

The Florida State Plan on Aging

2009 - 2011

...keeping the promise

Submitted to AoA September 11, 2008





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The Florida Department of Elder Affairs, as the State Unit on Aging, assures that all the requirements of the Older Americans Act, amended in 2006, are met through the activities of the Department and the area agencies on aging.

Executive Summary

Florida leads the nation in demographic transitions - our total population is growing as is our population age 60 and older. Currently, Florida is the fourth most populous state, with over 19 million citizens. By 2015, we expect to overtake New York and become the third most populous state. Having over 4.4 million persons age 60 and older, Florida currently ranks number one in the percentage of its citizens who are elders and will continue to do so for the foreseeable future (27 percent in 2008 growing to 35 percent in 2030).

"Discovery consists of seeing what everybody has seen and thinking what nobody has thought."

*Albert Szent-Györgyi
Nobel Prize - Physiology*

In addition to serving the current elder population, the Department of Elder Affairs (DOEA or department) must also anticipate the needs of future elders. With the aging of the baby boom generation, Florida foresees a changing paradigm of what it means to be an elder. This baby boom generation brings new attitudes, experiences, cultures and lifestyle choices with them. As they age they will redefine the kinds of services they want and when, where and how they want these services delivered. They will redefine the communities they live in, the way they move through their communities, their careers and career longevity, civic engagement and sustainable technologies. In short, they will redefine the world of aging.

We also see favorable trends among people age 60 and older - a declining disability rate, compressed morbidity, increased labor force participation, increases in education and productivity, and increased affluence. In addition, Florida benefits from the continuity of resources elders have because of Social Security benefits and health programs such as Medicare and Medicaid.

Along with these positive trends, there are challenges in addressing the increasing size of the 60 and older population. This includes increasing health services costs and rising demands for long-term care services. These pressures, if not well managed, may result in depleted personal savings, strained government entitlement programs and unrealistic expectations of providers and caregivers.

The department envisions a changing service paradigm to correspond with the changing population. The sheer number of baby boomers is not the only issue. Providing services that will respond to the different needs of this "new elder" will require innovation and creativity. Florida is leading the nation in innovative ways to provide seniors with the services they want and need. Establishing aging resource centers (ARCs) statewide is but one example.

The department also recognizes the positive impact of individuals age 60 and older. Elders are a powerful economic engine that has proven to be instrumental in improving the lives of all Floridians. This is evidenced by the amount spent by elders on goods and services and their contributions in taxes, charities and volunteerism (see following statistics taken from the *Destination Florida* final report, February 2003).

Florida elders age 60 and over contribute substantially to the economy of Florida by:

- Providing \$135 billion in spending power - almost \$12.5 billion more than their younger counterparts (under 50)
- Accounting for 50 percent of all new home construction
- Contributing a \$2.8 billion net tax benefit after services are rendered
- Participating in the election process - 31 percent of Floridians age 60 and older are registered to vote and 43 percent of voters in the 2006 election were age 60 and older
- Paying \$1.4 billion more in state taxes than they received in social services
- Contributing over \$3.5 billion to charities
- Donating their time and talent in the amount of 7.5 million person days
- Expending \$9 billion in out-of-pocket expenses for medical care

Governor Charlie Crist, an outspoken advocate for Florida's senior population, has implemented several projects during his term that have secured a brighter tomorrow for millions of elders. In 2008, Governor Crist awarded a second round of funding for Florida's more than 260 senior centers. Senior centers foster a social, intellectual and physical environment that assists elders to age with dignity and independence. These grants have helped countless local communities provide for some of our most vulnerable citizens.

Governor Crist was also instrumental in providing record funding for the department's Nursing Home Diversion program, which helps seniors stay in the community and avoid unnecessary nursing home placement. When Governor Crist addressed over 1,000 elders at the Florida Capitol in 2007, he addressed the importance of staying active and involved in their local areas.

It is in this environment that we have prepared the Florida State Plan on Aging 2009 - 2011 to help service providers, caregivers, health care providers and citizens to sustain our elder population. We are focusing on the following strategic initiatives to guide us in the planning process:

- Harnessing the power of elders
- Building a stronger system of home and community-based services
- Increasing the use of evidenced-based programs to prevent disease and improve management of chronic conditions
- Growing and enhancing the aging resource centers to broaden their role as a one-stop-shop for addressing issues of elders
- Fostering Communities for a Lifetime to encourage aging in place
- Strengthening programs, practices and resources to improve the lives of elders who are especially challenged by low-incomes, lack of English proficiency and/or live in rural areas
- Advocating for parity in mental health insurance
- Elevating the importance of caregivers to our service system



About This Plan

The Florida State Plan on Aging 2009 - 2011 provides strategic direction to the Florida elder services network and complies with guidance provided by the Administration on Aging in program instruction AoA-PI-08-01. One of the activities required by the Older Americans Act is the preparation of a state plan on aging. The Florida State Plan on Aging 2009 - 2011 defines the actions the state is taking to achieve the promise of this federal legislation.

The mission of the Florida Department of Elder Affairs is to foster optimal quality of life for elder Floridians.

The state plan was prepared as a collaborative project under the direction of E. Douglas Beach, Secretary of the Department of Elder Affairs. The State Plan Advisory Group was formed in February of 2007 to develop recommendations for the plan. The advisory group is comprised of 26 member organizations of the aging network in Florida (see page 43 for the list of participants).



The work group, supported by the department's Planning and Evaluation Unit staff, held four workshops over a period of nine months. The department's vision served as a guide in developing a mission statement and the goals, objectives and strategies outlined in this plan. The state plan built upon the inclusive planning process begun when we prepared the Florida Master Plan on Aging 2007 - 2009, as well as following the model outlined in the Comprehensive Planning for State Aging Services manual (an initiative of AoA). The group focused on the future of the aging network and how to best serve the current and near-future elder population. This was accomplished by listening to innovative thinkers in the field of aging and then incorporating the best ideas and practices into the essence of this plan.

The vision of the Department of Elder Affairs is to foster a social, economic and intellectual environment for all ages, and especially for those age 60 and older, where all can enjoy Florida's unparalleled amenities in order to thrive and prosper.

Context

Overview

The Florida Department of Elder Affairs (DOEA), created in 1991, is responsible for administering the state's services mandated by the Older Americans Act with oversight from the United States Administration on Aging (AoA). Chapter 430, Florida Statutes, strengthens this mandate through legislation that establishes the department's functions. The department is also constitutionally designated by Florida voters to "serve as the primary state agency responsible for administering human services programs for the elderly" (Section 430.03, Florida Statutes). The department's purpose is to serve elders to help them keep their self-sufficiency and self-determination.

The department currently serves 4.4 million Floridians age 60 and older and is planning to meet the needs of our growing elder population. An estimated 5.7 million baby boomers in Florida will be coming of age (turning 55) over the next 22 years. The sheer number of baby boomers is not the only issue. This generation brings new attitudes, experiences, cultures and lifestyle choices with them. They will redefine the kinds of services they want and when, where, and how they want these services delivered. They will redefine the communities they live in, the way they move through their communities, their careers and career longevity, civic engagement, and sustainable technologies. In short, they will redefine the experience of aging.

Our challenge is to prepare for this changing picture of aging. We are working to find new ways to achieve the promise of the Older Americans Act. President Johnson's words in

1965, "...the Older Americans Act will make it possible for us to move faster in these places where we have already started. It will permit us to travel new ways where old ways have not worked before. It will permit new beginnings where none have been made before," remind us that the promise of the Older Americans Act is all about change and still rings true today.

"Unless commitment is made, there are only promises and hopes . . . but no plans."

*Peter F. Drucker
Management Consultant*

The Florida Department of Elder Affairs works to create an environment that enables older Floridians to live independently in their own homes and communities. Through partnerships with 11 area agencies on aging (See Figure 2 on page 8.), the department provides community-based care to help seniors age with dignity, purpose and security. By working together with many community-based organizations, the department is able to provide elders and their caregivers with information on how to live healthy lives.

Many services, such as adult day care, personal care and chore, are offered to elders based on various criteria such as frailty, income level and health status. The department works with individuals and families to determine both frailty level and appropriate level of care. In order to efficiently use resources to serve elders, the department gives highest priority for home and community-based services to the frailest individuals. The department also works in concert with other federal, state, county and community-based public and private agencies and organizations representing the interests of older people and their caregivers.

Demographics

Florida leads the nation in two key demographic transitions - our total population is growing, as is our population age 60 and older. Currently, Florida is the fourth most populous state, with over 19 million citizens. By 2015, we expect to overtake New York and become the third most populous state. Having over 4.4 million persons age 60 and older, Florida currently ranks number one in the percentage of its citizens who are elders and will continue to do so for the foreseeable future (27 percent in 2008, growing to 35 percent in 2030).

We also see favorable trends among people age 60 and older -- a declining disability rate, compressed morbidity (fewer years of disability and chronic illness), increased labor force participation, increases in educational levels and productivity, and increased affluence. In addition, Florida benefits from the continuity of resources available to elders because of Social Security benefits and health programs such as Medicare and Medicaid.

Along with these positive trends, there are challenges in addressing the increasing size of the 60 and older population. These include increasing health services costs and rising demands for long-term care services. These pressures, if not well managed, may result in elders with depleted personal savings, strained government entitlement programs and unrealistic expectations of providers and caregivers.

The department envisions a changing service paradigm to correspond with the changing population. The sheer number of baby boomers is not the only issue. Providing services that will respond to the different needs of this "new elder" will require innovation and creativity. Florida is leading the nation in innovative ways to provide seniors with the services they want and need. Establishing aging resource centers statewide is but one example.

The department also recognizes the positive impact of individuals age 60 and older. Elders are a powerful economic engine that has proven to be instrumental in improving the lives of all Floridians.

Approximately six million Floridians are age 55 and over, constituting 28.5 percent of the population of Florida. According to the Florida Bureau of Business and Economic Research, the fastest growing age group in Florida over the next several years is the 55 - 64 age cohort, the first wave of baby boomers, which is expected to grow by 19 percent by 2010. With more elders than 17 other states combined, Florida's future is linked to the financial health and physical security of our elder population.

Florida is rich in generational and cultural diversity. About 40 percent of Floridians are a minority. Among people age 60 and older, this percentage is much smaller, at 21.4 percent, and 14.7 percent for elders age 85 and older. This difference in diversity can be attributed to the migration of white elders into Florida and the expected shorter life span of minorities.

Most Florida elders age 60 and older reside in urban areas and are concentrated in Miami-Dade, Palm Beach, Broward, Pinellas and Hillsborough counties. These five counties account for 39 percent of the total state population age 60 and older, and 45 percent of the population 85 and older. In terms of density, Florida's population 60 and older comprises 30 percent or more of the total number of residents in 14 counties. Interestingly, none of the five counties with the largest populations 60 and older is among them. There are two regions of the state, West Central and Southwest Florida, comprised of counties with 30 percent or more of the population age 60 and older. (See Figure 3 on page 9 for state profile and Appendix 3 for PSA profiles.)

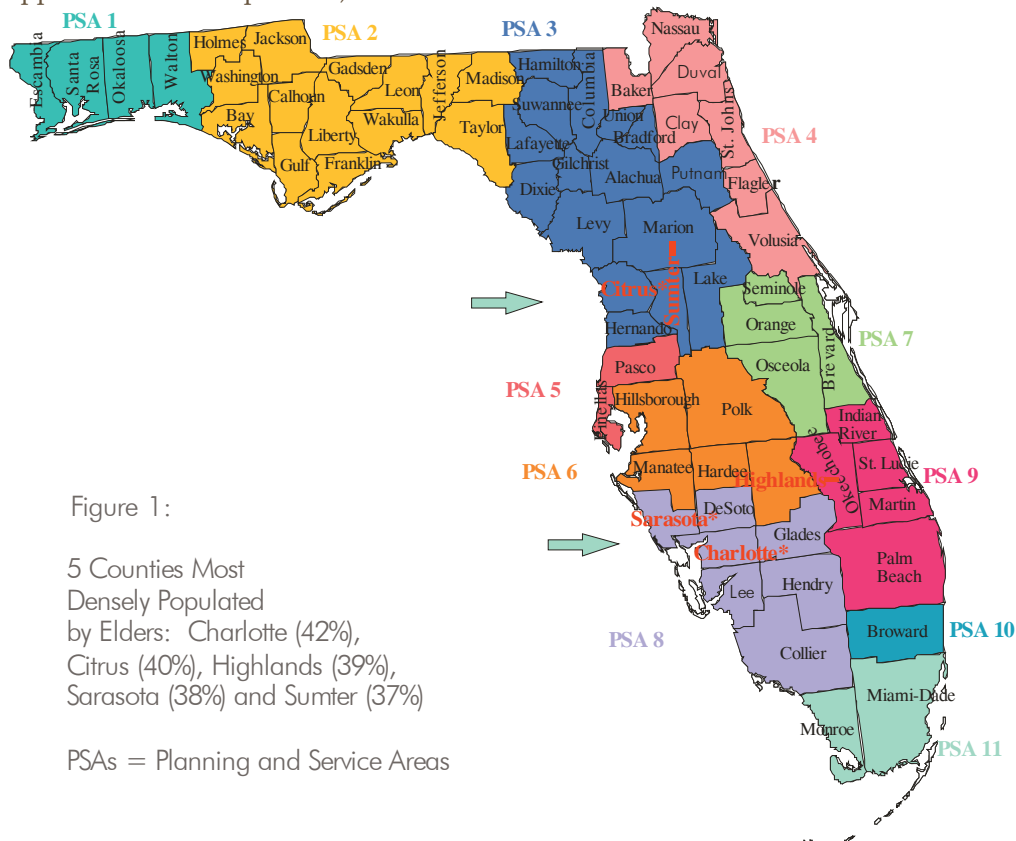
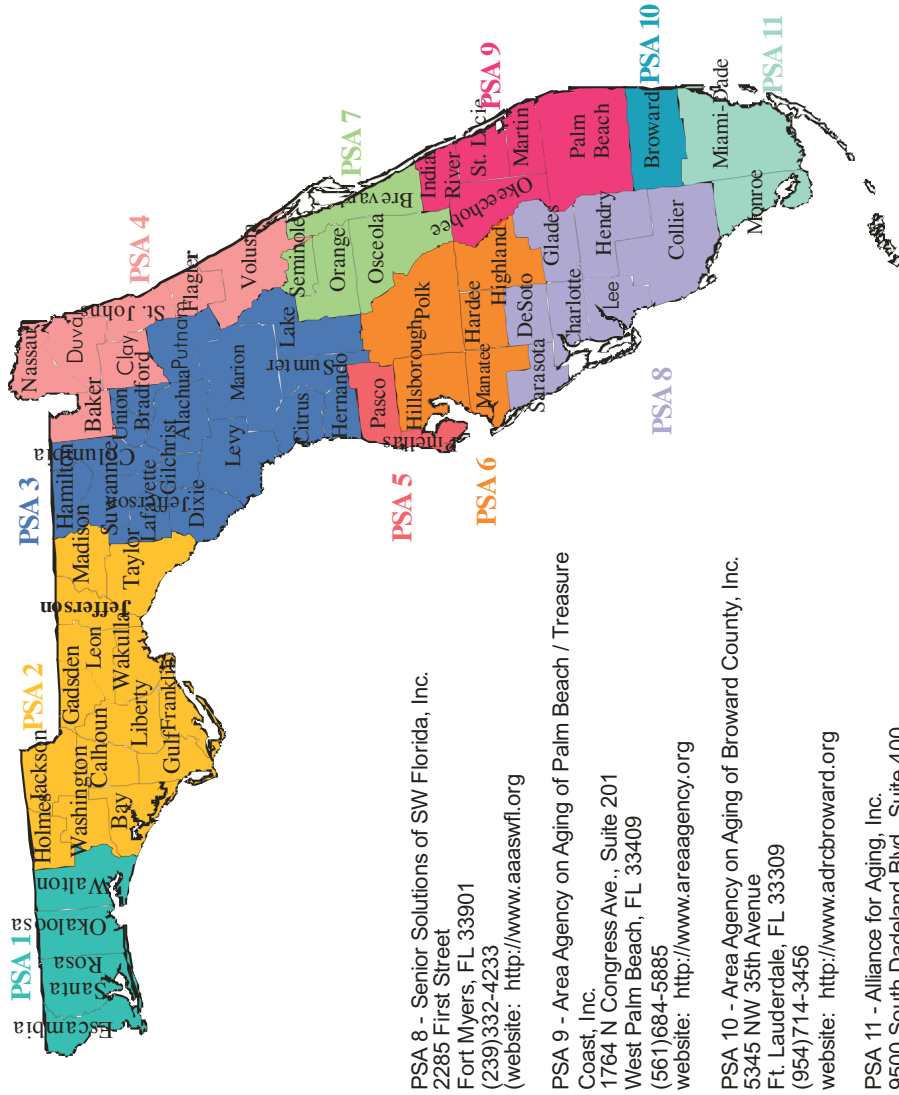


Figure 1:
 5 Counties Most
 Densely Populated
 by Elders: Charlotte (42%),
 Citrus (40%), Highlands (39%),
 Sarasota (38%) and Sumter (37%)
 PSAs = Planning and Service Areas

Figure 2 - Planning and Service Areas for Agency Areas on Aging



PSA 1 - Northwest Florida Area Agency on Aging, Inc.
 5090 Commerce Park Circle
 Pensacola, FL 32505
 (850)494-7100
 website: <http://www.nwflaaa.org>

PSA 2 - Area Agency on Aging for North Florida, Inc.
 2514 Mahan Drive
 Tallahassee, FL 32308
 *850) 488-0055
 website: <http://www.aaanf.org>

PSA 3 - Mid Florida Area Agency on Aging, Inc.
 5700 SW 34th Street, Suite 222
 Gainesville, FL 32608
 (352) 378-6649
 website: <http://www.agingresources.org>

PSA 4 - Northeast Florida Area Agency on Aging, Inc.
 4401 Wesconnett Blvd., 2nd Floor
 Jacksonville, FL 32210-7387
 (904)777-2106
 website: <http://www.agingresources.org>

PSA 5 - Area Agency on Aging of Pasco-Pinellas, Inc.
 9887 Fourth Street, Suite 100
 St. Petersburg, FL 33702
 (727)570-9696
 website: <http://www.agingcarefl.org>

PSA 6 - West Central Florida Area Agency on Aging, Inc.
 5905 Breckenridge Parkway, Suite F
 Tampa, FL 33610
 (813)740-3888
 website: <http://www.agingflorida.com>

PSA 7 - Senior Resource Alliance
 988 Woodcock Road, Suite 200
 Orlando, FL 32803
 (407)228-1800
 website: <http://www.seniorresourcealliance.org>

PSA 8 - Senior Solutions of SW Florida, Inc.
 2285 First Street
 Fort Myers, FL 33901
 (239)332-4233
 (website: <http://www.aaswfl.org>)

PSA 9 - Area Agency on Aging of Palm Beach / Treasure Coast, Inc.
 1764 N Congress Ave., Suite 201
 West Palm Beach, FL 33409
 (561)684-5885
 website: <http://www.areaagency.org>

PSA 10 - Area Agency on Aging of Broward County, Inc.
 5345 NW 35th Avenue
 Ft. Lauderdale, FL 33309
 (954)714-3456
 website: <http://www.adrcbroward.org>

PSA 11 - Alliance for Aging, Inc.
 9500 South Dadeland Blvd., Suite 400
 Miami, FL 33156
 (305)67-33156
 website: <http://www.allianceforaging.org>

Florida 2008 State Profile

Population by Age Category		
All Ages	19,161,683	
Under 60	14,804,628	77.3%
60+	4,357,055	22.7%
65+	3,343,353	17.4%
70+	2,487,340	13.0%
75+	1,712,375	8.9%
80+	1,008,423	5.3%
85+	464,331	2.4%
Population by Race/Ethnicity (60+)		
White	3,948,064	90.6%
Non-Hispanic	3,447,613	79.1%
Non-White	408,991	9.4%
Black	350,330	8.0%
Other Minorities	58,660	1.3%
Total Hispanic	527,029	12.1%
White	500,451	11.5%
Non-White	26,578	0.6%
Total Non-Hispanic	3,830,026	87.9%
Total Minorities	909,442	20.9%
Population by Gender (60+)		
Male	1,934,333	44.4%
Female	2,422,722	55.6%
Financial Status (60+)		
Below Poverty Level		400,499
Below 125 Percent of Poverty Level		584,763
Minorities Below Poverty Level		191,493
Minorities Below 125 Percent of Poverty Level		260,299
Medically Underserved (60+)		
In Medically Underserved Areas		152,558
Designated Low Income Medically Underserved		
Medically Underserved		543,194

Living Situation (60+)	
Living Alone	1,000,455
Living in Rural Areas	425,886
Disability Status (65+)	
With One Type of Disability	
Sensory	537,464
Physical	1,118,390
Mental	410,480
Self-Care	337,140
Go-Outside-Home	785,362
With Two or More Disabilities Including Self-Care	261,114
With No Disabilities	2,023,447
Dementia	
Probable Alzheimer's Cases	501,480
Severe Cases	116,363
Grandparents (60+)	
Population 60+ Living With Own Grandchildren (Under Age 18)	190,847
Grandparent Responsible for Own Grandchildren (Under Age 18)	59,714
Grandparent Not Responsible for Own Grandchildren (Under Age 18)	131,132
Population 60+ Not Living With Own Grandchildren (Under Age 18)	4,166,208
Driver's License	
Drivers With Florida Driver's License - All Ages	14,888,884
Drivers With Florida Driver's License - Age 60+	3,520,748
Percent of Drivers With Florida Driver's License Who are Age 60+	23.6%
Registered Voters	
Population Registered to Vote in Florida - All Ages	11,542,431
Population Registered to Vote in Florida - Age 60+	3,544,264
Percent of Population Registered to Vote Who are Age 60+	30.7%

Figure 3

Description of Current Service Population

The Older Americans Act requires that states emphasize serving older individuals who are most in need, namely, people with the greatest economic and social needs, and give particular attention to low-income minority individuals and older individuals residing in rural areas. In 2007, they were overrepresented in the population served compared to the general age 60 and older population in Florida. The overrepresentation shows that the department successfully targets services to those who most need them.

Of elders receiving services, 45 percent have incomes below the poverty level (a measure of economic need) compared to nine percent in the general 60 and older population. For the measure of social need, 40 percent of the service populations live alone compared to only 24 percent in the general 60 and older population. The service population is 26 percent low-income minority, and 21 percent live in rural areas, compared to four percent and 10 percent, respectively, in the general population of people age 60 and older.

Targeted Populations

Characteristic	Florida 60+ Population	Percent 60+	Number of Registered Services* Recipients	Percent Receiving Services
All 60+	4,240,506	100%	105,908	2.5%
60+ Below Poverty Level	386,376	9%	47,726	45%
60+ Living Alone	999,755	24%	42,578	40%
60+ Minority	910,887	21%	43,833	41%
60+ Minority Below Poverty Level	179,354	4%	27,986	26%
60+ Rural Areas	425,886	10%	22,398	21%

Table 1

*Registered Services include personal care, homemaker, chore, home delivered meals, Nutrition Services Incentive Program (NSIP), home delivered meals, adult day care/health, case management, assisted transportation, congregate meals and nutrition counseling.

Caregivers are the backbone upon which most home-based services are provided. The department's programs and services are a factor in helping keep many very frail people in their homes by augmenting the care provided by the family caregivers. It is estimated from a study commissioned by AARP (*Valuing the Invaluable: A New Look at the Economic Value of Family Caregiving*, June 2007) that caregivers provide \$10.4 billion in care each year. Statewide, about 23 percent of elders are themselves caregivers (DOEA needs assessment review -- *Assessing the Needs of Elder Floridians*, 2004). The department served an estimated 23,900 caregivers during 2007, a fraction of the estimated 1 million probable caregivers age 60 and over in Florida.

Rural Considerations

Section 307(a)(3)(B), the Older Americans Act, as amended, requires the state to spend in each fiscal year, for services to older individuals residing in rural areas of the state, an amount not less than the amount expended for such services in federal fiscal year 2000. This requirement is met by the "hold harmless" factor in Florida's intrastate distribution funding formula. Table 2 shows a projection of OAA Title III B, C and E service expenditures for elders living in rural areas.

To meet the requirements of Section 307(a)(3)(B), this state plan defines rural elders as persons age 60 and older residing in areas defined as rural by the U.S. Bureau of the Census in 2000. An exception is made for services provided under Title V of the Older Americans Act, as amended, where rural elders are defined as persons age 55 and older residing in such areas.

PSA	Contract Year			
	2005	2006	2007	2008
1	\$854,311	\$854,311	\$854,311	\$854,311
2	\$1,320,010	\$1,320,010	\$1,320,010	\$1,320,010
3	\$3,790,674	\$3,790,674	\$3,790,674	\$3,790,674
4	\$1,099,713	\$1,099,713	\$1,099,713	\$1,099,713
5	\$447,455	\$447,455	\$447,455	\$447,455
6	\$1,268,204	\$1,268,204	\$1,268,204	\$1,268,204
7	\$803,338	\$803,338	\$803,338	\$803,338
8	\$847,192	\$847,192	\$847,192	\$847,192
9	\$820,726	\$820,726	\$820,726	\$820,726
10	\$27,843	\$27,843	\$27,843	\$27,843
11	\$125,843	\$125,843	\$125,843	\$125,843
Total	\$11,404,832	\$11,404,832	\$11,404,832	\$11,404,832

Table 2
Projected Expenditures for OAA Titles III B, C and E Services for Rural Residents 2005 - 2008

Almost three-quarters of all rural elders live in counties that are primarily urban (See Figure 2 and Table 3). Therefore, providers should make special efforts to serve rural elders in all counties. In partnership with the AoA, the department will study service capacity issues affecting rural areas.

In keeping with the spirit of the amendments to the Older Americans Act, the department requires its network of providers through the area plans to address program development, advocacy and outreach efforts to benefit rural elders. To assure that rural elders are given preference for services, the Department of Elder Affairs will monitor enrollment rates. Plans for future best practices symposiums with a focus on serving rural elders will strengthen the network's ability to provide these services. Table 3 shows the percentage of the population 60 and older that reside in rural areas.

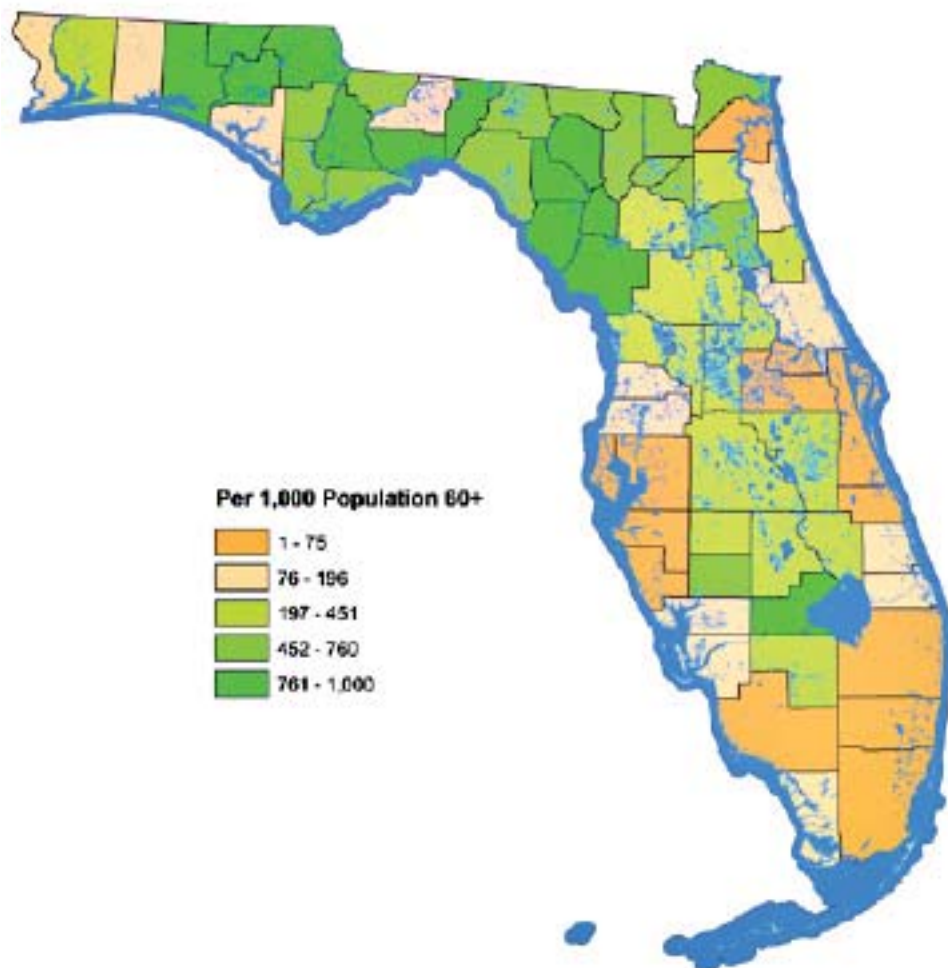


Figure 2
Rural Population 60 and Older by County, Florida 2000

County	Total Urban	Total Rural	Total 60+	% Rural
Alachua	18,430	9,048	27,478	32.9%
Baker	1,185	1,637	2,822	58%
Bay	23,845	2,784	26,629	10.5%
Bradford	1,755	2,694	4,449	60.6%
Brevard	115,680	4,835	120,515	4.0%
Broward	320,375	365	320,740	0.1%
Calhoun	810	1,567	2,377	65.9%
Charlotte	55,390	4,760	60,150	7.9%
Citrus	30,345	16,904	47,249	35.8%
Clay	14,205	5,233	19,438	26.9%
Collier	73,680	4,450	78,130	5.7%
Columbia	4,095	6,664	10,759	61.9%
De Soto	3,110	4,900	8,010	61.2%
Dixie	440	2,842	3,282	86.6%
Duval	103,710	3,935	107,645	3.7%
Escambia	46,190	5,448	51,638	10.6%
Flagler	13,420	4,769	18,189	26.6%
Franklin	740	1,735	2,475	70.1%
Gadsen	2,720	4,538	7,258	62.5%
Gilchrist		2,685	2,685	100.0%
Glades	345	2,400	2,745	87.4%
Gulf	1,180	1,762	2,942	59.9%
Hamilton	570	1,385	1,955	70.8%
Hardee	2,610	2,114	4,724	44.8%
Hendry	3,260	1,615	4,875	33.1%
Hernando	40,840	7,945	48,785	16.3%
Highlands	22,405	12,054	34,459	35.0%
Hillsborough	147,285	8,694	155,979	5.5%
Holmes	775	2,991	3,766	79.4%
Indian River	37,265	2,080	39,345	5.3%
Jackson	1,765	7,293	9,058	80.5%
Jefferson		2,386	2,386	100.0%
Lafayette		1,201	1,201	100.0%
Lake	53,290	16,169	69,459	23.3%
Lee	123,840	15,764	139,604	11.3%

Table 3
Rural Population 60 and Older, Census 2000

County	Total Urban	Total Rural	Total 60+	% Rural
Leon	22,550	4,174	26,724	15.6%
Levy		8,334	8,334	100.0%
Liberty		1,037	1,037	100.0%
Madison	910	2,835	3,745	75.7%
Manatee	76,060	4,175	80,235	5.2%
Marion	51,970	27,590	79,560	34.7%
Martin	39,245	3,893	43,138	9.0%
Miami-Dade	396,100	2,145	398,245	0.5%
Monroe	14,105	1,757	15,862	11.1%
Nassau	5,470	4,624	10,094	45.8%
Okaloosa	24,970	3,169	28,139	11.3%
Okeechobee	5,055	2,744	7,799	35.2%
Orange	114,945	3,820	118,765	3.2%
Osceola	19,390	6,609	25,999	25.4%
Palm Beach	309,975	3,214	313,189	1.0%
Pasco	101,565	10,033	111,598	9.0%
Pinellas	252,570	243	252,813	0.1%
Polk	90,710	22,204	112,914	19.7%
Putnam	7,820	9,003	16,823	53.5%
St Johns	20,305	4,915	25,220	19.5%
St Lucie	49,510	4,420	53,930	8.2%
Santa Rosa	12,920	5,490	18,410	29.8%
Sarasota	118,410	4,824	123,234	3.9%
Seminole	49,750	1,930	51,680	3.7%
Sumter	12,250	7,215	19,465	37.1
Suwannee	1,420	6,425	7,845	81.9%
Taylor	1,300	2,279	3,579	63.7%
Union	530	948	1,478	64.1%
Volusia	110,870	10,395	121,265	8.6%
Wakulla		3,374	3,374	100.0%
Walton	2,030	6,804	8,834	77.0%
Washington	895	3,399	4,294	79.2%

Table 3
Rural Population 60 and Older, Census 2000, Continued

Transportation

Transportation is a key issue for older individuals wanting to maintain their independence. As required by state law, all transportation resources are coordinated through the Florida Commission for the Transportation Disadvantaged. The commission combines transportation services for all individuals who are transportation disadvantaged, regardless of age group. Transportation disadvantaged means those persons, who because of physical or mental disability, income status or age, are unable to transport themselves or to purchase transportation. Therefore, they are dependent on others to obtain access to health care, employment, education, shopping, social activities, and other life sustaining activities.

The interests of older individuals are represented through two seats on the Florida Commission for the Transportation Disadvantaged that has 26 members; one is the Department of Elder Affairs representative, appointed by the Secretary, and the other is an elder consumer, who is appointed by the Governor.

At the local level, programs providing transportation must coordinate with the local transportation disadvantaged coordinating council through a formal agreement.



Current Conditions

Florida currently faces a challenging fiscal environment. Nonetheless, the Florida Legislature continues to expand the Long-Term Care Community Diversion Project, a program that serves people age 65 and older who are most at risk of being placed in a nursing home and who qualify for Medicaid nursing home placement.

In addition, the department embraces the Administration on Aging's prevention initiative, Evidence-Based Disease Prevention Interventions. With the help of a grant from AoA, the department is able to increase the participation of elders in chronic disease self-management training. The AoA's Aging and Disability Resource Centers initiative was also fully embraced by Florida, with implementation in all 11 planning and service areas completed as of April 2008.

Assessing Needs

The department has used a variety of methods to determine the needs of people in Florida aged 60 and older, their caregivers and those who will be turning 60 in the near future. In 2004, the department conducted a statewide assessment of the needs of its elder citizens. The report, *Assessing the Needs of Elder Floridians*, can be found on the DOEA Web site at the following link: <http://elderaffairs.state.fl.us/english/Stats/AssessNeeds.html>.

The department conducted workshops with Area Agency on Aging planners in November 2005 to augment the findings of the 2004 needs assessment survey and help identify aging network strengths, weaknesses, opportunities and threats. During the fall of 2006, the Planning and Evaluation Unit and *Communities for a Lifetime* staff held four regional workshops with interested citizens and community leaders to identify needs and solutions to address the well-being of elders in the state. Finally, during 2007, the department formed a State Plan Advisory Group comprised of representatives, many who are 60 and older, from a wide array of organizations representing elder issues. They focused on issues of critical importance to elders and near-elders in the state. They discussed many new ideas, including modernizing the service delivery system, utilizing evidence-based programs and approaches in elder care services and aging-in-place initiatives, tailoring caregiver assessment and referral and elder health care recovery, diversion programs, and discharge planning.

The following list identifies strengths, weaknesses, opportunities and threats gleaned from these years of needs assessment efforts:

Strengths:

- Florida has strong non-profit and private-for-pay elder services networks that serve well the vast majority of Floridians in need of supportive services, such as nutrition, case management and in-home services
- Florida attracts a high number of retirees and persons age 60 and older who are highly educated and resourceful, thus providing a source of excellent volunteers and advocates
- Communities throughout the state are committed to the *Communities for a Lifetime* initiative, designed to enhance opportunities for people to age in place, or continue living in their own communities for a lifetime
- Florida contains the public cost of long-term care efficiently and effectively compared to other states
- Florida is a leader in emergency management/disaster preparedness planning
- Persons age 60 and older contribute \$135 billion in spending power and pay \$2.8 billion in taxes, often in excess of the cost of benefits received

Weaknesses:

- There is a lack of suitable, affordable housing for seniors
- Rural areas are often equipped with fewer resources than those in more urbanized locations
- Few transportation alternatives limit elder mobility
- As individuals grow older, they are increasingly vulnerable to fraud and abuse
- Ageist viewpoints and practices are prevalent in the workplace and other environments
- The current shortfall in medical and geriatric staff has become critical and is likely to worsen in the future

Opportunities:

- The department can maximize impact of existing resources identified through its various partnerships (i.e., Agency for Health Care Administration, Agency for Workforce Innovation, Governor's Office of Policy and Budget, Executive Office of the Governor, Department of Health, Department of Transportation, Department of Agriculture and Community Services) and by increasing cost sharing
- The department's *Communities for a Lifetime* initiative advocacy efforts can address needs and issues associated with elder housing and transportation
- Training and outreach programs are valuable tools to help educate the public on elder issues, as well as to provide a means of information and referral to persons age 60 and older and their caregivers
- Florida's retirees expand educational and outreach activities through volunteering
- New developments in the treatment of chronic disability through medical and technical developments will reduce the need for personal assistance and promote the independence of disabled elder adults
- Increasing number of well persons age 60 and older through evidence-based health promotion/disease prevention programs can reduce the need for long-term care
- Potential exists to use older health care workers retiring in Florida to continue their practice in the state

Threats:

- Increasing liability costs continue to hinder the ability to provide many services to persons age 60 and older
- Rising housing costs and property taxes contribute to the lack of affordable housing
- Even as the disability rates among persons age 60 and older are declining, financing for publicly-provided acute and long-term care is not keeping up with demand
- The lack of hold harmless/immunity legislation for volunteers discourages volunteerism

Programs

The Department of Elder Affairs administers a wide variety of assistance programs funded by both the federal government and the State of Florida. A descriptive overview by program name is provided in this section for each of the Department of Elder Affairs' major program initiatives. The respective programs are as follows:

Adult Care Food Program

The Adult Care Food Program is funded by a grant from the U.S. Department of Agriculture to assist in providing nutritional meals to the elderly. The program reimburses eligible Adult Care Facilities for the cost of providing meals. Eligible facilities include licensed Adult Day Care Centers, In-Facility Respite Centers and Habilitation Centers.

Alzheimer's Disease Initiative (ADI)

The Alzheimer's Disease Initiative is a program that provides services for the special needs of individuals with Alzheimer's disease and related memory disorders. Respite care (caregiver relief) services are provided in all 67 Florida counties. There are 13 state-funded memory disorder clinics in Florida providing medical diagnosis and treatment for patients. The clinics also provide training and education to caregivers.

AmeriCorps

AmeriCorps is a network of national service programs that use volunteers to meet critical needs in education, public safety, health and the environment. Current programs provide caregiver relief and companionship to homebound elders, home repair and modifications, and chore services to frail or disabled elders.

Community Care for the Elderly (CCE)

Community Care for the Elderly is a program funded by the state that assists frail elders. The CCE program provides case management services to assist functionally impaired elders to live independently in their homes. Additional community-based services include adult day health care, home health aid, counseling, home repair, medical therapeutic care, home nursing and emergency alert response.

Communities for a Lifetime

Communities for a Lifetime is a program initiative that assists Florida's communities in planning and implementing improvements that benefit the lives of all their residents young and old. This initiative recognizes the diverse needs of residents and the unique contributions each individual can make to his/her community. Communities which participate use existing resources and state technical assistance to make crucial civic improvements in areas such as housing, health care, transportation, accessibility, business partnerships, education and to make efficient use of natural resources, volunteer opportunities and recreation.

Comprehensive Assessment Review and Evaluation for Long-Term Care Services (CARES)

CARES is a nursing home pre-admission assessment and alternatives counseling program to determine whether a person's care should be provided in a nursing home or if such care can be provided in the person's own home with help from home and community-based services programs. Objectives of the CARES program include:

- Prevention of unnecessary or premature admission to a nursing home;
- Effective coordination of individuals' medical, social and psychological needs and resulting levels of care;
- Referral and assistance in obtaining in-home and community services to avoid nursing home care; and
- Education of the public and health care providers about less costly alternatives to nursing home care.

Consumer Directed Care (CDC)

Consumer Directed Care is a demonstration project that permits consumers to manage their own care. The premise is that consumers or their caregivers are in the best position to make spending decisions about their service dollars. Consumers are given a budgeted cash allowance to purchase services from providers, neighbors and/or family members. Consultant and bookkeeping services are provided to assist consumers with managing their budget and expenditures.

Elder Helpline

The Elder Helpline is a statewide toll-free telephone information and referral assistance service that links callers to local resources. The Elder Helpline is a starting point for anyone seeking information about aging issues, looking for an aging services provider, or wanting to volunteer. Helpline Information and Referral specialists not only answer general inquiries but direct callers to the appropriate source to address their needs.

***Elder Update* Newspaper**

The *Elder Update* is a bi-monthly newspaper published by the Florida Department of Elder Affairs. The paper features topics and issues of special interest to elders as well as guest articles from health experts, case managers and consumers. A subscription to the *Elder Update* is free to Florida residents by simply calling the Elder Helpline and making the request.

Emergency Home Energy Assistance for the Elderly Program (EHEAEP)

EHEAEP is a program that provides vendor payments to assist low-income households. At least one person in the residence must be age 60 or above and experiencing a home energy emergency, such as difficulty keeping his/her utilities turned on. The energy emergency could be the receipt of a pending shut-off notice, lack of fuel or wood, or an unusually high utility bill resulting from a severely hot summer or harsh winter.

Florida Injury Prevention Program for Seniors (FLIPS)

FLIPS is a health promotion and wellness program designed to reduce the incidence of serious injuries among elders. The program focuses on three unintentional areas of injury that commonly occur with seniors: falls prevention and home safety, fire safety and poison prevention.



Health and Wellness Promotion

Health and Wellness Promotion is a multi-dimensional program initiative that highlights a combination of health education, disease prevention and screening, and nutrition programs for elders. Specific program activities include:

- Medication management education,
- Osteoporosis education and screening,
- Diabetes education and screening, and
- Mobile health education and screening.

Home Care for the Elderly (HCE)

Home Care for the Elderly is a state-funded program that provides subsidy payments to help caregivers maintain low-income elders in their own home or in the home of a caregiver. The monthly basic subsidy payment is made to the caregiver for support and health maintenance and to assist with specialized health care needs. An eligible HCE participant must be at-risk for nursing home placement.

Intergenerational Connections

Intergenerational Connections is a program initiative that brings together people of different generations in activities mutually beneficial to elders and youth. For example, elders serve as mentors and tutors to youth, and youth perform tasks such as home repairs, yard maintenance, shopping assistance, companionship and meal delivery to help frail elders remain in their homes.

The Long-Term Care Community Diversion Project

The Long-Term Care Community Diversion Project is a comprehensive Medicaid waiver program designed to allow individuals to remain at home or in the community. Participating organizations employ case managers to coordinate medical and long-term care services. The organizations also have flexibility allowing them to provide an enriched set of services including preventative health, home health care, durable medical equipment, dental, prescription drugs, Medicare co-insurance and deductibles, pharmaceutical counseling, arranging and coordinating medical care, family training and comprehensive supportive assisted living services in residential facilities.

Medicaid Waivers

Medicaid waivers are programs that provide a variety of home and community-based services to elders who are frail, functionally impaired, and at-risk of nursing home placement. The programs use Medicaid funds to enable them to remain in their home or an assisted living facility (ALF). A professional case manager is assigned to each consumer. The case manager drafts a customized care plan for each consumer.

Older Americans Act Programs

Older Americans Act funding provides, in addition to a comprehensive array of services, the administrative infrastructure to deliver all of the other programs listed in this chapter. The following is a brief description of the community-based programs funded by the Older Americans Act and administered by the Florida Department of Elder Affairs. As the designated state unit on aging, the Florida Department of Elder Affairs receives an annual allotment of funds under the Older Americans Act, as amended, from the Administration on Aging in the U.S. Department of Health and Human Services.

In Florida, funds are allocated to 11 area agencies on aging based on an approved intrastate funding formula. The area agencies on aging plan for, develop and implement a system of services for older individual age 60 and older in each of the 11 planning and service area of the state. This comprehensive and coordinated system of services is described in the area plans. All the area agencies on aging in Florida are also aging resource centers or aging and disability resource centers.

The area agencies contract with provider agencies to obtain supportive, in-home and nutrition services for frail older individuals. They also oversee multi-purpose senior center activities. While most Older Americans Act services are delivered by service providers, a few services are directly provided by area agencies on aging to facilitate ease of access for consumers and to help them be aware of service opportunities. Services that may be provided directly by all area agencies on aging in Florida include outreach, information and assistance, and referral. Any other services to be provided directly by area agencies require submission of a waiver request to the department fully justifying why the waiver is needed.

Services are to be targeted to those in the greatest social or economic need with particular emphasis on the culturally and racially diversified minority elderly with low incomes and older individuals residing in rural areas. Older Americans Act programs administered include:

- Title III-B Supportive Services/In-Home
- Title III-C Nutrition Services
- Title III-D Disease Prevention and Health Promotion
- Title III-E National Family Caregiver
- Long-Term Care Ombudsman Program
- Elder Abuse Prevention

The federally-funded Older Americans Act provides a variety of supportive in-home and community-based services. Many service options are available through Titles III-B, III-C, III-D and III-E. The following partial listing represents some of the services offered under the act:

- Adult Day Care
- Case Management
- Congregate Meals
- Counseling
- Volunteer Health Coordinators
- Chore
- Home Delivered Meals
- Housing Improvement
- Homemaker
- Injury Prevention
- Nutrition Education
- Personal Care
- Respite Care
- Transportation

Disease Prevention and Health Promotion (III-D) and Elder Abuse Prevention (VII)

The department administers a variety of community-based health promotion, wellness and abuse prevention initiatives throughout the state. These programs are coordinated by the department, the area agencies on aging and local service providers. The department features information on wellness and abuse prevention in its monthly publication, *Elder Update*, which is circulated to approximately 100,000 elders across Florida.

Elder abuse prevention efforts include. Public education and outreach to help identify and prevent elder abuse, neglect and exploitation are conducted at the state, regional and local levels. The department coordinates with and actively seeks input and advice from many agencies, programs and organizations to identify and assist vulnerable elders. Some of these entities include area agencies on aging, adult protective services programs, the Long-Term Care Ombudsman Program, facility and long-term care provider licensure programs, Medicaid fraud and abuse services, victim assistance programs, consumer protection, and state and local law enforcement programs, as well as other state and local programs

and services that identify and assist vulnerable older individuals. Each year the funds are allotted according to the identified statewide concerns and initiatives developed through research and planning efforts.

National Family Caregiver Support (III-E)

The National Family Caregivers Support program targets caregivers with services such as respite, counseling, caregiver forums, caregiver training/support, public education, screening and assessment, and outreach.

The National Family Caregiver Support program funding has been an impetus for change in the local areas. Some area agencies now have staff devoted to caregiver information and assistance needs. Other areas now offer ancillary services such as day care and transportation to augment support groups, addressing caregivers' access barriers. Other enhancements include offering night and weekend respite and later hours daycare. One area created a caregiver advisory council to be responsive to caregivers' changing needs.

The funding also helped many areas to increase their publicity/marketing, such as using billboards and radio spots, to help make caregivers aware of available services. In addition, the funding helped stimulate caregiver community coalition building. Many additional improvements have been made possible with the new funding.

Support services for grandparents and other older individuals who are relative caregivers of children under the age of 18 are available in each planning and service area. The department has also added a provision for direct reimbursement to caregivers for services authorized within this program. This provision will expand services to rural areas where traditional providers are not available and create flexibility for meeting the needs of all caregivers.

Long-Term Care Ombudsman Program (LTCOP)

The ombudsman program is a statewide system of councils which receive, investigate, and resolve complaints made by, or on behalf of, individuals living in nursing homes, assisted living facilities or adult family care homes. Each planning and service area has paid staff who coordinate the work of trained volunteers who investigate and resolve the complaints.

The ombudsman program is administered by the Department of Elder Affairs in accordance with the Older Americans Act and state guidelines. The program is responsible to the department Secretary.

The state Long-Term Care Ombudsman is appointed by the Secretary of the Department of Elder Affairs. In addition to the federally required complaint investigations, Florida statute requires the ombudsmen to conduct annual administrative inspections of long-term care facilities.

Respite for Elders Living in Everyday Families (RELIEF)

RELIEF is a state-funded program that provides in-home respite for homebound elders. Respite services allow the caregiver to leave the premises of homebound elders for a brief period of time. Respite services are provided by carefully selected, screened and trained volunteers of varied ages.

Senior Community Service Employment Program (SCSEP)

SCSEP is a program funded under Title V of the Older Americans Act that serves persons with low incomes who are age 55 or older and have poor employment prospects. The program has two purposes: to provide useful community services and to foster individual economic self-sufficiency through training and job placement in unsubsidized jobs. Program participants can receive up to 20 hours a week of part-time employment in a community service assignment, job training and related educational opportunities and opportunities for placement into unsubsidized jobs.

Senior Companion Program

The Senior Companion Program is a national service peer volunteer program that provides services to elders at risk of institutionalization due to chronic illnesses, disabilities or isolation. Senior Companion volunteers provide:

- Transportation to medical appointments;
- Shopping assistance and meal preparation;
- Companionship and advocacy; and
- Respite to caregivers of frail elders.

Senior companion volunteers meeting certain income restrictions receive free annual medical examinations free, along with a stipend to help defray expenses.

Serving Health Insurance Needs of Elders (SHINE)

SHINE is a federally-funded program providing free insurance counseling and information about Medicare and health insurance coverage. SHINE uses a statewide network of trained volunteer counselors. Elders can contact a SHINE counselor in each of Florida's 67 counties through the Florida Elder Helpline (1-800-963-5337).

Goals, Objectives and Strategies

Administration on Aging Goals

- A. Empower older people and their families to make informed decisions about, and be able to easily access, existing health and long-term care options.
- B. Enable seniors to remain in their own homes with a high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers.
- C. Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare.
- D. Ensure the rights of older people and prevent their abuse, neglect and exploitation.

Florida Department of Elder Affairs Goals

- A. Enable elders, their families and caregivers to experience a high quality of life through easy service access, home and community-based supports, and long-term care options.
- B. Promote communities statewide that value and meet the needs of elders.
- C. Empower older persons to stay active and healthy.
- D. Ensure the rights of older people and prevent their abuse, neglect and exploitation.

“The future belongs to those who believe in the beauty of their dreams...”

*Eleanor Roosevelt
Humanitarian and Former First Lady*

DOEA Goal A: Enable elders, their families and caregivers to experience a high quality of life through easy service access, home and community-based supports, and long-term care options.

Objectives and Strategies:

1. Decrease demand for institutional long-term care services through infrastructure modernization and increased emphasis on prevention.
 - a. Strengthen the operation of and increase service capacity of the aging resource centers throughout the state through the following actions:
 - i. Expand the multi-disciplinary staffing to ensure one-stop-shopping, making it easy to obtain services;
 - ii. Seek additional funding through other sources, i.e., foundations;
 - iii. Increase coordination with 211 services and other similar services such as Elder Helpline;
 - iv. Provide long-term care options counseling; and
 - v. Identify and develop life-course planning and elder care planning in partnership with other agencies to educate persons on the aging process and potential long-term care needs by enhancing information and referral tracking to capture requests from younger persons wanting information on life course or retirement planning.
 - b. Develop new partnerships to create a seamless system for clients and their families through the following actions:
 - i. Utilize discharge planning with hospitals as an opportunity to develop a case management plan (service plan);
 - ii. Educate the consumer/family about service options; and
 - iii. Strengthen discharge planning policy and activities through legislation.
 - c.. Expand home and community-based services through the following actions:
 - i. Continue to expand consumer choice;
 - ii. Continue to target individuals at high risk of nursing home placement or Medicaid “spend down”; and
 - iii. Explore ways to provide needed services without being tied to individual funding source constraints;

DOEA Goal A: Enable elders, their families and caregivers to experience a high quality of life through easy service access, home and community-based supports, and long-term care options. (continued)

- iv. Modify the service system to incorporate principles of consumer-direction and "money follows the person," when possible; and
 - v. Use technological advances to create efficiencies, such as using consumer identification cards to accurately reflect when a client received services.
 - d. Assure that individual needs drive the creation of service plans by ensuring that case management training focuses on person-centered, elder care planning.
 - e. Assert the department's leadership role as defined by Chapter 430, Florida Statutes, by coordinating with other departments serving elders.
 - f. Use advances in technology which allow self-management of chronic conditions and encourage access to wellness programs.
- 2. Develop a more sensitive and less formal system to more quickly identify and refer individuals who need a service plan or a change in an existing plan by taking these steps:
 - a. Improve and expand training of both direct services staff and the broader elder care community to ensure more effective and efficient treatment through early intervention.
 - b. Employ *Communities for a Lifetime* to implement outreach projects in the following areas:
 - i. Conduct training and education on elder care issues;
 - ii. Introduce prevention programs and services;
 - iii. Serve as a clearinghouse for evidence-based programs; and
 - iv. Continue to work in coordination with Volunteer Florida, the state's designated organization to administer the National and Community Service programs, to coordinate volunteers and activities including services to individuals with disability.

DOEA Goal A: Enable elders, their families and caregivers to experience a high quality of life through easy service access, home and community-based supports, and long-term care options. (continued)

- c. Continue to modernize and streamline the Comprehensive Assessment and Review for Long-Term Care Services (CARES) assessment, coordination and follow-up process as outlined below:
 - i. More fully incorporate technology in daily operations, using laptops, air cards, cell phones and other identified efficiency approaches; and
 - ii. Integrate regional office staff telecommuting to reduce space needs.

3. Increase provider network capacity through the following steps:
 - a. Utilize Medicaid for allowable payment of administrative costs, assessments, etc.;
 - b. Maximize the use of available Medicare programs and funding;
 - c. Encourage the development of processes that enable providers to offer services in a timely manner following eligibility screening and determination and thus reduce wait lists; and
 - d. Promote collaborative contracting and grants with other entities, such as between area agencies on aging (AAAs) and hospitals.

4. Improve support of caregivers by providing services that are more timely and specifically targeted to individual caregiver needs through the following actions:
 - a. Increase caregiver education to new and potential caregivers through the following activities:
 - i. Identify and develop caregiver education materials for the entire continuum of caregiving experience;
 - ii. Conduct outreach activities for new caregivers to raise awareness of the value of early training and early intervention;
 - iii. Expand programs to provide caregivers with assistance services earlier, before they reach crisis; and
 - iv. Set up a program to train lay “caregiver coaches” who can be available to provide information and encouragement; to help caregivers access information and services; and are available in places where seniors gather, such as senior centers.

DOEA Goal A: Enable elders, their families and caregivers to experience a high quality of life through easy service access, home and community-based supports, and long-term care options. (continued)

- b. Increase and improve services to caregivers by completing the following items:
- i. Use advances in technology to help caregivers as follows:
 - Provide opportunities, such as an Internet chat room for caregivers to share experiences and seek assistance; and
 - Promote or improve upon Web-based forums to educate caregivers.
 - ii. Offer more training on behavioral issues and make it available to not only caregivers, but the broader audience as well;
 - iii. Provide an array of options early in the caregiver experience;
 - iv. Explore opportunities for caregivers to "bank" services based on volunteer hours contributed; and
 - v. Better address caregiver needs by treating the caregiver and/or whole family as the client.
- c. Develop and implement an improved caregiver assessment instrument which emphasizes proper "timing and dosage" for services.
- d. Emphasize caregiver services in case manager training to facilitate earlier intervention for caregivers.



DOEA Goal B: Promote communities statewide that value and meet the needs of elders.

Objectives and Strategies:

1. Help communities better support people age 60 and older to age in place, function independently, and live safely and affordably in their community through the following actions:
 - a. Advocate for development and /or redevelopment initiatives to include affordable housing set-asides for seniors;
 - b. Promote universal design standards for residential construction and renovation which facilitate independent living;
 - c. Explore best practices addressing housing issues for elders, such as improving security, retrofitting needs and routine repairs;
 - d. Advocate for a statewide strategy for the Comprehensive Emergency Management Plan (at the state and local levels) to fully develop response planning for elders;
 - e. Advocate for full implementation of the Sadowski Act, particularly all monies in the affordable housing trust fund expended for affordable housing;
 - f. Explore the possibility of incentives for elder care workers and caregivers, such as tax incentives, tax credits and special mortgage programs;
 - g. Continue to strengthen the disaster preparedness plans at the state and local level to address the specific needs of elders;
 - h. Improve access to mass transportation by working in the following areas:
 - i. Work with local government and the Metropolitan Planning Organizations (MPOs) to include senior centers, health facilities and similar facilities on bus routes;
 - ii. Continue as a member of the Florida Commission for the Transportation Disadvantaged and continue to expand and improve local agreements for transportation of the disadvantaged;



DOEA Goal B: Promote communities statewide that value and meet the needs of elders. (continued)

- iii. Work with the Department of Transportation to create index funding based on the linkage between elder population growth and the need for assisted transportation; and
- iv. Work to include representatives of the aging network in growth management processes; i.e., membership on planning boards, local MPOs and similar groups.
- i. Promote the comprehensive role of *Communities for a Lifetime* to address elder issues at the state level;
- j. Expand the role of *Communities for a Lifetime* to include the following:
 - i. Providing technical assistance to community groups on planning issues;
 - ii. Coordinating activities with senior centers;
 - iii. Training and education on elder care issues;
 - iv. Hosting prevention programs and services;
 - v. Acting as a clearinghouse for evidence-based programs;
 - vi. Assisting in resource development for fund-raising activities; and
 - vii. Supporting life-long learning programs.
- 2. Promote recognition of the impact of elders on the economy by updating the department Web site to include an area on the importance of the role of elders in the state's economic health and well-being.



- 3. Identify additional training and employment opportunities for elders as listed below:
 - a. Explore ways to improve the connection of elder workers with employers (go beyond the scope of the existing Senior Community Service Employment Programs);
 - b. Work with the Florida Chamber of Commerce, AARP, the Agency for Workforce Innovation, the university system and others to promote workforce development for elders; and
 - c. Encourage employers to offer part time or flexible employment opportunities for highly skilled elder professionals.

DOEA Goal C: Empower older persons to stay active and healthy.

Objectives and Strategies:

1. Encourage elder lifestyles that incorporate routine physical activity in all aspects of life through the following activities:



a. Increase evidenced-based health promotion projects throughout the aging network; for example, utilize designated cities and counties in the *Communities for a Lifetime* initiative to deliver programs, education and training;

b. Increase the percentage of people age 60 and older who report engaging in physical activity two or more times a week. For example, utilize senior centers, faith-based centers and *Communities for a Lifetime* municipalities to offer activities such as Tai

Chi classes, neighborhood walks, balance classes for falls prevention, yoga, dancing and mind exercises to achieve this objective;

c. Conduct an awareness campaign to publicize the availability of physical activities and the benefits of participation; and

d. Advocate for the inclusion of gym memberships under insurance programs as a preventative measure.

2. Help people better prepare for aging through education about the aging experience. Include the information in the curricula in primary and secondary education as well as part of life-long learning programs and life course planning.



DOEA Goal C: Empower older persons to stay active and healthy.
(continued)

3. Address health needs of people 60 and older by focusing on a holistic approach to their physical and mental health through the following activities:
 - a. Provide training about the warning signs of illness for the formal and informal home care support network. For example, providing meals-on-wheels volunteers and home care workers with training to recognize the warning signs of depression and mental health symptoms;
 - b. Develop resources to address mental health referrals. For example, develop agreements between the aging and mental health delivery systems on sharing the responsibilities for mental health services for people age 60 and older;
 - c. Work with the Florida Substance Abuse and Mental Health Corporation to develop a system to meet the needs of those elders who are not targeted by the Florida Department of Children and Families, such as people with less severe mental health disease;
 - d. Work with the Florida Substance Abuse Corporation to create Public Service Announcements to raise awareness about mental health issues, such as dementia and depression, to reduce the stigma of these diseases and encourage prevention and treatment. Real people with real mental health disease should be portrayed in this campaign;
 - e. Emphasize and provide more tools for depression prevention, screening, self assessment and management through the following actions:
 - i. Improve early symptom recognition and assessment;
 - ii. Expand mental health screening opportunities at senior centers, health fairs, etc.; and
 - iii. Provide opportunities for persons to self assess for depression through a self assessment available online and through e-mail and postal mail.
 - f. Advocate for equitable insurance coverage for all health problems including mental health prevention and treatment;

DOEA Goal C: Empower older persons to stay active and healthy.
(continued)



- g. Continue efforts to enhance health insurance and pharmacy assistance counseling programs;
 - h. Raise awareness in the general medical community of the signs of mental health disease and then address the issues with the patient/family/caregiver; and
 - i. Develop innovative programs that encourage health care providers to refer clients for mental health treatment as needed.
4. Promote healthy lifestyles for elders through improved nutrition as discussed below:
- a. Improve senior dining programs through the following actions:
 - i. Encourage more input and feedback from local advisory councils (considering baby boomer interests) and consumer participants; and
 - ii. Strengthen the linkage between good nutrition and physical activity.
 - b. Improve the quality of meals served in elder nutrition programs through the following activities:
 - i. Encourage more diversity and flexibility in menu planning and development; and
 - ii. Survey meal recipients and consider the survey results.
 - c. Improve the quality and increase the frequency of nutrition education provided to elders participating in the elder nutrition program.

DOEA Goal D: Ensure the rights of older people and prevent their abuse, neglect and exploitation.

Objectives and Strategies:

1. Protect elder Floridians through education, enforcement and intervention by doing the following:
 - a. Raise awareness of the importance of the rights of elders, including legal services, guardianship, protective services and residents' rights; for example, use and promote *The Power to Prevent Elder Abuse Is in Your Hands* campaign;
 - b. Expand the advertising campaign *The Power to Prevent Elder Abuse Is in Your Hands* to prevent elder abuse;
 - c. Promote intergenerational and cross-cultural educational opportunities through programs at senior centers and *Communities for a Lifetime* efforts;
 - d. Strengthen families through increased caregiver support, education and access to programs. Promote new technologies like Web sites and other Internet applications to reach families and caregivers to assist in this endeavor;
 - e. Develop senior-related educational programs, such as major current events affecting seniors;
 - f. Identify or develop a curriculum of training for families on the continuum of aging, caregiving, and care receiving to address this goal. Use the identified curriculum to provide awareness. For example, caregivers who understand how to manage stress will be less likely to abuse;
 - g. Work with partners to educate the medical community on how to recognize potentially abusive situations and where to refer the caregiver/family for help;



DOEA Goal D: Ensure the rights of older people and prevent their abuse, neglect and exploitation. (continued)

- h. Strengthen and expand community-based cooperative law enforcement efforts to detect and investigate activities endangering seniors through use of team-oriented programs based on the Triad model (law enforcement, health care providers, social workers, volunteers and the aging network). Triad is an existing program of eight state agencies and five associations working together with local law enforcement and seniors to develop, promote and operate programs to prevent the victimization of elders;
 - i. Enhance crime prevention and sensitivity programs related to the elderly population for elder consumers and provider agencies by increasing outreach through senior centers or *Communities for a Lifetime* efforts;
 - j. Ensure each incapacitated Floridian who needs a guardian has access to a qualified guardian by increasing public guardianship funding and expanding guardianship monitoring; and
 - k. Empower Floridians to choose their own surrogate decision maker by increasing education about advance directives.
2. Build on volunteerism through civic engagement by implementing these initiatives:
- a. Offer elders “meaningful access” to legal services by creating a registry of at least 100 pro bono attorneys who can provide these services to indigent and low-income elders; and
 - b. Modernize the Long-Term Care Ombudsman Program (LTCOP) complaint and documentation systems to allow volunteers to input cases, track follow-up of cases in real time and deliver critical information expeditiously, minimizing the “paperwork” for volunteers.



DOEA Goal D: Ensure the rights of older people and prevent their abuse, neglect and exploitation. (continued)

3. Develop an interagency network to actively address elder rights issues through the following:

- a. Partner with other agencies to develop resources and programs to strengthen education and improve quality and accessibility of information on consumer protection;
- b. Partner with other agencies (such as the Department of Children and Families, the Department of Financial Services, the Department of Agriculture Consumer Services and the Attorney General's Office) to develop SCAM ALERTS and educate elders about fraud and scams;
- c. Include elder rights services under the umbrella of multidisciplinary teams available through aging resource centers;
- d. Work with other agencies to set up elder shelters for victims of abuse;
- e. Reduce barriers to allow interagency sharing of data and information critical to effective and efficient service delivery; and
- f. Reduce regulatory barriers that prevent a smooth transition between care settings and encourage multi-care settings.



4. Strengthen the advocacy efforts of the LTCOP through the following activities:

- a. Continue to build program professionalism by hiring experienced staff;
- b. Reduce staff turnover through improved compensation and other program improvements;
- c. Develop initiatives to increase volunteer ombudsman ranks; and
- d. Develop public and private partnerships and other public awareness opportunities to strengthen the LTCOP presence in Florida's communities.

Outcomes and Performance Measures

The department began operating under performance-based program budgeting in 1999 as a result of legislation enacted in 1994 for state budgeting. The current performance measures for the department include 15 outcome and 12 output measures, listed below. The department continues to work on ways to strengthen and improve performance measurements. The measurements are designed to support AoA and DOEA goals and objectives, and they cover a wide cross-section of programs.

Measures which assess a cross-section of programs are listed below (standards are in parenthesis):

- Percent of customers who are at imminent risk of nursing home placement who are served with community-based services (90 percent);
- Percent of Adult Protective Services referrals who are in need of immediate services to prevent further harm who are served within 72 hours (97 percent);
- Percent of most frail elders who remain at home or in the community instead of going into a nursing home (97 percent);
- Percent of new service recipients with high risk nutrition scores whose nutritional status improved (66 percent);
- Percent of new service recipients whose Activities of Daily Living assessment score has been maintained or improved (65 percent);
- Percent of new service recipients whose Instrumental Activities of Daily Living assessment score has been maintained or improved (62.3 percent);
- Percent of family and family-assisted caregivers who self report they are very likely to provide care (89 percent);
- Average monthly savings per consumer for home and community-based care versus nursing home care for comparable client groups (\$3,988);
- Percent of elders assessed with high or moderate risk environments who improved their environment score (79.3 percent);
- Percent of caregivers whose ability to continue to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor) (90 percent);

"To think creatively, we must be able to look afresh at what we normally take for granted."

*George Kneller
Author and Educator*

- Department administration costs as a percent of total department costs/department administrative positions as a percent of total department positions (1.8 percent/22.2 percent);
- Number of elders served with registered long-term care services (186,495); and
- Number of congregate meals provided (5,300,535).

The department also has measures for specific programs and services. These programs and services are organized under 10 activities and are detailed in the following table:

ACTIVITY	PROGRAMS ASSOCIATED WITH THE ACTIVITY	MEASURE / STANDARD
Universal Frailty Assessment	Comprehensive Assessment and Review for Long-Term Care (CARES)	Number of CARES assessments Standard: 85,000
		Percent of elders CARES determined eligible for nursing home placement who are diverted Standard: 30%
Caregiver Support	Alzheimer's Disease Medicaid Waiver	Number of Elders Served Standard: 54,450
	Alzheimer's Disease Initiative	
	Dementia Caregivers Telehealth Support Project "AlzOnLine"	
	AmeriCorps	
	Home Care for the Elderly (HCE)	
	Older Americans Act III E (National Family Caregiver Support Program)	
	Respite for Elders Living in Everyday Families (RELIEF)	
	Senior Companion Program	
Early Intervention / Prevention	Elder Abuse Prevention Program (OAA Title VII)	Number of Elders Served Standard: 355,908
	Emergency Home Energy Assistance for the Elderly	
	Health Promotion and Wellness Initiatives	
	Intergenerational Connections	

ACTIVITY	PROGRAMS ASSOCIATED WITH THE ACTIVITY	MEASURE / STANDARD
Early Intervention / Prevention	Senior Community Service Employment Program (OAA Title V)	Number of Elders Served Standard: 355,908
	Serving Health Insurance Needs of Elders (SHINE)	
Supportive Community Care	Contracted Services (except meals)	Number of Elders Served Standard: 56,631
	Local Services Programs (except meals)	
	Older Americans Act Programs (Title III B)	
Residential Assisted Living Support and Elder Housing Issues	Medicaid Assisted Living for the Frail Elderly	Number of Elders Served Standard: 3,997
Nutritional Services for the Elderly	Adult Care Food Program	Number of Elders Served Standard: 81,903
	Contracted Services (meals only)	
	Elder Farmers' Market Nutrition Program	
	Local Services Programs (meals only)	
	Nutrition Services Incentive Program (NSIP)	
	Older Americans Act Programs (Title III C1, C2)	
	Congregate Meals	Number of Elders Served Standard: 5,300,535
Long-Term Care Initiatives	Long-Term Care Community Diversion Pilot Project	Number of Elders Served Standard: 12,150
	Program of All-Inclusive Care (PACE)	
Home and Community Services Diversions	Community Care for the Elderly (CCE)	Number of Elders Served Standard: 51,272
	Consumer Directed Care Plus (CDC+) Program	
	Medicaid Adult Day Health Care Waiver	
	Medicaid Aged and Disabled Adult Waiver	

ACTIVITY	PROGRAMS ASSOCIATED WITH THE ACTIVITY	MEASURE / STANDARD
Long-Term Care Ombudsman Council	Long-Term Care Ombudsman Program	Percent of Complaints Initiated by Ombudsman Within Five Working Days Standard: 91 percent Number of Complaints Investigations Completed Standard: 8,226
Public Guardianship Program	Statewide Public Guardianship Office	Percent of Service Activity for Frail Elders Initiated by Public Guardianship Within Five Days Standard: 100 percent Number of Judicially Approved Guardianship Plans Standard: 2,000

Table 4

In addition to the state’s performance-based program budgeting measures, the department has been a grantee of the AoA sponsored Performance Outcome Measures Project (POMP) in partnership with other grantee states. The purpose of POMP is to develop measures and methodologies for performance measurement for AoA and states to document service quality, effectiveness and efficiency.

The POMP initiative helps states and area agencies on aging address their own planning and performance reporting needs, while helping AoA meet the accountability provisions of the Government Performance and Results Act and the Office of Management and Budget’s program assessment requirements. The collection of timely, accurate and comparable data is of growing importance to federal entities and related state and local initiatives that link continued funding to demonstrated program benefits and outcomes. Outcome and performance measures are not only important indicators of how well programs are currently meeting the needs of elders, but can be predictive of how we need to change services to better meet needs in the future.

State Plan Advisory Group

The State Plan Advisory Group and the staff of Department of Elder Affairs prepared this plan.

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*Photos are courtesy of Sylvia Cohen
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Aging...it's our future!