



AREA PLAN ON AGING PROGRAM MODULE UPDATE TEMPLATE and INSTRUCTIONS

PSA: 4

For the Period
January 1, 2015 - December 31, 2015

October 2014

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Each page must be sequentially numbered and the location of each section must be listed in the Table of Contents.

P. I. INTRODUCTION to the PROGRAM MODULE UPDATE

The AAA must submit all parts of the Program Module that are required to be updated. The parts to be updated are listed below. Other sections will only need to be submitted if changes have been made to the original three-year plan. The Program Module Checklist has been shortened to only include the sections required for updating.

P. II. PROGRAM MODULE CERTIFICATION

The Certification Page must be completed as indicated and signed by the Board President or other authorized official, the Advisory Council chair, and the AAA Executive Director. Signing the form verifies that the Board of Directors and the Advisory Council understand that they are responsible for the development and implementation of the plan to ensure compliance with the Older Americans Act Section 306.

P. II. PROGRAM MODULE CERTIFICATION

Program Module Certification	
<p>1. AREA AGENCY ON AGING INFORMATION: Executive Director: Linda J. Levin, M.S.G. Legal Name of Agency: Northeast Florida Area Agency on Aging, Inc., dba ElderSource</p> <p>Mailing Address: 10688 Old St. Augustine Rd. Jacksonville, Fl. 32257</p> <p>Telephone: [904] 391-6600</p> <p>FEDERAL ID NUMBER:</p>	<p>2. GOVERNING BOARD CHAIR: (Name/Address/Phone)</p> <hr/> <p>3. ADVISORY COUNCIL CHAIR: (Name/Address/Phone)</p>
<p>4. FUNDS ADMINISTERED: Check all that apply</p> <p> <input type="checkbox"/> OAA Title IIIB <input type="checkbox"/> CCE <input type="checkbox"/> ADRC (MAC) <input type="checkbox"/> MED. WAIVER SPECIALIST <input type="checkbox"/> OAA Title IIIC <input type="checkbox"/> HCE <input type="checkbox"/> SHINE <input type="checkbox"/> OAA Title IIID <input type="checkbox"/> ADI <input type="checkbox"/> EHEAP <input type="checkbox"/> OAA Title IIIE <input type="checkbox"/> LSP <input type="checkbox"/> NSIP <input type="checkbox"/> OAA Title VII <input type="checkbox"/> RELIEF <input type="checkbox"/> AoA Grant(s) (_____) Identify </p>	
<p>5. CERTIFICATION BY BOARD PRESIDENT, ADVISORY COUNCIL CHAIR, AAA DIRECTOR:</p> <p>I hereby certify that the attached document:</p> <p><input type="checkbox"/> Reflects input from a cross section of service providers, consumers, and caregivers who are representative of all areas and culturally diverse populations of the PSA.</p> <p><input type="checkbox"/> Incorporates the comments and recommendations of the Area Agency's Advisory Council.</p> <p><input type="checkbox"/> Has been reviewed and approved by the Area Agency's Board of Directors.</p> <p>I further certify that the contents are true, accurate, and complete statements. I acknowledge that intentional misrepresentation or falsification may result in the termination of financial assistance. I have reviewed and approved the 2015 Area Plan Update to the 2013-15 Area Plan.</p> <p>Name: _____ Signature: _____ Date: _____ (President, Board of Directors)</p> <p>Name: _____ Signature: _____ Date: _____ (Advisory Council Chair)</p> <p>Name: _____ Signature: _____ Date: _____ (Area Agency on Aging Director)</p> <p>Signing this form verifies that the Board of Directors and the Advisory Council understand that they are responsible for the development and implementation of the plan and for ensuring compliance with Older Americans Act Section 306.</p>	

P.III. (A) EXECUTIVE SUMMARY

This section would only be modified from the original 2013 - 2015 plan or the 2014 update if there has been a major change in approach.

No update.

P.III. (B) MISSION AND VISION STATEMENT

The section would only be modified from the original 2013 - 2015 plan or the 2014 update if there have been changes in the mission and/or vision statements.

No update.

P.IV. NEEDS ASSESSMENT

This section would only be modified from the original 2013 - 2015 plan or the 2014 update if there have been significant changes in the needs assessment.

No update.

P.IV (A) Profile

This section would only be modified from the original 2013 - 2015 plan or the 2014 update if there has been a significant change in the profile.

No update.

P.IV (B) Unmet Needs/Gaps

This section would only be modified from the original 2013 - 2015 plan or the 2014 update if there have been changes or updates to the unmet needs/gaps.

No update.

P.V. TARGETING AND OUTREACH

This section must be completed.

Targeting Report

The purpose of the targeting report is to show how effective your targeting efforts were by reporting how many people in specific population groups were served. Report on the extent to which the targeting objectives established for 2013 have been met. To assist you, the NAPIS report data on the number of registered service recipients that were served in each category in the targeting report is provided along with these instructions.

The targeting report table is an embedded Excel worksheet and includes formulas in the columns for displaying percentages. Complete all cells in the Targeting Report.

Complete the Targeting Report below

2013 Targeting Report						
Characteristic	PSA 60+ Population Count ⁽¹⁾	%	Number of Registered* Service Recipients in PSA ⁽²⁾	%	Goals for 2013	% of Goal Met
All 60+	441,338	100.0%	10,619	100.0%	10,505	101.1%
Below Poverty Level	57,197	13.0%	3,988	37.6%	2,346	170.0%
Living Alone	102,673	23.3%	3,994	37.6%	2,976	134.2%
Minority	68,321	15.5%	4,419	41.6%	3,478	127.1%
Minority Below Poverty Level (Low-Income Minority)	17,324	3.9%	2,648	24.9%	1,410	187.8%
Rural areas	598	0.1%	598	5.6%	1,901	31.5%
Low-Income Minority Older Individuals with Limited English Proficiency	740	0.2%	740	7.0%	207	357.5%

*Registered Services include personal care, homemaker, chore, home delivered meals, adult day/health care, case management, escort, and congregate meals.

Data Sources:

(1) The PSA 60+ population count data source is the 2013 County Profiles.

(2) The PSA registered services recipients count is provided by the Department from the NAPIS report data.

Targeting Plan Summary Update

The purpose of the targeting plan summary is to document the AAA's plan to provide outreach to the targeted populations.

As required by the Older Americans Act, AAAs target older adults with the greatest economic and social needs. ElderSource strives to ensure the provision of outreach and education to populations most in need of services and for directing services to the following:

- Older individuals residing in rural areas;
- Older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);
- Older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older

- individuals with limited English proficiency, and older individuals residing in rural areas);
- Older individuals with severe disabilities;
 - Older individuals with limited English-speaking ability;
 - Older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals);
 - Older individuals at risk for institutional placement; and
 - Caregivers:
 - Of older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction;
 - Grandparents* or older individuals who are relative caregivers who provide care for children with severe disabilities;
 - Who are older individuals with greatest social need;
 - Who are older individuals with greatest economic need (with particular attention to low-income older individuals); and
 - Who are older individuals who provide care to individuals with severe disabilities, including children with severe disabilities.

Lead Agencies and service Providers in PSA4 have active outreach programs. Appropriate materials and information are available to market specific programs to individuals and groups, as appropriate. This is done by numerous agency and provider staff members as frequently as possible. It is designed to meet the immediate needs of clients that come to any of the senior centers and dining sites within the PSA.

Baker County

In 2014, BCCOA completed numerous community outreach events throughout the year:

- Senior Fish Fry - 600+ attendees
- Senior Prom – 125+ attendees
- Movie in the Park - Senior Fish Fry
- National Night Out – 200+ attendees
- Senior Expo - 50+ vendors attracting 3000+ attendees
- Baker County Fair – 10,000+ attendees
- Distribute information pamphlets to at least five (5) of the above referenced community service sites.
- They made presentations to the service agency groups listed below:
 - United Way
 - Healthy Baker
 - Community Behavioral and Mental Health Services
- They contacted local housing complexes to ensure all new residents over 60 are outreached.
- Provide two (2) Public Service Announcements to local newspapers about services available to seniors.

- Speaking engagements at local churches to speak about the services available and encourage local elders to come to the senior center.

In 2015, outreach to target low-income minority elders will be conducted in targeted population sectors, face to face, either in a community setting or in an individual's home, making one-on-one contact, identifying the individual's service needs and encouraging the use of available resources. Elder Source DOEA mapping will be utilized in establishing the target sectors. Supervisory and administrative staff will share the responsibilities of achieving these service objectives. Paid and volunteer staff will perform community outreach by addressing community organization/church groups, public agencies and arranging for one-on-one visits with those targeted for outreach services. Teams will particularly target rural, low-income and minority populations. Information pamphlets will be distributed at other local community service sites such as the Health Department, the Community Action Agency, Community Mental Health Services, City Hall, Northeast Florida State Hospital, home care facilities, hospitals, doctors and dental offices, and other public locations with a concentration of older persons. Monthly articles are published in the two local newspapers describing upcoming events and activity calendars and event flyers are posted in prominent places.

The Baker County Council on Aging, Inc. plans to complete 200 units of Outreach under the OAAIIB program. For each community outreach project, it is the agency's intent to spend 1-3 hours and reach between 100-150 elders.

In Baker County, **Jacksonville Area Legal Aid (JALA)** attorneys and paralegals supported targeting and outreach in 2014 and will continue their targeting in 2015 through the following activities:

- Regularly scheduled appointments at JALA offices;
- Outreach and community education services through nutrition sites, low-income elderly housing, senior centers, community organizations, health fairs, apartment complexes, assisted living facilities, and one-on-one interviews;
- Attendance at networking events for the elderly and caregivers;
- Telephone interviews with clients who are unable to come to JALA offices or interview sites;
- Utilization of publications and events focusing on ESL populations; and
- Monitoring of federal assistance programs to assure they operate within legal requirements.

Clay County

The Clay County Council on Aging (CCCOA) will target all senior populations including those from a lower economic population including racial and ethnic minority groups and frail older adults at risk for institutional placement. Outreach efforts will include education to churches/clergy and those predominately low income minority churches and events. Outreach is accomplished with individuals or in cooperation with church, civic, social, and medical organizations, to target those individuals most likely to fall into the high risk DOEA assessment category.

In 2014, Clay CCOA performed the following outreach events:

- Orange Park Health Fair
- Love Your Seniors Concert and Outreach
- Clay County Fair
- Military Museum Fair
- Care Giver Expo
- Mercy Support Services
- Senior Expo
- H2U
- 5th Tuesday Ladies' Ecumenical Church Covered Dish Dinner
- Soul Food Festival
- Town of Orange Park Fall Festival
- Old Karts & Arts Downtown Street Festival
- Alzheimer's "Lead the Way"
- American Cancer Society
- CCCOA in Partnership with St. Vincent's Thanksgiving Day Meals to Seniors
- 3rd Saturday in the Park (January – May)

A Provider Luncheon is scheduled for February 2015, approximately 25-30 to attend, to discuss programs and services offered by the Council on Aging and to collaborate services. The Council on Aging will hold an annual scheduled Clergy Breakfast for March 2015. This will again include all clergy within the area (approximately 20-30 to attend).

The CCCOA will engage in a variety of outreach efforts targeting seniors, including:

- Public speaking to help educate seniors and the local community about availability and access to resources.
- Publicizing through newsletters, newspapers, and the CCCOA website. The CCCOA website has been updated to allow for easy access and include more information on services and activities at each Senior Center site. The website is designed to allow the user to increase the font size to make it easier to read for seniors or others with reduced vision.
- Using networking opportunities to ensure the public learns about the available services. Referrals to OAA and ancillary programs are elicited through networking with agencies/entities that serve or have frequent contact with older individuals (i.e., social security offices, Supplemental Nutrition Assistance

Program (SNAP), doctors and financial assistance offices, senior housing complexes, health departments, churches, banks, pharmacies, post offices, hospitals, home health agencies, civic organizations, and senior centers).

The CCCOA is currently working very closely with Mercy Support Services and area Hospitals including St. Vincent's and Orange Park Medical Center in order to develop additional support for Caregivers and a more coordinated provision of CCCOA services.

The CCCOA and Moose Haven Adult Day Health Care Facility have "broken ground". The development of this site will provide seniors and their families with a high level provision of care for families in the northern area of Clay County. This is giving the CCCOA the opportunity to assist more families who take care of loved ones with Alzheimer's.

The CCCOA will perform outreach to identify and inform frail non- or limited-English speaking elders of the availability and range of services. CCCOA works with a variety of organizations that work specifically with limited English speaking elders, including the Way Free Medical Clinic, the Salvation Army and various churches.

The CCCOA targets the needs of elders with dementia by coordinating and networking within the community by participating in local health fairs and community projects, as well as providing educational presentations to hospitals regarding the services provided at the CCCOA.

Note that on a monthly basis, the CCCOA Case Managers will target those seniors residing in retirement communities and in isolated homes in Clay County in order to provide education about available programs and services with the COA.

In Clay County, **Jacksonville Area Legal Aid (JALA)** attorneys and paralegals supported targeting and outreach in 2014 and will continue their targeting in 2015 through the following activities:

- Regularly scheduled appointments at JALA offices;
- Outreach and community education services through nutrition sites, low-income elderly housing, senior centers, community organizations, health fairs, apartment complexes, assisted living facilities, and one-on-one interviews;
- Attendance at networking events for the elderly and caregivers;
- Telephone interviews with clients who are unable to come to JALA offices or interview sites;
- Utilization of publications and events focusing on ESL populations; and
- Monitoring of federal assistance programs to assure they operate within legal requirements.

Duval County

In 2014, Aging True continued to target rural and low income seniors in their outreach efforts. They held caregiver trainings, educational seminars, senior's mental health needs, financial planning, and health fairs to address the issues facing seniors and their families.

Aging True will continue to actively target low-income, minority, eligible populations for services from areas of Duval County which have been designated rural as defined by DOEA, population of less than 2500 or "open/sparsely populated". An analysis of Jacksonville reveals three areas for specific targeting:

- Bayard area- zip code 32258;
- Baldwin area- zip code 32234; and
- Oceanway area- zip codes 32218 and 32226.

Targeting of severely disabled and frail elders at risk for institutional placement will be conducted in conjunction with ElderSource. Aging True will participate in at least 25 community events focusing on elder issues in order to inform elders and caregivers about our services and programs, including:

- Jacksonville Senior Expo
- Veterans Administration Summit
- Caregiver Trainings
- Baptist Healthcare Health Fair for Seniors
- City of Jacksonville Senior Center presentations
- Presentations at the YMCA
- Church/civic group presentations
- Nursing Home presentations
- Caregiver seminars co sponsored by Northeast Florida Hospice and Mayo Clinic
- Florida State College at Jacksonville presentations
- Daily Money Management presentations
- Crisis Intervention and the Elderly with JSO
- UNF Center for Aging Studies presentations
- Guardianship education workshops

Aging True will continue to coordinate with senior housing personnel of HUD throughout the city and seniors at risk of abuse. Aging True will conduct in-home visits to seniors identified by service coordinators or community resources who would benefit from knowledge of services. Aging True will ensure that each client gives permission for the visit, any assessment, and receives the referrals as necessary. Aging True staff/volunteers will obtain from elders release forms authorizing referral to appropriate services, along with adequate information to document outreach in CIRTS.

City of Jacksonville

Outreach for Senior Services Division is coordinated primarily by the Outreach Team which is comprised of the Activities Coordinator and the Community Relations and Outreach Manager.

In 2014 outreach was completed at the following locations in addition to the neighborhood outreach completed by coordinators of the nutrition sites:

St. Paul Episcopal Church Health Fair - 32207
Southside Church of God by Faith - 32207
First Baptist Church of Mandarin - 32223
Presentation to the Jacksonville Human Rights Commission
Caregiver Coalition Symposium
Senior Expo – Downtown 2-day city wide event
Senior Citizens Village
Hispanic Heritage Month
2014 Black Expo
2014 Community Health Fair Conference

The Outreach Team will continually reach out to and provide program information to African American and Hispanic seniors 60+ and will focus attention on baby-boomers. Through effective marketing strategies, we can succeed in delivering optimal satisfaction to our seniors and increase the usage of our senior center facilities and programs through the five point plan listed below.

- ❖ Continue to review and enhance the Division's website. An inviting website, with clear and comprehensive information, pictures, and easy to navigate pages can promote an image of active, involved senior participants and appealing activities to potential senior customers.
- ❖ Continue using the External Needs Assessment Survey's to target seniors who currently do not use our services to determine why, and what program(s) would appeal to them if they were to attend. Contact information derived from the surveys will be used to establish a communication database and possible volunteers for senior center programs. External Needs Assessment Surveys will be administered at CPAC meetings at the conclusion of program presentations and at the annual Senior Expo.
- ❖ Update print material, including brochures and display board used when promoting our program at health fairs, etc.

- ❖ Continually increase program visibility through public speaking engagements and community outreach. Neighborhood associations, churches, civic groups, and advisory groups will aggressively be pursued.
- ❖ Promote the Division's Outreach Program on the City website, JaxParks Video, Social Media, and the 2015 Jacksonville Senior Services Directory to raise awareness of programs and services administered by the Senior Services Division for seniors.

The City of Jacksonville's Parks, Recreation and Community Services Department, Senior Services Division provides a variety of services to older adults, including 19 community and senior centers, transportation, respite care, homemaking assistance, volunteer opportunities and special events for senior citizens. Our new Mission statement is "To encourage and empower senior citizens to live active, independent lifestyles through social, educational, and wellness programs." Our newly created vision is "We strive to add years to their life and life to their years."

Members of the public may access senior services information via the internet at our home page www.coj.net/seniors. In an effort to more easily access our webpage, we recently obtained two new domains: www.jaxseniors.org and www.jaxseniors.net. Hit to the sites will automatically be redirected to our home page.

The City of Jacksonville's Senior Services Division plans to participate in a variety of community and/or other outreach events in 2015 including but not limited to:

<u>Date</u>	<u>Location</u>	<u>Attendance Projected</u>
2/15	St. Paul Episcopal Church Health Fair 5616 Atlantic Blvd. 32207	50-60
3/15	Southside Church of God by Faith 2179 Emerson Street 32207	40-50
3/15	First Baptist Church of Mandarin 3990 Loretto Rd. 32223	50-75
4/15	Jacksonville Human Rights Commission Location varies each year	50-55
4/15	Caregiver Coalition Workshops Locations vary	30-40

4/15	Magnolia Gardens Block Party & Health Fair 5700 block of Begonia Rd. 32209	30-40
5/15	Senior Expo – Downtown 2-day city wide event 1000 Water Street 32202	450-550
8/15	Senior Citizens Village 801 W. 4 th Street 32208	25-30
9/15	Mayor Brown’s Hispanic Community Fair Location varies each year	75-80
10/15	Hispanic Heritage Month Venue TBA	20-30
10/15	2015 Black Expo 1000 Water Street 32204	100-150
10/15	2015 Community Health Fair Conference 761 Village Center Dr. 32206	30-35
11/15	Greater Church of God by Faith 2434 Old Middleburg Rd	30-50

In Jacksonville, **Jacksonville Area Legal Aid (JALA)** attorneys and paralegals supported targeting and outreach in 2014 and will continue their targeting in 2015 through the following activities:

- Regularly scheduled appointments at JALA offices;
- Outreach and community education services through nutrition sites, low-income elderly housing, senior centers, community organizations, health fairs, apartment complexes, assisted living facilities, and one-on-one interviews;
- Attendance at networking events for the elderly and caregivers;
- Telephone interviews with clients who are unable to come to JALA offices or interview sites;
- Utilization of publications and events focusing on ESL populations; and
- Monitoring of federal assistance programs to assure they operate within legal requirements.

Flagler County

In 2015, Flagler County will pay particular attention will be given to low-income minorities and functionally impaired individuals found in the target areas of Espanola, Bunnell, and Daytona North (Mondex). Additional focus will be paid to seniors with limited English proficiency and frail elders at risk for institutional placement. Flagler County Community Services actively pursues referrals from the Flagler County Housing Authority, United Way member agencies, Department of Children and Family Services, minority churches and organizations, such as the African American Cultural Society, Hispanic Club of Palm Coast, Philippine American Association, and the Puerto Rican Social Club.

In 2014, Flagler County performed the following outreach events:

- Access Flagler First – Monthly event
- Flagler County Home Show
- Flagler County Health & Wellness Fair – Mother Seton Church
- 5th Annual Flagler Beach United Methodist Church Health Fair
- Citizen's Academy
- Health Fair
- Flagler Volunteer Services Resources Expo
- Flagler County Board of County Commissioners

In Flagler County, **Community Legal Services of Mid Florida (CLSMF)** provided the following:

- Community Legal Services of Mid Florida (CLSMF) Public Relations Manager will provide press releases, full articles, and public service announcements to local media outlets in Volusia County with regard to issues affecting older persons. CLSMF's Elder Abuse Advocate will continue to work closely with the Public Relations Manager and pay special attention to targeting low-income minority seniors, seniors living in isolated rural locations, seniors with disabilities, and senior caregivers. She will continue to travel to low-income mobile home parks, 55+ developments, and subsidized senior facilities (such as Prince of Peace Villas, Epiphany Manor, AHEPA 410 Apartments, etc.) to conduct outreach, as well as conducting presentations for seniors and to highlight CLSMF services at area churches.
- CLSMF's Advocate and Public Relations Manager will continue to attend and actively participate in monthly One Voice for Volusia meetings (a coalition that connects more than 60 non-profit, governmental and community-based organizations, along with local businesses, to promote systemic and community improvements for the benefit of the residents of Volusia County).

Nassau County

Nassau County Council on Aging (NCCOA) will identify and target low-income minority and frail elderly persons through outreach efforts such as public presentations and health fairs, and will seek referrals from other sister agencies and continuous marketing of available services through various media outlets. Specific areas within this rural county are targeted geographically (i.e. low income housing projects, elderly housing projects and remote rural areas that correlate with low property values and may visually represent sub-standard housing). These areas are canvassed by employees on a door to door basis and through the US postal service to provide the resident with information about OAA services for which he or she is eligible.

In 2015, NCCOA will be involved in the following outreach events:

- St. Peters Episcopal Health Fair
- Senior Expo and Health Fair
- Prince of Peace Lutheran Church
- COA – Parkinson’s Support Group

In 2014, NCCOA performed the following outreach events:

- Alzheimer’s Caregiver Support Group
- Family Support Services presentation
- Health Care Council
- Prince of Peace Lutheran Church
- Senior Health Fair and Expo
- Business After Hours Chamber Event
- Newcomer’s Club presentation

NCCOA also targets its outreach to those individuals who have severe disabilities (such as traumatic brain and spinal injuries), elderly who have speech problems and those individuals with Alzheimer’s disease and other related neurological and organic brain disorders. The NCCOA makes every effort to also reach those individuals who may be at risk for institutional (nursing home) placement as it is our goal to keep elderly individuals in their homes for as long as possible with appropriate assistance.

NCCOA not only seek out the elderly, but the family/caregiver as well. Caregivers are under extreme stress dependent upon the health condition of their loved one and it is the NCCOA’s responsibility to target those caregivers and provide the necessary support.

The Executive Director and other key NCCOA employees will continue to pursue opportunities to speak to minority congregations and faith based organizations toward this interest. The NCCOA addresses the community through outreach efforts at Health Fairs, local hospital events, Volunteer Awards, Chamber of Commerce meetings, Rotary weekly meetings, and United Way presentations in the business community by the Executive Director and publicity campaigns by the board.

In Nassau County, **Jacksonville Area Legal Aid (JALA)** attorneys and paralegals supported targeting and outreach in 2014 and will continue their targeting in 2015 through the following activities:

- Regularly scheduled appointments at JALA offices;
- Outreach and community education services through nutrition sites, low-income elderly housing, senior centers, community organizations, health fairs, apartment complexes, assisted living facilities, and one-on-one interviews;
- Attendance at networking events for the elderly and caregivers;
- Telephone interviews with clients who are unable to come to JALA offices or interview sites;
- Utilization of publications and events focusing on ESL populations; and
- Monitoring of federal assistance programs to assure they operate within legal requirements.

St. Johns County

St. Johns County Council on Aging (STJCCOA) will provide outreach and education on availability of OAA services to populations most in need of services including the following:

1. Older individuals residing in rural areas
2. Older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas)
3. Older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, older individuals residing in rural areas and older individuals who identify with the lesbian, gay, bisexual and transgender (LGBT) community)
4. Older individuals with severe disabilities
5. Older individuals with limited English-speaking ability
6. Older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals)
7. Older individuals at risk for institutional placement
8. Caregivers
 - Caregivers of older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction;
 - Grandparents* or older individuals who are relative caregivers who provide care for children with severe disabilities;
 - Caregivers who are older individuals with greatest social need;
 - Caregivers who are older individuals with greatest economic need (with particular attention to low-income older individuals); and

- Caregivers who are older individuals who provide care to individuals with severe disabilities, including children with severe disabilities.

Some of our many targeting approaches include:

In 2014, outreach activities were completed with churches in the targeted areas of Lincolnton, West St. Augustine and Hastings; working with social service agencies in the community for referrals; partnering with the hospital and all medical providers for referrals; conducting community education programs and health fairs; partnering with law enforcement and the school board for referrals.

In addition we make our facilities available to myriad community partners including: Department of Children and Families, Adult Protection, Social Security, domestic violence prevention professionals, Legal Aid, SHINE, RSVP, City of St. Augustine, Lions' Club, United Way and others devoted to the highest and best interest of our elders.

SJCCOA does not determine eligibility for services based on a "means test" or income related criteria.

Indicators which are used to help target individuals include:

- Functional impairment or disability
- Inadequate environment and housing
- Homebound
- Advanced age
- Living alone or with non-relatives
- Racial, ethnic, cultural, or language minority status(limited English proficiency)
- Low income
- Isolation and lack of access to social and recreational activities
- Caregiver burnout
- High risk nutritional status
- Rural residency

SJCCOA works with churches and ministerial associations in the targeted areas. We use an outreach team consisting of trained volunteers and church members to canvas specific areas and individuals in need of assistance. We have created "CARE CONNECTION," a coalition of civic-minded individuals and groups to assist elders on waiting lists for services, as well as provide help to existing clients and the community for services otherwise unavailable.

We use our three senior centers to hold programs such as health fairs, screenings, educational programs, and caregiver support groups to develop positive relationships between this service provider and target populations. Staff participates in community projects such as health fairs, community days, and senior expos by distributing literature, answering questions and providing referrals. SJCCOA strives to continuously advocate and lead on behalf of older individuals, promoting our values of independence, dignity, and respect. We continue to practice an inviting and culturally sensitive atmosphere for all members of the LGBT community.

We network with numerous agencies and organizations to seek referrals and provide education, such as: Department of Children and Families (food stamps, economic services, elder abuse); Social Security Administration; Florida Department of Transportation; Florida Commission for Transportation Disadvantaged; Division of Blind Services; Florida School for the Deaf and the Blind; Flagler College; Legal Aid; housing authorities; rehabilitation clinics; Flagler Hospital; county public health department; mental health services; Alzheimer's Association; Parkinson's Association; National Association of the Mentally Ill; American Association of Retired Persons, Veteran's Service Office, Betty Griffin House, St. Johns County Housing & Community Services, NE FL Community Action Agency, Community Hospice, Haven Hospice and numerous civic and support groups.

A comprehensive resource file is used and updated regularly in order to connect individuals to community resources. Both paid staff and volunteers come from diverse social, racial, and ethnic backgrounds. Training is given to all paid staff and volunteers including explanation of ADRC, ADRC, 211 service, community resources, services and programs available in the community, communication techniques, the aging process, and cultural sensitivity.

Anticipated Participation in Community Outreach Events 2015

Month	Event	Location	#
JANUARY	New Participant Coffee Employee Presentation For Retirees	River House	30
FEBRUARY	Hasting's Senior Day	Lord's Temple	70

	Coquina Crossing Community Resource Fair	Coquina Crossing	100
	Public Library Outreach	Northeast Branch	50
MARCH			
	Local Church Health Fair	TBD	50
	Trout Creek Health Fair	Tout Creek Park	60
APRIL			
	Summer Breeze Resident Coffee	Summer Breeze Housing Complex	25
	Vicar's Landing Health Fair	Vicar's Landing	75
	St Johns County Employee Health Fair	County Auditorium	500
	Hastings Senior Day	Lord's Temple	70
MAY			
	Ancient City Baptist Senior Days	ACBC Hall	100
	BayView Employee Health Fair	BayView Health Care	45
MAY	Caring for the Caregiver Workshop	River House	65
JUNE	Hastings Senior Day	Lord's Temple	70
SEPTEMBER	Annual Health Fair	Westminster Woods	80
	Peace Day Community	Hastings Park	100

	Health and Wellness Fair	River House	200
OCTOBER	United Way Northwest Flagler Estates Park Fair	Alpine Grove Park	150
NOVEMBER	TBD		
DECEMBER	TBD		

In St. Johns County, **Jacksonville Area Legal Aid (JALA)** attorneys and paralegals supported targeting and outreach in 2014 and will continue their targeting in 2015 through the following activities:

- Regularly scheduled appointments at JALA offices;
- Outreach and community education services through nutrition sites, low-income elderly housing, senior centers, community organizations, health fairs, apartment complexes, assisted living facilities, and one-on-one interviews;
- Attendance at networking events for the elderly and caregivers;
- Telephone interviews with clients who are unable to come to JALA offices or interview sites;
- Utilization of publications and events focusing on ESL populations; and
- Monitoring of federal assistance programs to assure they operate within legal requirements.

Volusia County

The Council on Aging Volusia County (COAVC) is dedicated to targeting recruitment efforts to those consumers most in need.

Targeted populations by zip code have been identified. Rural zip codes in Volusia County include: 32102, 32105, 32124, 32130, 32132, 32136, 32168, 32174, 32180, 32190, 32713, 32720, 32724, 32725, 32744, 32759, 32763, and 32764. Specific neighborhoods with low income minority and older clients in rural areas are to be targeted for outreach in the future. Outreach efforts always take place in highly visible public locations or in neighborhoods identified for visiting or canvassing.

Indicators which are used to help target individuals include: functional impairment or disability; inadequate housing, environment, or informal support systems; advanced age; living alone or with non-relatives; racial, ethnic, cultural, or language minority status; low income; isolation and lack of access to social and recreational activities; and caregiver burnout.

In 2014 alone, COAVC participated in over 70 events within the community. Future focus will continue to be geared towards rural areas, but opportunities in any part of Volusia County are always considered if staff is available to work an event.

COAVC senior centers and dining sites continue to be instrumental in disseminating information about services through outreach and the targeting of special groups. For example, a community health fair held at the Deltona Senior Center was successful in reaching out to seniors in need especially in the Hispanic population located on the west side of the county. This health fair will continue in the upcoming year.

COAVC will continue to take advantage of networking opportunities with other organizations and will use them as sources of referrals for services, including: Department of Children & Families, United Way's 211, Social Security Administration, rehabilitative clinics, medical associations, HMO's, law enforcement agencies, Division of Blind Services, Legal Aid, housing authorities, Silver Haired Legislature, Ombudsman, mental health agencies, County Health Department, various support groups, faith based groups, Alzheimer's Association and Community Legal Services.

COAVC finds great opportunity in participating in events with community partners. For example, Walgreens has become a great community partner and will continue in 2015 in assisting with fundraising events such as our Santa For Seniors campaign and our flu shot campaign. COAVC continues to be a member of PULSE (Providers United in Local Service to the Elderly), a local alliance of community-based non-profits serving seniors in Volusia County. In 2015, through this partnership, Senior Sensitivity Trainings will be conducted throughout the county for businesses, groups and agencies to help raise sensitivity and awareness in dealing with seniors and their needs. United Way campaign kickoff events are participated in on a regular basis to reach out to employees who work with the schools, county, hospitals, banks, grocery stores and other community businesses. These events touch many of the working residents in Volusia County who may also be dealing with aging issues with their own family members.

Outreach also grows out of COAVC's presence at large events such as the News-Journal's Home Show or the Volusia County Employee Health Fair where it is possible to disseminate information on our services to 700-1000 people in a short period of time.

In Volusia County, **Community Legal Services of Mid Florida (CLSMF)** Public Relations Manager will provide press releases, full articles, and public service announcements to local media outlets in Volusia County with regard to issues affecting older persons. CLSMF's Elder Abuse Advocate will continue to work closely with the Public Relations Manager and pay special attention to targeting low-income minority seniors, seniors living in isolated rural locations, seniors with disabilities, and senior caregivers. She will continue to travel to low-income mobile home parks, 55+ developments, and subsidized senior facilities (such as Prince of Peace Villas, Epiphany Manor, AHEPA 410 Apartments, etc.) to conduct outreach, as well as conducting presentations for seniors and to highlight CLSMF services at area churches.

CLSMF's Advocate and Public Relations Manager will continue to attend and actively participate in monthly One Voice for Volusia meetings (a coalition that connects more than 60 non-profit, governmental and community-based organizations, along with local businesses, to promote systemic and community improvements for the benefit of the residents of Volusia County).

PSA4 – ElderSource Planned Outreach Activities

ElderSource's outreach planned efforts for 2015 include the following events:

- Access Flagler attended monthly - Flagler
- Caregiver Coalition – Caring for the Caregiver (4 Annually) – Duval/St.Johns, Clay and Nassau
- Beaches Community Annual Health Fair – Duval
- First Baptist Church of Mandarin – Duval
- Senior Summit – Duval
- Jacksonville's Senior Expo - Duval
- Fernandina Senior Health Fair - Duval
- SHADCO Safety Fair – Duval
- Flu and You (As Funded by NCOA) – Duval
- Flagler Beach United Methodist Church Health Fair – Flagler
- River City Pride Festival – Duval
- Baker County Senior Expo – Baker
- Clay County Senior Expo – Clay
- Nassau County Senior Expo - Nassau
- NE FL State Hosp Health Fair
- Independent Housing/Farm Share or Feed Northeast Florida – Duval
- LGBT Elders – Duval

ElderSource conducts outreach activities in area churches, low-income and senior housing, dining sites, senior centers, health fairs, and rural communities to ensure that seniors who are low-income, minority, limited English proficiency, frail/at risk for institutional placement, or living in rural areas are informed about the services provided and how to obtain assistance.

The goal of the ElderSource Outreach Plan is to support the major goals of the ADRC program which are to:

- Increase visibility and awareness of our programs and services; especially among historically unserved or underserved populations.
- Enhance the process of making an individual choice;
- Encourage and support informed decision-making;
- Minimize confusion and service fragmentation;
- Streamline way to access services;
- Reduce duplication of administrative paperwork and procedures; and
- Increase the cost effectiveness of long-term care support and delivery systems.

- I. ElderSource's target audiences include:
 - a. Decision-Makers & Community Partners
 - i. CARES
 - ii. Department of Children and Families (DCF)
 - iii. Centers for Independent Living (CIL)
 - iv. Community Care for the Elderly (CCE) lead agencies
 - v. Older American's Act providers such as senior centers
 - vi. Service vendors such as home health agencies and durable medical equipment companies
 - vii. Facilities such as assisted living facilities, skilled nursing facilities, adult day care facilities
 - viii. Faith-based community
 - ix. Community organizations such as Senior Roundtable, Caregiver Coalition of Northeast Florida, VOICE, DDSShopTalk, Aging Information Exchange, SAGES, Mayor's Disability Council, etc.
 - b. General Public
 - i. Seniors
 - ii. Persons with disabilities
 - iii. Caregivers
 - iv. Persons with Alzheimer's disease or related dementias
 - v. Low income and multicultural populations
 - vi. The broader group of individuals who may or may not require state or federally funded services, including those interested in private pay options.
 - vii. Media outlets
- II. ElderSource's Key Messages through outreach include the following topics:
 - a. Emphasize the ElderSource mission
 - i. Empower individuals to live and age with independence and dignity;
 - ii. Provide leadership, direction, advocacy and support for a comprehensive, coordinated continuum of care;
 - iii. Start here for help.
 - iv. Highlight and demonstrate how we fulfill our agency's tagline: "Start Here For Help;"
 - v. Facilitate streamlined eligibility for publically funded programs.
 - b. Promote the ADRC HelpLine
 - i. Customer Service Specialists are available to listen to concerns and provide information on a variety of resources, including publicly supported and private pay services.
 - ii. Hours of operation are Monday – Friday 8:00am to 6:00pm.
 - iii. Phone numbers are 904-391-6699, or toll free at 1-888-242-2264
 - iv. No wrong door approach
 - c. Explain Medicaid Eligibility
 - i. Specially trained staff and volunteers are available to screen consumers for a variety of services and benefits.
 - ii. ElderSource will facilitate and expedite an individual's application for determination of eligibility and participation in the Medicaid Program.

- iii. Individuals will receive assistance to become eligible or maintain eligibility for Medicaid such as assisting potential applicants in gathering information and completing an application for Medicaid benefits eligibility.
- d. Educate and counsel through SHINE (Serving Health Insurance Needs of Elders)
 - i. SHINE volunteers provide valuable information to Medicare beneficiaries, their representatives, caregivers, healthcare professionals, the disabled, community groups, churches and more.
 - ii. Community education presentations available for group settings, health and senior fairs
 - iii. Information materials available

III. Outreach Methods

ElderSource(ADRC) will use these primary methods to reach our audiences and communicate our messages:

- i. Distribution of printed materials to targeted audiences
- ii. ElderSource web site and social media
- iii. Regional media outlets
- iv. Community Events
- v. The ElderSource Mobile Resource Center

IV. Media Outlet

ElderSource uses a variety of media outlets including those listed below.

- i. Television Stations
- ii. Radio
- iii. Newspaper
- iv. Other media – including bill boards, buses and Facebook

Organizing Community Outreach Requests and Activities - Over the past year, the number of requests for ElderSource to participate in community events within our seven county region has sharply increased.

V. Mobile Resource Center (MRC)

The MRC will be used when appropriate. The vehicle is staffed by trained ADRC staff, as well as representatives from the Serving Health Insurance Needs of Elders (SHINE) Program.

VI. ElderSource works closely with the following partner agencies, in order to provide outreach to seniors in our PSA :

Agency for HealthCare Administration (AHCA)
CARES 4A – Baker, Clay, Duval, Nassau and St. Johns counties
CARES 4B – Flagler and Volusia counties
SHINE – Serving Health Insurance Needs of Elderly
Department of Children and Families - Adult Protective Services (DCF)
Baker County Council on Aging
Clay County Council on Aging
Aging True
City of Jacksonville - Independent Living Program

City of Jacksonville – Jacksonville Senior Services
 Flagler County Senior Services
 Nassau County Council on Aging
 St. Johns Council on Aging Inc
 Council on Aging of Volusia
 Northeast Florida United Way
 Independent Living Resource Center – Baker, Clay, Duval, Nassau and St. Johns
 Alzheimer Association, Central and North Florida Chapter
 Long Term Ombudsman – Duval
 The ARC of Jacksonville
 Jacksonville Housing Authority
 Community Hospice of Northeast Florida
 Edward Waters College – Schell-Sweet Center Women’s Center
 Seniors vs Crime
 Caregiver’s Coalition
 Area Hospitals – Education Presentations

Below is a schedule of outreach events which are planned for ElderSource for 2015. The events listed above are subject to change. Events may be added or removed, depending upon staff and resource availability.

2015 PLANNED OUTREACH ACTIVITIES – ELDERSOURCE*		
Month/Date	Outreach Effort	Estimated Results (Participant Count)
<i>January</i>	<i>Access Flagler (SHINE)</i>	<i>200</i>
<i>February</i>	<i>Access Flagler (SHINE)</i>	<i>200</i>
	<i>One VOICE – Volusia (SHINE)</i>	<i>55</i>
<i>March</i>	<i>Access Flagler (SHINE)</i>	<i>200</i>
	<i>Healthy- Baker (SHINE)</i>	<i>40</i>
	<i>St Elizabeth Health Fair - Flagler (SHINE)</i>	<i>40</i>
	<i>Caring for the Caregiver Workshop</i>	<i>50</i>
<i>April</i>	<i>Access Flagler (SHINE)</i>	<i>200</i>
<i>May</i>	<i>Access Flagler (SHINE)</i>	<i>50</i>
	<i>Caring for the Caregiver Workshop</i>	<i>50</i>
	<i>Senior Expo</i>	<i>250</i>
<i>June</i>	<i>Access Flagler (SHINE)</i>	<i>200</i>
	<i>Healthy Baker – Baker (SHINE)</i>	<i>30</i>
	<i>World Elder Abuse Awareness Day</i>	<i>100</i>
	<i>First Coast Options Health Fair</i>	<i>45</i>
	<i>Pride Fest</i>	<i>35</i>
	<i>Caring for the Caregiver Workshop</i>	<i>50</i>
<i>July</i>	<i>Access Flagler (SHINE)</i>	<i>200</i>
	<i>First Harvest - Duval (SHINE)</i>	<i>100</i>
	<i>Pine Castle Health Fair</i>	<i>30</i>

<i>August</i>	<i>Access Flagler (SHINE)</i> <i>Caring for the Caregiver Workshop</i> <i>Nassau Senior Expo</i> <i>SHADCO</i>	<i>200</i> <i>50</i> <i>30</i>
<i>September</i>	<i>Access Flagler (SHINE)</i> <i>Heartland Rehab Center (MCR Presentation)</i> <i>SHINE</i> <i>Orange Park Health and Wellness Fair</i> <i>Caring for the Veteran Caregiver</i> <i>"All About You" Health Fair</i> <i>Caregiver Expo</i>	<i>200</i> <i>40</i> <i>50</i> <i>35</i> <i>50</i>
<i>October</i>	<i>Access Flagler (SHINE)</i> <i>Flagler Beach United Methodist Church Health Fair (SHINE)</i> <i>Shepherd's Center of Orange Park Health Fair</i> <i>United Methodist Church of Flagler Health Fair</i> <i>Community Health Conference</i> <i>NE FL State Hospital Annual Employee Health Fair</i> <i>River City Pride Festival</i>	<i>200</i> <i>50</i> <i>30</i> <i>40</i> <i>100</i> <i>40</i> <i>150</i>
<i>November</i>	<i>Access Flagler (SHINE)</i> <i>Baker County Health Fair (SHINE)</i> <i>Kickoff to Hospice Awareness</i> <i>Caregivers Day of Pampering</i>	<i>200</i> <i>40</i> <i>50</i>
<i>December</i>	<i>Access Flagler (SHINE)</i>	<i>200</i>
<i>Other</i>	<i>TBA</i>	<i>TBD</i>

P.VI. GOALS AND OBJECTIVES

GOAL 1: Empower older people, individuals with disabilities, their families, and other consumers to choose and easily access options for existing mental and physical health and long-term care

OBJECTIVE 1.1: ▲ Provide streamlined access to health and long-term care options through the Aging and Disability Resource Centers

EXPLANATION: The primary intent of this objective is to address ways you link people to information and services. Strategies should address ways to improve connecting people to information and services through the ADRC. Examples include building new relationships and/or partnerships, and the effective use of technology.

STRATEGIES/ACTION STEPS:

1. As the ADRC, ElderSource distributes information through:
 - Facebook
 - Information and Referral
 - Web site: linking to the REFER web resource database
 - Resource Lending Library
 - Targeted Outreach
2. Local Providers supply services to seniors which are designated to maintain independence. Brochures and other informational items are distributed to seniors, caregivers, and the community to help communicate the availability of these services. Local Providers seek additional funding to support these programs through a County grants, annual solicitation letters, and other fundraising events.
3. ElderSource will continue to explore grant funding to assist in modernizing its infrastructure.
4. ElderSource will implement a long term care education system for Medicaid Managed Care that promotes health literacy and provides information aimed to reduce minority health disparities through outreach activities for Medicaid recipients.
5. ElderSource and its Local Providers will continue to partner with other agencies to coordinate care and will seek out new public/private partnerships, including those with the business community and faith-based entities, in order to provide resources needed to address unmet needs of elders and caregivers in the community.
6. ElderSource, as an ADRC, will utilize DOEA mapping and data analysis to identify and target areas in need of resources. Mapping will be used to assist

with targeted outreach activities and marketing.

7. ElderSource, through its Benefits Enrollment Center (BEC), creates a unified, person-centered process for applying for benefits.
8. ElderSource, as an ADRC, will continue to train local provider and access point staff to ensure that appropriate referrals are made.
9. ElderSource and its Local Providers will continue to coordinate SHINE within the community by providing referrals and space for presentations and appointments. Representatives will continue with combined efforts in participating in events in rural areas of the PSA.

OUTCOMES:

- *Percent of most frail elders who remain at home or in the community instead of going into a nursing home (Standard: 97%)*

OUTPUTS:

- *Number of people served with registered long-term care services*

*ongoing in 2015

GOAL 1: Empower older people, individuals with disabilities, their families, and other consumers to choose and easily access options for existing mental and physical health and long-term care

OBJECTIVE 1.2: ▲ Encourage individuals, including people under 60, to plan for future long-term care needs by providing access to information

EXPLANATION: The primary intent of this objective is to get the message to people who are not yet 60 that planning for long-term care is needed. Strategies should address ways to increase public awareness of the costs of long-term care (LTC), the likelihood of the need for LTC services and the LTC options available. They should also dispel the myth that Medicare will meet all long-term care needs.

STRATEGIES/ACTION STEPS:

1. ElderSource will continue to coordinate and partner with providers, SHINE, and other agencies in the community to increase community awareness of the needs

- of elders. Individuals age 55+ will be encouraged to participate.
2. ElderSource, as an ADRC, will continue to share information about existing health and long term care options through the ADRC, Local Providers, and public outreach presentations to the community by staff and volunteers.
 3. ElderSource and its providers will continue to use available technology and media outlets to inform elder adults, the general public, and area professionals of the services provided for older adults and issues affecting seniors.
 4. SHINE will conduct outreach and public education and will offer bi-lingual assistance and counseling. Referrals will be made to SHINE through the ADRC.
 5. ElderSource and its providers will coordinate and support intergenerational programs, including Communities for a Lifetime.
 6. ElderSource and its providers will partner with state and local agencies to enhance quality of life for mature residents through participation in health fairs and community outings.
 7. ElderSource will continue to support and advance the Caregiver Coalition partnership and will assist caregivers to improve caregiving skills, reduce caregiver stress, and extend the ability and likelihood of caregivers continuing to provide care.
 8. ElderSource will continue to post information and links to resources for elders on its website. Information will be added and updated as it becomes available.
 9. ElderSource coordinates and supports the Senior Roundtable to build solutions to support seniors through strategic collaborative partnerships.
 10. ElderSource participates in the Aging Information Exchange.

OUTCOMES:

- *Percent of most frail elders who remain at home or in the community instead of going into a nursing home (Standard: 97%)*

OUTPUTS:

- *Number of people served with registered long-term care services*

*ongoing in 2015

GOAL 1: Empower older people, individuals with disabilities, their families, and other consumers to choose and easily access options for existing mental and physical health and long-term care

OBJECTIVE 1.3: Ensure that complete and accurate information about resources is available and accessible

EXPLANATION: The intention of this objective is to keep ReferNET current and to continue to enhance how people can connect to the information, such as through additional access points. Strategies should ensure that information in ReferNET is kept accurate and up-to-date. ReferNET should include services identified through the creation of new partnerships.

STRATEGIES/ACTION STEPS:

1. ElderSource is designated as the Aging and Disability Resource Center (ADRC) for Northeast Florida. The ADRC will update REFER on a monthly basis to clean up outdated contacts and add new resources.
2. At least two new resources will be identified and added to the database per month. The ADRC will verify that all new resources meet or exceed mandated inclusion/exclusion criteria.
3. The ADRC will send assessments to all resources in REFER on an annual basis to ensure accuracy of those listed in the database.
4. The ADRC will establish procedures for sharing resources with access points and will notify access points of changes to the resources listed in REFER.
5. The ADRC will identify gaps in resources and work to implement measures to fill the gaps and address unmet needs by identifying new resources.
6. ElderSource will work with its providers to foster incentives to expand into rural and underserved areas.
7. Continue to actively participate in the REFER Workgroup to help ensure that a comprehensive resource database is available to staff and clients.
8. Conduct continual quality assurance of the ADRC operations in order to ensure its effectiveness.

OUTCOMES:

- *Percent of most frail elders who remain at home or in the community instead of going into a nursing home (Standard: 97%)*

OUTPUTS:

- *Number of people served with registered long-term care services*

*ongoing in 2015

GOAL 1: Empower older people, individuals with disabilities, their families, and other consumers to choose and easily access options for existing mental and physical health and long-term care

OBJECTIVE 1.4: Ensure that elders have access to free, unbiased, and comprehensive health insurance counseling

EXPLANATION: The primary intent of this objective is to show how the AAA is supporting the SHINE program. Ways to show the support might be through establishing additional counseling sites. Strategies may include activities that expand the SHINE program and access more consumers. Example: increase the number of SHINE service sites.

STRATEGIES/ACTION STEPS:

1. SHINE will conduct outreach and public education and will offer bi-lingual assistance and counseling.
2. ElderSource and its providers will make referrals to SHINE through the ADRC.
3. Provider agencies will post SHINE-related materials throughout dining sites and senior centers.
4. ElderSource, as an ADRC, will utilize DOEA mapping and data analysis to identify and target underserved areas. Mapping will be used to assist with targeted outreach activities and marketing.
5. ElderSource will provide an online presence for the SHINE program via its website. SHINE-related materials will be posted and made available at all ElderSource offices.
6. ElderSource will partner with the Department of Elder Affairs on local branding to enhance community awareness of the SHINE program.
7. ElderSource will identify additional local marketing and outreach opportunities to support and expand the SHINE program.
8. SHINE will recruit new volunteers and will seek to bolster minority volunteer recruitment.
9. SHINE will maintain or increase the number of counseling sites, especially in rural and low-income areas.
10. ElderSource will use open enrollment as an opportunity to educate seniors on the SHINE program.

OUTCOMES:

- *Percent of most frail elders who remain at home or in the community instead of going into a nursing home (Standard: 97%)*

OUTPUTS:

- *Number of people served with registered long-term care services*

*ongoing in 2015

GOAL 1: Empower older people, individuals with disabilities, their families, and other consumers to choose and easily access options for existing mental and physical health and long-term care

OBJECTIVE 1.5: Increase public awareness of existing mental and physical health and long-term care options

EXPLANATION: The primary intent of this objective to help people become aware that they might benefit from mental and physical health services and that the services are available in the community. Strategies for this objective should include how to inform the public of available long-term care services. Examples: using websites, publications, or mailings.

STRATEGIES/ACTION STEPS:

1. ElderSource partners with the Independent Living Resource Center (ILRC), ARCs, and other organizations in the community to disseminate information regarding available programs and services.
2. ElderSource will continue to include education information and web links on its website.
3. ElderSource, as an ADRC, will continue to expand the resource materials available in the Resource Lending Library.
4. ElderSource and the ADRC will conduct outreach events and public education to increase public awareness of existing mental and physical health and long-term care options.
5. ElderSource will partner with Pine Castle to develop a training to address persons with disabilities who are aging and/or their caregivers.
6. ElderSource partners with the YMCA on its Silver Sneakers Fitness Program to help promote healthy living and active lifestyles for older adults.
7. ElderSource will work with providers to conduct health education programs at the senior activity centers and inviting speakers to conduct classes and presentations on health and long-term care issues.
8. ElderSource will work with its providers to assist seniors in obtaining assistive eating devices or other low tech assistive/adaptive devices.
9. ElderSource and its providers will encourage participation at community activities and will promote local programming that encourages and provides healthy living.
10. ElderSource will continue to partner with the Area Health Education Center

(AHEC) to promote education on health promotion and disease prevention through its evidence-based programs.

OUTCOMES:

- *Percent of most frail elders who remain at home or in the community instead of going into a nursing home (Standard: 97%)*

OUTPUTS:

- *Number of people served with registered long-term care services*

*ongoing in 2015

GOAL 1: Empower older people, individuals with disabilities, their families, and other consumers to choose and easily access options for existing mental and physical health and long-term care

OBJECTIVE 1.6: Identify and serve target populations in need of information and referral services

EXPLANATION: The primary intent of this objective is for the AAA to detail how they plan to reach populations in need of information or referral services that might require more challenging outreach efforts. Strategies may include how to reach and serve individuals in need of I&R who have limited English proficiency, low-literacy, low-income in rural populations, disabled persons who receive Medicare but are under the age of 65, grandparents caring for grandchildren, individuals with disabilities, and dual eligibles across any Special Needs Population.

STRATEGIES/ACTION STEPS:

1. ElderSource will utilize demographic information from the Department of Elder Affairs to identify and serve those in greatest need of information and referral services. Outreach activities will be focused on areas identified as having the greatest social and economic need.
2. ElderSource will partner with the Department of Health to conduct outreach activities in underserved areas.
3. ElderSource and its providers are working on reaching out to Spanish-speaking and other non-English speaking elders.
4. ElderSource will identify underserved areas through DOEA mapping and data analysis by overlaying data from REFER and CIRTTS with demographic data

from DOEA and other sources, such as the U.S. Census Bureau and Administration on Aging. ElderSource will share this information with providers and assist them with employing techniques to better serve the needs of those in identified areas.

5. ElderSource partners with the Independent Living Resource Center (ILRC), Veteran’s Affairs, ARCs, and the Emergency Services and Homeless Coalition of Northeast Florida to help identify and serve elders in the community with the greatest social and economic need.
6. ElderSource and its providers will conduct outreach activities in area churches, low-income and senior housing, dining sites, senior centers, health fairs, and rural communities to ensure that seniors who are low-income, minority, limited English proficiency, or living in rural areas are informed about the services provided and how to obtain assistance.

OUTCOMES:

OUTPUTS:

*ongoing in 2015

GOAL 1: Empower older people, individuals with disabilities, their families, and other consumers to choose and easily access options for existing mental and physical health and long-term care.

OBJECTIVE 1.7: Provide streamlined access to Medicaid Managed Care and address grievance issues.

EXPLANATION: The primary intent of this objective is for the AAA to provide detail information on the role the AAA in the Medicaid Managed Care Long Term Care process. Strategies may include actions that will be taken to provide consumers with access to Medicaid Managed Care Long Term Care information and enrollment services. Strategies to address grievance issues in relation to Medicaid Managed Care should also be included.

STRATEGIES/ACTION STEPS:

1. ElderSource will complete the initial screening/intake and annual rescreening. Intake/Screening shall be performed on behalf of those individuals residing in a community setting who contact the ADRC to apply for long-term care program services, to include Home and Community Based Services, Medicaid nursing facility services, or related publicly funded programs.
2. ElderSource will provide SMMCLTCP and Long Term Care education to assist

<p>Florida seniors, adults with disabilities and their caregivers and families who are seeking information and access to long term care services by answering questions and providing unbiased information about the Florida Statewide Medicaid Managed Care Long Term Care Program service options.</p> <ol style="list-style-type: none"> 3. ElderSource will assist the client with the Medicaid eligibility application by reviewing and analyzing program specific criteria in order to assist an individual who appears to be eligible or who requests assistance applying for Home and Community Based Services through the Statewide Medicaid Managed Care Long Term Care Program. 4. ElderSource will ensure that seniors and adults with disabilities in need of services through the SMMCLTCP are prioritized based on the highest level of need first, as funding becomes available. 5. ElderSource will assist seniors and adults with disabilities who experience dissatisfaction and request to file a grievance or complaint concerning their care under SMMCLTCP.
<p>OUTCOMES:</p>
<p>OUTPUTS:</p>

*ongoing in 2015

<p>GOAL 2: Enable individuals to maintain a high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers</p> <p>OBJECTIVE 2.1: Identify and serve target populations in need of home and community-based services</p> <p>EXPLANATION: The primary intent of this objective is twofold: 1) to address how the AAA will identify the target populations in the PSA and 2) to address how the AAA will provide services to the targeted populations who may be in hard-to-reach areas. Strategies should include how the PSA will identify and serve individuals who are in need of HCBS with limited English proficiency, low-literacy, low-income in rural populations, disabled persons who receive Medicare but are under the age of 65, grandparents caring for grandchildren, people with developmental disabilities, and dual eligibles across any Special Needs Population. Best practice should also include the PSA serving clients according to the Department’s prioritization criteria.</p>

STRATEGIES/ACTION STEPS:

1. ElderSource will utilize demographic information from the Department of Elder Affairs to identify and serve those in greatest need of home and community-based services. Outreach activities will be focused on areas identified as having the greatest social and economic need.
2. ElderSource will partner with the Department of Health Hispanic Health Council and Minority Health Council to conduct outreach activities in underserved areas.
3. ElderSource will reach out to Spanish-speaking elders through the use of bilingual staff.
4. ElderSource will identify underserved areas through DOEA mapping and data analysis by overlaying data from REFER and CIRTS with demographic data from DOEA and other sources, such as the U.S. Census Bureau and Administration on Aging. ElderSource will share this information with providers and assist them with employing techniques to better serve the needs of those in identified areas.
5. DOEA maps are made available to providers via the intranet and upon request to assist with targeting.
6. ElderSource partners with the Independent Living Resource Center (ILRC), Veteran's Affairs, ARCs, Agency for Persons with Disabilities (APD), the Disabled Veterans Association, the Emergency Services and Homeless Coalition of Northeast Florida, and contracted service providers to help identify and serve elders in the community with the greatest social and economic need.
7. ElderSource and its providers will conduct outreach activities in area churches, low-income and senior housing, dining sites, senior centers, health fairs, and rural communities to ensure that seniors who are low-income, minority, limited English proficiency, or living in rural areas are informed about the services provided and how to obtain assistance.
8. ElderSource participates in the Mayor's Disability Council and Disability Coalition Workgroup for Jacksonville, both of which conduct events and projects in the community.
9. ElderSource partners with JTA to offer Travel Training to low-income seniors in the community to assist individuals in learning how to travel independently and safely. This helps seniors remain engaged in the community.
10. ElderSource works with its Benefits Enrollment Center (BEC) to create a unified, person-centered process for applying for benefits and identifying resources in the community. Low-income seniors are targeted.
11. ElderSource requires targeting by providers through OAA RFPs and provider contracts.
12. ElderSource identified the need to reach out to lesbian, gay, bisexual, and transgender (LGBT) elders who may not be taking advantage of the available

resources in the community for a variety of reasons. ElderSource reached out to individuals in the LGBT community who shared this concern and formed the LGBT Elders Task Force of Northeast Florida in 2011. ElderSource and the LGBT Elders Task Force are in the process of identifying resources in the ADRC resource database that are considered LGBT friendly so appropriate referrals for services can be made.

13. ElderSource will continue to include training for LGBT Elder Sensitivity, Cultural Diversity, and Disabilities in its training plan for staff and providers.

14. Communications will be targeted towards Spanish-speaking and other non-English speaking elders.

OUTCOMES:

Note: The AAAs will not be monitored on the measures listed in italics, though the AAA must still include strategies to address them in this section.

- *Percent of most frail elders who remain at home or in the community instead of going into a nursing home*
- *Average monthly savings per consumer for home and community-based care versus nursing home care for comparable client groups*
- *Percent of new service recipients whose ADL assessment score has been maintained or improved*
- *Percent of new service recipients whose IADL assessment score has been maintained or improved*
- Percent of customers who are at imminent risk of nursing home placement who are served with community-based services
- *Percent of elders assessed with high or moderate risk environments who improved their environment score*
- Percent of new service recipients with high-risk nutrition scores whose nutritional status improved

DOEA Internal Performance Measures:

- Percent of high-risk consumers (APS, Imminent Risk, and/or priority levels 4 and 5) out of all referrals who are served

OUTPUTS:

*ongoing in 2015

GOAL 2: Enable individuals to maintain a high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers

OBJECTIVE 2.2: Ensure efforts are in place to fulfill unmet needs and serve as many clients as possible

EXPLANATION: The primary intent of this objective is to address how the AAA oversees the service delivery system in the PSA. Strategies to address unmet needs/gaps can include partnerships and collaborations with other entities which have expertise in meeting the identified needs/gap.

STRATEGIES/ACTION STEPS:

1. ElderSource and its Local Providers will continue to partner with other agencies to coordinate care and will seek out new public/private partnerships, including those with the business community and faith-based entities, in order to expand resources needed to address unmet needs of elders and caregivers in the community.
2. ElderSource will continue to ensure that care plans are reasonable and that the agency is able to serve more people through care plan protocol.
3. ElderSource will continue to monitor and control rates for services to ensure the best utilization of funding.
4. ElderSource will continue to partner with the Community Foundation for the administration of the Senior to Senior crisis fund.
5. Friends of ElderSource provides funding for Emergency Assistance Service Elders (EASE) to assist seniors facing a short-term financial crisis and lacking the means to manage the crisis. The program is currently available in Flagler and Volusia counties.
6. ElderSource will continue to partner with the Emergency Services & Homeless Coalition of Northeast Florida.
7. ElderSource will coordinate with CARES, DCF and Lead Agencies to ensure appropriate response to prioritized clients.
8. ElderSource and its local providers will seek out additional funding to support agency needs. The amount of services that local agencies are able to provide and the number of staff available to provide the services is directly linked to the level of funding available.
9. ElderSource will continue to provide easy access to food stamp benefits via participation in the SNAP Pilot Program.
10. ElderSource will coordinate activities with Lead Agencies, Department of Children and Families (DCF) and CARES to expedite the application process for Medicaid Waiver eligibility.

11. Through waitlist management, ElderSource prioritizes clients with the greatest needs and manages limited resources.
12. ElderSource utilizes its Benefits Enrollment Center (BEC) to create a unified, person-centered process for applying for benefits and identifying resources in the community. Low-income seniors are targeted.
13. The ADRC will continue to draft and implement an annual improvement plan.
14. ElderSource will continue to administer funding for EHEAP to assist low-income households with home energy emergencies.
15. ElderSource will continue to draft and implement its annual strategic plan.

OUTCOMES:

Note: The AAAs will not be monitored on the measures listed in italics, though the AAA must still include strategies to address them in this section.

- *Percent of most frail elders who remain at home or in the community instead of going into a nursing home*
- *Average monthly savings per consumer for home and community-based care versus nursing home care for comparable client groups*
- *Percent of new service recipients whose ADL assessment score has been maintained or improved*
- *Percent of new service recipients whose IADL assessment score has been maintained or improved*
- Percent of customers who are at imminent risk of nursing home placement who are served with community based services
- *Percent of elders assessed with high or moderate risk environments who improved their environment score*
- Percent of new service recipients with high-risk nutrition scores whose nutritional status improved

OUTPUTS:

- Number of people served with registered long-term care services

*ongoing in 2015

GOAL 2: Enable individuals to maintain a high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers

OBJECTIVE 2.3: Provide high quality services

EXPLANATION: The primary intent of this objective is for the AAA to detail quality assurance efforts in the PSA. Strategies can include evaluating service effectiveness using reliable and valid assessment instruments.

STRATEGIES/ACTION STEPS:

1. ElderSource will work with F4A regarding continuous quality improvement initiatives.
2. ElderSource will provide REFER training to providers, ADRC and access points.
3. ElderSource will maintain and expand a comprehensive, accurate resource data base.
4. ElderSource will seek to recruit new resources throughout the service area.
5. ElderSource will monitor the ADRC and providers regarding satisfaction with information received through the ADRC and its access points.
6. ElderSource will conduct annual consumer satisfaction surveys.
7. Local Providers will conduct annual client satisfaction surveys.
8. Provider satisfaction survey reports will be evaluated during routine program monitoring.
9. ElderSource will expand methods to assess consumer satisfaction with home and community-based services.
10. Providers will carefully monitor and maintain regular contact with service vendors.
11. The ADRC will continue to draft and implement an annual improvement plan.
12. ElderSource will monitor providers and review case file documents to assure effective use of resources.

OUTCOMES:

Note: The AAAs will not be monitored on the measures listed in italics, though the AAA must still include strategies to address them in this section.

- *Percent of most frail elders who remain at home or in the community instead of going into a nursing home*
- *Average monthly savings per consumer for home and community-based care versus nursing home care for comparable client groups*
- *Percent of new service recipients whose ADL assessment score has been maintained or improved*
- *Percent of new service recipients whose IADL assessment score has been maintained or improved*
- Percent of customers who are at imminent risk of nursing home placement who are served with community-based services
- *Percent of elders assessed with high or moderate risk environments who improved their environment score*
- Percent of new service recipients with high-risk nutrition scores whose nutritional status improved.

OUTPUTS:

*ongoing in 2015

GOAL 2: Enable individuals to maintain a high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers

OBJECTIVE 2.4: Provide services, education, and referrals to meet specific needs of individuals with dementia

EXPLANATION: This objective focuses on individuals with dementia to ensure that the specific needs of these individuals are not overshadowed by serving populations without dementia. Strategies should include the implementation of caregiver programs that adopt or expand state and federal volunteer respite program models and innovative projects that address caregiver needs and reduce their stress. Strategies should also include effective partnerships with organizations and providers who have dementia expertise, training Information & Referral Specialists and other staff to recognize possible cognitive impairment and person-centered services planning.

STRATEGIES/ACTION STEPS:

1. Continue to offer services, education and referrals through the ADI program.
2. Continue to identify and pursue other potential funding sources for serving dementia patients.
3. Support innovation in health promotion/disease prevention and work to expand the number of evidence-based program opportunities in the service area.
4. ElderSource and its providers will provide caregiver training and support activities.
5. ElderSource will seek out additional resources for elders with dementia and other related memory disorders.
6. ElderSource will continue to support and promote the Caregiver Coalition partnership and will assist caregivers to improve caregiving skills, reduce caregiver stress, and extend the ability and likelihood of caregivers continuing to provide care.
7. ElderSource will continue to partner with the Alzheimer's Association and Memory Disorder Clinic.
8. ElderSource will continue to market the Resource Lending Library and make available the most recent resources on caring for individuals with dementia and other related memory disorders.
9. ElderSource will seek out additional strategic collaborative partnerships with organizations with dementia expertise.
10. Training will be provided to ADRC staff regarding working with clients with dementia and persons caring for an individual with dementia.
11. ElderSource will continue to coordinate training of staff and providers through

the Memory Disorder Clinic.

12. ElderSource and the ADRC will maintain Alzheimer's resources in the statewide REFER database.

13. ElderSource and its providers will continue to make referrals to Alzheimer's Caregiver Groups.

OUTCOMES:

Note: The AAAs will not be monitored on the measures listed in italics, though the AAA must still include strategies to address them in this section.

- *Percent of most frail elders who remain at home or in the community instead of going into a nursing home*
- *Average monthly savings per consumer for home and community-based care versus nursing home care for comparable client groups*
- *Percent of new service recipients whose ADL assessment score has been maintained or improved*
- *Percent of new service recipients whose IADL assessment score has been maintained or improved*
- Percent of customers who are at imminent risk of nursing home placement who are served with community based services
- *Percent of elders assessed with high or moderate risk environments who improved their environment score*
- Percent of new service recipients with high-risk nutrition scores whose nutritional status improved

OUTPUTS:

*ongoing in 2015

GOAL 2: Enable individuals to maintain a high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers

OBJECTIVE 2.5: Improve caregiver supports

EXPLANATION: The primary intent of this objective is to strengthen caregiver services to meet individual needs as much as possible. For example, existing caregiver support groups may not sufficiently address the differing challenges of spouse caregivers compared to adult child caregivers. Strategies may include providing education, training, and options to help caregivers make better decisions and deal with current and prepare for possible future needs. Caregiver supports can include the following: home-delivered meals, older adult companionship, socialization, transportation, homemaking, home maintenance and repair, in-home care training, and daily calls to check on an isolated older adult. Consideration should also be given to volunteer

companions (retired seniors helping seniors) and older caregivers providing care for grandchildren or other relatives.

STRATEGIES/ACTION STEPS:

1. ElderSource will continue to fund the RELIEF program and will monitor and provide technical assistance to RELIEF providers.
2. ElderSource will conduct outreach events to assist in identifying RELIEF volunteers.
3. Advocate for increased funding for caregiver programs to include state and federal grants, as well as city, county, and private resources.
4. ElderSource and its providers will provide caregiver training and support activities.
5. Emphasis will be placed on caregiver services during case manager training in order to identify the need for intervention for caregivers as early as practical.
6. ElderSource will continue its membership and support for the Caregiver Coalition partnership and will assist caregivers to improve caregiving skills, reduce caregiver stress, and extend the ability and likelihood of caregivers continuing to provide care.
7. Continue to explore ways to expand respite services, such as through strategic public/private partnerships.
8. Connect grandparents to social resources through coordination with public school and other partners (e.g. Communities in Schools and Grandparents Raising Grandkids).
9. The ADRC will continue to utilize REFER, the state wide resource data base to assist caregiver callers.
10. ElderSource will continue to market the Resource Lending Library and make available the most recent resources on caregiver education and information.
11. The ADRC will contract with the Area Health Education Council for a caregiver depression program.
12. The ADRC will continue to update its web site with current caregiver resources.
13. ElderSource will develop a telephone reassurance program for caregivers.
14. ElderSource will address caregiver issues with LGBT elders through outreach and appropriate referrals.

OUTCOMES:

- Percent of customers who are at imminent risk of nursing home placement who are served with community-based services (Standard: 90 percent)
- Percent of family and family-assisted caregivers who self-report they are very likely to provide care (Standard: 89 percent)

OUTPUTS:

*ongoing in 2015

GOAL 2: Enable individuals to maintain a high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers

OBJECTIVE 2.6: Facilitate the voluntary transition of identified nursing home residents to a safe community setting

EXPLANATION: The primary intent of this objective is for the AAA to detail how the PSA will accommodate clients who are transitioning out of nursing homes. Strategies can include individualized transition planning, overcoming barriers to the transition and support for a safe return to the community with services and available community support.

STRATEGIES/ACTION STEPS:

1. Provider case managers work closely with clients and their caregivers to help identify their specific needs and then coordinate with the services/programs available to ensure timely and effective execution of services that best meet the needs of the clients.
2. ElderSource will continue to fund home and community-based services.
3. ElderSource will continue to partner with the Area Health Education Center (AHEC) to promote education on health promotion, disease prevention through its evidence-based programs.
4. ElderSource will partner with providers and the ADRC regarding registering callers through the Special Needs Registry.
5. ElderSource will include disaster and emergency information on the ElderSource website.
6. ElderSource accepts referrals from CARES and coordinates with providers to provide services to support elders transitioning from a nursing home.

OUTCOMES:**OUTPUTS:**

*ongoing in 2015

GOAL 3: Empower older people and their caregivers to live active, healthy lives to improve their mental and physical health status

OBJECTIVE 3.1: ▲ Continue to increase the use of Evidence-Based (EB) programs at the community level

EXPLANATION: The primary intent of this objective is for the AAA to detail how Evidenced-Based programs will be incorporated into the PSA. Strategies should include the management and coordination of programs that empower older people to control their own health through community level interventions, as well as sustaining continued funding. Consideration should be given to programs that build self confidence and reduce disease progression for people with chronic conditions. Examples include the advocacy for sustaining EB health promotion, including fall prevention, and Medication Management.

STRATEGIES/ACTION STEPS:

1. ElderSource will fund and coordinate with community partners regarding evidence-based fall prevention education (e.g. Matter of Balance, Tai Chi, CDSMP, DMP, etc.).
2. ElderSource will continue to partner with the Area Health Education Center (AHEC) to promote education on health promotion and disease prevention through its evidence-based programs.
3. ElderSource will partner with providers to conduct health education programs at the senior activity centers and inviting speakers to conduct classes and presentations on health and long-term care issues. Special focus will be given to disease prevention and programs that build self confidence (e.g. YMCA's Silver Sneakers Program).
4. Coordinate programs that empower older adults to control their own health through community-level interventions.
5. ElderSource staff is trained to work with providers for training, to ensure fidelity with the program, and to maintain licenses.
6. ElderSource will provide Healthy IDEAS, a program designed to to identify depression in at-risk elders, encourage treatment, and get them involved in meaningful, positive activities.

OUTCOMES:**OUTPUTS:**

*ongoing in 2015

GOAL 3: Empower older people and their caregivers to live active, healthy lives to improve their mental and physical health status

OBJECTIVE 3.2: Promote good nutrition and physical activity to maintain healthy lifestyles

EXPLANATION: The primary intent of this objective is to focus on nutrition and physical activity specifically, since they are two key components to maintaining health. Many elders are not aware of the long-term implications of a less than adequate diet and how it may exacerbate chronic health conditions. Likewise, they may be unaware of the positive impact physical activity might have on their overall health and/or chronic conditions. Strategies might include the establishment of: 1) a coordinated, comprehensive nutrition and physical activity program by engaging stakeholders and partners and 2) community programs that help build social supports, for example, by increasing the use of congregate meal sites. Another approach may be the encouragement of community programs that help build social support for physical activity by improving access to places that people can be active, such as walking or bike trails, classes at gyms or senior centers, athletic fields, etc.

STRATEGIES/ACTION STEPS:

1. ElderSource distributed assistive eating devices through its provider agencies.
2. ElderSource will continue to contract for services with a Registered, Licensed dietitian.
3. ElderSource will list nutrition education information on website and offer links to additional resources.
4. Providers will conduct nutritional counseling for high risk nutrition clients.
5. ElderSource will seek evidence-based programs relating to nutrition and exercise, such as Eat Better, Move More.
6. ElderSource will conduct provider nutrition training.
7. ElderSource will have nutrition education materials available in the resource lending library.
8. ElderSource will send Adult Care Food Program information to all provider Adult Day Cares.
9. Providers will provide nutrition education by a registered dietitian as well as the meal site managers. Brochures and additional printed materials will be made

available to the clients.

10. Continue to conduct dining site surveys for meal recipients to assess client satisfaction and utilize the results to make improvements.
11. ElderSource and the ADRC will seek new physical and mental health resources for inclusion in the statewide REFER database.
12. ElderSource and the ADRC will conduct Outreach and Public Education.
13. Providers will conduct outreach events for nutrition related services.
14. ElderSource partners with various programs (e.g. YMCA Silver Sneakers Fitness Program) to help promote healthy living and active lifestyles for older adults.
15. Providers will employ techniques to increase the elder involvement in senior centers and congregate dining sites. Programs and activities at senior centers will be varied to meet the interests of participants.

OUTCOMES:

OUTPUTS:

*ongoing in 2015

GOAL 3: Empower older people and their caregivers to live active, healthy lives to improve their mental and physical health status

OBJECTIVE 3.3: Promote the adoption of healthy behaviors

EXPLANATION: The primary intent of this objective is to focus on lifestyle choices beyond nutrition and physical activity as in objective 3.2. Lifestyle choices include such activities as smoking, alcohol, and/or drug consumption, average nightly hours of sleep, amount of stress, amount of socialization, engaging in enjoyable pursuits, etc. Strategies could include conducting community-wide campaigns that combine highly visible messages to the public, community events, and support groups that encourage older people to become or remain active. Recruit older adults to participate in the promotion of healthy behaviors through advertising and marketing to community partners.

STRATEGIES/ACTION STEPS:

1. ElderSource will partner with providers to conduct health education programs at the senior activity centers and inviting speakers to conduct classes and presentations on health and long-term care issues.

2. Providers will employ techniques to increase the elder involvement in senior centers and congregate dining sites. Programs and activities at senior centers will be varied to meet the interests of participants.
3. ElderSource and its providers will post information and links on their websites regarding volunteer opportunities, events in the community, employment for seniors, and health and wellness resources to encourage healthy and active living.
4. ElderSource and its Local Providers will foster new public/private partnerships, including those with the business community and faith-based entities.
5. Continue to endorse and encourage participation in the Quit Smoking Now Program through the Area Health Education Center.
6. ElderSource will continue to partner with and support Communities for a Lifetime.
7. Continue to promote volunteerism and civic engagement to encourage active living.
8. ElderSource will make its web calendar available to community partners to post programs and events.
9. ElderSource will form strategic alliances, such as with local area hospitals and the Health Planning Council of Northeast Florida (HPCNEF), to encourage healthy behaviors.

OUTCOMES:

OUTPUTS:

*ongoing in 2015

GOAL 3: Empower older people and their caregivers to live active, healthy lives to improve their mental and physical health status

OBJECTIVE 3.4: Promote social connectivity, community service, and lifelong learning to maintain positive mental health

EXPLANATION: The primary intent of this objective is to address the benefits to the individual and the community when elders are active and engaged in the community. Strategies could include ways to increase the use of congregate meal sites, develop comprehensive programs that include an intergenerational component, provide volunteer opportunities within aging network and external partners, and provide

community service training opportunities that could lead to sustainable employment.

STRATEGIES/ACTION STEPS:

1. Providers will employ techniques to increase the elder involvement in senior centers and congregate dining sites. Programs and activities at senior centers will be varied to meet the interests of participants.
2. ElderSource and its providers will post information and links on their websites regarding volunteer opportunities, events in the community, employment for seniors, and health and wellness resources to encourage healthy and active living.
3. ElderSource and its Local Providers will foster new public/private partnerships, including those with the business community and faith-based entities.
4. ElderSource will continue its membership and support of the Caregiver Coalition partnership to promote networking and social connectivity among caregivers.
5. Providers will make use of local programming techniques that encourage and provide for good physical and mental health.
6. ElderSource partners with JTA to offer Travel Training to seniors in the community to assist individuals in learning how to travel independently and safely in order to remain engaged and gain access to better services.
7. ElderSource offers Age Friendly Business Certification, a volunteer-based program that allows elders to remain engaged in the marketplace.
8. ElderSource will continue to develop strategic partnerships with local universities for adult education and the Osher Lifelong Learning Institute (OLLI).
9. SHINE will recruit new volunteers.
10. ElderSource and its providers will support and coordinate intergenerational activities and educational opportunities.

OUTCOMES:

- Reduce isolation.

OUTPUTS:

*ongoing in 2015

GOAL 3: Empower older people and their caregivers to live active, healthy lives to improve their mental and physical health status

OBJECTIVE 3.5: Advocate for prevention and early intervention of mental health and substance abuse services for elders

EXPLANATION: The primary intent of this objective is to enable the AAA to focus on advocacy specific to the need for mental health and substance abuse services. Strategies for this objective could include public awareness activities to increase the understanding of mental and substance use disorders. Improve or develop partnerships with advocates in the community. Encourage group-based activities composed of older adults accessible to the participant like those at a senior center. Attention to physical health issues such as nutrition, sleep habits, medication, and pain should be considered.

STRATEGIES/ACTION STEPS:

1. ElderSource, as an ADRC, will continue to expand the resource materials available in the Resource Lending Library.
2. ElderSource and the ADRC will conduct outreach events and public education to increase public awareness of existing mental and physical health and long-term care options.
3. ElderSource will partner with providers to conduct health education programs at the senior activity centers and inviting speakers to conduct classes and presentations on health and long-term care issues.
4. ElderSource will continue use of evidence based programs as a means of education on mental health issues and disease prevention.
5. ElderSource will continue its membership and support of the Caregiver Coalition partnership and will assist caregivers to improve caregiving skills, reduce caregiver stress, and extend the ability and likelihood of caregivers continuing to provide care.
6. ElderSource will coordinate with community partners for mental health services.
7. ElderSource will continue to contract for services with a Registered, Licensed dietitian.
8. ElderSource will list nutrition education information on website and offer links to additional resources.
9. Providers will conduct nutritional counseling for high risk nutrition clients.

OUTCOMES:

OUTPUTS:

*ongoing in 2015

GOAL 4: Ensure the legal rights of older people are protected and prevent their abuse, neglect, and exploitation (ANE)

OBJECTIVE 4.1: Collaborate and coordinate within the community and aging network to increase accessible legal services

EXPLANATION: The primary intent of this objective is to enable the AAA to detail efforts to make legal services more accessible to seniors in greatest economic or social need, as well as to improve the quality of legal services. Strategies should include ongoing joint planning between the aging network and legal assistance providers to identify target groups, establish priority legal issue areas, and develop outreach mechanisms to ensure limited legal assistance resources are allocated in such a way as to reach those seniors who are most vulnerable and have the most critical legal needs.

STRATEGIES/ACTION STEPS:

1. Continue on-going coordination with legal service providers.
2. ElderSource, as an ADRC, will utilize DOEA mapping and data analysis to identify and target areas with greatest economic and social need. Mapping will be used for targeted outreach activities and marketing.
3. Legal service providers will inform seniors and the caregiver community of their legal rights and any issues or changes in benefit programs.
4. Legal service providers will partner with other service providers to establish holistic service plans.
5. Conduct outreach and community education services through nutrition sites, low-income elderly housing, senior centers, churches, service providers, and senior organizations, especially those working on issues affecting seniors that are low-income, minority, living in rural areas or with limited English proficiency.
6. ElderSource will post information and links to legal resources for elders and caregivers on its website. Information will be added and updated as it becomes available.
7. ElderSource will continue to market the Resource Lending Library and make available information on legal resources for elders and caregivers.
8. ElderSource and provider agencies will continue to make referrals to the statewide legal hotline.

9. ElderSource and its legal providers will provide information on legal issues for LGBT elders.

OUTCOMES:

OUTPUTS:

*ongoing in 2015

GOAL 4: Ensure the legal rights of older people are protected and prevent their abuse, neglect, and exploitation

OBJECTIVE 4.2: ▲Facilitate the integration of Older Americans Act elder rights programs into Aging Services

EXPLANATION: The primary intent of this objective is to make legal services a more visible and mainstream part of the aging network package of services. Ensure capacity to assist vulnerable and at-risk older people in understanding their rights, exercising choices, and benefiting from services and opportunities authorized by law. Strategies may include in-person and/or online cross training and the use of available technology and media outlets to inform older adults, the general public, and professionals.

STRATEGIES/ACTION STEPS:

1. ElderSource will post information and links to legal resources and elder rights programs on its website. Information will be added and updated as it becomes available.
2. ElderSource will continue to market the Resource Lending Library and make available information on legal resources for elders and caregivers.
3. ElderSource and its Local Providers will continue to partner with other agencies to coordinate care and will foster new public/private partnerships, including those with the business community and faith-based entities, in order to provide resources to meet the growing needs of elders and caregivers in the community.
4. ElderSource will coordinate cross-training between the ADRC and the PSA4 legal service providers.
5. Legal providers will foster community partnerships to increase resources available for legal assistance through using OAA funds as seed money.
6. ElderSource will engage in joint planning and enhance coordination with legal and other service providers.
7. Legal service providers will conduct training and outreach events to educate seniors and their caregivers on available resources and how to protect themselves.

8. ElderSource will incorporate legal issues into assessment training for staff and providers.
OUTCOMES:
OUTPUTS:

*ongoing in 2015

<p>GOAL 4: Ensure the legal rights of older people are protected and prevent their abuse, neglect, and exploitation</p> <p>OBJECTIVE 4.3: ▲ Improve the identification and utilization of measurable consumer outcomes for elder rights programs</p> <p>EXPLANATION: The primary intent of this objective is to enable the AAA to document efforts to ensure targeting of elder rights programs in the PSA and to demonstrate the value and impact of those services. Strategies should include participating in statewide efforts to develop a uniform statewide reporting system for legal services, as well as establishing mechanisms for utilizing data available to improve awareness of the importance of legal assistance, increase access to legal assistance, and address the quality of legal assistance provided.</p> <p>STRATEGIES/ACTION STEPS:</p> <ol style="list-style-type: none"> 1. ElderSource will continue to participate in statewide efforts to develop a uniform statewide reporting system for legal services. 2. ElderSource will target areas with the greatest economic and social need through DOEA mapping and data analysis by overlaying data from REFER and CIRTIS with demographic data from DOEA and other sources, such as the U.S. Census Bureau and Administration on Aging. ElderSource will share this information with providers and assist them with employing techniques to better serve the needs of those in identified areas. 3. ElderSource will partner with legal service providers to monitor and implement the IIIB Legal Information System (IIIB-LIS). Information collected will be used to help determine whether legal providers are effectively targeting elders. <p>OUTCOMES:</p> <p>OUTPUTS:</p>
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*ongoing in 2015

GOAL 4: Ensure the legal rights of older people are protected and prevent their abuse, neglect, and exploitation

OBJECTIVE 4.4: Promote primary prevention of elder abuse, neglect, and exploitation

EXPLANATION: The primary intent of this objective is for the AAA to expand existing education/outreach/awareness efforts such as websites, newsletters, presentations, etc., to include prevention of abuse, neglect, and exploitation. Primary prevention focuses on preventing elder abuse, neglect, and exploitation from happening at all. Strategies should be developed to educate the public about the special needs of elders and about the risk factors for abuse in vulnerable adults.

STRATEGIES/ACTION STEPS:

1. ElderSource will post information and links to resources and elder rights programs on its website. Information will be added and updated as it becomes available.
2. ElderSource will continue to market the Resource Lending Library and make available information and literature on elder abuse, neglect, and exploitation.
3. Providers will distribute information to clients and their caregivers regarding the prevention of elder abuse.
4. ElderSource will continue to participate in and support the Stop Sexual Violence Against Elders (SSVAE) program.
5. ElderSource will distribute information on abuse, neglect, and exploitation at health fairs.
6. ElderSource will coordinate education and training with community partners.
7. ElderSource will continue to implement the abuse, neglect and exploitation work plan.
8. ElderSource will continue Memorandums of Understanding with the Department of Children and Families (DCF) and Lead Agencies.
9. ElderSource will conduct training using Departmental Curriculum.

OUTCOMES:

OUTPUTS:

*ongoing in 2015

GOAL 4: Ensure the legal rights of older people are protected and prevent their abuse, neglect, and exploitation

OBJECTIVE 4.5: Reduce the rate of abuse, neglect, and exploitation recidivism through education, outreach, and the provision of services.

EXPLANATION: The intent of this objective is to expand existing efforts supporting ANE interventions. Strategies to reduce the rate of recidivism should include education and outreach for caregivers and clients to help them with coping skills and services to alleviate caregiver stress and possible family strife. Establish and maintain collaborative relationships with other entities that endeavor to prevent elder abuse, neglect, and exploitation.

STRATEGIES/ACTION STEPS:

1. ElderSource will coordinate with Lead Agencies and DCF for the staffing of APS cases.
2. Providers will continue to be responsive to all APS high risk referrals received from DCF.
3. Providers will meet the 72 hour service criteria for all APS high risk referrals through mandated CCE funding and CCE services, as required.
4. ElderSource will provide case management training related to elder abuse issues.
5. ElderSource ADRC staff will receive training on crisis calls and listening for “triggers” from crisis callers.
6. ElderSource will continue its membership and support of the Caregiver Coalition partnership and will assist caregivers to improve caregiving skills, reduce caregiver stress, and extend the ability and likelihood of caregivers continuing to provide care.
7. ElderSource staff will participate in professional elder abuse trainings.
8. Providers will post the Elder Abuse Hotline number at each Senior Center and it is utilized by provider case managers when appropriate.
9. ElderSource will track all APS high risk referrals and ensure service delivery within 72 hours.
10. ElderSource staff will attend Long Term Care Ombudsman program meetings.
11. ElderSource will distribute Long Term Care Ombudsman program information at outreach events.
12. ElderSource will make referrals to the Ombudsman program through the ADRC.
13. ElderSource will include a representative from the Long Term Care Ombudsman program on the ADRC’s Local Coalition Advisory workgroup.
14. ElderSource and its Local Providers will continue to partner with other agencies to coordinate care and will foster new public/private partnerships, including

<p>those with the business community and faith-based entities, in order to provide resources needed to address unmet needs of elders and caregivers in the community.</p> <p>15. ElderSource will continue to implement the abuse, neglect and exploitation work plan.</p>
<p>OUTCOMES:</p> <ul style="list-style-type: none"> Percent of Adult Protective Services (APS) referrals who are in need of immediate services to prevent further harm who are served within 72 hours
<p>OUTPUTS:</p>

*ongoing in 2015

<p>GOAL 4: Ensure the legal rights of older people are protected and prevent their abuse, neglect, and exploitation</p> <p>OBJECTIVE 4.6: Increase the awareness of health care fraud and other elder rights issues</p> <p>EXPLANATION: The intent of this objective is for the AAA to use existing mechanisms to increase public awareness. Strategies can involve the use of websites, newspapers, other media outlets, etc.</p>
<p>STRATEGIES/ACTION STEPS:</p> <ol style="list-style-type: none"> ElderSource will post information and links to resources and elder rights issues on its website. Information will be added and updated as it becomes available. ElderSource will continue to market the Resource Lending Library and make available information and literature on health care fraud and other elder rights issues. ElderSource and its providers will distribute information on health care fraud and other elder rights issues at health fairs and other outreach events. PSA4 SHINE will conduct outreach and public education to help increase awareness of health care fraud in the community.
<p>OUTCOMES:</p>
<p>OUTPUTS:</p>

*ongoing in 2015

GOAL 5: Promote planning and collaboration at the community level that recognize the benefits and needs of its aging population.

OBJECTIVE 5.1: Foster opportunities for elders to be an active part of the community

EXPLANATION: The intent of this objective is to collaborate with communities to identify opportunities for elders that benefit them and their community. Strategies can include methods of promoting volunteer services by and for older persons including the use of intergenerational activities that allow elders to “give back” while educating younger generations about the value elders bring.

STRATEGIES/ACTION STEPS:

1. ElderSource will continue to partner with and support the civic engagement project, the Volusia Communities for a Lifetime Partnership Council, and other Communities for a Lifetime initiatives.
2. Continue to promote volunteerism and civic engagement through education, websites, events, etc.
3. Encourage peer volunteer opportunities among seniors, such as in the congregate dining centers and through other senior programs (e.g. Meals on Wheels, RELIEF, SHINE, and Senior Companion).
4. ElderSource will make its web calendar available to community partners to post programs and events.
5. ElderSource will partner with community agencies to identify employment opportunities.
6. ElderSource will make referrals for employment and volunteer opportunities through the ADRC.
7. Recruit new SHINE volunteers throughout PSA4.
8. ElderSource will continue to develop strategic partnerships with local universities for adult education and the Osher Lifelong Learning Institute (OLLI).
9. ElderSource and its local providers will support and provide recognition for volunteer and intergenerational projects, where appropriate.

OUTCOMES:

- Reduce isolation.
- Encourage volunteerism.

OUTPUTS:

*ongoing in 2015

GOAL 5: Promote planning and collaboration at the community level that recognize the benefits and needs of its aging population.

OBJECTIVE 5.2: Promote safe and affordable communities for elders that will benefit people of all ages

EXPLANATION: The intent of this objective is to encourage communities to incorporate elements of universal design into new construction and renovations of streets, sidewalks, and other common areas that will support an elder's ability to age in place. Strategies should include the development of comprehensive health and support service systems; provide input regarding land use and transportation planning; the expansion of educational, employment, cultural, and recreational resources; and the promotion of active, caring, and inclusive communities that respect autonomy, informed decision-making, and empowerment of older adults.

STRATEGIES/ACTION STEPS:

1. ElderSource will seek partnerships with local planning agencies to provide input in the comprehensive planning process.
2. ElderSource will partner with local planning agencies to encourage elements of universal design in all new construction projects and renovations.
3. ElderSource will continue to partner with Northeast Florida Regional Council on the Regional Community Institute to develop a strategic plan with a vision of improving life for Northeast Florida.
4. ElderSource distributes assistive eating devices through its provider agencies.
5. ElderSource will continue to partner with the Emergency Services & Homeless Coalition of Northeast Florida.
6. Continue to provide home repair and modification services to elders.
7. ElderSource will continue to post information and links to resources for elders on its website. Information will be added and updated as it becomes available.
8. ElderSource will maintain a comprehensive resource database. At least two new resources will be identified and added to the database per month. The ADRC will verify that all new resources meet or exceed mandated inclusion/exclusion criteria.
9. ElderSource and its Local Providers will foster new public/private partnerships, including those with the business community and faith-based entities.

OUTCOMES:

OUTPUTS:

*ongoing in 2015

GOAL 6: Maintain effective and responsive management

OBJECTIVE 6.1: Promote and incorporate management practices that encourage greater efficiency

EXPLANATION: Best practice strategies may include internal monitoring, quality assurance, and performance-based standards and outcomes.

STRATEGIES/ACTION STEPS:

1. Conduct continual quality assurance of the ADRC operations in order to ensure its effectiveness.
2. ElderSource will monitor the ADRC and providers regarding satisfaction with information received through the ADRC and its access points.
3. ElderSource will review PSA and provider-level outcome measures (report cards) with Local Providers in order to make necessary improvements to better meet client need and increase efficiency in the delivery of services. This will be done on a quarterly basis.
4. ElderSource will review data accuracy during monitoring, provide training and technical assistance and issue corrective action plans as necessary.
5. ElderSource will monitor providers and review case file documents to assure effective use of resources.
6. Make use of DOEA mapping during monitoring and offer DOEA mapping services to providers to efficiently target areas with the greatest economic and social need.

OUTCOMES:**OUTPUTS:**

*ongoing in 2015

GOAL 6: Maintain effective and responsive management

OBJECTIVE 6.2: Effectively manage state and federal funds to ensure consumers' needs are met and funds are appropriately spent

EXPLANATION: The intent of this objective is for all state and federal funds to be spent, as well as to identify alternate resources for funding. In addition, the intent is for the funds to be spent on those populations for which the funds were intended.

STRATEGIES/ACTION STEPS:

1. ElderSource will monitor program expenditures through surplus/deficit analysis.
2. ElderSource will monitor providers and review case file documents to assure effective use of resources.
3. ElderSource will monitor provider co-pay collection goals.
4. ElderSource will partner with provider agencies to transfer funding through title transfers as needed to address needs and gaps in service.
5. ElderSource will monitor provider agencies at least annually regarding quality assurance, review of policy and procedures, and reviewing provider audit reports.
6. ElderSource will partner with F4A regarding continuous quality improvement initiatives.
7. ElderSource will review provider external audits.
8. ElderSource Board of Directors will provide oversight through the Programs and Finance committees.
9. ElderSource will incorporate the management process into its strategic plan.
10. Providers will provide surplus/deficit reports monthly.
11. Providers will attempt to maximize the co-pay collection for services provided.
12. Providers will cooperate with ElderSource to complete an annual audit of all services provided.
13. Providers will have an annual audit conducted by an independent auditor and provide a copy to ElderSource upon completion.
14. ElderSource and its local providers will seek out additional funding to support agency needs. The amount of services that local agencies are able to provide and the number of staff available to provide the services is directly linked to the level of funding available.

OUTCOMES:

Note: The AAAs will not be monitored on the measures listed in italics, though the AAA must still include strategies to address them in this section.

- *Average monthly savings per consumer for home and community-based care versus nursing home care for comparable client groups*
- *Average time in the Community Care for the Elderly program for Medicaid Waiver probable customers*

DOEA Internal Performance Measures:

- Percent of co-pay goal achieved
- Percent of increase in providers participating in the Adult Care Food Program
- Percent of state and federal funds expended for consumer services (Standard: 100 percent)

OUTPUTS:

*ongoing in 2015

GOAL 6: Maintain effective and responsive management

OBJECTIVE 6.3: Ensure that providers continue to strengthen the disaster preparedness plans to address specific needs of elders

EXPLANATION: Strategies may include the development of formal agreements with local, state, and federal entities that provide disaster relief and recovery. Consideration should also be given to the planning and identification of consumer needs and the availability of special needs shelters in times of disaster.

STRATEGIES/ACTION STEPS:

1. ElderSource will review and update existing Comprehensive Emergency Management and Continuity of Operations Plans.
2. ElderSource will review all providers Emergency Management and Continuity of Operations Plans and will provide feedback for any necessary updates.
3. ElderSource will conduct staff training on disaster planning and implementation of disaster plans.
4. ElderSource will develop and enhance relationships with county and state Emergency Operations Center's (EOC).
5. ElderSource will partner with providers and the ADRC regarding registering callers through the Special Needs Registry.
6. ElderSource will participate with the local Volunteer Organizations Active in Disaster (VOAD).
7. ElderSource will include disaster and emergency information on the ElderSource website.

- 8. ElderSource will coordinate disaster response with local agencies, the local EOC and the state EOC.
- 9. ElderSource will coordinate with local county emergency management offices and will participate in Duval Prepares, Volusia Interfaiths/Agencies Networking in Disaster (VIND), Functional Needs Support Services Committee of Volusia County, and Functional Needs Support Services Committee of Clay County.

OUTCOMES:

OUTPUTS:

*ongoing in 2015

GOAL 6: Maintain effective and responsive management

OBJECTIVE 6.4: Accurately maintain the Client Information and Registration Tracking System (CIRTS) data

EXPLANATION: The intent of this objective is to ensure that data is entered accurately in CIRTS and that data is updated in a timely manner as to reflect changes. Strategies may include comparisons of CIRTS data to information in client files to verify the accuracy of CIRTS data and the provision of training and ongoing technical assistance to ensure employees understand how to use CIRTS.

- STRATEGIES/ACTION STEPS:**
- 1. ElderSource will review service and outcome exception reports and make appropriate recommendations.
 - 2. ElderSource will conduct provider and ADRC CIRTS Training.
 - 3. ElderSource will hold CIRTS user group meetings for CIRTS network users.
 - 4. ElderSource will review CIRTS data accuracy on a monthly basis and will provide training and technical assistance and issue corrective action plans as necessary.
 - 5. ElderSource will conduct case file reviews to ensure CIRTS data accuracy.

OUTCOMES:

OUTPUTS:

*ongoing in 2015

GOAL 6: Maintain effective and responsive management

OBJECTIVE 6.5: Promote volunteerism by and for older people when possible

EXPLANATION: The intent of this objective is twofold: 1) detail how incorporating volunteers might extend the AAA's capacity to provide services and 2) promote the benefit of elder volunteers to other entities who also provide services. Strategies may include the collection and use of "Best Practices" volunteer programs that enhance local services. Activities to recruit elders as volunteers should also be discussed.

STRATEGIES/ACTION STEPS:

1. ElderSource and its providers will post information and links on their websites regarding volunteer opportunities.
2. Identify volunteer and other community resources to be accessed prior to relying on Department-funded services.
3. ElderSource will make referrals for Employment and volunteer opportunities through the ADRC.
4. ElderSource will conduct outreach events to assist in identifying RELIEF volunteers.
5. SHINE will recruit new volunteers and will bolster minority volunteer recruitment.
6. ElderSource, as an ADRC, will continue to share information about existing health and long term care options through the ADRC, Local Providers, and public outreach presentations to the community by staff and volunteers.
7. Encourage peer volunteer opportunities among seniors, such as in the congregate dining centers and through other senior programs (e.g. Meals on Wheels, RELIEF, SHINE, and Senior Companion).
8. ElderSource and its providers will promote the campaign for Florida's Intergenerational Week, Florida's Volunteer Recognition month, and National Volunteer Appreciation Week.

OUTCOMES:

DOEA Internal Performance Measures:

- Develop strategies for the recruitment and retention of volunteers
- Reduce Isolation
- Encourage Volunteerism

OUTPUTS:

*ongoing in 2015

APPENDIX 1: PROGRAM MODULE REVIEW CHECKLIST

Please complete the form provided by indicating whether each item is included in the Area Plan Update (Yes/No/Not Applicable) and identifying the Area Plan Update page number(s) where the items can be found.

PROGRAM MODULE REVIEW CHECKLIST
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Program Module	YES	NO	N/A	PAGE
Table of Contents				
<i>The location of each section of the Program Module is accurately reflected.</i>	X			
P. I. OVERVIEW				
P. II. PROGRAM AND CONTRACT MODULE CERTIFICATION				
<i>The form is properly completed.</i>	X			
<i>The form is signed by Board President (or Designee) and dated.</i>		X		
<i>The form is signed by Advisory Council Chair and dated.</i>		X		
<i>The form is signed by Executive Director and dated.</i>		X		
P.V. Targeting and Outreach				
Targeting Report — The purpose of the targeting report is to show how effective the targeting efforts were through the report of services provided to the specific population groups.	X			
<i>Used table provided, properly completing the cells of the table.</i>	X			
Targeting Plan Summary Update				
<i>Included targeting plan summary update.</i>	X			
<i>Update addresses progress in addressing the identified service needs of targeted populations, including barriers and achievements.</i>	X			
<i>Outreach section includes discussion of AAA's participation in community events and status of oversight of the providers' activities.</i>	X			

Program Module	YES	NO	N/A	PAGE
P.VI. Goals and Objectives				
Goal 1: Empower older people, individuals with disabilities, their families, and other consumers to choose and easily access options for existing mental and physical health and long-term care				
Objective 1.1. Provide streamlined access to health and long-term care options through Aging and Disability Resource Centers	X			
<i>Implementation strategies are logical steps toward assuring that the objective is met.</i>	X			
Objective 1.2. Encourage individuals, including people under 60, to plan for future long-term care needs by providing access to information	X			
<i>Implementation strategies are logical steps toward assuring that the objective is met.</i>	X			
Objective 1.3. Ensure that complete and accurate information about resources is available and accessible	X			
<i>Implementation strategies are logical steps toward assuring that the objective is met.</i>	X			
Objective 1.4. Ensure that elders have access to free, unbiased, and comprehensive health insurance counseling	X			
<i>Implementation strategies are logical steps toward assuring that the objective is met.</i>	X			
Objective 1.5. Increase public awareness of existing mental and physical health and long-term care options	X			
<i>Implementation strategies are logical steps toward assuring that the objective is met.</i>	X			
Objective 1.6. Identify and serve target populations in need of information and referral services	X			
<i>Implementation strategies are logical steps toward assuring that the objective is met.</i>	X			
Objective 1.7. Provide streamlined access to Medicaid Managed Care and address grievance issues	X			
<i>Implementation strategies are logical steps toward assuring that the objective is met.</i>	X			

Program Module	YES	NO	N/A	PAGE
Goal 2: Enable individuals to maintain a high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers				
Objective 2.1 Identify and serve target populations in need of home and community-based services	X			
<i>Implementation strategies are logical steps toward assuring that the objective is met.</i>	X			
Objective 2.2. Ensure efforts are in place to fulfill unmet needs and serve as many clients as possible	X			
<i>Implementation strategies are logical steps toward assuring that the objective is met.</i>	X			
Objective 2.3. Provide high quality services	X			
<i>Implementation strategies are logical steps toward assuring that the objective is met.</i>	X			
Objective 2.4. Provide services, education, and referrals to meet specific needs of individuals with dementia	X			
<i>Implementation strategies are logical steps toward assuring that the objective is met.</i>	X			
Objective 2.5. Improve caregiver supports	X			
<i>Implementation strategies are logical steps toward assuring that the objective is met.</i>	X			
Objective 2.6 Facilitate the voluntary transition of identified nursing home residents to a safe community setting	X			
<i>Implementation strategies are logical steps toward assuring that the objective is met.</i>	X			
Goal 3: Empower older people and their caregivers to live active, healthy lives to improve their mental and physical health status				
Objective 3.1. Continue to increase the use of Evidence-Based (EB) programs at the community level	X			
<i>Implementation strategies are logical steps toward assuring that the objective is met.</i>	X			
Objective 3.2. Promote good nutrition and physical activity to maintain healthy lifestyles	X			

Program Module	YES	NO	N/A	PAGE
<i>Implementation strategies are logical steps toward assuring that the objective is met.</i>	X			
Objective 3.3. Promote the adoption of healthy behaviors	X			
<i>Implementation strategies are logical steps toward assuring that the objective is met.</i>	X			
Objective 3.4. Promote social connectivity, community service, and lifelong learning to maintain positive mental health	X			
<i>Implementation strategies are logical steps toward assuring that the objective is met.</i>	X			
Objective 3.5. Advocate for prevention and early intervention of mental health and substance abuse services for elders	X			
<i>Implementation strategies are logical steps toward assuring that the objective is met.</i>	X			
Goal 4: Ensure the legal rights of older people are protected and prevent their abuse, neglect, and exploitation				
Objective 4.1. Collaborate and coordinate within the community and aging network to increase accessible legal services	X			
<i>Implementation strategies are logical steps toward assuring that the objective is met.</i>	X			
Objective 4.2. Facilitate the integration of Older Americans Act elder rights programs into Aging Services	X			
<i>Implementation strategies are logical steps toward assuring that the objective is met.</i>	X			
Objective 4.3. Improve the identification and utilization of measurable consumer outcomes for elder rights programs	X			
<i>Implementation strategies are logical steps toward assuring that the objective is met.</i>	X			
Objective 4.4. Promote primary prevention of elder abuse, neglect, and exploitation	X			
<i>Implementation strategies are logical steps toward assuring that the objective is met.</i>	X			
Objective 4.5. Reduce the rate of abuse, neglect, and exploitation recidivism through education, outreach, and the provision of services	X			

Program Module	YES	NO	N/A	PAGE
<i>Implementation strategies are logical steps toward assuring that the objective is met.</i>	X			
Objective 4.6. Increase the awareness of health care fraud and other elder rights issues	X			
<i>Implementation strategies are logical steps toward assuring that the objective is met.</i>	X			
Goal 5: Promote planning and collaboration at the community level that recognize the benefits and needs of its aging population				
Objective 5.1. Foster opportunities for elders to be an active part of the community	X			
<i>Implementation strategies are logical steps toward assuring that the objective is met.</i>	X			
Objective 5.2. Promote safe and affordable communities for elders that will benefit people of all ages	X			
<i>Implementation strategies are logical steps toward assuring that the objective is met.</i>	X			
Goal 6: Maintain effective and responsive management				
Objective 6.1. Promote and incorporate management practices that encourage greater efficiency	X			
<i>Implementation strategies are logical steps toward assuring that the objective is met.</i>	X			
Objective 6.2. Ensure federal and state funds are used to effectively and efficiently serve elders' needs	X			
<i>Implementation strategies are logical steps toward assuring that the objective is met.</i>	X			
Objective 6.3. Ensure that providers continue to strengthen the disaster preparedness plans to address specific needs of elders	X			
<i>Implementation strategies are logical steps toward assuring that the objective is met.</i>	X			
Objective 6.4. Accurately maintain the Client Information and Registration Tracking System (CIRTS) data	X			
<i>Implementation strategies are logical steps toward assuring that the objective is met.</i>	X			

Program Module	YES	NO	N/A	PAGE
Objective 6.5. Promote volunteerism by and for older people whenever possible	X			
<i>Implementation strategies are logical steps toward assuring that the objective is met.</i>	X			

Other Changes:

Program Module Comments and Recommendations:
(to be completed by DOEA staff)

Table of Contents:

Certification Page:

Section P.IV. Needs Assessment, Profile, Unmet Needs/Gaps:

Section P.V. Targeting:

Section P.VI. Goals and Objectives:

Appendix 1. Program Module Review Checklist:

Other changes: Identify section and provide comments or recommendations.