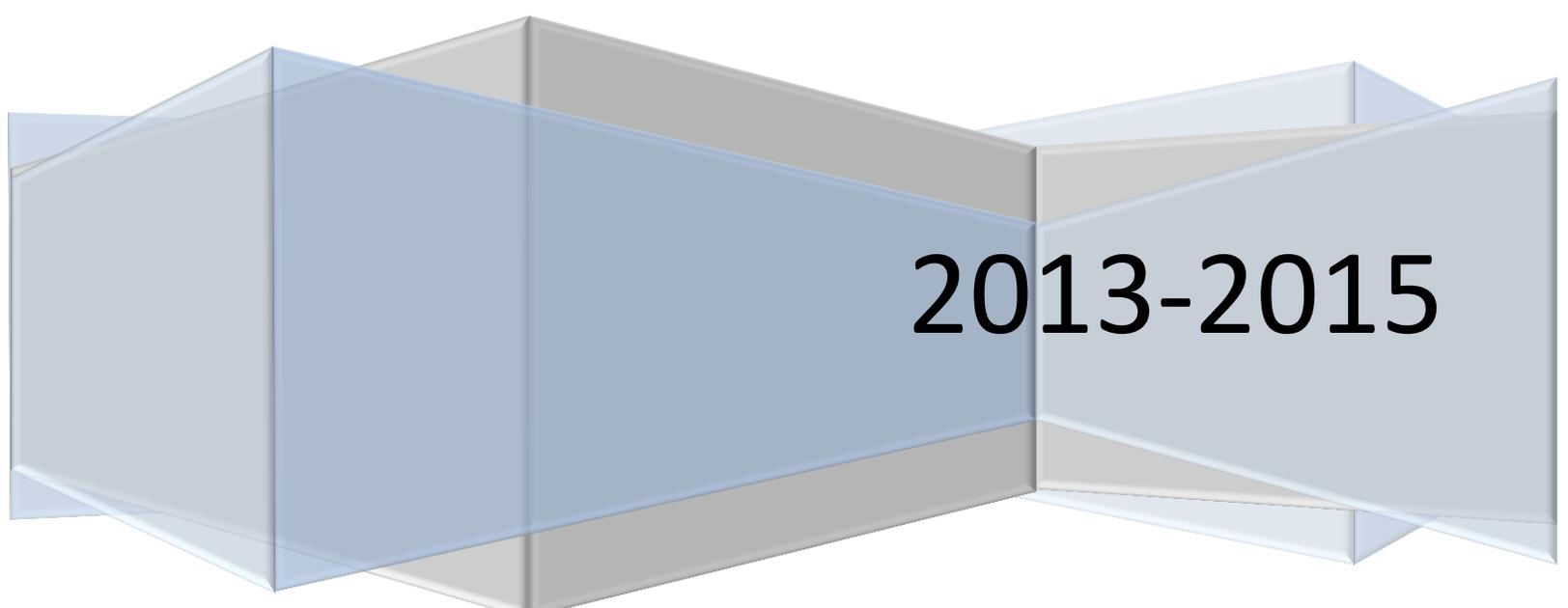


**Kaua'i County Agency on Elderly Affairs  
County of Kaua'i**

# **TWO YEARS STRATEGIC PLAN**



**2013-2015**

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Kaua'i Agency on Elderly Affairs Strategic Plan  
Submitted by: ASN Consulting Services  
Audrey Suga-Nakagawa, Principal  
January 2014

## **EXECUTIVE SUMMARY**

The Kaua'i Agency on Elderly Affairs (AEA) 2013-2015 Two Year Strategic Plan focuses on five primary areas: 1) Operations; 2) Public Relations and Marketing; 3) Partnership and Alliances; 4) Diversify Funding; and 5) Consumer Satisfaction. The overall goal is to strengthen and position AEA as the County's leader on aging issues and a valuable resource for older adults, people with disabilities and family caregivers. To help achieve this, AEA has been developing its infrastructure as the county's Aging and Disability Resource Center, a one stop shop for long term care information for people seeking assistance and care. The agency is striving to enhance its internal operations through staff training, and streamlining processes. It has also engaged public relations consultants who are working on AEA's key messaging and rebranding, and utilize social media tools to expand its outreach to the community. Partnerships and alliances with public and private sector organizations and businesses leverage AEA's ability to pool limited resources and align the community towards moving in the same direction as it seeks to address the growing needs of Kaua'i's elders, people with disabilities and their families.

## **INTRODUCTION**

As the county's leading area agency on aging and the designated Aging and Disability Resource Center, the Kaua'i County Agency of Elderly Affairs (AEA) has embarked on a new path to further expand its reach and services to the growing elderly population, people with disabilities and their families. Recognizing the need to seize new opportunities in the changing health care system, and rising expectations of the aging baby boomers, AEA has developed a two year strategic plan to help guide its way.

## **METHODOLOGY**

ASN Consulting Services was contracted to assist AEA in developing this two year strategic plan. The methodologies included a Strengths, Weakness, Opportunities, Threats (SWOT) survey which were distributed and completed by the AEA staff and the AEA Advisory Council; one full-day strategic planning retreat involving all staff and advisory council and led by facilitator/consultant -Dr. Michael Cheang of University of Hawaii; and followed by a series of staff meetings to identify the priority areas, goals and objectives, implementation activities, lead staff and projected outcomes. The planning process began in the summer of 2013 and completed in January 2014. During these 5 months of planning, some of the activities have already been initiated and completed.

## **BACKGROUND OF KAUA'I AGENCY ON ELDERLY AFFAIRS**

In 1963, the Hawai'i State Legislature established the State Commission on Aging with the passage of Act 198 which also created the County Committees on Aging in each of the four counties. The federal Older Americans Act of 1965 further expanded the role and functions of the state and counties by providing federal funds for social services, research & demonstration projects, and training for older adults. This formalized the county committees on aging to being designated as the Area Agencies on Aging (AAAs) in which they became the visible focal points to administer services in their respective local counties.

Kaua'i Agency on Elderly Affairs and the other county AAAs are legally established under the jurisdiction of the counties in which each mayor appoints or hires the respective AAA director, a cabinet level executive. A county policy council for elderly affairs is comprised of consumers and senior advocates, and serves to advise the AAA and the mayor. The county AAAs are assigned the chief responsibility for planning, coordinating, developing, and pooling resources to assure the availability and provision of a comprehensive range of services. They administer the state's Kupuna Care program and Older American Act programs under Title III such as chore service, congregate meals, information and referral and other supportive home and community-based services for Hawaii's older adults.

Hawaii's State Commission on Aging now known as the Executive Office on Aging (EOA) under Chapter 349, Hawaii Revised Statute, is administratively attached to the State Department of Health. EOA is the single state agency responsible for programs that affect senior citizens and provides the coordinated delivery of a full range of essential services to our older residents; and where applicable, and furnish meaningful employment opportunities for individuals. The Executive Office on Aging and the County

AAAs work closely together to insure that the planning and operation of such programs are undertaken as a partnership of older residents, and the at-large community.

### **AGING POPULATION – CHANGING LANDSCAPE**

Hawaii's rapidly aging population is impacting the major facets of our community. Adults over 60 years-old are the fastest growing population in the state. In 2012, this cohort comprised approximately 21.3% of the total population or 297,334 people (Hawaii State Data Book, 2012). As the baby boomer generation (people born between 1947 and 1963) reaches and surpasses their 60th birthday, the number is expected to jump to 28.4% of the total population or 455,039 older adults by 2030. Even more dramatic is the 81% increase in the over 85-year-old population. Kaua'i, in particular, had 16,252 people 60 years and older in 2012 according to the Hawaii State Department of Business, Economic Development and Tourism's State Data Book. They made up 23.7 percent of the county's total population. Among this age group, 1,775 were over age 85 years old. Kaua'i has the oldest median age at 41.8 years versus 38.3 years for the State. The City and County of Honolulu has the youngest median age at 37.3.

### **STATE'S DIRECTION – AGING AND DISABILITY RESOURCE CENTER**

The Executive Office on Aging had recently completed its five year strategic plan in which identifies among its top priorities to: 1) support the county AAAs to fully develop their Long Term Services and Support (LTSS) systems for each county's older adults and caregivers, and 2) develop a statewide Aging and Disability Resource Center (ADRC) system for kūpuna, persons with disabilities and their 'ohana to access and receive LTSS information and resources within their respective counties. To align with the State's direction, the Kaua'i Agency on Elderly Affairs (AEA) has focused its energies in becoming a fully functioning ADRC, the one stop shop for long term care information and resources for Kaua'i's community. Recognizing the need to have an unbiased, trusted source to help people navigate Hawaii's long term care system, AEA has been building the ADRC infrastructure which is projected to be completed in 2014. This consists of the key core functions of intake and assessment, options counseling, information and referral, and case management. AEA staff has worked closely with the EOA's lead consultant, HCBS Strategies in streamlining its operations and incorporating a standardized intake and assessment tool. In addition, AEA has participated in numerous staff training in adapting a person-centered approach which focuses on an individual's preferences and values on the type of care and delivery of services, and ensuring the person is informed of the available community options. There is also cross training in other areas and resources such as Medicaid eligibility, programs and services for disabled adults, and the newly launched Hawaii Health Connector, the state health insurance exchange program. As Kaua'i's ADRC, the AEA staff must be knowledgeable of the different community resources so that they can help local residents find and obtain the appropriate services and care in a timely manner.

### **AEA – REDEFINING ITSELF**

The development of the ADRC is transforming AEA from being an agency solely to serve Kaua'i's older adults, to becoming the nexus in linking home and community based services with the health and long

term care systems. Besides administering the Older American's Act Title III programs and Kupuna Care, AEA is seizing new opportunities that are arising from the Affordable Care Act and the federal system change initiatives.

**1. Hospital Care Coordination Program.** In 2013, AEA completed the federal demonstration project in conjunction with Kaua'i Veterans Memorial Hospital (KVMH), in which AEA provided the Care Transition Intervention (CTI) Program for their high risk patients who were being discharged from the hospital back to the home. These were patients 60 years and older and admitted with one or more diagnoses of severe cardiac and respiratory/pulmonary problems, sepsis and/or cellulitis. To reduce the rate of hospital readmission, AEA's trained CTI coach followed-up on these patients by coaching them to self manage their care at home, ensuring proper follow up by their private physicians and adherence to the medications prescribed by the hospital. At the completion of the year-long (April 2012 to March 2013) federal demonstration project, AEA's CTI program successfully reduced the hospital readmission rate by 42.8%. In addition, AEA had picked up new referrals of older adults who've become better acquainted with the county's home and community-based services that can help provide the additional support they need to remain safely and healthy at home. Through AEA, Kaua'i's kupuna can now receive services such as home-delivered meals, in-home chore services, transportation, fitness and exercises and even volunteer opportunities through the RSVP program. AEA has become the safety net for these vulnerable and medically fragile older adults.

**2. Hawaii Health Connector.** With the recent launch of the State's health insurance exchange in 2013, Kaua'i AEA was awarded a \$125,000 contract to serve as the local kokua, the marketplace assister to conduct the community outreach to the uninsured individuals eligible for a health plan through the Hawaii Health Connector's Hi'i Ola online program. AEA's interest in participating in this Hi'i Ola Program is because it complements and strengthens the agency's position as Kaua'i's Aging and Disability Resource Center. Being a marketplace assister allows AEA to serve not just those 60 years and older, but their family members as well who need adequate health coverage and access to care so that they can remain healthy too. AEA recognizes the important role of the family and informal caregivers such as neighbors and friends of all ages who are part of the elder's social support system. Often times, family members especially the adult child or younger spouse may prematurely retire or quit their jobs to become full time caregivers to a frailer, disabled individual. This can result in the loss of adequate health insurance coverage especially if the family member doesn't meet the age or financial criteria for Medicare or Medicaid assistance. Therefore, AEA's participation as a marketplace assister is a progressive extension of its services as the local Resource Center (ADRC) to provide health information not just to seniors but to the younger population as well since AEA already interfaces with multi-generational households.

**3. Use of Social Media.** In mid-2013, AEA has engaged a local public relations agency and videographer to enhance its marketing and community outreach efforts to the Kaua'i community. The public relations consultants have recommended the key messaging and market positioning to place AEA as the leading County agency on aging issues and a valuable resource for Kaua'i's older adults, people with disabilities and family caregivers. Video clips have been shot to showcase AEA's key services and programs and to

be viewed as public service announcements and other local media channels of distribution. Utilizing current social media tools, the video clips will also be uploaded on AEA’s website and viewed through YouTube.

**STRENGTHS, WEAKNESSES, THREATS AND OPPORTUNITIES (SWOTS) SURVEY**

The AEA staff and advisory board members were polled for their assessment of AEA’s strengths, weaknesses, opportunities and threats. The following chart represents the top commonly reported staff and stakeholders’ responses.

**Total No. of Completed Surveys: 16**

<b>AEA Strengths</b>	<b>AEA Weaknesses</b>
<ul style="list-style-type: none"> <li>• Conducts personalize, home visits to individuals</li> <li>• Dedicated and compassionate staff</li> <li>• Aging Experts in the community (knowledgeable)</li> <li>• Agency has many services, resources and payers</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of communications/lack of clarity/breakdown (staff)</li> <li>• Lack of public awareness of AEA, less significant image within county</li> <li>• Staff resistance to changes</li> <li>• Need for more staff training/misinformation given to public</li> <li>• Need for more staff (including grant writer, IT staff)</li> </ul>
<b>Opportunities</b>	<b>Threats</b>
<ul style="list-style-type: none"> <li>• Public Relations/More Marketing and Outreach AEA</li> <li>• Professional (staff) development and training</li> <li>• Position AEA for more funding – tapping more resources (grants, public and private financing)</li> <li>• Partnerships and affiliations with other agencies</li> </ul>	<ul style="list-style-type: none"> <li>• Shrinking County Resources and public funding</li> <li>• Growing aging population (esp. among the 85+ y.o.) – challenging to the community resources</li> <li>• Full adoption of the system change initiative – a daunting task for AAAs</li> </ul>

Based on the SWOT responses and follow up discussions with the staff and advisory board, the recurring themes were identified and provided the basis for formulating the top strategic issues as follow:

- I. Operations
- II. Public Relations and Marketing
- III. Partnerships and Affiliations
- IV. Diversify Funding
- V. Consumer Satisfaction

## *Strategic Issue Priorities and Goals*

<b>1. AEA Operations</b>	<i>AEA staff will be knowledgeable and informed in responding to consumer's request on a timely basis, and providing options counseling services</i>
<b>2. Public Relations and Marketing</b>	<i>Be a recognized and known county's leader on aging and disability resources</i>
<b>3. Partnerships and Affiliations</b>	<i>Develop partnerships and alliances that will give impetus to meeting the needs of Kaua'i's community</i>
<b>4. Diversify Funding</b>	<i>Positioned to apply and receive future funding opportunities</i>
<b>5. Consumer Satisfaction</b>	<i>Deliver services to exceed consumer's needs and expectations</i>

### **AEA'S VISION, MISSION, CORE VALUES, AND STRENGTHS**

AEA also revisited and updated its vision and mission statements, and identified the agency's core values and strengths.

#### **Vision Statement**

The people of Kaua'i will live well and age well.

#### **Mission Statement**

The County of Kaua'i Agency on Elderly Affairs, the designated Aging and Disability Resource Center, serves older adults, individuals with disabilities and their caregivers by supporting, planning and advocating for their long term services and supports.

#### **Core Values**

Kaua'i Agency on Elderly Affairs has adopted the following core values:

- Respectful
- Compassionate
- Trustworthy
- Dedicated
- Person-oriented
- Responsive
- Accessible
- Unbiased

#### **AEA's Strengths**

AEA has a dedicated and compassionate staff. They are Kaua'i's aging experts who are responsive to the needs of each individual and their families by providing information and assistance about elder care services and other resources in the community.

## IMPLEMENTATION PLAN, TIME LINE AND OUTCOMES

The following is AEA's implementation plan which includes the objectives, timeline, lead staff, and outcomes.

<b>1. Operations</b>	<b>Goal:</b> AEA staff will be knowledgeable and informed responding to consumer's request timely and providing options counseling services.	
<b>Objective 1.1 Action Plan</b>	By February 2014, a year-long schedule will be established and implemented for staff training on current community resources, pertinent programs and services, and policies impacting older adults and long term services and supports.	
	<b>LEAD</b>	<b>TIME LINE</b>
1. Topics will identified and scheduled for each month or quarter by each section supervisor <ul style="list-style-type: none"> <li>• CMS rule</li> <li>• Budget</li> <li>• HCBS</li> <li>• Disability resources</li> </ul>	I.Parongao (I & R) K.Takahashi (Admin) L.Asuncion (Data) Teresa Caires (Finance) C. Melchor-Questin(RSVP) C.Nakamine (HAP)	Feb 2014
2. Speakers/trainers will be contacted and scheduled	Same as above	On going
3. Class Attendance will be tracked by each respective supervisor	Same as above	Jan 2014
<b>RESOURCES</b>	Pending Subjects identified by each lead	
<b>BUDGET</b>	To be Determined – workshop fees, speakers honorarium, travel	
<b>OUTPUTS</b>	<ul style="list-style-type: none"> <li>▪ A minimum of six staff training classes will be scheduled for the I &amp; R staff for each year</li> <li>▪ Other AEA staff will have a minimum of quarterly workshops</li> <li>▪ Training sessions may include outside conferences and workshops (local and mainland)</li> <li>▪ Staff will be informed in disability resources, Medicaid, and health insurance options</li> </ul>	
<b>OUTCOMES</b>	<ul style="list-style-type: none"> <li>▪ I &amp; R staff will be knowledgeable and kept updated of local resources and programs</li> <li>▪ All AEA staff will be kept abreast of national and local</li> </ul>	

	trends and legislation
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<b>1. Operations</b>	<b>Goal:</b> AEA staff will be knowledgeable and informed responding to consumer's request timely and providing options counseling services.	
<b>Objective 1.2 Action Plan</b>	By January 2014, staff will establish a workflow procedure for incoming calls and walk-ins using the Dashboard feature in SAMS.	
<b>TASK</b>	<b>LEAD</b>	<b>TIME LINE</b>
1. Weekly training on dashboard feature	Lito Asuncion Edith Abigania	January 2014
2. Internal communications on actions and timelines will be monitored for timely completion.	Iris Parongao	January 2014
3. Staff will follow the designed model flow chart	Iris Parongao	February 2014
<b>RESOURCES</b>	None at this time	
<b>BUDGET</b>	No cost	
<b>OUTPUTS</b>	<ul style="list-style-type: none"> <li>▪ Tracking of number of consumers served</li> </ul>	
<b>OUTCOMES</b>	<ul style="list-style-type: none"> <li>▪ Staff will be using daily the dashboard for communicating with each other as well as referring to service providers.</li> <li>▪ AEA will become a fully functional ADRC.</li> </ul>	

<b>2. Public Relations and Marketing</b>	<b>Goal:</b> AEA will be recognized and known as county's leader on aging and disability resources.	
<b>Objective 2.1 Action Plan</b>	By December 2014, there will be 20% annual increase in the number of website visits.	
<b>TASK</b>	<b>LEAD</b>	<b>TIME LINE</b>
1. To help promote AEA, new AEA video clips will be produced, promoted and uploaded on the website	J. Renaud	February 2014
2. Ensure that the County website has a link to Kaua'i ADRC website	K. Takahashi	Completed
3. Marketing plan with outreach activities will be updated and executed: -Host events which include hands-on website orientation for the public	J. Renaud P.R. Consultants Jenny Fujita/Joy Miura	February 2014
4. Website update calendars, news articles	K. Takahashi	Monthly
5. Tracking website stats; distribute to staff	K. Takahashi	Monthly
<b>RESOURCES</b>	Video clips, new powerpoint presentations Handouts, brochures	
<b>BUDGET</b>	\$4,500	
<b>OUTPUTS</b>	<ul style="list-style-type: none"> <li>▪ Kaua'i county website will have a link to AEA/ADRC website</li> <li>▪ Other aging partners will have a link to AEA/ADRC website</li> </ul>	
<b>OUTCOMES</b>	<ul style="list-style-type: none"> <li>▪ KAEA website will be widely recognized by the local community and have increased number of visits and hits.</li> </ul>	

<b>2.Public Relations and Marketing</b>	<b>Goal:</b> AEA will be recognized and known as county's leader on aging and disability resources	
<b>Objective 2.2 Action Plan</b>	By December 2014, there will be 20% annual increase in the number of I & R phone contacts, intake, and home visits.	
<b>TASK</b>	<b>LEAD</b>	<b>TIME LINE</b>
1. Participate in a resource fair/event at Sun Village	I. Parongao	Completed
2. Update marketing plan and identify other key senior gatherings (bowling alley (wed/Friday), McDonalds, churches; softball tournaments (senior softballs), Loaves and fishes – food banks, Elderly housing, adult day care clients – network providers, RSVP station managers	Supervisors w/ Fujita/Miura Consultants	February 2014
3. Incorporate messages to promote AEA in the health connector kokua's presentations as they conduct their outreach	J. Renaud/w Fujita and Miura Consultants	February 2014
4. Develop a method to track the outreach activities	Supervisors Consult with Fujita/Miura	February 2014
5. Explore the development and publication of an AEA Newsletter - Weekly Column	R. Lizama	February/March 2014
6. Printed Resource Directory update	I. Parongao	February 2014
<b>RESOURCES</b>	Updated powerpoint presentations, more collateral materials (brochures, giveaways),county facebook	
<b>BUDGET</b>	\$10,000 (potential funding sources: Aloha Care, 'Ohana Care, Banking, HMSA)	
<b>OUTPUTS</b>	<ul style="list-style-type: none"> <li>▪ Outreach activities will be increased by 20% annually</li> <li>▪ Board members will help AEA identify new target sites and help promote AEA services</li> </ul>	
<b>OUTCOMES</b>	<ul style="list-style-type: none"> <li>▪ The public will be more aware of AEA's services and recognized as the leader in aging services.</li> </ul>	



<b>3. Partnerships and Affiliations</b>	<b>Goal:</b> AEA will have strong partnerships with advisory council; key organizations and agencies in both public and private sectors including businesses and health care providers	
<b>Objective 3.1 Action Plan</b>	By February 2014, AEA will identify and prioritize top potential partners in the areas of county government, disability, aging, health care and businesses; identify type/reason for partnership and activities	
<b>TASK</b>	<b>LEAD</b>	<b>TIME LINE</b>
<p>Review and Update the list of partners through the MOU process</p> <ul style="list-style-type: none"> <li>• Include Major Employers such as:</li> <li>• Marriott Hotel (Caregivers, )</li> <li>• Hyatt Hotel</li> <li>• KIUC (newsletter)</li> <li>• Wilcox Hospital</li> <li>• Chamber of Commerce</li> <li>• Churches</li> <li>• Kaua'i Medical Clinic</li> <li>• VA</li> <li>• Unions (HGEA, ILWU, UPW, HSTA – retiree groups)</li> <li>• Wally Rezendes (First Hawaiian Bank)</li> <li>• EF Participants</li> <li>• Sharon Lasker</li> </ul> <p>Explore possibilities of submitting articles to be printed in their respective employee newsletters, etc., publicizing aging related events or workshops through their respective news distribution network(email blasts, etc)</p>	<p>K. Takahashi L. Asuncion</p>	<p>February 2014</p>
<b>RESOURCES</b>	Powerpoint, handouts, articles for publications	
<b>BUDGET</b>	To be Determined	
<b>OUTPUTS</b>	<ul style="list-style-type: none"> <li>▪ Add a minimum of 5 new organizations outside the aging network as new allies for AEA. (i.e. major employers, union groups or civic organizations)</li> <li>▪ At least 2 organizations will agree to promote AEA services or events in their company newsletters or email distribution system.</li> </ul>	

**OUTCOMES**

- More organizations such as businesses and community groups will be contacting AEA for information requests about elder care resources and/or invitation to present to their constituents or employees.

<b>3. Partnerships and Affiliations</b>	<b>Goal:</b> AEA will have strong partnerships with advisory council; key organizations and agencies in both public and private sectors including businesses and health care providers	
<b>Objective 3.2 Action Plan</b>	By March 2014, an education program on national and state policies, issues and best practices will be scheduled for board and providers training on a regular basis each year. Topics and Speakers will be identified.	
<b>TASK</b>	<b>LEAD</b>	<b>TIME LINE</b>
1. An orientation/introduction curriculum for prospective and new board members about AEA will be developed.	K.Takahashi/Joe Neil	March 2014
2. Topics/speakers identified for ongoing board development (1 year schedule)	KTakahashi/Joe Neil	March 2014
3. AEA will host educational programs/updates for the contracted providers/other partners at minimum twice a year.	Lito Asuncion	March 2014
<b>RESOURCES</b>	Local and outside speakers (state, national)	
<b>BUDGET</b>	No Cost at this time	
<b>OUTPUTS</b>	<ul style="list-style-type: none"> <li>▪ A minimum of 2 workshops/presentations will be scheduled for both the board and providers (2 per board/2 per providers) per year.</li> </ul>	
<b>OUTCOMES</b>	<ul style="list-style-type: none"> <li>▪ Board members will have better understanding about AEA and its role as the county agency on aging; members will be informed of national and state issues, trends and legislation on aging</li> <li>▪ AEA providers and local network will be kept informed of national and state legislation, trends and issues on aging.</li> <li>▪ Board members and key partners/providers will be knowledgeable and informed on current community resources, pertinent programs and services, and policies impacting older adults and long term care</li> </ul>	

<b>3. Partnerships and Affiliations</b>	<b>Goal:</b> AEA will have strong partnerships with advisory council; key organizations and agencies in both public and private sectors including businesses and health care providers	
<b>Objective 3.3 Action Plan</b>	The Mayor and Council, state legislators will be informed on a regular basis on key issues and aging related initiatives; and supportive of AEA's initiatives and requests.	
<b>TASK</b>	<b>LEAD</b>	<b>TIME LINE</b>
1. Raise awareness on caregiving issues to the County – i.e. provide helpful tips for caregivers, or encouraging caregiver/age friendly policies such as admin leave for employees attending senior resource fairs.	K. Takahashi R. Lizama	TBD
2. Host special aging summits to Administration, cabinet, council members and/or state legislators annually.	J. Renaud	May 2014
3. One to one meeting/briefing to present an update with the Mayor and Administration prior to budget reviews	K. Takahashi	On-going
4. Plan for pre/post state legislative briefings with the Kaua'i legislators	K. Takahashi	January 2014
5. Actively participate and accept invitations to sit on major task forces and committee planning meetings. i.e. Complete Street, Falls Prevention, Elder Abuse and Fraud, Transportation, Alzheimer's Association Task Force.	K. Takahashi	On-going
<b>RESOURCES</b>	Booklets, briefing packets for the legislators, cabinet and council members	
<b>BUDGET</b>	\$500	
<b>OUTPUTS</b>	<ul style="list-style-type: none"> <li>▪ At least one aging summit will be organized in which the County administration, cabinet, council and legislators will be invited.</li> <li>▪ Pre/post legislative briefings with the Kaua'i legislators will be scheduled each year.</li> </ul>	
<b>OUTCOMES</b>	<ul style="list-style-type: none"> <li>▪ AEA will be recognized as a key county agency and invited to top level county planning/cabinet meetings and special task forces in issues/areas that affect the older population.</li> <li>▪ AEA will be recognized and respected as a major county agency; sought for input on issues and policies, and program planning affecting older adults.</li> </ul>	

<b>3. Partnerships and Affiliations</b>	<b>Goal:</b> AEA will have strong partnerships with advisory council; key organizations and agencies in both public and private sectors including businesses and health care providers	
<b>Objective 3.4 Action Plan</b>	By 2015, AEA will request and receive additional operating funds to increase staffing positions and operating expenses from County.	
<b>TASK</b>	<b>LEAD</b>	<b>TIME LINE</b>
1. See activities for Objective 4.1		
2. Collect data on AEA's outreach efforts, increase number of clients served, hits and visits on website and workload on staff.	L. Asuncion	On-going
3. Do analysis and submit reports to demonstrate increasing demand and workload.	L. Asuncion	Ongoing
4. Explore outside funding to initially support new positions and demonstrate value and return on investment.	K. Takahashi	April 2014
5. Review positions and job descriptions, Salary Rating adjustments, and incrementally plan for staff expansion and possible re-organization if necessary.	K. Takahashi	February 2014
<b>RESOURCES</b>	CMS, Veterans Administration, private	
<b>BUDGET</b>	None at this time	
<b>OUTPUTS</b>	<ul style="list-style-type: none"> <li>▪ New revenue streams to support positions and organization expansion</li> <li>▪ Data reports</li> </ul>	
<b>OUTCOMES</b>	<ul style="list-style-type: none"> <li>▪ Efficient and comprehensive database to retrieve data information</li> <li>▪ Plan for new positions and staff expansion</li> </ul>	

<b>4. Diversify Funding</b>	<b>Goal:</b> AEA will be positioned to apply for future funding opportunities which include but not limited to:  ADRC related funds Community Living Funds VA – Community Living Health Connector Navigators Health Plans –Healthy Aging, EnhanceFitness, BCBH, etc Reimbursement/Hospital Discharge Planning Activities Medicaid FFP Medicare/Medicaid Dual Funding	
<b>Objective 4.1 Action Plan</b>	By February 2014, AEA will be a fully functioning ADRC and seek new sources of funding including health plans, sponsors and donors.	
<b>TASK</b>	<b>LEAD</b>	<b>TIME LINE</b>
1. Develop a business plan to identify cost, pricing of services and target potential new revenue sources such as Health Plans – Reimbursement for EnhanceFitness, Care Transition program, Medicare Part D	C.Nakamine K.Takahashi J.Renaud A. Suga-Nakagawa T. Cairns	March 2014
2. Identify pricing/operating costs to determine potential reimbursement rates/time management study	T. Cairns	March 2014
3. In the business plan, identify donations/sponsorships as source of income- explore the development of a nonprofit arm for AEA – “Friends of AEA”.	C.Nagamine K.Takahashi J.Renaud A. Suga-Nakagawa	March 2014
<b>RESOURCES</b>	TBD	
<b>BUDGET</b>	TBD	
<b>OUTPUTS</b>	<ul style="list-style-type: none"> <li>▪ Comprehensive business plan which includes pricing and cost per service</li> </ul>	
<b>OUTCOMES</b>	<ul style="list-style-type: none"> <li>▪ AEA will generate additional income from other sources besides public funds.</li> </ul>	

<b>4. Diversifying Funding</b>	<b>Goal:</b> AEA will be positioned to apply for future funding opportunities which include but not limited to:  ADRC related funds Community Living Funds VA – Community Living Health Connector Navigators Health Plans –Healthy Aging, EnhanceFitness, CDSMP, etc Reimbursement/Hospital Discharge Planning Activities Medicaid FFP Medicare/Medicaid Dual Funding	
<b>Objective 4.2 Action Plan</b>	By March 2014, AEA will be a fully functioning Health Connector navigator and positioned to renew contract with the health exchange	
<b>TASK</b>	<b>LEAD</b>	<b>TIME LINE</b>
1. Hire health connector’s kokua (assistors)	J. Renaud/ K.Takahashi	In progress
2. Develop marketing plan for program	J. Renaud with input from Fujita/Miura	Completed
3. Collect data on progress, outcome	J. Renaud	On-going
4. Evaluate and report on performance, outreach activities	J. Renaud	Monthly
<b>RESOURCES</b>	Collaborative partners	
<b>BUDGET</b>	\$125,000 (grant from Hawai‘i Health Connector)	
<b>OUTPUTS</b>	<ul style="list-style-type: none"> <li>▪ Contact and assist 300 individuals through the Connector</li> <li>▪ Developed new partnerships with health plans and other groups outside the aging network</li> </ul>	
<b>OUTCOMES</b>	<ul style="list-style-type: none"> <li>▪ Successfully fulfilled contract agreement with Connector, and eligible for contract renewal.</li> </ul>	

<b>4. Diversifying Funding</b>	<b>Goal:</b> AEA will be positioned to apply for future funding opportunities which include but not limited to:  ADRC related funds Community Living Funds VA – Community Living Health Connector Navigators Health Plans –Healthy Aging, EnhanceFitness, CDSMP, etc Reimbursement/Hospital Discharge Planning Activities Medicaid FFP Medicare/Medicaid Dual Funding	
<b>Objective 4.3 Action Plan</b>	By December 2014, AEA will be able to collect and analyze data reflecting outcome performance and profile of clients. Data reports will support AEA’s future request for expansion.	
<b>TASK</b>	<b>LEAD</b>	<b>TIME LINE</b>
1. Implement Inter-rai intake tool	I. Parongao	Completed
2. Develop policies and procedures for data collection and reporting	L. Asuncion	Completed
3. Develop and maintain data collection and reporting systems	L. Asuncion	Completed
<b>RESOURCES</b>	HCBS Strategies (through Executive Office on Aging)	
<b>BUDGET</b>	TBD	
<b>OUTPUTS</b>	<ul style="list-style-type: none"> <li>▪ Policies and procedures for data collection and reporting in place</li> <li>▪ Inter-rai tool successfully utilized by staff</li> </ul>	
<b>OUTCOMES</b>	<ul style="list-style-type: none"> <li>▪ Rich client database for easy retrieval for future grant applications, outcome/performance reports, and justification for future funding and expansion needs.</li> </ul>	

<b>5. Consumer Satisfaction</b>	<b>Goal:</b> AEA will position itself to deliver services to exceed consumer's needs and expectations.	
<b>Objective 5.1 Action Plan</b>	By December 2014, AEA will be able to collect data on customer's satisfaction.	
<b>TASK</b>	<b>LEAD</b>	<b>TIME LINE</b>
1. Implement Inter-rai intake & assessment tool	I. Parongao	Completed
2. Refine operation model (flowchart)	I. Parongao	On-going
3. Customer's satisfaction report collected and analyzed	I. Parongao	Quarterly
<b>RESOURCES</b>		
<b>BUDGET</b>		
<b>OUTPUTS</b>	<ul style="list-style-type: none"> <li>▪ Inter-rai tool successfully utilized by staff</li> </ul>	
<b>OUTCOMES</b>	<ul style="list-style-type: none"> <li>• Well trained staff who embodies AEA's core values.</li> <li>• Consumer survey will reflect high satisfaction</li> <li>▪ Track health</li> <li>▪ Track improvements clients' stats (ADL, IADL, Nutritional Risk)</li> <li>▪ Minimize Hospitalization reoccurrence</li> </ul>	