



TESTIMONY OF THE STATE ATTORNEY GENERAL TWENTY-FOURTH LEGISLATURE, 2008

ON THE FOLLOWING MEASURE:

H.B. NO. 2196, RELATING TO CAREGIVING.

BEFORE THE:

HOUSE COMMITTEES ON HEALTH AND HUMAN SERVICES AND HOUSING

DATE: Wednesday, January 23, 2008 **TIME:** 9:00 AM

LOCATION: State Capitol, Room 329
Deliver to: Committee Clerk, Room 436, 5 copies

TESTIFIER(S): Mark J. Bennett, Attorney General
or Andrea J. Armitage, Deputy Attorney General

Chairs Green and Shimabukuro and Members of the Committees:

The section of this bill giving responsibility for a cash and counseling program to the Joint Legislative Committee on Aging in Place violates the separation of powers doctrine and is therefore unconstitutional.

Section 4 of the bill requires the Joint Legislative Committee on Aging in Place to conduct a cash and counseling project. It allows the joint committee to contract with a consultant to design a cash and counseling program. Section 5 of the bill appropriates moneys from the general fund to the joint committee to fund the cash and counseling project pursuant to section 4. These provisions are unconstitutional in that they violate the doctrine of separation of powers.

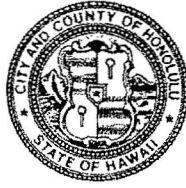
The legislative and executive branches have distinct roles in the budget and appropriation process. Under the State Constitution, the authority to appropriate moneys for the working of state government rests with the Legislature. Once the appropriations bill has been enacted and the fiscal year begins, the legislative work is completed and it then becomes the responsibility of the executive branch to implement the budget. An instructive case is *Communications Workers of America, AFL-CIO v. Florio*, 130 N.J. 439, 617 A.2d 223 (1992). In that case, the Supreme Court of New Jersey

held: "Although the Legislature may appropriate and dictate, if it desires, the services and positions designated for such appropriation, there is one thing the Legislature cannot do. It cannot exercise the functions of the executive. It cannot administer the money after it has been once appropriated." Id. at 462, 617 A.2d at 235 (internal quotation marks, brackets, and citations omitted). While the power to appropriate moneys is a legislative function, the power to expend and manage those appropriations is an executive function.

Therefore, appropriating funds to the joint committee so that it may create a cash and counseling project would violate the separation of powers doctrine. Responsibility for implementing a cash and counseling project is more properly within the realm of the executive branch. The project should be placed within an appropriate agency in that branch, with the appropriated funds to be expended by that agency.

DEPARTMENT OF COMMUNITY SERVICES
CITY AND COUNTY OF HONOLULU

715 SOUTH KING STREET, SUITE 311 • HONOLULU, HAWAII 96813 • AREA CODE 808 • PHONE: 768-7762 • FAX: 768-7792



MUFI HANNEMANN
MAYOR

DEBORAH KIM MORIKAWA
DIRECTOR

ERNEST Y. MARTIN
DEPUTY DIRECTOR

January 22, 2008

The Honorable Josh Green, M.D., Chair
The Honorable John Mizuno, Vice Chair
and Members of the Committee on Health
The Honorable Maile S. L. Shimabukuro, Chair
The Honorable Karl Rhoads, Vice Chair
and Members of the Committee on Human Services and Housing
The House of Representatives
State Capitol
Honolulu, Hawaii 96813

Dear Chairs Green and Shimabukuro, Vice Chairs Mizuno and Rhodes, and Members:

Subject: Support of HB 2196, Relating to Caregiving

The Elderly Affairs Division is an Area Agency on Aging designated by the State Executive Office on Aging under the Older Americans Act of 1965. It is a focal point of aging programs and is mandated to plan, coordinate, advocate for and develop programs to meet the needs of older adults on Oahu. We strongly support HB 2196, Relating to Caregiving.

In Hawaii, adults age 60 and older comprise of over 17%, and this trend is expected to continue. By 2030, over one-quarter the state's population will be older adults. Hawaii has also surpassed the national life expectancy with the age 85 years and older increasing two-and-a-half times faster than the older population as a whole. Many older persons have chronic problems or need assistance with their care.

HB 2196 would assist the Executive Office on Aging in partnership with the Area Agencies on Aging to expand Kupuna Care services to offer emergency, overnight and weekend respite services; provide grants for home modifications that facilitate aging in place as part of a cash and counseling model; and provide funds directly to family caregivers as part of this cash and counseling approach. This Bill would also increase the operating budget for the Kupuna Care program.

We also strongly support the inclusion of the Kupuna Care Program and Caregiver Support funds as part of the EOA's budget to reduce administrative costs of utilizing these funds and to maximize the framework of long-term care and caregiver services that already exist in each county. Funding would be available at the beginning of the fiscal year, not in the middle

The Honorable Josh Green, M.D., Chair
The Honorable John Mizuno, Vice Chair
and Members of the Committee on Health
The Honorable Maile S. L. Shimabukuro, Chair
The Honorable Karl Rhoads, Vice Chair
and Members of the Committee on Human Services and Housing
January 22, 2008
Page 2

when released which involves a separate contract with the state, provider contract amendments and perhaps a new round of procurement and separate data collection and reporting. These steps are complex, time consuming, and greatly increase administrative costs at the state, county, and provider levels that can be better spent on program development and delivery.

In appropriating moneys to Kupuna Care services, we are increasing the quality of life of older adults and reducing high medical costs.

We urge the committee to pass HB 2196. Thank you for the opportunity to submit this testimony.

Sincerely



Karen K. Miyake
County Executive on Aging
Elderly Affairs Division

CY:ab

cc: Office of the Mayor



TO: REPRESENTATIVE JOSH GREEN, CHAIR
HOUSE COMMITTEE ON HEALTH

REPRESENTATIVE MAILE SHIMABUKURO, CHAIR
HOUSE COMMITTEE ON HUMAN SERVICES AND HOUSING

MEMBERS OF THE HOUSE COMMITTEES ON HEALTH AND
HUMAN SERVICES AND HOUSING

FROM: CHERYL VASCONCELLOS, EXECUTIVE DIRECTOR
HANA HEALTH

DATE: January 20, 2008

TESTIMONY IN SUPPORT OF H.B. 2196
RELATING TO CAREGIVING
Wednesday, January 23, 2008
9:00 a.m.

I am speaking in support of H.B. 2196 Relating To Caregiving.

Hana Health was the recipient of a federal Title VI, Caregiving Demonstration Grant from September 2001 through September 2005. The primary purpose of this project was to identify and train family caregivers in an effort to assist them in their capacity as caregivers, as well as to assess their on-going need for support. Ten caregivers participated in this project over a three year period.

Initially, this project included stipends for caregivers who attended training and support group meetings. Caregivers were able to use the stipends (initially \$300 per month) in any way that would assist them in caring for their family member. One participant said the stipend was critical, since she had no other source of income. Others used the stipend to provide support, medicine, etc. to their

kupuna. One caregiver who worked, used the stipend to help cover lost wages resulting from her need to take off work to care for her family member. When the stipend was eliminated in year three, participation in the project dwindled to three participants.

Through this demonstration project we found that by providing direct services to the elderly, i.e. delivered meals, home health and personal care, assistive living devices including minor home improvements such as the installation of wheel chair ramps, the caregiver is relieved of an enormous amount of responsibility and was better able to cope with and fulfill their caregiving responsibilities. In effect, the caregiver is also a direct beneficiary when needed services are provided directly to the elderly for whom they are caring.

Any support that can be offered to caregivers – stipends, adult day care facilities, home health care, chore services, respite care - will go a long way toward allowing our kupuna to age in place, while assuring the wellbeing of caregivers.

Thank you.

Hawai'i Alliance for Retired Americans

AFT Hawaii Retirees

HGEA Retirees

HSTA – Retired

ILWU Retirees

Kokua Council

Machinists Union Retirees

UPW Retirees

ADA/Hawaii

An affiliate of the Alliance for Retired Americans
c/o AFSCME · 888 Mililani Street, Suite 101 · Honolulu, Hawaii 96813

Joint statement of Al Hamai, President, and Carol Nitta, Legislative Committee Member, Supporting HB 2196, Relating to Caregiving

Joint Hearing by House Committees on Health and Human Services and Housing

January 23, 2008, 9 a.m. Conference Room 329

Chair Josh Green, M.D. and Members of the Health Committee and
Chair Maile S. L. Shimabukuro and Members of the HSH Committee

We are submitting testimony on behalf of the Hawaii Alliance for Retired Americans (HARA). HARA represents 17,000 retirees, members of the above organizations and individuals. We are a chapter of the Alliance for Retired Americans (ARA), a national advocacy organization for retirees.

HARA supports HB 2196 and considers this a high priority bill. The joint legislative committee on family caregiving has performed a great service to the legislature and to our community in identifying and seeking solutions to support the thousands of family caregivers, who daily take care of their loved ones. This bill extends the life of the joint committee and expands its role to include aging in place issues related to family caregiving and also appropriates funds to support family caregivers.

The members of the Joint Legislative Committee on Family Caregiving (JLCFC) are commended by HARA for working during the interim to achieve its mandates set forth in SB 1916. HARA supports HB 2196 and urges both Committees to approve it. Mahalo.

Ke hana like nei na` ku`puna i `oi loa a`e `o Hawai`i
Senior citizens working together for a better Hawai`i

May Mizuno

From: manis [manis@lava.net]
Sent: Monday, January 21, 2008 12:35 PM
To: HLTtestimony
Subject: HB 2196



HB2196 (644 B)

5 copies Attachment is in Microsoft Word as well as testimony below. Laura Manis 597-8838.

Laura Manis Testifier

5 copies

COMMITTEE ON HEALTH

Rep. Josh Green, M.D., Chair

Rep. John Mizuno, Vice Chair

COMMITTEE ON HUMAN SERVICES & HOUSING

Rep. Maile S. L. Shimabukuro, Chair

Rep. Karl Rhoads, Vice Chair

Wednesday, January 23, 9:00 a.m. Room 329

HB 2196 RELATING TO CAREGIVING. Extends the joint legislative committee on family caregiving; changes the committee's name to the joint legislative committee on aging in place; expands the committee's mandate to include aging in place issues related to family caregiving; requires the aging and disability resource center to report to the committee; requires the joint legislative committee to conduct a cash and counseling project; appropriates funds to the joint legislative committee; allows kupuna care to include overnight, weekend, and emergency respite, as well as provide grants to caregivers and for home modification; appropriates funds to the kupuna care program

SUPPORT

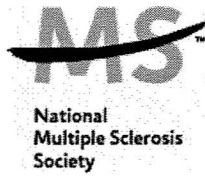
This testimony is being submitted on behalf Kokua Council whose mission includes advocating for the health of the elderly and those vulnerable populations who can not advocate for themselves.

We are pleased to support this bill for the following reasons. Changing the name of the task force acknowledges the reality that frailness includes being unable to do chores such as housekeeping, shopping, yard work, all of which enables people to stay at home. This will expand the scope of this very valuable committee and help relieve the pressure on caregivers as well as the burden on long term care facilities.

The other components of this omnibus bill cover existing gaps in services, such as Kupuna Care for emergencies, overnight and weekend care and help with financing home modification. We also support financing existing programs (Kupuna Care) to shorten wait lists, and to continue and implement the valuable work of the joint committee on caregiving and the one-stop resource center for aging and disability.

We ask that you will support this bill.

Laura G. Manis, Legislative Chair, Kokua Council
tel. 597-8838



All America Chapter - Hawaii Division
418 Kuwili Street, #105
Honolulu, Hawaii 96817

Phone: 808- 532-0806
Fax: 808-532-0814

To: Representative Josh Green, MD, Chair
Representative John Mizuno, Vice Chair
COMMITTEE ON HEALTH

Representative Maile SL Shimabukuro, Chair
Representative Karl Rhoads, Vice Chair
COMMITTEE ON HUMAN SERVICES & HOUSING

From: Lyn Moku, Division Manager Phone: 532-0806

Date: Wednesday, January 23, 2008

Subject: **Support of HB 2196** RELATING TO CAREGIVING.

The National MS Society supports HB 2196 Relating to Caregiving:

- Extending the Joint Legislative Committee (JLC) through June 30, 2009 will provide additional time needed for the Committee to explore establishing a paid family leave program under the state temporary disability insurance law; explore “aging in place” issues related to family caregivers; and secure updates on the disability resource center in the county of Hawaii and the virtual site on Oahu.
- Changing the name of the JLC on Family Caregiving to the JLC on Aging in Place encompasses the many facets of aging in place. Aging in place is often more efficient and less costly than institutional care, but the infrastructure needs to be in place.
- Strengthening support for family caregivers (through coordinated services and policies, training and education, respite services, financial incentives, and balancing work and caregiving) will ensure that care recipients will be able to remain at home and in their communities for as long as possible and that caregivers receive what they need to continue to care for their loved ones.
- By providing a cash and counseling program to non-Medicaid eligible elders a gap in service to those with out-of-pocket expenses will be reduced. Appropriating funds to the JLC to design the program is needed.
- Appropriating funds to Kupuna Caucus will ensure that a range of services (including respite, funds for home modifications and for cash and counseling will be available to care recipients and/or and caregivers.

Please support HB 2196. Thank you for the opportunity to testify in favor of this Bill.

###

Hawaii Aging Advocates Coalition

Founding Organizations

City & County of Honolulu
Elderly Affairs
Karen Miyaki
Craig Yamaguchi

City & County of Honolulu
Service Providers
Tony Wong

FACE
Stan Bain
Jim Howell

Hawaii Caregiver Coalition
Tony Lenzer

HARA
Al Hamai
Bruce McCullough

Hawaii County Office on Aging
Alan Parker
Lito Asuncion

Hawaii County Service Providers
Debra Nakaji

JACOSA
Lyn McNeff

Kauai Agency on Elderly Affairs
Kealoha Takahashi

Kokua Council
Larry Geller

Maui County Office on Aging
John Tomoso

Maui County Service Providers
Kathy Louis

Maui Long Term Care Partnership
Rita Barreras

PABEA
Gary Simon
Eldon Wegner

Co-Conveners
Wes Lum
Hawaii Caregiver Coalition
Harry Mattson
AARP Hawaii

Testimony to the Joint House Committee on
Health and Human Services and Housing
Wednesday, January 23, 2008
Conference Room 329; 9:00am

RE: H.B. No. 2196, RELATING TO CAREGIVING.

Chairs Green and Shimabukuro, and Members of the Joint Committee,

My name is Wes Lum and I am testifying on behalf of the Hawaii Aging Advocates Coalition (HAAC). **HAAC strongly supports this measure.**

This bill reflects many of the recommendations of the Joint Legislative Committee on Family Caregiving (Committee). In making its recommendations, the Committee examined the research and data provided by the studies conducted during this past legislative interim, and focused on addressing the immediate needs of family caregivers, as well as facilitating the development of a comprehensive, community based family caregiver support system.

We applaud the Committee for its excellent and thorough work, and for submitting a final report that was done well.

HAAC strongly supports this measure and asks for your favorable consideration. Thank you for the opportunity to testify.



CATHOLIC CHARITIES HAWAII

TO: Representative Josh Green, MD, Chair
Representative John Mizuno, Vice Chair
Committee on Health

Representative Maile S.L. Shimabukuro, Chair
Representative Karl Rhoads, Vice Chair
Committee on Human Services & Housing

FROM: 
Diane M. Terada, Division Administrator

DATE: Wednesday, January 23, 2008 (9:00 a.m., Room 329)

RE: **Support of HB 2196, Relating to Caregiving**

Catholic Charities Hawaii (CCH), is a tax exempt, non-profit agency that has been providing social services in Hawaii for over 60 years. The Agency has also been providing supportive home and community based services to elders since 1973 and currently serves approximately 5,000 older persons each year. **We strongly support HB 2196, Relating to Caregiving, with the following recommendation regarding Part III (Kupuna Care):**

- **Catholic Charities Hawaii recommends that the additional Kupuna Care funding be adequate to fund EXISTING Kupuna Care services as well as the NEW services of emergency/weekend/evening respite and home modification (and cash & counseling approach), which this bill adds to the Kupuna Care program.**

Catholic Charities Hawaii has provided transportation and housekeeping services, both State-funded Kupuna Care Services, for a number of years. In addition, we have been partners with other aging network providers who also provide essential State-funded Kupuna Care Services such as home-delivered meals, case management, bathing service and more.

State-funded Kupuna Care currently funds a set of basic, essential services that help frail elders remain independent and avoid institutionalization or homelessness. In addition, these services support family caregivers who are providing support to frail elderly relatives who still want to maintain their independence but require supportive services, from family and the community, in order to do so.

Some of the challenges that Catholic Charities Hawaii faces in providing State-funded Kupuna Care Services include:



- **Flat or reduced Federal funding** for elderly services.
- **Continued wait list for Housekeeping Services** which means elders who may be at risk of eviction must wait for several months in order to receive services.
- **Increased gas expense** which hampers our ability to provide transportation that enables seniors to access needed services. This particularly impacts our ability to serve rural elders who need to get to medical and other appointments in town.

The Consequences of Not Providing More Funding for State Kupuna Care Services

- **Wait lists will grow.** The longer that elders must wait for service, the greater the risk that their will **lose their ability to live independently in a safe, dignified environment.**
- The **alternative is institutionalization** at a cost of approximately \$7,000 a month per person. **Additional funding of \$750,000 for State Kupuna Care will provide additional services for hundreds of seniors. This same amount could only support about nine elders in nursing homes for a year.** The cost of institutional care will eventually be a burden on taxpayers and government since State-funded Kupuna Care program targets those in greatest need.

Catholic Charities Hawaii asks for your support of HB 2196, Relating to Caregiving. If I can provide any further information, please feel free to contact me via phone at 808-595-5901 or via email at diane.terada@catholiccharitieshawaii.org. **Thank you.**



**To: House Committee on Health
Rep. Josh Green, M.D., Chair
Rep. John Mizuno, Vice-Chair**

**House Committee on Human Services & Housing
Rep. Maile Shimabukuro, Chair
Rep. Karl Rhoads, Vice-Chair**

**Date: January 23, 2008
Conference Room 329
9:00 am**

Re: HB2196 RELATING TO CAREGIVING

Chairs Green and Shimabukuro and Members of the Committees:

My name is Ed Thompson and I am the Associate State Director for Advocacy for AARP Hawaii. We are a membership organization for people 50 and older with 156,000 members in Hawaii. AARP provides access to services and information, meaningful volunteer opportunities, and the opportunity for our members to create positive change in their lives.

AARP supports HB2196.

This bill extends the life of the Joint Legislative Committee on Family Caregiving; changes the committee's name to the Joint Legislative Committee on Aging in Place; and expands the committee's mandate to include aging in place issues related to family caregiving.

We applaud this committee for its continued work relating to caregiving. AARP Hawaii has been an active participant throughout the work of this committee. We will continue to support this committee to help Hawaii's family caregivers and to help determine how their needs can be supported through public policy.

On behalf of all volunteers who have given their time to help train Hawaii drivers and the 156,000 AARP members, thank you for the opportunity to testify before your committee.

TESTIMONY BY JIM SHON

SUBMITTED: January 21, 2008 VIA EMAIL
FOR: House Committee on Higher Education
RE: HB 2196
POSITION: STRONGLY SUPPORT

COMMITTEE ON HEALTH
Rep. Josh Green, M.D., Chair
Rep. John Mizuno, Vice Chair

Rep. Karen Leinani Awana	Rep. Karl Rhoads
Rep. Della Au Belatti	Rep. Maile S. L. Shimabukuro
Rep. Joe Bertram, III	Rep. James Kunane Tokioka
Rep. Rida T.R. Cabanilla	Rep. Gene Ward, Ph.D.

COMMITTEE ON HUMAN SERVICES & HOUSING
Rep. Maile S. L. Shimabukuro, Chair
Rep. Karl Rhoads, Vice Chair

Rep. Karen Leinani Awana	Rep. Josh Green, M.D.
Rep. Della Au Belatti	Rep. John Mizuno
Rep. Joe Bertram, III	Rep. James Kunane Tokioka
Rep. Rida T.R. Cabanilla	Rep. Gene Ward, Ph.D.

NOTICE OF HEARING

DATE: Wednesday, January 23, 2008
TIME: 9:00 a.m.
PLACE: Conference Room 329
State Capitol
415 South Beretania Street

HB 2196

A G E N D A

RELATING TO CAREGIVING.

Extends the joint legislative committee on family caregiving; changes the committee's name to the joint legislative committee on aging in place; expands the committee's mandate to include aging in place issues related to family caregiving; requires the aging and disability resource center to report to the committee; requires the joint legislative committee to conduct a cash and counseling project; appropriates funds to the joint legislative committee; allows kupuna care to include overnight, weekend, and emergency respite, as well as provide grants to caregivers and for home modification; appropriates funds to the kupuna care program.

HLT/HSB, LMG,
FIN

MEMBERS OF THE COMMITTEE,

I Support this bills.

Hawaii remains oddly unfocused when it comes to addressing the growing demographic tidal wave of senior citizens in Hawaii. Hawaii has no long term care plan, no objective or autonomous policy analysis over aging issues, and no response to the retirement of the baby boomers.

To date, most health care policy issues focus on acute care and insurance access, children's health, the shortage of doctors, etc.. But for those who are challenged by chronic care, those who are too wealthy to qualify for Medicaid, yet not wealthy enough to afford assisted living arrangements, they need support for their continued aging in their homes.

Aging at Home is an important strategy that deserves your support.

Sincerely,

Jim Shon
jshon@hawaii.edu

PS See attached information on the crucial need for programs that support aging at home, and what has already been accomplished

An Initiative for Aging At Home

One of the important thinkers in long-term care in Hawaii had been the late Professor Oscar Kurren, (former University of Hawaii Professor Emeritus, School of Social Work), who, in 1997, was increasingly interested in stimulating policies that would promote wellness and independence. In the fall of 1997, Kurren was enthused about a project in New York City proposed by the Independence Care System, Inc. (ICS). Kurren was touting an ICS business plan that sought to develop a new model of home and community-based care for 800 adults and children who were disabled. The ICS plan had four key elements: **consumer participation, emphasis on home and community-based care, a full range of services provide by a care team, and a truly integrated network to coordinate care over time, with multiple providers.** (ICS, 1997, p.ii) The stated goal of Independence Care was "to enable the severely disabled to remain at home or in the least restrictive setting possible, using the flexibility of risk-based capitation to substitute primary care, home care and community-based services for hospital and nursing home care." (ICS, 1997, p.1) Quite rightly, ICS characterized its model as "A Chronic Care Management Demonstration Program" with a specially designed element of training for entry-level health and social service positions.

Kurren was tapping into the managed care mania that had also infected Hawaii's Medicaid officials, but was offering an interesting twist: to redesign the system along chronic care and home care lines. He was able to recognize that in targeting the disabled populations, federal and state funding for disabled programs could be utilized to drive this new model.

Kurren's model fit well with an early concept I'd developed while representing the Makiki district in the State House. Located in Makiki is of the most prominent residential facilities for elders in the State, Arcadia. Arcadia provided upscale apartments for healthy residents, and progressively supportive facilities, as people grew frailer. I had noticed, however, that Arcadia was a relatively limited and expensive alternative not open to many of the other residents of Makiki who lived in condominiums within blocks of Arcadia. My first working title for what was needed was: *Condo Care*. (Shon, FN, 1996)

Condo Care - 1996

Condo Care emerged as a response to the demise of the State's sponsored long term care plan: the Family Hope Program, which sought to provide funding for both community and institutional care. Calculated at approximately \$300 of taxes per working resident of Hawaii per year, the Family Hope proposal was just too complicated and government-driven for the post-Reagan era. *Condo Care* began with the question: *What could we afford if we assumed that people already had housing, and only needed services delivered to their homes?*

A brief sketch of the *Condo Care* concept included the following basic components: (Shon, FN, 1997)

- 1) The use of co-op or so-called sweat equity to control costs;
- 2) Targeting concentrated independent living arrangements, such as an apartment district in urban Honolulu;
- 3) Utilizing an already developed interfaith ministries serving elders;
- 4) A focus on sub-acute care services only, such as financial planning, custodial care, home maintenance, transportation, recreation, buddy systems, hot meals, care management, health services referrals, and a purchasing pool for health aids and assistive technology;
- 5) Development of a regular income stream to sustain the operation, such as insurance premiums or subscription rates;
- 6) Affordability for the middle and lower middle class;
- 7) Avoidance of strong links to the Medicare or Medicaid systems.

The Wisteria Project 2000 - Components

To identify and develop its components, The Wisteria Project, challenged the participants to explore the following questions:

1. How to facilitate and nurture new partnerships without reliance on government leadership?
2. How to tease out of the public bureaucracies and private foundations start-up funding that recognizes complex networks of partners and interventions rather than safer, single-intervention experiments?
3. How to overcome structural or cultural barriers to college and university participation in an ongoing, sustainable partnership that delivers needed community-based research and services while providing valuable real-world education?
4. How to utilize our understandings of Third Wave organizational management and networks to organize such a system?
5. How to utilize current and futuristic techniques in gathering meaningful data, designing appropriate benefits, and evaluating the effectiveness of the alternative system?
6. How to design an alternative delivery system that is theoretically capable of achieving the following goals:
 - a. To prevent or delay significant numbers of elders from becoming physically and fiscally dependent on the state;
 - b. To utilize existing community assets such as individual equity in homes, the interests and needs of seniors to remain active and engaged in productive activity, and the potential to partner institutions such as high school and college service learning programs;
 - c. To meet the needs of a substantial number of elders who are too rich for Medicaid, yet too poor for privately funded assisted living;
 - d. To recognize naturally occurring communities, as well as client-designed, driven and participation in non-medical, wellness activities and services; and,
 - e. To create a system that is economically self-sufficient and sustainable through client-based subscriptions.

Key elements of the Wisteria Model that evolved from the attempts to answer these questions included:

- The creation of a non-profit agency governed by a power sharing partnership board representing the university, key community-based agencies, government, and consumers;

- The mission of such a non-profit agency to deliver a case-management-driven benefit package of non-medical services through a service delivery team for affordable subscription fees;
- An intergenerational institutional link with the university system through structured service-learning supports to the delivery teams, including assignment of practicum students to the teams and class projects that would evaluate community needs and delivery effectiveness;
- A “closed-system” model of service banking that encouraged community clients of the teams to be active in contributing to the network and who could, in exchange, receive various benefits such as reduced subscription rates and the right to transfer service banking credits to family and friends.
- Initial recruitment of network members through a limited grant that would allow them to sample the benefits of the network, as well as participate in the development and refinement of the delivery system.

Fast-forward to 2007

Two Promising mainland program models

The *Beacon Hill Village* in Boston program provides the following services:

Household Services

- Home repair and adaptation
- Household cleaning—routine and heavy
- Errands... organize closets, mail packages
- Home office: computer problem solving, bill paying, etc.

Transportation

- Individual and group rides to anywhere—doctors, airport, friends, cultural events

Meals and Groceries

- Weekly grocery shopping
- Home-delivered meals, elegant or casual
- Dining groups

Volunteer programs

- Opportunities for members to help each other
- BHV members assist in the community and local non-profit groups

Concierge Service

- Delivered exclusively by HouseWorks, an excellent in-home service provider
- Rides to the grocery store, local errands, and appointments
- Pick up a prescription, dry cleaning
- Hang curtains, rearrange furniture
- Pack boxes
- Mail a package
- Wait for a repair person
- Pick up theatre and symphony tickets
- Take in computer for repairs
- Water plants & pick up mail during a vacation
- Bring in car for repairs

The **Beacon Hill Village** membership, open to those 50 years and above, costs \$580 for individuals and \$780 for households.

About to launch a similar program nearby is **Cambridge at Home**. Cambridge At Home was founded by Cambridge residents on the model of the path-breaking Beacon Hill Village in Boston. “Cambridge At Home is a cooperative community formed to ensure the timely availability of services similar to those of a retirement community. We have a professional staff that will provide members with access to evaluated suppliers who will provide prompt service at known costs. This centralized service means that members have timely help available as challenges or emergencies arise at home. With a phone call or an email, CAH members will get help from friendly, competent staff in areas like transportation, health, social activities and home maintenance so they can remain safely and confidently in their homes as they age.”

Cambridge at Home provides services relating to daily living (shopping, electrical transportation, plumbing, house cleaning, laundry, meal preparation, checking account, home maintenance, tax returns) health and fitness (yoga/meditation, skilled nursing, physical therapy, organizing medication, schedule exercise, home health care, nutrition and diet, medical equipment, personal trainer, filing claim forms) and, the most popular with seniors, organized activities (walking groups, discussion groups, trips, how-to classes, volunteering, music groups, art classes and sports).

Cambridge at Home membership fees are \$1,200 per couple, or \$900 for individuals. Specific services such as field trips have additional fees. A bus trip to a museum might cost \$95 for members and \$120 for guests, which also includes meals.

Hawaii

A recent governmental initiative attempting to coordinate and addressing community outreach services was the **Hawaii State Plan on Aging 2004-2007**, which, through various programs funded through the Executive Office on Aging (EOA), sought to strengthen or expand these programs. Unfortunately, the level of funding for outreach and the level of commitment to EOA has been weak in recent years.

EOA operates the ***Kupuna Care Program***, which includes the following services:

- Adult Day Care
- Assisted Transportation
- Attendant Care
- Case Management
- Chore services
- Home Delivered meals
- Homemaker
- Personal Care

In order to qualify for the program, which does not have the capacity to serve all who need such services, seniors must be impaired in two or more ADLs – Activities of Daily Living (eating, bathing, dressing, transferring from bed to chair, controlling bowel & bladder, and moving about the house safely) or significantly reduced mental capacity, or two IADLs – Instrumental Activities of Daily Living (preparing meals, shopping, taking medications, managing money, using phones, doing housework, and using public transportation).

The Hawaii State Plan on Aging: 2004-2007

This plan clearly identifies a number of key strategies and unmet needs, which clearly fits with an aging at home agenda:

- Information to make informed decisions
- Programs and Services to Live at Home
- Information on Elder rights and benefits
- Partnerships to address emerging and existing issues



The State Plan also identified estimated unmet needs by senior programs in all four counties. In the City and County of Honolulu, for example, it was estimated that over 20,333 seniors continue to need transportation, 17,844 cannot find case management, 20,661 need chore services, and 19,630 housekeeping. Needs unmet by Hawaii public or private programs also include personal care (20,710), home repairs/maintenance (24,898), interpretation/translation (26,332), letter writing/reading (16,289), money management (22,384), and meals delivered at home (23,355)

TO: HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES
Representative Josh Green, Chair
Representative Maile Shimabukuro, Vice Chair

FROM: PAT SASAKI

RE: HB 2196, RELATING TO CAREGIVING

HEARING: WEDNESDAY, JANUARY 23, 2008
STATE CAPITOL, CONFERENCE ROOM 329
9:00AM

POSITION: SUPPORT

My name is Pat Sasaki. I am testifying in support of H.B. No. 2196, Relating to Caregiving.

Mahalo to Hawaii Legislators for sustaining your commitment to the issues and needs of Hawaii's fast-growing older population. From the plight of children lacking responsible parents to the day-to-day economic struggles of working families, older adults play critical roles in the lives of Hawaii's citizens.

Supporting the aging network of services means providing just that bit of extra help that sustains a family's ability to function and avoid abandoning or neglecting older adult family members.

Older adults themselves keep many of Hawaii's families going. They share their life savings to help pay for living and education expenses. They provide childcare for working parents that includes transportation, feeding, and nurturing. They are also the ones who assume child-raising responsibilities and costs when parents are absent or incapable.

I urge your passage of H.B. No. 2196. Thank you for the opportunity to testify.

May Mizuno

From: Ruthtutu@aol.com
Sent: Tuesday, January 22, 2008 3:02 PM
To: HLTtestimony@Capitol.hawaii.gov
Cc: HALND55@aol.com
Subject: HLT/HSB Comm. Hearing Wed 1/23 9.am.

HOUSE OF REPRESENTATIVES
 Twenty Fourth Legislature
 Reg. Session 2008

Rm. 329 9. a.m. Jan.. 23,2008

Comm. on Health:
 Rep. Josh Green, M.D. Chr.
 Rep. John Mizuno, V. Chr.

Comm. on Human Services-Housing
 Rep. Maile s. L. Shumabukuro, Chr.
 Rep. Karl Rhoads, V. Chr.

Chairmans Green,Shimabukuro and fellow committee members,

In Full Support of HB 2112, Establish a Task Force on Aging, as well as Full Support of HB2196,Joint
 Legislative Committee on Caregiving; Kupuna Care, Appropriations

We also are in Full Support of HB 2289 and HB 2111 Relating to OMBUDSMAN LTC care issues and addition
 of ombudsman positions on each of the neighbor islands.This has been needed for a long time. FULL
 SUPPORT

Tesitmony submitted by Ruth Dias Willenborg:1015 Aoloa Pl. #360, Kailua, Hi. Ph. 261-1046
 (ruthtutu@aol.com)

(Background info) I have been a member and participant with the Joint Legislative Committee on Caregiving
 from the beginning, as well as the Kupuna Caucus.(I am also a Board member of ALOH(Assisted Living
 Options Hawaii) and their newsletter editor--Aging in Place in NORCs etc. has become one of our more recent
 objectives.(Past association with AARP as Legislative Chair when we were all volunteer committee on many
 LTC issues)

I am now and have been for last 5 years a Spousal Caregiver for husband Harold, now age 74 and
 his biggest health problem is NPH(Normal Pressure Hydrocephalus) and cerebral shunt is not now working
 and condition fatal, but he is still ambulatory. As happens with caregivers, I am myself now"disabled", soon will
 be age 80, having been diagnosed with Emphysema about 3 years ago, with added 24/7 Oxygen now
 (secondhand pollution) and other health problems as well.

For this reason I have not appeared much before the legislature in recent years, but submit testimony via email.
 (By the way, I read recently an accolade for Hawaii as being the only state to have email testimony. I know I
 am grateful for that as well) Most of you on these committees now are not personally known to me, but I
 thought this background of our circumstances and history might be helpful and will not repeat in the future.

I support all of the above Bills. We have been in need of a separate Department on Aging for many years.
 This Department with additional specialized workforce would be helpful in fully implementing Older American
 Act appropriations and join other states who have already done so with many services that are in great need.

The ADRC's and their specific future advantage with the Department of Aging would become a needed Single
 point of Entry role in many senior long-term care issues. With our Boomer population now entering senior
 years who may need LTC services, we must do everything possible to speed up our role of providing more
 needed services to our expanding senior population as quickly as possible.

ALL caregivers are in great need of special services. Those who are elderly and spousal caregivers themselves, are in great need of support and more so as they become in need of services themselves. It is overwhelming and scary to not know where to turn!

Therefore it is imperative that a Special Legislative Committee as described in HB 2196 be formed as soon as possible as well...

All four of these legislative pieces are in great need at the same time! We cannot work fast enough to provide services for our Kupuna and those that care for them.

Mahalo for serving your community,
Ruth Dias Willenborg, 1015 Aoloa Pl. #360, Kalua, Hi. 996734 Ph. 261-1046
Ruthtutu@aol.com

Start the year off right. Easy ways to stay in shape in the new year.