

House District 23

Senate District 12

THE TWENTY-FOURTH LEGISLATURE  
HAWAII STATE LEGISLATURE  
APPLICATION FOR GRANTS & SUBSIDIES  
CHAPTER 42F, HAWAII REVISED STATUTES

Log No: 9-0

For Legislature's Use Only

Type of Grant or Subsidy Request:

GRANT REQUEST - OPERATING

GRANT REQUEST - CAPITAL

SUBSIDY REQUEST

"Grant" means an award of state funds by the legislature, by an appropriation to a specified recipient, to support the activities of the recipient and permit the community to benefit from those activities.

"Subsidy" means an award of state funds by the legislature, by an appropriation to a recipient specified in the appropriation, to reduce the costs incurred by the organization or individual in providing a service available to some or all members of the public.

"Recipient" means any organization or person receiving a grant or subsidy.

STATE DEPARTMENT OR AGENCY RELATED TO THIS REQUEST \_\_\_\_\_  
AND PROGRAM I.D. NO. \_\_\_\_\_

1. APPLICANT INFORMATION:

Legal Name of Requesting Organization or Individual:  
**Alzheimer's Disease & Related Disorders  
Association - Aloha Chapter**

Dba: Alzheimer's Association - Aloha Chapter

Street Address: **1050 Ala Moana Blvd., D15  
Honolulu, Hawaii 96814**

Mailing Address: Same as above

2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:

Name JANET ELI

Title President & Chief Executive Officer

Phone # (808) 591-2771

Fax # (808) 591-9071

e-mail jeli@alzhi.org

3. TYPE OF BUSINESS ENTITY:

- NON PROFIT CORPORATION
- FOR PROFIT CORPORATION
- LIMITED LIABILITY COMPANY
- SOLE PROPRIETORSHIP/INDIVIDUAL

4. FEDERAL TAX ID #: ██████████

5. STATE TAX ID #: ██████████

6. SSN (IF AN INDIVIDUAL): \_\_\_\_\_

7. DESCRIPTIVE TITLE OF APPLICANT'S REQUEST:

**Alzheimer's Caregiver Support Program**

(Maximum 300 Characters)

8. FISCAL YEARS AND AMOUNT OF STATE FUNDS REQUESTED:

FY 2007-2008 \$ 125,000

FY 2008-2009 \$ 125,000

9. STATUS OF SERVICE DESCRIBED IN THIS REQUEST:

- NEW SERVICE (PRESENTLY DOES NOT EXIST)
- EXISTING SERVICE (PRESENTLY IN OPERATION)

SPECIFY THE AMOUNT BY SOURCES OF FUNDS AVAILABLE AT THE TIME OF THIS REQUEST:

STATE \$ 50,000

FEDERAL \$ \_\_\_\_\_

COUNTY \$ 54,000

PRIVATE/OTHER \$ \_\_\_\_\_

TYPE NAME & TITLE OF AUTHORIZED REPRESENTATIVE:

\_\_\_\_\_  
AUTHORIZED SIGNATURE

**JANET ELI, PRESIDENT & CHIEF EXECUTIVE OFFICER**  
NAME & TITLE

**01/31/07**  
DATE SIGNED

## Application for Grants and Subsidies

### Alzheimer's Association – Aloha Chapter Kako`o Corps Alzheimer's Caregiver Support Program

#### I. BACKGROUND & SUMMARY

##### 1. Background of Alzheimer's Association

For twenty-five (25) years, the Alzheimer's Association has served as the premiere source of information and support for the 28,000 people in Hawaii with Alzheimer's disease and related disorders, 85,000 family caregivers and over 115,000 people who care about them (friends, neighbors, co-workers, church members, etc.). The Association is the only organization *dedicated exclusively* to serving family caregivers and individuals affected by Alzheimer's disease and related disorders in the City & County of Honolulu. The Association provides reliable information, creates supportive programs and services for family caregivers and individuals with the disease, increases resources for dementia and research, and influences changes in public policy.

*Established in 1982*, the Aloha Chapter is one of 81 chapters of the nationwide Alzheimer's Association dedicated to the prevention, cure and treatment of Alzheimer's disease, as well as providing support and assistance to afflicted individuals and their caregivers.

The **mission** of the Alzheimer's Association – Aloha Chapter is to eliminate Alzheimer's disease through the advancement of research; to provide and enhance care and support for all affected; and to reduce the risk of dementia through the promotion of brain health. The Association **vision** is creating a world without Alzheimer's.

##### 2. Goals and Objectives

#### **GOAL 1: CAREGIVER TRAINING – Increase the understanding of Alzheimer's disease and related disorders and improve the care giving skills and ability to cope with the behaviors and personality changes throughout the continuum of the disease**

**OBJECTIVE 1:** Increase by 10% the number of caregivers reporting an improvement of ability to provide care, to identify the possible causes of behavior changes (due to medical, physiological, environmental causes, etc.) and access positive coping strategies to redirect and/or validate the person with dementia by June 30, 2008.

**OUTCOME 1.1:** Caregivers will have a greater understanding about Alzheimer's disease; putting legal and financial affairs in order; learning to manage challenging behaviors; practical strategies to relieving caregiver stress; taking care of one's self; hiring and managing in-home caregivers; when is it time for a move to a residential facility; facing the challenges as a family and the impact on friends; and community resources.

**OUTCOME 1.2:** Caregivers will be able to identify and utilize strategies to manage daily communication, behavior changes, safety issues and appropriate activities for the person with dementia.

**OUTCOME 1.2:** 80% of caregivers report satisfaction with the program.

**OUTCOME 1.3:** Caregivers increase an understanding of and ability to demonstrate effective stress reducing techniques (including nutrition, hydration, rest, mindful meditation – being in the moment, art, music, gardening, exercise, etc.) by 10% by June 30, 2008.

**OUTCOME 1.4:** Caregivers report a satisfaction rate of 80% in understanding about the disease and overall reduction of stress and frustration.

**GOAL 2: CAREGIVER COUNSELING - Increase by 15% utilization of Alzheimer's Association Caregiver Training programs, support groups, information and referral programs, and counseling.**

**OBJECTIVE 2:** Increase the number of caregivers by 15% from underserved communities receiving core services while exploring options for addressing other needs by June 30, 2008.

**OUTCOME 2.1:** 80% of caregivers access Association services and community resources and report satisfaction with linkage, and improvement in caregiving experience.

**OUTCOME 2.2:** 45% of caregivers report an increase in ability to positively cope with the stresses that develop throughout the disease process.

**GOAL 3: CAREGIVER SUPPORT GROUPS – 55% of caregivers who attend support groups on a regular basis (minimum of 4 groups), report that they are comfortable freely interacting with the other members, receive meaningful strategies to cope with the challenges of caregiving, and an increase in the ability to problem solve.**

**OBJECTIVE 3:** Increase the number of caregivers attending support groups on a regular basis by 25%.

**OUTCOME 3.1:** 35% of regular support group attendees report an increase in problem solving abilities and utilizing caregiver coping strategies

**OUTCOME 3.2:** Caregivers report an improvement rate of 35% in daily caregiving experience.

**GOAL 4: INFORMATION & REFERRAL Caregivers demonstrate increased awareness of and linkage to Alzheimer's Association programs and services and community resources**

**OBJECTIVE 4:** Increase by 10% the number of caregivers who access at least one community resource as a result of the information and referral services by June 30, 2008.

**OUTCOME 4.1:** Caregivers will report a satisfaction rate of 75% as a result of the referral.

**OUTCOME 4.2:** Caregivers will engage in repeat access of community resources

### 3. Public Purpose and Need to be Served

According to a survey of more than 1,000 adults sponsored by the Alzheimer's Association, Americans are as afraid of becoming an Alzheimer caregiver as they are of getting the disease itself. Caregivers are more afraid of getting Alzheimer's disease themselves than are non-caregivers. A report released by the Alzheimer's Association showed that Alzheimer's caregivers have a heavier burden than other caregivers due to the number of hours spent providing care, the duration of time they give care, and the difficulty of the tasks they perform, all of which leads to an increase in unmet needs and personal sacrifice for these caregivers.

- The report looked at a subset of unpaid caregivers who reported helping someone aged 50 or older with Alzheimer's or other dementia.
- Most revealing, unpaid Alzheimer's caregivers make more personal sacrifices such as giving up family time, friends, vacations, and exercise to provide care.
- These caregivers also tend to have to perform more difficult types of tasks such as dealing with incontinence, bathing and feeding. These duties are done in addition to a full time job for half of the caregivers in the study.
- Alzheimer's caregivers face challenges arising from their loved ones' cognitive impairment that are not faced by other caregivers.
- Behavioral issues created by Alzheimer's disease cause caregivers to face higher levels of stress associated with their loved ones' wandering and failure to remember to take medications.

Caregivers face unique challenges and need more emotional and financial support and information.

- The Alzheimer's Association study shows that caregivers not only lack time for their own unmet needs, but also need information that would help them with their caregiving.
- Nearly half (44%) of dementia caregivers surveyed do not use any type of services to help them with care giving and their own stress from the burden of caregiving.
- The data also indicate that nearly half (49%) of Alzheimer's caregivers spend their own money (average \$218/month) to help take care of the person with the disease.

While caring for a spouse or loved one can be rewarding, it also raises stress levels. Chronic stress can lead to depression, hypertension, infectious illness and heart disease among caregivers, and it can also put them at greater risk for early death.

In a long-term study of stress and health in older caregivers, Ohio State University researchers followed more than 100 caregivers of people with Alzheimer's and an equal number of non-caregivers. The study focused on interleukin-6 (IL-6), a compound in the blood that helps regulate immunity showing that higher levels of stress makes caregivers susceptible to diseases common among the elderly. The high levels of IL-6 did not ebb for years after care giving stopped. The researchers noted that these effects might be multiplied if accompanied by unhealthy habits formed in response to stress, such as overeating, smoking or not exercising.

The Alzheimer's Association identified 10 ways to be a healthy caregiver. Of paramount importance are:

- Knowing what resources are available – being able to get in touch with the Alzheimer's care resources in the community. Adult day care, in-home assistance, visiting nurses and Meals

on Wheels are just some of the services that can help. The Alzheimer's Association **Information and Referral** services such as the Helpline and Contact Center, a 24-hour telephone information and referral service; person to person contacts through office visits and drop-in's, field contacts and health fairs also provide opportunities for sharing of information and referral to Association programs and services and community resources.

- **Becoming an educated caregiver** – as the disease progresses, new caregiving skills are necessary. The Alzheimer's Association helps caregivers better understand and cope with the behaviors and personality changes that often accompany Alzheimer's. **Caregiver Training** takes place through the What Now? Orientation series and Monthly Caregiver Trainings throughout the year.
- **Counseling Sessions** can assist caregivers in planning and dealing with all aspects of the disease experience, including: assessment of needs, care consultation, assistance with planning and problem solving and provision of support.
- **Support Groups** are an important resource for caregivers in getting help – doing everything by one's self will leave a caregiver exhausted. Caregivers are encouraged to seek the support of family, friends and community resources. If a caregiver is afraid to ask for help, someone can advocate for him or her. Alzheimer's Association monthly neighborhood **support group** meetings are a good source of comfort and reassurance.

#### 4. Target Population

Unpaid caregivers of individuals with Alzheimer's disease and related disorders will receive Caregiver Training, Caregiver Counseling and participate in Caregiver Support Groups. 1.

Information and referral services will target:

1. Senior community volunteers
2. Persons with Alzheimer's disease & related dementias
3. Family caregivers of persons with Alzheimer's disease & related dementias
4. Senior citizens
5. Churches, synagogues and clergy
6. Service providers
7. Eldercare professionals
8. Community clubs and organizations
9. Families, teens, and children
10. General community in targeted underserved areas

The intention of targeting the groups for information and referral services is to identify family caregivers in need of caregiver training, counseling, support groups and create a link to the Alzheimer's Association programs.

It is important that program staff/mentors/volunteers represent the same or similar backgrounds in the targeted communities to enhance the effective delivery of services. Members of multi-cultural families have differences in language preference and ability, and cultural issues can significantly influence how dementia is perceived and tolerated. The program is designed to honor the linguistic, cultural, economic and social needs of underserved communities. The Kako'o Corps program will integrate the culture and respect the dignity of the caregivers while assisting them to improve and gain control of the conditions of their lives.

### 5. Geographic Coverage

Caregivers who live in underserved communities (low income, rural, and minority) on the islands of O'ahu, Hawaii, Maui, Molokai, Lanai and Kauai within city environments – and to reach these populations, the Kako'o Corps will focus on inner city minority family caregivers as well. By partnering and working with existing provider networks, such as Alu Like and community health centers, Community Senior Centers, Churches in predominantly low income, minority and/or rural communities, the Kako'o Corps Alzheimer's Caregiver Support Program will optimize dementia-specific services available to underserved communities.

### 6. Community Benefit

The Caregiver Training, Counseling, Support Group and Information and Referral Program is designed *to reduce stress* and *improve* the caregiver's ability to cope with the challenging situations related to the disease; *to improve* care giving experience for the caregiver; to create the highest quality of life for the caregiver, the person with dementia, and the family; *to enhance* the quality of long-term care for people with dementia and Alzheimer's disease (AD); and *to honor* the dignity of the person with dementia. The approach emphasizes strengthening the caregiver while maximizing the abilities of persons with dementia rather than focusing on disabilities

The ultimate goal is to provide the skills and knowledge to family caregivers to enable them to provide compassionate support to loved ones with Alzheimer's disease and related dementias, while learning the techniques needed to minimize caregiver stress. The community not directly affected by Alzheimer's disease will demonstrate understanding, compassion and a willingness to support friends and neighbors affected by the disease.

## II. Necessary Skills and Experience

For twenty-five (25) years, the Alzheimer's Association provides a broad range of programs and services for caregivers, people with the disease, families, care partners, professional health care providers and the general public. Programs and services are designed *to reduce stress* and *improve* the caregiver's ability to cope with the challenging situations related to the disease; *to improve* care giving experience for the caregiver; to create the highest quality of life for the caregiver, the person with dementia, and the family; *to enhance* the quality of long-term care for people with dementia and Alzheimer's disease (AD); and *to honor* the dignity of the person with dementia. The approach emphasizes strengthening the caregiver while maximizing the abilities of persons with dementia rather than focusing on disabilities. *Highlights of Alzheimer's Association programs in Hawaii include:*

**Caregiver Training** equips caregivers with the knowledge and skills needed to enhance the quality of life of the individual with dementia. Caregivers can include adult children, spouses, siblings, friends, and care partners of persons with Alzheimer's disease and related dementias as well as concerned well elderly. Caregiver training programs are delivered through: the What Now? Orientation series of 8 weekly sessions; one-on-one training; intergenerational family training sessions; conferences and workshops specifically targeting caregivers. The Association has a broad spectrum of caregiver training videos such as "He's Doing This to Spite Me" and care giving books.

**Caregiver Counseling** includes the Care Consultation service, a grouping of services to assist family caregivers of a person with Alzheimer's disease or related dementias in planning for and

dealing with all aspects of the illness experience, including: assessment of needs, assistance with planning and problem solving and provision of support.

**Caregiver Support Groups** are regularly scheduled in-person gatherings of persons with Alzheimer's disease and related dementias and/or family, friends or caregivers who interact around issues related to the disease. Groups have social, educational and/or support components and are facilitated by trained individuals.

**Information and Referral** services provide information about Alzheimer's disease and related dementias, and services provided by both the Aloha Chapter and community resources to support family caregivers and individuals with the disease.

- **Helpline** is a service that offers support to the caller and provides information about Alzheimer's disease, chapter services and community resources as they relate to Alzheimer's disease.
- **The Contact Center**, a toll-free service, provides information on Alzheimer's disease with daily 24-hour access to Information and Referral services and Care Consultations, including translators, to families, health care professionals, and the general public.

Internal surveys of contact logs over an eleven month period revealed that 78-81% of all first time contacts to the Alzheimer's Association are by telephone. It is convenient for caregivers, provides a sense of privacy, and a comfort level in asking questions. It is often the first step for caregivers to access the Alzheimer's Association continuum of support, which include:

**Related Projects:**

"Kako'o Corps **KAKO'O CORPS**, A Senior Citizens "Train the Trainer" Multicultural Outreach Demonstration Program" (2005 \* 2006, City and County of Honolulu Office of Aging grant, 2006-2007 Maui County Grant and Office Hawaiian Affairs grant 2005-2006 with a focus on Native Hawaiian Communities statewide).

"Managing Nutrition and Dementia Care Workshops" (2002, City and County of Honolulu Office of Aging grant): Creating and implementing the Managing Nutrition in Dementia Care training through the guidance of a Multicultural Advisory Council.

"Caregiver University" (2003 & 2004, City and County of Honolulu Office of Aging grant): the highly successful implementation of Caregiver University™ with two components: 1) What Now?™ a comprehensive orientation and training program designed for family caregivers, 2) 16 Hour Achievement Certificate in Alzheimer's Care for professionals and para professionals;

Annual statewide Safe Return Registration Day to increase awareness and registration in the wanderer's registry.

The Alzheimer's Association 24-hour Contact Center with telephone support and linkage to over 140 languages.

**B. Quality Assurance and Evaluation**

Data regarding client participation will be inputted on a weekly basis and reviewed by the Project Manager, actual to date vs. proposed. Monthly reports will be submitted to the Program

Committee of the Board of Directors for review, analysis and comment. Variances of 20% + or – will be discussed and strategies explored to increase those areas not meeting goal to date.

### **QUALITY ASSURANCE**

All caregivers who attend Caregiver training, caregiver counseling, caregiver support groups, and/or receive information and referral services, will be provided a Program Feedback Survey to evaluate the service received – rating program objectives, program content, presenter's knowledge of the material, presenter's teaching style, quality of audio/visual aids, degree to which program increased knowledge and met needs, likelihood of recommending program to others, overall satisfaction. Caregivers will also be asked to report if anything new was learned at the session and if they will be able to apply the information to their situation. Caregivers will be asked how many Alzheimer's Association training sessions attended, and basic demographic information.

The Information & Referral Specialist will add the information to a data base, which will be reviewed weekly by the Program Manager. A monthly report will be reviewed with the President/CEO and the Program Committee of the Board of Directors to ensure the quality of the programs and client satisfaction.

The Vice President, Programs (Interim) will monitor and oversee the project to address the issues of improvement and assuring on-going quality of service through the following methods:

- Staff and volunteer training (pre and post-test results to reflect a minimum of 85% increase in skills, knowledge, and attitude)
- Review of caregiver satisfaction surveys and reports of knowledge and skill gain
- Follow-up phone calls with participants to survey efficacy of the trainings
- Written observations/comments by professionals in health care settings and professional caregivers
- Monitoring of data collected
- Review of quarterly reports

### **EVALUATION**

Quality assurances mechanisms will be built into the program design to facilitate continuous service improvement - in-house evaluation and monitoring via phone surveys and face-to-face interviews, satisfaction surveys by mail.

The success of the Kako`o Corps Program can be gauged by the number of clients served, the wide-reaching scope of the outreach efforts, the institutionalization of dementia-specific services in the community, the growing cadre of dementia-knowledgeable individuals from underserved communities, and the ability to create and maintain an interagency collaborative. A database of care giving families from underserved communities will be developed and maintained: 1) to access program efficiency; 2) to ensure that diversity is attained; and 3) to record and maintain on-going contact.

### **C. Facilities**

The Alzheimer's Association Aloha Chapter office is located at 1050 Ala Moana Blvd., D15, Honolulu, Hawaii 96814, 2<sup>nd</sup> floor, Ward Warehouse. Hawaii Program office is located at 944 West Kawaiiani St., Hilo, Hawaii 96720; Kauai Program Office is located at 1063 Lower Main



St., Lihue, Hawaii 96766; and the Maui Program office is located at Puuone Plaza, 1063 Lower Main Street, C-206, Wailuku, Maui 96793. *All sites(including bathroom facilities) are wheelchair accessible and serve as primary facility for each island activities.*

### **III. Personnel: Project Organization and Staffing**

#### **A. Proposed Staffing, Staff Qualifications, Supervision and Training**

##### **Janet Eli, President and Chief Executive Officer**

For the past ten years, responsible for the general management of the Aloha Chapter and for ensuring that it carries out the mission and goals of the Alzheimer's Association in the State of Hawaii. The President provides executive leadership in developing and implementing association strategic policies, procedures, and services to those served by the Association and reports to the chapter board of directors.

##### **Elaine Slavinsky, MEd, MPH, RN, Vice President of Programs (Interim)**

Provides leadership and direction for the development, implementation, and execution of Alzheimer's Association programs and services. Is responsible for the supervision of all chapter services staff. The Vice President of Programs is a member of the Aloha Chapter management team and reports to the President/CEO. With 15 years of professional experience in the field of program planning & management, training, and quality assurance, Slavinsky will devote 14% FTE to the Kako`o Corps program.

##### **Allen Alakaki, CPAs, Finance**

Provides management leadership and direction for the financial functions of the Aloha Chapter and supervision of all chapter finance and administrative staff. 5% FTE *in-kind* to the Kako`o Corps.

##### **Ira Kazama, MSW, Program Coordinator, Honolulu**

Implements and develops Alzheimer's Association programs and services, provides care consultation, counseling (Acuity level 1-5), caregiver training, support group training and monitoring, information and referral. As this is a referral project, Is responsible for the supervision of program staff, monitoring and quality assurance for the Project. Fluent in Japanese language. 20% FTE will be allocated to the project.

##### **Information & Referral Specialist, new position – recruitment in progress**

Provides information and referral to Association programs and services and community resources through telephone, person to person and some outreach, caregiver support (Acuity Level 1-3). Maintains the resources handbook and identifies non-traditional caregiver resources opportunities. 50% FTE.

##### **Elaine Slavinsky, MEd, MPH, RN Maui Program Office**

Assures visibility of the Chapter through outreach, education and public relations efforts. Provides direct service to families through telephone Helpline and facilitation of local neighborhood support groups. Provides oversight of office activities and supervises staff and volunteers. 20% FTE will be devoted to this program.

##### **Arlene Ige, Education & Training Coordinator**

Provides fiscal management and oversight for the project. Increases the level of awareness and knowledge of Alzheimer's disease and related disorders for caregivers and the general community. Responsible for coordinating caregiver training sessions, evaluating effectiveness of training and caregiver satisfaction. Serves as the fiscal administrator for the project. 25% FTE

**Janet Schmuckal, Education & Training Coordinator, Hawaii Island**

Increases the level of awareness and knowledge of Alzheimer's disease and related disorders for caregivers and the general community. Responsible for coordinating caregiver training sessions, evaluating effectiveness of training and caregiver satisfaction. 25% FTE

**Recruitment in Progress, Education & Training Coordinator, Kauai Island**

Increases the level of awareness and knowledge of Alzheimer's disease and related disorders for caregivers and the general community. Responsible for coordinating caregiver training sessions, evaluating effectiveness of training and caregiver satisfaction. 25% FTE

**Eddie Hanohano, Diversity and Outreach Manager**

Provides information, referral outreach services (health fairs, information tables, community and multi-cultural outreach), volunteer recruitment, training, management and retention. Strength in Native Hawaiian and other traditionally hard to reach communities. 50% FTE will be allocated to this program.

**RESOURCE & OUTREACH COORDINATORS**

**Susan Reyes, Resource Coordinator, Maui (25% FTE)**

**Positions to be filled: Molokai (19% FTE) and Lanai (19%FTE)**

**Eddie Hanohano, Resource Coordinator, Honolulu (25%)**

**Cindi Kennedy, Resource Coordinator, West Hawaii (20%)**

Provides volunteer recruitment, training, management and retention ; assistance to meet needs and includes participation of development activities, public relations and special events.

Staff receives ongoing training and education via the National Alzheimer's Association, training videos, web training, books, and bi-annual chapter staff training.

**B. Organization Chart**

Attached

**IV. Service Summary and Outcomes**

	FY 2008		FY 2009	
	# Served	# Units	# Served	# Units
Counseling	250	115-125	300	125-130
Support Groups	65	60-65	95	65-70
Training	250-260	48-52	300	55-60
Information Services	1200-1500	75-100	1800	100-150

**A. SCOPE OF WORK, TASKS AND RESPONSIBILITIES**

**CAREGIVER TRAINING** – A series of five (5) eight consecutive week What Now? Caregiver Orientation sessions will be conducted during the year. (Total: 40 classes). The sessions will include: instruction, power point presentations, group activity, guided group discussion and each family caregiver will receive a free What Now? Manual and upon completing the NAPIS form, will receive a free copy of the 36 Hour Day.

A minimum of twelve (12) monthly Caregiver Trainings will be conducted - Topics include: 1) Everything you wanted to know about Medicare but were afraid to ask; 2) Complaints of a Dutiful Daughter; 3) Take 10 Minutes to Save a Life- Identifying Risk Behaviors for Wandering and the Safe Return Program; 4) Alzheimer's Disease, Treatments, and What's on the Horizon (research) presented by a physician; 5) Communication - Best Ways to interact with the person with dementia; 6) Activities at Home – planning the day for the person with dementia; 7) Personal Care – assisting the person with dementia with changing daily needs; 8) Communicating with Your Physician; 9) Managing Nutrition in Dementia Care (comes with a manual); and 10) Finding Joy in Caregiving (strategies for being in the moment, and exploring practical strategies to reduce caregiver stress).

The monthly caregiver training sessions may include instruction, group participation, video, guided group discussion and sharing, group activity, and question and answer period.

**CAREGIVER COUNSELING:** Scheduled by appointment or walk-in (dependent upon the availability of the Program Manager), the session will include assessment of needs, assistance with care planning and problem solving and provision of support. The counseling session may include the caregiver, inter-generational family members, care partners, and any individuals who may participate in the unpaid caregiving activity.

The caregiving counseling session may be provided one-to-one or in a group setting.

**CAREGIVER SUPPORT GROUPS:** Monthly group sessions headed primarily by a volunteer trained support group facilitator and supported by a volunteer phoner. The phoner makes monthly calls in advance of the meeting, encouraging continuing members to attend, advising when a speaker/guest will be present, advise of any upcoming information on programs and services that will be distributed. The Support group facilitator prepares for the group session by providing a sign-in log, satisfaction/evaluation forms, Alzheimer's Association brochures and announcement flyers, Alzheimer's Association Fact Sheets; Alzheimer's Association Resources Request Form; and any other materials as provided by the Alzheimer's Association Program Manager. Members are welcomed to the group, group guidelines are announced (confidentiality, sharing, listening, non-judgemental). Each participant is invited to share and each is given an equal turn to participate. Issues that arise outside the scope of the facilitator are referred to the Alzheimer's Association Project Manager. The Support Group Facilitator mails completed participant logs, satisfaction/evaluation forms, completed resource request forms, and facilitator comments for each completed support group session. The Project Manager reviews materials when received and conducts a briefing with the Support Group Facilitator after each training to review what was discussed, answer questions, explore group dynamic strategies, etc.

**INFORMATION & REFERRAL:** 24/7 Telephone Helpline/Contact Center – offers information about the disease and issues involving care giving and planning; referral to Chapter services and

programs and community resources. A caregiver information packet is offered to each caller and mailed at the acceptance of the caregiver, and/or specific materials as requested, such as directories of geriatricians, elder-law attorneys, day care centers, skilled nursing facilities, etc. Information and Referral may also take place one-to-one during drop in visits to the Association office.

The Diversity & Outreach Manager coordinates information & referral activities via health fairs, information tables, and other outreach activities – visits to physicians offices, community agencies, senior centers, cultural organizations, minority health centers, churches, etc. At these activities, Association brochures on programs and services, and care giving issues will be distributed. (The topics of brochures will be dependent upon the specific outreach event.)

The program will include recruiting senior volunteers as a part of the **Kako`o Corps** to utilize Hawaii's most important resource – our Kupuna – as senior volunteers to provide Alzheimer's disease & related dementia (Alzheimer's) specific training and outreach within their own community in the City & County of Honolulu. It is designed to dramatically increase outreach efforts in underserved communities, with a particular emphasis on those who do not reach out for information and assistance.

Four (4) seniors will be recruited and trained to provide Alzheimer's disease and dementia related outreach, training, information and referral services to their own underserved communities (low income, minority and rural) in the City & County of Honolulu.

The Diversity and Outreach Manager will work recruit and manage the cadre of senior volunteers; provide information about Alzheimer's disease and related dementias; and foster links to community resources through the use of culturally competent materials, displays, presentations and one-on-one exchanges.

The **Kako`o Corps** (kupuna) volunteers will provide Alzheimer's training to individuals and groups within their own communities, create linkage to Alzheimer's Association and community resources, and develop support systems for those affected by the disease within their own communities.

**Key Factors** which will contribute to the **Success** of the **Kako`o Corps** Program:

- Sensitivity to language, customs, and other cultural factors
- Mutuality with clients through same ethnicity workers
- Implementing empowerment that focuses on strengths
- Buffering clients from the challenges of accessing services
- Promoting and utilizing input from clients in the community it serves
- High level of community participation
- 

**Recruitment Strategies for Outreach volunteers:** The **Kako`o Corps** is designed to create new resources within underserved communities. This includes recruitment, training, mentorship, retention and ongoing professional development of bilingual multicultural staff and volunteers.

The **Kako`o Corps** staff are recruited from underserved communities in the City & County of Honolulu. Staff (volunteer and paid) are multicultural biingual to most effectively respond to the linguistic realities of the host community. In addition to linguistic and cultural capacity, basic

organizational skills, a working knowledge of the project and sensitivity to underserved communities are the minimum skill set required for all staff positions. Another core quality was finding individuals with the Aloha Spirit.

While traditional means of recruitment such as advertising in the newspaper or on internet job banks may generate some candidates, the focus will be on creating a narrow and extremely specific selection criteria for project staff – viewing the hiring and selection process as an opportunity to develop “home-grown dementia-specialists.”

<b>SCOPE OF WORK &amp; TIMELINE - CAREGIVER TRAINING</b>		
<b>What Will Be Done, To Whom, How</b>	<b>Responsible Parties, Why</b>	<b>When, Where, Frequency</b>
<p><b>What:</b> Finalize annual schedule for the What Now? Caregiver Orientation Series – 5 sessions x 8 weekly 1.5-2 hour training - 40 individual sessions</p> <p><b>To Whom:</b> Unpaid caregivers</p> <p><b>How:</b> Schedule each 8 week training session in consecutive weeks with short break between sessions</p>	<p><b>Why:</b> Enable caregivers to plan in advance of training; to allow caregivers to select topics that are germane to need or take the training in consecutive order; to allow for multi-media and outreach public awareness campaign</p> <p><b>Responsible Parties:</b> Program Manager, Education &amp; Training Coordinator</p>	<p><b>When:</b> July 1, 2007</p> <p><b>Where:</b> Alzheimer's Association office</p> <p><b>Frequency:</b> Schedule completed on July 1, 2007 – one time effort</p>
<p><b>What:</b> Create a public awareness plan regarding the What Now? training for caregivers</p> <p><b>To Whom:</b> multi-media- newspaper, radio, television, cultural media, service clubs, senior groups, etc.</p> <p><b>How:</b> Contact via press release and person to person contact; develop a flyer campaign to distribute at every training, counseling, support group and information &amp; referral contact; share with community &amp; multi-cultural groups; physicians offices; etc.</p>	<p><b>Why:</b> To increase awareness about the What Now? Training; to link caregivers to the training</p> <p><b>Responsible Parties:</b> Education &amp; Training Coordinator</p>	<p><b>When:</b> Multi-media campaign begins July 2007 announcing annual program; two weeks prior to the start of each 8-week training; and one week prior to each weekly training</p> <p><b>Where:</b> Multi-media</p> <p><b>Frequency:</b> Annual (Announcing the annual program; five times announcing the start of the 8-week training; 40 times announcing the start of each individual training)</p>
<p><b>What:</b> Conduct five (5) 8-week trainings – 1.5-2 hours each –Each caregiver who attends a session will receive a FREE What Now? comprehensive manual.</p> <p><b>To Whom:</b> Unpaid caregivers of persons with Alzheimer's &amp;</p>	<p><b>Why:</b> The program is comprehensive and covers a large amount of pertinent information within a relatively short period of time; caregivers will have an overview of Alzheimer's, diagnostic criteria; treatment</p>	<p><b>When:</b> Beginning July 2007 ending June 2008</p> <p><b>Where:</b> Alzheimer's Association library-Ward Warehouse, and within targeted communities</p> <p><b>Frequency:</b> Five (5) 8-week training – total of 40</p>

<p>related dementias  <b>How:</b> Training 1: Education Yourself About the Disease; 2) Putting Legal &amp; Financial Affairs in Order; 3) Learning to Manage Challenging Behaviors; 4) Taking Care of Yourself (caregiver stress); 5) Hiring &amp; Managing In-Home Caregivers; 6) When Is It Time to Move Our Loved One Into a Residential Facility?; 7) Facing the Challenges as a Family, and the Impact on Friends; 8) Community Resources</p>	<p>potential and caregiver needs; caregivers will have an understanding of legal &amp; financial planning needs, community &amp; chapter resources; caregivers will be able to identify strategies to cope with and effectively plan throughout the disease process  <b>Responsible Parties:</b> Program Manager, Education &amp; Training Coordinator</p>	<p>individual sessions</p>
<p><b>What:</b> Collect and analyze demographics, and satisfaction evaluations of all caregiver participants  <b>To Whom:</b> Caregiver participants  <b>How:</b> Caregiver participants will complete demographic forms and satisfaction surveys which will be inputted into database</p>	<p><b>Why:</b> To ensure target group and projected goal are reached and to ascertain targeted satisfaction levels  <b>Responsible Parties:</b> Information &amp; Referral Specialist (Input data) Project Manager (weekly analysis of data) President/CEO &amp; BOD Program Committee (monthly analysis of data)</p>	<p><b>When:</b> July 2007-June 2008  <b>Where:</b> Chapter office  <b>Frequency:</b> Daily/weekly as activities take place</p>
<p><b>What:</b> Monthly Caregiver Training Sessions  <b>To Whom:</b> Unpaid Caregivers on Oahu  <b>How:</b> Monthly presentations featuring specialized speakers on specific topics relating to caregiving issues</p>	<p><b>Why:</b> To increase awareness on caregiving issues, improve caregiving skills, enable caregivers to make informed decisions on care planning for current and future events, to reduce caregiver stress and improve quality of life for caregiver  <b>Responsible Parties:</b> Education &amp; Training Coordinator Information &amp; Referral Specialist</p>	<p><b>When:</b> July 2007-June 2008  <b>Where:</b> Chapter office &amp; other locations in targeted communities  <b>Frequency:</b> Once a month for 12 months</p>
<p><b>What:</b> Collect and analyze demographics, and satisfaction evaluations of all caregiver participants  <b>To Whom:</b> Caregiver participants</p>	<p><b>Why:</b> To ensure target group and projected goal are reached and to ascertain targeted satisfaction levels  <b>Responsible Parties:</b> Information &amp; Referral</p>	<p><b>When:</b> July 2007-June 2008  <b>Where:</b> Chapter office  <b>Frequency:</b> Monthly after each training</p>

<p><b>How:</b> Caregiver participants will complete demographic forms and satisfaction surveys which will be inputted into database</p>	<p>Specialist (Input data) Project Manager (weekly analysis of data) President/CEO &amp; BOD Program Committee (monthly analysis of data)</p>	
<p><b>SCOPE OF WORK &amp; TIMELINE - CAREGIVER COUNSELING</b></p>		
<p><b>What:</b> Counseling Sessions- assessment of needs; assistance with care planning, problem solving and provision of support. <b>To Whom:</b> Unpaid caregivers <b>How:</b> By scheduled appointment or walk-in, individual counseling with the Program Manager, an MSW</p>	<p><b>Why:</b> Caregivers better understand Alzheimer's disease and other forms of dementia, behaviors resulting from all forms of dementia, how best to deal with such behaviors and where to turn for support within the community; to enable caregivers to make informed decisions on care planning, dealing with immediate caregiving challenges, and caregiver stress, learning options for immediate challenges <b>Responsible Parties:</b> Project Manager, MSW</p>	<p><b>When:</b> July 2007-June 2008 <b>Where:</b> Chapter office, Home visit, field visit (any place that is not the chapter office nor home) <b>Frequency:</b> Upon request by caregiver – daily, weekly, monthly</p>
<p><b>What:</b> Caregiver Files <b>To Whom:</b> Caregiver participants <b>How:</b> A confidential file will be created for each caregiver to include basic demographics on the caregiver and care receiver, purpose for the counseling sessions, care plan, referrals, and follow-up contacts/</p>	<p><b>Why:</b> To record history of contact, care plan and recommendation; support for follow-up and repeat contacts. <b>Responsible Parties:</b> Project Manager</p>	<p><b>Where:</b> Chapter office, Home visit, field visit (any place that is not the chapter office nor home) <b>Frequency:</b> Upon request by caregiver – daily, weekly, monthly</p>
<p><b>SCOPE OF WORK &amp; TIMELINE – CAREGIVER SUPPORT GROUPS</b></p>		
<p><b>What:</b> Confidential, supportive, non-judgmental gatherings of caregivers to share information and receive support. Groups have a social, educational, and/or support components and are facilitated by trained individuals. <b>To Whom:</b> Unpaid caregivers</p>	<p><b>Why:</b> To ensure target group and projected goal are reached and to ascertain targeted satisfaction levels <b>Responsible Parties:</b> Information &amp; Referral Specialist (Input data) Project Manager (weekly analysis of data)</p>	<p><b>When:</b> July 2007-June 2008 <b>Where:</b> Chapter office <b>Frequency:</b> Daily/weekly as activities take place</p>

<p><b>How:</b> Regularly scheduled monthly in-person gatherings of caregivers</p>	<p>President/CEO &amp; BOD Program Committee (monthly analysis of data)</p>	
<p><b>What:</b> Collect and analyze demographics, and satisfaction evaluations of all caregiver participants <b>To Whom:</b> Caregiver participants <b>How:</b> Caregiver participants will complete demographic forms and satisfaction surveys which will be inputted into database</p>	<p><b>Why:</b> To ensure target group and projected goal are reached and to ascertain targeted satisfaction levels <b>Responsible Parties:</b> Information &amp; Referral Specialist (Input data) Project Manager (weekly analysis of data) President/CEO &amp; BOD Program Committee (monthly analysis of data)</p>	<p><b>When:</b> July 2007-June 2008 <b>Where:</b> Chapter office <b>Frequency:</b> Monthly after each support group meeting</p>
<p><b>SCOPE OF WORK &amp; TIMELINE - INFORMATION &amp; REFERRAL</b></p>		
<p><b>What:</b> Health Fairs, Information Tables, Other Outreach Activities <b>To Whom:</b> Caregivers <b>How:</b> Brochures, packets, pamphlets, fact sheets and other caregiver related materials will be distributed to and for caregivers; individuals (staff and trained volunteers) will answer basic questions, provide resource materials, and link caregivers to Alzheimer's Association programs and services, and linkage to community resources</p>	<p><b>Why:</b> To reach caregivers who are unaware of services available to them; to increase the number of caregivers who link with the Alzheimer's Association; to increase the number of caregivers access two or more Association Programs and services. <b>Responsible Parties:</b> Diversity &amp; Outreach Manager Kakoo Corps Volunteers Trained Community Volunteers</p>	<p><b>When:</b> July 2007-June 2008 <b>Where:</b> various locations throughout Oahu <b>Frequency:</b> Weekly, Monthly</p>
<p><b>What:</b> Collect basic demographics and number of caregivers who access outreach activities <b>To Whom:</b> Caregiver participants <b>How:</b> Staff and volunteers will gather information on site and submit report to the information &amp; referral specialist for input</p>	<p><b>Why:</b> To ensure target group and projected goal are reached and to ascertain targeted satisfaction levels <b>Responsible Parties:</b> Information &amp; Referral Specialist (Input data) Project Manager (weekly analysis of data) President/CEO &amp; BOD Program Committee (monthly analysis of data)</p>	<p><b>When:</b> July 2007-June 2008 <b>Where:</b> Chapter office <b>Frequency:</b> As outreach activities are completed</p>
<p><b>Caregiver Resource Binders</b></p>		



<p><b>What:</b> A free Kakoo Corps Caregivers Resource Binder will be distributed  <b>To Whom:</b> All Caregivers who participate in Caregiver Training; Caregiver Counseling and Caregiver Support Groups  <b>How:</b> After completing the session, one binder will be provided to each caregiver</p>	<p><b>Why:</b> To provide caregivers with a vehicle to gather information and materials in one binder for easy use and referral  <b>Responsible Parties:</b>          Program Manager          Education &amp; Training Coordinator          Information &amp; Referral Specialist</p>	<p><b>When:</b> July 2007-June 2008  <b>Where:</b> various  <b>Frequency:</b> As caregiver contact is completed</p>
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**V. Financial**

Budget – attached

**VI. Other**

**A. Litigation**

Not-applicable.

**B. Licensure or Accreditation**

In January 2002, the Aloha Chapter was formally approved by the National Board of Directors of the Alzheimer's Disease & Related Disorders Association, as an Area Chapter. This status was achieved after the chapter successfully met high standard levels established by the National organization.

**DECLARATION STATEMENT  
APPLICANTS FOR GRANTS AND SUBSIDIES  
CHAPTER 42F, HAWAII REVISED STATUTES**

The undersigned authorized representative of the applicant acknowledges that said applicant meets and will comply with all of the following standards for the award of grants and subsidies pursuant to section 42F-103, Hawaii Revised Statutes:

- (1) Is licensed or accredited, in accordance with federal, state, or county statutes, rules, or ordinances, to conduct the activities or provide the services for which a grant or subsidy is awarded;
- (2) Comply with all applicable federal and state laws prohibiting discrimination against any person on the basis of race, color, national origin, religion, creed, sex, age, sexual orientation, or disability;
- (3) Agree not to use state funds for entertainment or lobbying activities; and
- (4) Allow the state agency to which funds for the grant or subsidy were appropriated for expenditure, legislative committees and their staff, and the auditor full access to their records, reports, files, and other related documents and information for purposes of monitoring, measuring the effectiveness, and assuring the proper expenditure of the grant or subsidy.

In addition, a grant or subsidy may be made to an organization only if the organization:

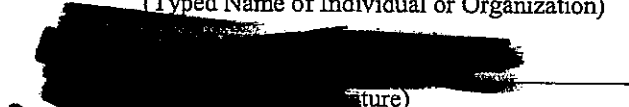
- (1) Is incorporated under the laws of the State; and
- (2) Has bylaws or policies that describe the manner in which the activities or services for which a grant or subsidy is awarded shall be conducted or provided.

Further, a grant or subsidy may be awarded to a non-profit organization only if the organization:

- (1) Has been determined and designated to be a non-profit organization by the Internal Revenue Service; and
- (2) Has a governing board whose members have no material conflict of interest and serve without compensation.

Further, the undersigned authorized representative certifies that this statement is true and correct to the best of the applicant's knowledge.

Alzheimer's Disease & Related Disorders Association, Inc. - Aloha Chapter  
(Typed Name of Individual or Organization)


  
\_\_\_\_\_  
(Signature)  
  
Janet Eli  
(Typed Name)

Jan. 31, 2007  
(Date)

President/Chief Executive Officer  
(Title)

**BUDGET REQUEST BY SOURCE OF FUNDS**  
(Period: July 1, 2007 to June 30, 2009)

Applicant: Alzheimer's Disease & Related Disorders Association - Inc.-Aloha Chapter

BUDGET CATEGORIES	Total State Funds Requested	In Kind		
	(a)	(b)	(c)	(d)
<b>A. PERSONNEL COST</b>				
1. Salaries	74,000	36,100		
2. Payroll Taxes & Assessments	0	8,500		
3. Fringe Benefits	0	5,200		
<b>TOTAL PERSONNEL COST</b>	<b>74,000</b>	<b>49,800</b>		
<b>B. OTHER CURRENT EXPENSES</b>				
1. Airfare, Inter-Island	2,600	0		
2. Insurance	4,000	8,137		
3. Lease/Rental of Equipment	0	0		
4. Lease/Rental of Space	5,200	7,500		
5. Staff Training	2,500	2,000		
6. Supplies	3,500	2,000		
7. Telecommunication	2,500	2,500		
8. Utilities	1,500	1,500		
9 Auto, Gas , Mileage	3,200	1,500		
10 Publications	7,500	0		
11 Printing	5,000	0		
12 Outreach Materials	7,500	0		
13 Presentation Facility Rental	2,500	0		
14 Postage	3,500			
15				
16				
17				
18				
19				
20				
<b>TOTAL OTHER CURRENT EXPENSES</b>	<b>51,000</b>	<b>25,137</b>		
<b>C. EQUIPMENT PURCHASES</b>				
<b>D. MOTOR VEHICLE PURCHASES</b>				
<b>E. CAPITAL</b>				
<b>TOTAL (A+B+C+D+E)</b>	<b>125,000</b>	<b>74,937</b>		
<b>SOURCES OF FUNDING</b>		Budget Prepared By:		
(a) Total State Funds Requested	125,000	Janet Eli	808-591-2771	
(b) In kind	74,937	Name (Please type or print)		Phone
(c)				31 Jan 2009
(d)				Date
<b>TOTAL REVENUE</b>	<b>199,937</b>	Janet Eli, President/Chief Executive Officer		
		Name and Title (Please type or print)		

## BUDGET JUSTIFICATION PERSONNEL - SALARIES AND WAGES

Applicant: Alzheimer's Association - Aloha Chapter

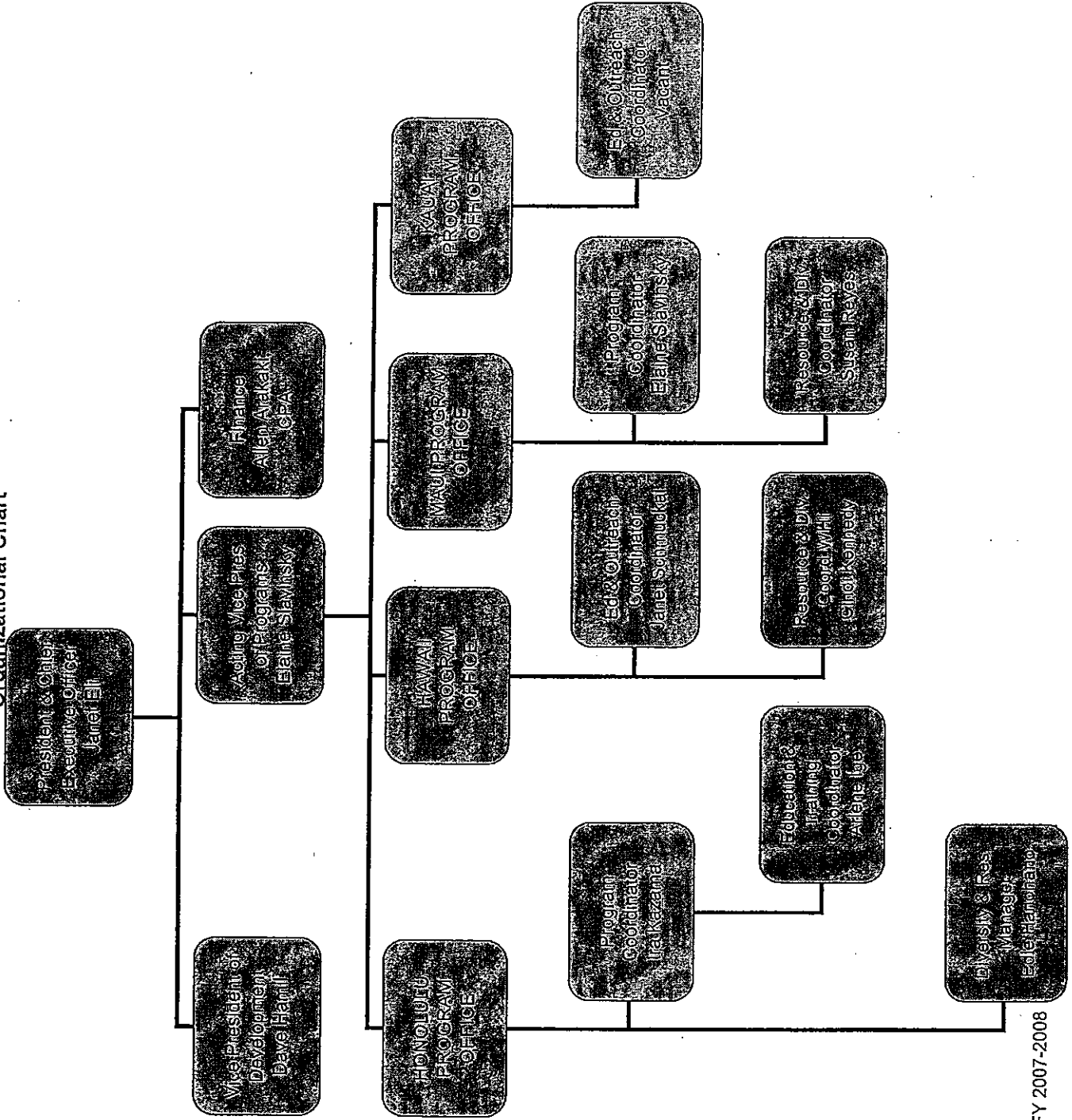
Period: July 1, 2007 to June 30, 2009

POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME BUDGETED TO REQUEST B	TOTAL SALARY BUDGETED IN REQUEST A x B
Vice President, Programs	100% FTE	50,000.00	14.00%	\$ 7,000.00
Program Coordinator, Honolulu	100% FTE	43,000.00	20.00%	\$ 8,600.00
Education & Training Coordinator, Honolulu	100% FTE	38,000.00	25.00%	\$ 9,500.00
Education & Training Coordinator, Hawaii	100% FTE	36,000.00	25.00%	\$ 9,000.00
Education & Training Coordinator, Kauai	100% FTE	36,000.00	50.00%	\$ 18,000.00
Information & Referral Specialist, Honolulu	100% FTE	28,000.00	50.00%	\$ 14,000.00
Diversity & Resource Manager-Statewide (Honolulu based)	100% FTE	35,000.00	40.00%	\$ 14,000.00
Resource Coordinator - Maui County	50% FTE	15,000.00	50.00%	\$ 7,500.00
Resource Coordinator - Hawaii County	50% FTE	15,000.00	50.00%	\$ 7,500.00
Resource Coordinator - Molokai	19% FTE	7,500.00	100.00%	\$ 7,500.00
Resource Coordinator - Lanai	19% FTE	7,500.00	100.00%	\$ 7,500.00
				\$ -
				\$ -
				\$ -
<b>TOTAL:</b>				<b>110,100.00</b>

**JUSTIFICATION/COMMENTS:**

VP Programs will provide management, training, Program Coordinator will provide training, counseling, support group services; Ed/Trng Coord. (all islands) and Resource Coordinators (all islands) will provide information & referral, coordinate training sessions; the Info & Ref Spec. will provide info and referral svcs, and manage the data base system of program utilization, evaluation and demographics.

ALZHEIMER'S ASSOCIATION - ALOHA CHAPTER  
Organizational Chart



Alzheimer's Association - Aloha Chapter  
 KAKO'O CORPS ALZHEIMER'S CAREGIVER SUPPORT PROGRAM

