory board and other community members who have technical expertise in areas such as marketing and staff training. The sub-committees are: 1) Communications/Access and Linkages, 2) Finance, Replication and Sustainability, 3)

Management Information/ Telephone, 4) Website Advisory Sub-Committee , 5) Evaluation, Assessment, Intake and Screening, and 6) Staff Training.

The Statewide Access Plan is to serve as a blueprint for statewide ADRC replication with at least one additional ADRC site on the Big Island and a possible second center on Oahu. The successful outcomes of Hawaii's pilot sites will become prototypes for future sites in Kauai and Maui as well as for satellite sites in communities throughout the state. The State ADRC Protocol manual incorporates basic elements of policies and procedures, best practices and lessons learned. It was developed by the pilot sites using their experience as well as guidelines developed by other ADRCs nationwide and with AoA/CMS technical assistance. The document is a work in progress and will be continuously updated as the pilot sites and the State refine policies and procedures. The development of the State ADRC Protocol Manual is a step towards refining the long term care system in Hawaii.

Pilot Site Specific Objectives: Hawaii County of Aging

Year 1 and 2 objectives: Older adults and people with disabilities will be able to access aging services through a centralized point of entry. Other specific milestones include but are not limited to: central intake and case management protocols streamlined and coordinated; marketing and public awareness campaigns developed; relationships with partners and other service groups coordinated and formalized; feasibility study and plan for a centralized site completed; and management information system enhancement plans completed.

Indicators/Measurable Outcomes: This objective has been partially met and is still in progress. Performance indicators for these objectives were: (1) centralized intake and case

management protocol; (2) marketing and public awareness campaigns; (3) at least four additional partners involved in planning the site; and (4) MIS plans.

Due to construction delays, some of the planned activities were impacted and not executed until the second and third years. However, the Hawaii County ADRC Advisory Committee was organized with stakeholders providing support and community level input in the planning and development of the physical site, the intake and case management protocols, and the marketing activities. The local committee members/partners have included AARP, Hawaii Center for Independent Living, Alu Like, Alzheimer's Association, Hospice of Hilo, and the Arc of Hilo, Hawaii Disability Rights Center, Hawaii Island Adult Care, Services for Seniors, Life Care Center of Hilo, Department of Health, Hawaii District Health Office, Department of Human Services, Adult and Community Care Services and two independent community representatives. Hawaii County is included in the statewide ADRC website and has upgraded its management information system. The site's project team has actively participated in the statewide and local marketing and public awareness campaign.

Year 3 objective: Services will be co-located in a central facility.

Indicators/Measurable Outcomes: This objective was met. The Hawaii County pilot site has a new facility which houses local aging and disability service providers and programs. The site also coordinates and works closely with other agencies including the acute hospitals, community health centers and social service providers located off-site.

Pilot Site Specific Objectives: City and County of Honolulu

Year 1 objective: Complete the feasibility and planning process to establish an ADRC site in Honolulu. Complete an assessment of EAD's current operations and how they will be impacted by a transition to the ADRC model.

Indicators/Measurable Outcomes: This objective was met. The performance indicator for this objective was that a Management Information System/Information Technology Development Plan was developed to assess the current internal MIS infrastructure and to recommend potential automation systems to assist EAD as it gears up to launch a virtual ADRC site. **(See Appendix C: Management Information System/Information Technology Plan)** MIS consultants developed this plan. Based on consistent recommendations, new software applications have been purchased.

Years 2 and 3 objectives: If deemed feasible, EAD will proceed to develop an ADRC and the aging population will access services through a centralized point of entry. If a Honolulu ADRC physical site cannot be identified and funded, EAD may focus on a virtual connection with other partners and build its current system to have the basic framework and functions for an ADRC**.** **Indicators/Measurable Outcomes:** This objective has been met. The two possible indicators for this objective were to have either a physical or virtual ADRC site. Honolulu has proceeded with a virtual model by building a website. The website was beta tested and evaluated for clarity, ease of access and 'user friendliness' in the late summer of 2009 and launched in October 2009.

2. What, if any challenges, did you face during the project and what actions did you take to address these challenges? What policy barriers did you encounter that made your goals difficult to achieve? How were the actions you took effective in resolving challenges?

Meeting Timelines and Schedules - The timelines and deliverables established in the 2005 grant proposal and subsequent contracts between EOA, the pilot sites and UH reflect an ideal project development scenario. The reality is that the ADRC development does not necessarily progress in a linear fashion. The state and county pilot teams recognize that work plans and timelines do not fully address the unpredictability of the many tasks which need to be completed

as demonstrated throughout the project period.   At times, team members found it difficult to prioritize their tasks among many pressing needs such as realigning AAA internal processes to function as an ADRC, tracking and advocating for ADRC funding bills at the State legislature and county councils, designing marketing materials, issuing and managing consultant contracts, educating stakeholders about the ADRC concept and building new partnerships in the community. Construction was a major undertaking for the Hawaii county pilot team as they negotiated land and tenant lease agreements, zoning approvals and building permits, architectural design, construction delays and financing.   They faced numerous delays with ground breaking, final completion and changes in tenant move-in dates. In addition, the Hawaii County pilot site had turnover among key project staff.

It is also not uncommon that program strategies would change mid-stream, as illustrated by the decision to build one website template for all counties instead of purchasing a software package for only the Honolulu pilot site. This was an unexpected but welcome change because consumers in all four counties now have access to this valuable resource. Hawaii is among 13 states to have a statewide comprehensive resource directory.

Project Staff Recruitment, Retention/Turnover, and Training - The lengthy processes for contract execution, personnel recruitment and hiring, as well as many unforeseen events, have affected the start up and implementation of this project. Existing staff were challenged to handle the increasing number and variety of client needs that are expected to accompany a change to the ADRC model of service. This required extensive cross-training for staff, closer collaboration with disability and aging agencies to share resources and information, and recruitment of staff with clinical graduate degrees such as social work and nursing.

The Assistant Director for the Professional Development and Research Consultancy of the University of Hawaii School of Travel Industry Management (TIM School) was recruited to serve on the state-level staff training subcommittee. Together with the subcommittee she developed a comprehensive curriculum to train ADRC staff statewide in customer service, communication, and client interviewing.   This curriculum was implemented by the TIM School faculty and first-rate corporate trainers from the hotel and hospitality industry. The entire ADRC project team addressed each challenge as it arose and managed to maintain course with some adaptation to timelines and strategies. Some of the notable events are as follows:

1. Due to procurement and contract delays, the State Project Coordinator and the Project Evaluator were contracted in September 2006, one year after the grant was awarded to the State. In the interim, the Executive Office on Aging took the lead along with the Hawaii County Office on Aging to begin planning and coordinating project activities until the contracted State Project Coordinator and the Evaluator officially came on board.

2. There was a change in state leadership at the Executive Office on Aging midway through the project period with the appointment of a new Director of this state unit on aging in August 2007.

3. The position of Hawaii County pilot site coordinator was difficult to fill and retain. This position turned over twice during project period. Multiple layers of complexity involving construction, internal systems change, and facility/tenant management required a project leader with a unique array of managerial skills and knowledge. The current project coordinator has formal training in social work and extensive background in program management. He has both hospital and community-based experiences and has worked in programs for the developmentally disabled population.

Management Information Systems (MIS) Changes - The MIS changes were challenging due to the cost of purchasing the software applications and the steep learning curve for understanding how to use various software applications and migrate data from BeaconIR to SAMS. All four counties agreed to use more Harmony products (SAMSIR, SAMSWeb, Omnia, etc). Each county had to address occasional system errors, clean up and populate resource databases, customize the information and referral tools, transition their SAMS systems from a stand-alone or local area network application to the webhosted system (agingnetwork.com), and test intake/assessment tools using SAMS/Omnia technology. These issues have been addressed with the help of MIS consultants, technical assistance from the software vendor, and trial and error by the AAA staff.

External Environment - External environmental factors have had various impacts on the project development. An example is the launch in 2009 of the new QUEST Expanded Access Program – a new Medicaid managed care program for the aged, blind and disabled population in Hawaii which revamped the Medicaid program for those target groups. Agency leadership changed among key partners such as the Hawaii Centers for Independent Living. Government programs have been cut, and staff furloughed or eliminated due to the economic downturn and resulting state budget crisis.

The ADRC project continues to work with the State Medicaid agency and other partners to coordinate information, referral and enrollment assistance to consumers. The economic downturn starting in 2008 prohibited the release of $230,000 of appropriated state funds for the ADRC.

The establishment of the state-wide telephone system was delayed due to staff turnover within the telecommunication vendor. Extensive coordination and planning was needed to link the

phone number to all counties which operate with different telephone systems and service carriers. The statewide number is now projected to be established by the end of January 2010 and includes all four counties. The proposed number is 643-ADRC.

3. What impact on the consumer and the service area's long term care system do you think this project has had to date? i.e. What ADRC functions are firmly embedded in the service area's long term care system? What are the lessons you learned from undertaking this project? Please note your significant partners in this project and if/how you will continue to work on this activity.

     Impact: Overall, the public has better access to more comprehensive information. The pending installation of a single phone number statewide will increase access for people who are seeking information and assistance with their long term care needs. One statewide phone number, one website and a physical site for Hawaii County are access venues that direct the public to a reliable source of information. While the full evaluation of the project's impact is still forthcoming, the preliminary results from the first pilot site in Hawaii County indicate that there is increased awareness of the ADRC site and higher consumer satisfaction with its services. The ADRC evaluation plan examines change over time utilizing pre and post tests. It is a mixed, multi-method approach using both quantitative methods (surveys and phone interviews) and qualitative methods (focus groups). The overarching goal of the evaluation is to assess the consumer and system-level changes in the State of Hawaii brought about by the ADRC. Indicators include 1) a measure of the characteristics of the target population, 2) an assessment of how knowledge and awareness of the ADRC changes over time, 3) baseline and post-intervention measure of satisfaction within the target population(s), and 4) an assessment of wait lists for services identified by service providers.   The baseline evaluation has included 5 Oahu

(Honolulu) focus groups, an Oahu Service Provider survey, a survey of participants at a Senior Fair, a consumer satisfaction survey in Hilo prior to implementing the ADRC, and a preliminary test in Hilo after implementation. **(See Appendix D: Excerpt from ADRC Hawaii Evaluation Update Report)** Due to the delays with the Hilo opening, the launch of the ADRC website, and the telephone system, the "official" post-ADRC evaluations have yet to be conducted. However, a follow-up consumer satisfaction survey for Hilo was completed in spring of 2008, approximately six months prior to the ADRC facility grand opening.

Additional time is needed for the both Hilo and Honolulu to promote their ADRC sites prior to fully assessing their impact on the community and long term care system. Although the website www.HawaiiADRC.org was launched just a few months ago, initial user surveys have been developed and completed to begin capturing information about website usability, functionality, and satisfaction. The project evaluator will be working with the counties to analyze these initial results, modify and develop other measurement tools and perform additional testing. These efforts will continue over the coming months, and again at later intervals to establish a continuous quality feedback loop. Meanwhile, all four counties will be monitoring the website traffic by tracking the number of visits and hits on a monthly basis as well as responding to user feedback submitted directly through the website.

Extensive cross training has strengthened the knowledge base of the ADRC staff as they provide information and assistance, options counseling, short term case management and follow up, especially to those who require special attention and help. These are key ADRC functions that are being embedded in the respective county's long term care system. Project partners such as the Hawaii Centers for Independent Living, Disability Communication Access Board, Department of Human Services (Medicaid), Alzheimer's Association and many other groups

have served as trainers and consultants to the ADRC staff.   The participation and assistance

from these agencies reflect stronger relationships that have been built through the ADRC project.

These relationships serve as a strong foundation from which the ADRC can invoke positive

change and streamline the long term care system statewide.

For example, EAD has already established two satellite sites in the North Shore of Oahu

in partnership with Kahuku Medical Center and Oahu WorkLinks, a newly established one-stop

career development center. Monthly interdisciplinary team meetings take place at the Kahuku

site to assist with hospital discharge planning and patient follow up in the community. Team

members currently include Kahuku's social worker/discharge planner and assistant hospital

administrator, two public health nurses, a representative from the Hawaii Centers for

Independent Living North Shore outreach office and EAD ADRC staff. A third satellite office is

scheduled to open in January 2010 at Leahi Hospital in East Honolulu. A similar

interdisciplinary team is planned for the Leahi Hospital site. EAD continues to explore other

partnership opportunities in other areas on the island of Oahu.

The Hawaii County ADRC site has attracted interest from the Hamakua community, a

district 40 miles north of Hilo, which has a health care campus including a long term care

facility, community health center and senior housing on contiguous parcels. State legislators

representing that district promote the concept of a Senior Center which would include an ADRC

site and adult day care on campus.

The successes of the EAD and HCOA pilot sites have served as a catalyst for redefining

and strengthening relationships among the long term care network, and inviting potential new

partners such as housing developers, public health nurses, and other groups.

Lessons Learned

- Find a local champion with influential authority to passionately advocate and support the ADRC. Mayor Harry Kim of Hawaii County was instrumental in establishing the Hilo physical site.

- Keep the State Legislators and county council members updated on the ADRC project. Maintain good relationships with key lawmakers for potential funding and legislative support. Hawaii used an effective marketing campaign featuring "Auntie Iris and the 20 Doors" in a cartoon format to illustrate an elderly woman's confusion in accessing the fragmented long term care system. The ADRC was of course the solution. This campaign successfully raised the legislature's awareness of ADRC,, which resulted in a legislative appropriation of $530,000 in state funds ($300,00 was eventually released for expenditure).

- Expect timelines to be revised – It usually takes longer than expected to accomplish tasks.

- Promote state and local civic engagement and ensure involvement of all key public, private, consumer and community service provider groups. Engage and educate them to serve as stakeholders on committees. A local public relations agency was recruited to serve on the education/outreach (marketing) subcommittee at the state level. It created the "Auntie Iris and the 20 Doors" campaign, and designed the ADRC Hawaii logo and other marketing materials at no cost, except for printing and supplies. The firm continues to provide valuable advice and feedback on the project's marketing activities on a pro bono basis.

- Solicit key stakeholder feedback on various aspects of the project such as website design and content, marketing, outreach, streamlining access and referrals, etc.

- Be open to non-traditional partners who may have special resources or expertise (i.e. UH School of Travel Industry Management provided a first rate corporate trainer for the ADRC teams in each county and EOA on providing excellent customer services, communications and screening/ interviewing techniques. This particular staff training program included an orientation to the ADRC model, so that each ADRC site team shares common vision and goals throughout the State.

- Dedicate adequate staff time and resources to maintaining and updating the ADRC website and resource directory. More time and effort is needed during the planning and start up phases, especially when learning a new system or piece of software.

- Train staff about ADRC goals, values and philosophy, customer satisfaction, private pay resources, Medicaid and Medicare programs, eligibility, disability programs/services/philosophies, and cultural competence.

- Involve front line staff in the development and implementation of planned improvements to ensure greater buy-in and to adequately address concerns as they arise. Successful change is most likely when there has been staff involvement in all stages of development.

- Provide cross-training to other aging, Medicaid and disability partners about the ADRC vision, goals and core functions/services.

- It takes time, funds, training and perseverance to get staff buy-in, learn about new resources/networks and needs of a younger population, change operational flows, and revamp systems and forms.

- Create taglines, logos and messages that are relevant, acceptable and understandable to the community (e.g. Hawaii ADRC logo). Use focus groups for input and feedback.

- Utilize existing media outlets and community partners to maximize marketing efforts and resources. The project has recently approached a reputable journalist/writer who maintains a popular blog for family caregivers and elder care issues and agrees to feature the ADRC website.

- Involve a dedicated IT staff person in planning and developing systems change and in training front line staff on the use of new IT. Often there is a steep learning curve for direct service staff to fully understand and become competent in using new IT.

- Additionally, there is sometimes a disconnect between direct service staff and IT personnel in understanding each other's needs, which leads to frustration and loss of confidence in the new system. An outside vendor or consultant may be needed to facilitate the adoption and understanding of new IT.

Key Partners in the ADRC Project (State and County)

State (Advisory Board and key stakeholders)	Hawaii County Site (Tenants and/or local advisory board members)	Honolulu Site (partners and/or trainers)
AARP Hawaii Alu Like, Inc. Alzheimer's Association Department of Health –adult mental health, and developmental disabilities divisions Department of Human Services Developmental Disabilities Council Disability and Communication Access Board Hawaii Centers for Independent Living Hawaii Long Term Care Association Health Care Association Hawaii Project Dana Kapiolani Community College University of Hawaii, Manoa	AARP* Alzheimer's Association* Alu Like, Inc.* Arc of Hilo Hawaii County Nutrition Program, Coordinated Services for the Elderly, Senior Training and Employment Program, Dept of Human Services-Adult and Community Care Services, East Hawaii Developmental Disability Committee, Hawaii Center for Independent Living,* Hawaii Disability Rights Center, Hawaii Island Adult Day Care, Hospice of Hilo, Legal Aid Society, Services for Seniors * local chapters/offices	Most agencies on the State Advisory Board in addition to local Honolulu Committee on Aging (advisory committee): Kahuku Medical Center and its interdisciplinary team Leahi Hospital Department of Health Public Health Nurses Hawaii Disability Rights Center AAA contracted providers (13)

State and county project teams will continue to work closely with these key partners in their current capacity and look forward to establishing new relationships with other groups as the project expands statewide.

4.   What will happen to the project after this grant has ended.   i.e. Is there state level and/or legislative support for this project to continue? Will project activities be sustained?

Will project activities be replicated? If the project will be sustained/replicated, what other funding sources and/or potential legislative activities will allow this to occur?

In 2009, Hawaii was awarded three additional federal grants that center on the ADRC – the Person-Centered Hospital Discharge Planning grant, the ADRC Expansion grant, and the Community Living Program grant. These will help sustain and continue the current project development activities at both the state and local levels. The new grants assist the ADRC start up in Kauai and Maui counties and provide partial support for operations of the existing sites. With the current revenue shortfall, it is unlikely that additional state funding for the project will be available in the immediate future. However, legislators representing districts with an ADRC site or with older adult constituencies are watching and supporting the ADRC efforts carefully.

Hawaii County will use other funding sources including the new federal grants to continue its current services. It is possible that some services could be scaled back if county and state revenues continue to decline. However, HCOA plans to transition ADRC positions to permanent County positions when the fiscal climate improves. EAD has already changed the employment status of the ADRC site coordinator from a contracted position to a limited term appointment position which offers more stability and sustainability. This change will take effect when a new site coordinator is recruited to replace the current coordinator who is moving out of state in mid-2010. EAD has also hired a Planner with a social work background for the Honolulu site, using city special projects funds.

Maui County Office on Aging (MCOA) recently received a $25,000 Mental Health Transformation grant to initiate strategic planning for an ADRC in Maui County and proposes to include adults with mental illness as one of the target populations. MCOA hosted a successful two day strategic planning meeting with Maui stakeholders in July 2009.

With the additional funds, Hawaii can begin its statewide replication following the successes and lessons learned from the two original pilot sites. The Statewide Protocol Manual serves as the blueprint in establishing an ADRC, and contains the policies and procedures, marketing materials, and other tools which can be used and adapted by new sites. An evaluation handbook has also been developed for future sites' use. The statewide website and telephone systems already lay a strong foundation for ADRC replication in Maui and Kauai.

5. What were the most effective strategies you used to streamline consumers' access to long term care services and supports.

The two ADRC models used by Hawaii's pilot sites (physical site and virtual website) have been effective in streamlining public access to long term care information. Hawaii's physical site in Hilo provides one centralized, focal point for individuals who seek aging and disability services and benefits from the State, county and private service providers. The co-location of key service providers and programs promotes closer working relationships, better cross training among all agency staff members, and appropriate screening and referral. Interdisciplinary team meetings among various agency staff take place on a regular basis to address complex cases which require collaborative problem solving. This results in less redundancy in paper work, minimizes consumer's confusion and expedites their access to needed services and assistance. In a close-knit community like Hilo, the ADRC site draws many people to the Center to obtain information and assistance. The new resource library offers pamphlets, references, publications, free use of the computers with internet access, DVD training materials, and other media tools to the public. Open houses and health fairs have been hosted at the site and there is a steady increase in visitor walk-ins and appointments. The multipurpose conference and training room is frequently used to conduct caregiver training, professional staff

development classes, and meetings for the local aging and disability networks. The Hilo site's growing popularity and public demand bodes well for other islands with similar or smaller populations such as Kauai and Maui, and satellite sites for Oahu.

The Hawaii ADRC website project led by Honolulu is a collaboration of the state and all four county area agencies on aging. Its goal was to leverage each entity's efforts to reduce costs and achieve maximum results to become the trusted source of information for the public. One key early decision was to adopt a common ADRC MIS infrastructure which included a common case management application, information and referral, and reporting platform (SAMS), common online consumer "one stop" portals using DotNetNuke content management, and re-use of library contents from prior federal/state projects (Real Choice System Change grant). The State Department of Health – Health Information Systems Office hosts the server in-house which eliminates the need to pay an outside vendor and provides network bandwidth. The final product offers standard features, design and consistent branding across the state. This strategy allowed Hawaii to build a website using an open source platform that uses sophisticated, yet inexpensive software that allows for continued operation at a relatively low cost. It also allows non-technical users to manage its content. Each county AAA/ADRC is responsible for its respective county site content management and key staff have been trained how to edit, update and upload content. This collaborative effort gives Kauai and Maui a jump start in joining the ADRC statewide replication efforts.

Some of the main attributes of the website are:

- Standards – conformance to standards ensures site is compatible with current and future browsers

- Usability – design features make site easy to use by the target population

- Accessibility – specific coding techniques ensures site operation with assistive technology

- Searches – design and web page "meta" information help visitors find content on the sites

- Tracking – comprehensive data collection and traffic analysis helps the team understand how sites are used

- Other Features – providing important potential tools to enhance user experience and simplify maintenance

- The system generates "XHTML 1.0 Transitional" web page code that is maximally compatible with all browser/media types

- Display is achieved using "CSS 2.1" (with some CSS 3) to permit consistent appearance and function across browsers and promote individualized control

- Sites meet "WCAG level A" and most of "AA" (more stringent than Section 508) to the maximum extent

- Example benefits:

    - Best practices: sites work well with all browser releases (IE, FF, Opera, Safari, Chrome)

    - Users with screen readers will have a successful and low-frustration experience

    - Users can browse our sites reliably even with phone browsers

ATTRIBUTES AND ACCESSIBILITY

Website	HTML	CSS	508/WAI	ResizeText	HeadingStructure	No-Script Handling
ADRCHawaii.org	**COMPLIANT**	**COMPLIANT**	**WCAG A & some AA**	**YES, browser and on-page**	**ALL CONTENT**	**YES**

IV. CONCLUSION

Summary of Project Outcomes, Lessons Learned and Future Direction

The following are some of the project outcomes (Most have already been mentioned under Activities and Accomplishments):

- The Statewide Advisory Board was established and comprised of key stakeholders representing the state, county, private organizations from the aging, disability, health care and long term care networks. There are six State-level subcommittees that served as work groups in the planning and development of the ADRC project. Each pilot site also has its own local advisory committee or community council to engage community partners and stakeholders into the project site development.

- In addition to the original $800,000 federal grant, the project successfully achieved additional funding for Honolulu's start up and statewide access through the State Legislature. The State appropriated $530,000 for fiscal years 2007-2009, but $300,000 was released for expenditure in 2007. This state funding was critical to starting up Honolulu's ADRC website and statewide telecommunication access as well staff training, marketing/outreach and ongoing state project coordination and evaluation. However, the remaining $230,000 for FY 2008-2009 was not released by the Governor due to the state budget shortfall.

- The U.S. Administration on Aging selected and honored the Aging and Disability Resource Center in Hilo as one of the 2007 Choices for Independence Program Champions. Hawaii's ADRC pilot site was selected among other state initiatives and programs that demonstrated the principles of the Administration on Aging's (AoA)

strategy to rebalance and modernize health and long-term care for older persons and those with disabilities.

- New partners were recruited to support the ADRC including a private public relations firm that designed the ADRC logo, postcard, PowerPoint presentation and the successful marketing campaign "Auntie Iris and the 20 Doors" which educated the State Legislature about the ADRC project. The State Marketing Plan provides the blueprint for ADRC branding and includes overarching messages and key touch points to convey to the public.

- UH School of Travel Industry Management provided a first rate corporate trainer to train the ADRC teams in each county and the EOA staff on excellent customer service, communication and screening/ interviewing techniques. This staff training program includes an orientation to the ADRC model so that each ADRC site team shares common vision and goals throughout the State. The TIM School's training curriculum was recognized by The Lewin Group as a best practice and was posted on the ADRC technical assistance website as a resource for others.

- The Hilo ADRC pilot site celebrated its grand opening on November 14, 2008. This new state-of-the-art facility in the former Sun Sun Lau restaurant was completely renovated to house HCOA operations along with several public and private aging and disability service providers and programs. This now serves as Hilo's one-stop center for long term care services and information. HCOA also continues to support the North Hawaii community's vision of a satellite ADRC in Honokaa.

- University of Hawaii at Hilo College of Pharmacy will soon provide free on-site medication management services to the public at the Hilo ADRC facility. The College is proposing to establish similar services statewide once additional ADRC physical sites are established in other counties.

- MIS consultants assisted all AAAs to assessing their intake, screening and data collection processes and made recommendations to enhance and streamline their MIS system. The State provided additional resource staff to assist both pilot sites to update their resource databases in preparation to upload into the ADRC website.

- The Honolulu pilot site operated by EAD purchased $30,000 worth of equipment and Harmony software applications, licenses and upgrades, including its web-hosted system (agingnetwork.com). The suite of products will complement and enhance website development, information and assistance service delivery and data collection.

- Hawaii has successfully built a sustainable statewide website with a low maintenance cost and is one of 13 states to establish a statewide resource database directory.

- Honolulu Elderly Affairs Division has been expanding its ADRC operations and community outreach. It has already established a satellite office at Kahuku Medical Center at Oahu's North Shore and Hauula. An additional satellite is scheduled to open January 2010 at Leahi Hospital in East Honolulu.

As a one-stop shop for long term care information, the ADRC seems like a simple concept but it is not. The ADRC is far more complex because it is both a product and a process. A one-stop physical site, statewide telephone system and website are tangible products easily

understood by the public. However, the ADRC is also about streamlining access to long term care information. This means developing one comprehensive, integrated assessment and eligibility determination process that breaks down the barriers to community living and giving consumers information about the complete spectrum of long term care options. Hawaii continues to pursue the integration of assessment and eligibility determination for all long term care options.

The ADRC restructures and realigns the flow of existing programs, systems and operations which are fluid and intangible. As challenging as Hawaii's site construction and the statewide website development have been up to now, both the state and pilot teams recognize that revamping the system is equally complex and time consuming to accomplish. The AAAs are evolving from agencies that have traditionally served only older adults to now include younger adults with disabilities, caregivers and people who are planning ahead for their long term care needs.

It has always been Hawaii's vision to develop the ADRC statewide so that all residents will have seamless access to long term care information and resources. Embracing this vision, the State project team clearly has defined its role and responsibility to engage all four counties from the beginning so that each county can learn and share from one another and prepare the groundwork for statewide ADRC replication. The real hope of the ADRC is that it will catalyze stronger partnerships among public and private agencies such as Medicaid and the Department of Health, county area agencies on aging and the disability network, who work collectively to invoke a transformation of Hawaii's long term care system. This system-wide change will continue to be led by the Executive Office on Aging, the State and County partners and private stakeholders.

Hawaii's ADRC project has evolved at its own pace and rhythm. As a result, it is premature to evaluate the ADRC's real impact on the long term care system. There are still many unfinished tasks that will require more time.   The following are the future activities to be led by the project team, as well as recommendations for the project's development:

1. The State marketing/outreach subcommittee has outlined a nine-month marketing campaign to promote the new ADRC website, telephone number, the Hilo ADRC site, and the new expanded satellite sites on Oahu. The subcommittee recommends 1) using remaining state funds to hire a marketing consultant to produce collateral materials (postcards, handouts, giveaways), and advertisements; and 2) working collaboratively with the State Department of Health's communications office to develop press releases and seek opportunities via the media for free publicity and promotion.

2. The ADRC website was launched in October, 2009. Continue to assist the AAAs to manage their content and to integrate new SAMSIR/SAMSWeb products.

3. Establish the statewide telephone system to include all four counties by late January 2010.

4. Continue to work with pilot sites and key stakeholders to refine intake, eligibility screening and tracking of clients and services. Formalize operational procedures by drafting protocols, policies and procedures to standardize operations across sites.

5. Develop additional strategies to track the volume of incoming calls and requests for assistance, referrals and program waitlists through the ADRC. Data collection remains a priority to document the public's need for services and monitor effectiveness of the

ADRC in the community. There is a shortage of HCBS and facility-based long term care in Hawaii that ADRC partners strive to address.

6. Complete post-intervention evaluation activities for both the Honolulu and Hilo pilot sites to assess effectiveness, consumer awareness and satisfaction. The evaluator has designed a preliminary website evaluation tool to be posted on the website in six months.

7. Continue to conduct pre-ADRC assessment for Kauai and Maui counties.

8. Continue to enhance the ADRC website and add new functions that will populate data into multiple commonly used forms, applications and eligibility determination tools. Integrate website enhancement efforts with grant funding for Hospital Discharge Planning and additional future grants.

V. APPENDICES

Appendix A   ADRC Hawaii Protocol Manual

Appendix B   ADRC Streamlining and Access Focus Groups

Appendix C   MIS/IT Development Plan for the City and County of Honolulu Elderly
                      Affairs Division

Appendix D: ADRC Evaluation Update Report (Excerpt only)