



Florida Association of  
Aging Services Providers

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## Florida Association of Aging Services Providers

Guest Editors: Debbie Kleinberg, North Miami Foundation  
For Senior Citizens' Services, Inc. and Mary Jo McKay,  
Hillsborough County Department of Aging Services

### Message from the President

By Andrea Busada, Broward County Elderly and Veterans Services



Greetings, fellow FASP members! The holiday season is upon us and it is the end of another busy, crazy, productive, wonderful year. Also upon us is the start of the next Legislative session in Tallahassee. I hope you have taken some time to do some grassroots advocacy work, the importance of which cannot possibly be overstated. Please

reach out to your fellow FASP members, and to your FASP Board members, including me, if you need assistance or information. Thank you all so much for being members of our organization, for being part of a network of peers that seeks advice from and helps each other, and for the amazing work you do each and every day. I wish you all the best for the new year – especially good health and happiness.

#### Table of Contents

President's Message	1
Students Provide In-Home Gerontological Counseling	2-3
New Resource for Representative Payee	4
Identify Investment Fraud	4
Counties Provide Additional Support to Vulnerable Seniors	5-6
Care to the Caregiver	7-8
AARP Long-Term Services and Supports Scorecard	8
Home-Delivered and Congregate Meals Trends	9-10
Is Florida a "Safe" State for Seniors?	11
Member News	11
Upcoming Events	12
Thank you sponsors!	13

#### This Issue's Sponsors





## ***Utilizing Master's Level Students to Provide In-Home Gerontological Counseling***

***By: Debbie Kleinberg, North Miami Foundation For Senior Citizens' Services, Inc.***

**North Miami Foundation For Senior Citizens' Services, Inc.**

and other services to support independent living



The North Miami Foundation for Senior Citizens' Services, Inc. is a small private, non-profit community based organization which has been providing in-home services in northern Miami-Dade County for the past 45 years. Services include: home delivered meals, transportation, gerontological counseling, homemaker, volunteer and caregiver support services. The counseling program is funded by the Alliance for Aging under Older Americans Act and provides short-term in-home counseling. This service is provided by both staff and a few students from Barry University who are working to obtain a Master's Degree in Clinical Psychology and have cited an interest in gerontological counseling. In this article, we sought to gain feedback from two of the students (Josephine Rapalino, age 24 and Stephanie Puente, age 29) and their advisor (Dr. Linda Bacheller, PsyD, JD, Director, MS in Clinical Psychology and Associate Professor of Psychology) on their experiences in working with North Miami Foundation clients.

***Can you provide some general examples of the types of cases seen thus far?***

- Dr. Bacheller: The types of cases we have seen are much like we would see in the clinical population seen in the office. There is a special added component of end-of-life issues with this population. We had one patient who died, which dealt with the emotions of the therapist after losing a client. It is more of a likelihood with the age of this population than at our other sites. On the whole, we have seen everything from depression, anxiety, OCD, hoarding, and relationship problems to delusions and schizophrenia.
- Josephine: Despite having multiple clients with the same diagnosis, each case is entirely peculiar and each treatment is calculated according to the needs of each specific client.

***Have you had experience providing counseling in an office environment versus in-home? If yes, what are the differences, if any?***

- Dr. Bacheller: There are some fundamental differences between in office and in-home therapy. The most basic is the therapist goes to the client, rather than the client goes to the therapist. This provides the therapist with a unique view of the client's life, their struggles and their triumphs. The therapist must maintain the formal therapist-client relationship while being in a relaxed informal environment. It also provides the therapist with a view of what the distractions are in [the client's] life. As a whole, I prefer in-home therapy. It makes the clients more authentic in therapy.

**Continued on Page 3**

## Continued from page 2



- Josephine: The main difference, for me personally, has been that in the in-home setting, I am provided with much more insight into the client's real life and many factors that may be contributing to the reason why they are in therapy. While in-office sessions are much

more calculated and "clinical", I have found that in-home sessions can be just as beneficial and sometimes even more productive because we can often see the client's progress, as opposed to them simply telling us about it in an in-office session. I have also found that it has been much easier to establish rapport with clients in an in-home environment because since they are allowing me into their home, they are quicker to allow me to break down that barrier and get to know the real them. In an in-office setting, the patient often feels intimidated because they are in an unknown place and may take longer to open up.

### ***What techniques do you use to establish rapport with the client?***

- Stephanie: Building rapport and establishing the therapeutic alliance is one of the most important aspects of therapy because it allows you and your client to build a relationship grounded in trust and respect. One of the techniques I use to establish rapport with my clients is implemented before our first meeting. When I get assigned a client, I call the client first to introduce myself and state my enthusiasm in working with them in the future...I find that calling my clients, and expressing my willingness to work with them allows me to build rapport

with them before meeting in person. In fact, one of my clients told me that it made them feel more at ease when we spoke over the phone because they were able to tell from my tone of voice that I was friendly and took my work seriously.

### ***How have you been able to apply your coursework to this experience?***

- Stephanie: Every class I have taken thus far has prepared me for therapy with my patients, and given me the confidence to do case conceptualizations, diagnose, and prepare treatment plans for my patients.

### ***How has this site benefitted your students?***

- Dr. Bacheller: This has been a wonderful training site for our students. They are doing actual therapy in a real setting. They learn to empathize with a generation older than themselves, learn [to] do therapy and above all learn to show care and concern for those they would never come in contact with. As well, they offer a service to North Miami Foundation that helps the community as a whole.

#### ***North Miami Foundation***

#### ***Counseling Services for Senior Citizens***

***Crisis intervention, bereavement, and family relationships are areas addressed through short-term counseling. On occasion, older persons may need a little assistance dealing with stress, anxiety or depression. More extensive problems are referred to a community based mental health agency.***



## New Resource for Representative Payee



During National Caregivers Month, the Social Security Administrative recognized the contributions that caregivers make to people they provide care for and has provided some information and resources. They work with caregivers who serve as representative payees and oversee Social Security or Supplemental Security Income benefits for beneficiaries who are unable to manage their own benefits and have created the [Representative Payee Portal](#). The portal provides a convenient way for individual representative payees with a “*my Social Security*” account to manage direct deposit, wage reporting, and annual reporting for their beneficiaries.

You can find information about becoming a representative payee and all the requirements by:

- Visiting the representative payee [website](#);
- Watching training [videos](#) on the duties of a representative payee; and
- Reading publications from the representative payee [library](#) such as [A Guide for Representative Payees](#).

## Advice on How to Identify and Report Investment Fraud against Seniors

The U.S. Securities and Exchange Commission’s Office of Investor Education and Advocacy offers advice to Adult Protective Services (APS) Workers on how to identify and report investment fraud against seniors.



Some tell-tale signs are: high pressure sales tactics, guaranteed returns or promises of high returns, repeated investments or repeated requests from the same person, sudden changes in account usage or spending habits, etc.

Once you have identified investment fraud, report it by contacting your state securities regulator. You can locate up-to-date contact information on NASAA’s website, [ServeOurSeniors.org/connect](#). In Florida, it is the Florida Office of Financial Regulation whose website is [www.flofr.com](#).

APS workers should also be aware of potential diminished capacity or other circumstances which may hinder the senior’s ability to make informed decisions.

For more information on this and related topics, please visit:

- [Help for Adult Protective Services \(APS\) Workers Encountering Senior Investor Fraud](#)
- [A Call to APS Workers to Identify and Report Investment Fraud against Seniors](#)
- [Investor Bulletin and Consumer Advisory: Planning for Diminished Capacity and Illness](#)





## Broward and Hillsborough Counties Provide Additional Support to Vulnerable Seniors

*By: Andrea Busada, Broward County Elderly and Veterans Services and Mary Jo McKay and Emily Zettel, Hillsborough County Department of Aging Services*



According to the Department of Elder Affairs (DOEA), despite the current Federal and State funding for services to support Florida's frail seniors, there still remain 61,047 seniors in Florida waiting for home and community based services. There are 5.5 million Floridians 60 years old and older. Additionally, this number will grow to 7.6 million by 2030 and will account for the majority of Florida's population growth according to U.S. Census Statistics.

Home and community based programs help vulnerable senior citizens and save taxpayers money. These programs provide services to frail seniors and caregiver support helping those most at risk of nursing home placement with income/assets just above the Medicaid threshold. Community Care for the Elderly (CCE), Home Care for the Elderly (HCE), Alzheimer's Disease Initiative (ADI) and Local

Services Programs (LSP) serve eligible consumers with minimal supports and help delay or avoid nursing home admission.

In a time where most counties in Florida are removing funding for services provided to older adults in need, Broward and Hillsborough Counties are finding ways to provide additional support to those awaiting services.

Thanks to additional funding from county commissioners, Broward and Hillsborough Counties have been able to offer services to seniors while they wait to become eligible for grant funded programs. Broward County implemented the CCE Waitlist Reduction Initiative (WRI) to address their waitlisted clients. In Hillsborough County, the Board of County Commissioners Pilot Project (BOCC) was initiated in response to the clients who remain waiting for services.

Each program has been remarkably successful.



**Continued on Page 6**

## Continued from page 5



Through County General Fund dollars, Broward County's CCE Waitlist Reduction Initiative (WRI) provides an array of traditional services which includes case management, in-home services, consumable medical supplies and EARS (Emergency Alert Response) to clients on the current CCE waitlist who would otherwise not receive services through other means. The total program budget was originally \$500,000 but is now \$988,690. Of the 2,100 people on the waitlist, 62% are considered to have a low priority score. These people will most likely never receive Department of Elder Affairs (DOEA) funded services.

Clients in Broward County who are contacted about the WRI are informed that if they choose to enroll, they will be removed from the waitlist but if at any time their situation changes, they may return to the waitlist.

During the first year (Fiscal Year 2018) Broward County served 98 people and all of them remained in their homes. The following fiscal year, 124 were served with an average care plan cost of \$270 per client.

In Fiscal Year 2018, Hillsborough County Aging Services (HCAS) received an additional \$1.5 million in funding and another \$1.2 million in 2019 from the Board of County Commissioners (BOCC) with a specific purpose to target seniors in need as they are waiting to be enrolled in grant funded programs, and to prevent premature nursing home placement. HCAS created the BOCC Pilot Project, focusing on three services for individuals on the waitlist: Emergency Alert Response (EAR), home delivered meals, and in-home services.

In 2018, HCAS served 1,168 seniors with an average annual care plan of \$1,200 through its BOCC Pilot Project Program. Multiple services were provided to 166 of these clients.

The additionally provided services, in Broward and Hillsborough County, caused a trickledown effect with a decreased waitlist and a lower risk of client placement in a nursing home.

Each county project is ongoing with great outcomes and significant benefits. Without the support of local county commissioners, these citizens in need would not be receiving the assistance they have today. Broward and Hillsborough counties have a longstanding history of providing support to their frail seniors.

#### Resources

- [Department of Elder Affairs - Wait List/ Priority List for Services– November 2019](#)

## Care to the Caregiver

*By: Eileen Poiley, MS, Director of Education,  
USF Health Byrd Alzheimer's Institute*



Caregivers are the lifeline to the person with Alzheimer's disease. Taking care of a person with Alzheimer's disease touches every aspect of the caregiver's life. This means that the physical, emotional, social, financial and spiritual well-being of the caregiver are affected. As the disease progresses, so do the demands on the family caregiver.

Caregiving can create powerful stressors, and caregivers must take steps to maintain their own health and well-being. When caregivers fail to do this, it can lead to depression, caregiver burn-out or can cause the caregiver to become too ill to continue.

When you fly on an airplane, you are told to put the oxygen on yourself before you help others. This is to insure you are in optimal condition first before giving your energy and help to someone else. Caregivers must understand the importance of this advice and make taking care of themselves a priority.

Caregivers focus most of their time and energy on taking care of their loved one and often neglect their own health, as well as their emotional, social and spiritual needs. Early on in the disease caregivers are able to take care of their loved one without any assistance and often decline offers of help from family or friends. However, as the disease progresses and the demands increase, the offers of help often stop when they are needed the most. It is therefore recommended to let family members and friends help and be involved from the beginning. The day-to-day care of someone with Alzheimer's can be overwhelming and is too much for one person to do alone.

There are many community services available and caregivers should take advantage of as many of these programs as possible. If it is financially feasible, paying for home care or companion services, cleaning services, or home delivered meals can help lighten the load. Most communities offer adult day care and some are provided on a sliding scale fee. Caregiver support groups are the best investment of time for Alzheimer's caregivers. Going to a support group gives caregivers the opportunity to meet others who truly understand the challenges and emotions of caregiving. A support group provides an outlet to express your concerns, learn practical suggestions and tips and develop friendships along the caregiving journey.

Continued on Page 8

Continued from page 7



Lastly, caregivers are encouraged to learn about the disease so they have the knowledge and skills to best care for their loved one. Knowing how to communicate effectively with a person with Alzheimer's and how to manage challenging behaviors can make the caregiving experience easier and greatly reduce caregiver stress. There are numerous decisions that caregivers must make that can be very difficult and emotional. Knowing when the person with Alzheimer's should stop driving; when to consider a memory care facility; recognizing when the person with Alzheimer's can no longer stay home alone; and how to take over managing the finances are a few of the many

decisions faced by caregivers. Talking to family members, attending a support group, going to counseling or attending caregiver workshops can help caregivers make these decisions and manage their stress in the process.

***The USF Health Byrd Alzheimer's Institute conducts three monthly support groups: one for family caregivers; one for the individuals with Alzheimer's or memory loss; and one for caregivers conducted in Spanish. The meetings are free and held monthly at the Byrd Institute, 4001 E. Fletcher Avenue. They are open to the community. You or your loved do not need to be a patient at the Institute to attend. Caregiver seminars are conducted at the Institute throughout the year. Check our website at [www.health.usf.edu/medicine/byrd](http://www.health.usf.edu/medicine/byrd) for workshops and support groups dates.***

## AARP Long-Term Services and Supports Scorecard

**AARP**® Real Possibilities  
Florida

According to the AARP 2017 Long-Term Services and Supports Scorecard, Florida ranked 46th overall. The Scorecard had 23 indicators, including affordability, quality of care, and support for family caregivers. Florida was ranked 49th for Choice of Setting & Provider, 46th for Affordability and Access, and 46th for Support for Family Caregivers.

A new Scorecard will be released in 2020 and AARP seeks to provide an even better product with more innovative tools and approaches that can spur action among state policymakers and advocates to address critical areas calling for improvement.

### Resources

- [Long-Term Services & Supports State Scorecard](#)
- [Scorecard — Florida](#)



## Home-Delivered and Congregate Meals Trends



The Older Americans Act (OAA) nutrition services program provides home-delivered and congregate meals to eligible seniors. The OAA Nutrition Program helps reduce hunger and has the potential to improve health. An evaluation by Mathematica Policy Research found that 42 percent of congregate meals participants and 61 percent of home-delivered meals participants would skip meals or eat less without these programs. The home-delivered meal program is associated with better nutritional status, dietary intake, food security, and well-being and can also help fight social isolation.

Despite the importance of these programs, funding has not increased commensurate with inflation and population increases. Some providers have expressed concerns about a decline in seniors participating in the programs. In an effort to identify some trends, we asked for feedback from our members and received the following input:

To address a decline in participation, one provider rebranded their dining sites to "senior cafes". In 2020, they will be upgrading their coffee experience to feature locally roasted coffee and menu choices. They are also doing more live food demos with their nutrition education activities. For example, they feature produce of the month and then do a demo of how to prepare and eat it.

Another provider said they work with their

congregate meals provider to integrate new and exciting fruits, vegetables and entrees into their menu cycle. They have found that seniors are very happy to try new flavors and to get away from typical institutional menus. For example, they serve turkey burgers, vegetarian chili, fajitas and spinach with chickpeas within their current menu cycle. By serving appealing food, they retain new and returning clients and increase client satisfaction and therefore attendance at their congregate meal sites. They also are trying to improve the appearance and perception of their dining rooms by utilizing colorful placemats. An update of the attire of the volunteer servers will come next. All are being done with the goal of changing from an institutional environment to more of a restaurant environment.

Like many congregate nutrition programs throughout the United States, one provider was experiencing a decline in senior center attendance. The next generation of seniors has different wants and needs. In order to reach them, the provider had to become innovative and offer new programming that sparked their interest. In the past year, they have implemented a great number of new activities to increase nutrition service attendance and participation. They are accomplishing this through community partners including libraries, YMCA, Cooperative Extension offices and many others to provide joint programming to include evidence based exercise programs. Exercise classes (Enhance Fitness, chair yoga, etc.) have been extremely successful when led by a trained instructor who is able to engage with the seniors. Exercise programs that are led by DVD or YouTube classes **have not** been as effective.

In an effort to reduce cost and to serve more seniors on the ever increasing wait list, one provider implemented the following changes to meet its meal service: transitioned from daily delivery of home delivered meals to

**Continued on Page 10**

## Continued from page 9

once per week frozen meals, transitioned from bulk service to pre-plated. Additionally to attract seniors to congregate dining centers and to improve health outcomes, they adopted the “More than A Meal” concept and began to offer increased wellness and social activities to congregate diners and is in the process of piloting a wellness program for home delivered meal recipients. The home delivered meal wellness program provides an opportunity for the Registered Dietitian to work closer with homebound seniors that have higher nutritional risk scores. Both frozen weekly delivery and pre-plated meals for congregate diners have decreased cost and increased the provider’s ability to service more clients. A significant number of congregate and home delivered meal recipients have expressed the desire to have a more attractive meal that doesn’t look like a TV dinner. They instituted wellness calls for homebound seniors who lived alone and didn’t have any other daily contact, purchased microwaves for seniors who didn’t have one, and required their food vendor to sub-contract with a vendor to provide hot daily meals to homebound seniors who weren’t able to heat a frozen meal.

One provider changed their hot meals to frozen meals because they noticed that clients were missing deliveries due to medical or other appointments. They deliver once a week Monday through Friday with either a 5 day or 7 day frozen box to the home delivered clients. It only takes 15 minutes to heat up at 350 degrees. Their Congregate clients come to the meal site Monday through Friday 8:00 am to 12:00 pm and GA Foods provides the frozen meals.

One provider stated that they utilize as many fresh ingredients as possible and all meals are made from scratch. They always strive to maintain high quality and high nutritional value in their meals. However, they said “it is difficult to offer the highest quality at current reimbursement rates.”

One provider saw that nutrition and senior isolation are major social determinants of health



and that their Meals on Wheels and social congregate meal programs were perfectly positioned to address both by leveraging their nutrition and daily visits to address them. They are utilizing technology to collect Change of Conditions that can be immediately addressed and moving towards partnering with healthcare providers.

Another trend that providers have mentioned is that other organizations are starting to provide home delivered meals through private funding due to long waitlists and other factors.

Meal delivery subscriptions like Freshology are another trend that has become popular. The Senior List reviewed these plans and provides a summary of the best meal delivery for seniors [here](#).

## Resources

- [Meals on Wheels of America Florida Fact Sheet](#)
- [State of the State: Malnutrition among Florida's Senior Population, A Proposal for Living Healthy in Florida](#)
- [Evaluation of the Effect of the Older Americans Act Title III-C Nutrition Services Program on Participants' Food Security, Socialization, and Diet Quality](#)
- [It's Not Just a Meal: The Importance of the Older Americans Act Nutrition Program](#)
- [National Aging Program Information System \(NAPIS\) State Program Report 2018](#)

## Is Florida a “Safe” State for Seniors?



Florida is considered to be an ideal retirement state but an analysis by the Senior List ranked Florida last amongst the states that are considered to be “safe” for seniors. The analysis by the review site looked at five key factors affecting Americans 65 and older — fraud victimization, violent deaths, living alone, median rental costs and poverty. Each state (and the District of Columbia) was ranked and a corresponding number (1-51) was assigned based on that ranking. Each state’s ranking in each category was then added to create the overall risk ranking.

Florida ranked No. 50 for frauds reported per 100,000 population, No. 43 for the percentage of 65+ living in poverty, No. 39 for violent injury death rate per 100,000, No. 39 for monthly housing costs for renters and No. 42 for those 65+ living alone as percentage of state population. The best states for seniors were Iowa (No. 1), Nebraska (No. 2) and South Dakota (No. 3).

### Resources

- [Which States are Safest for Seniors?](#)

## Member News

**John Clark (pictured right), President/CEO of the Council on Aging of West Florida, and FCOA Trustee, was named Best Boss by Independent News’ Best of the Coast!**



**Mark Baldino (pictured left), President & CEO of Elder Care Services, Inc. is retiring. Congratulations on your retirement!**

**For more information, please visit their [website](#).**

The Florida Association of Aging Service Providers Board of Directors voted to renew the 3-year management firm contract with **Margaret Lynn Duggar & Associates** at the 2019 October FASP Board Retreat.





## FASP is on Social Media—Are You?



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Senior Citizens' Services, Inc.  
and other services to support independent living



Hillsborough  
County Florida

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## Upcoming Events



## ACTIVE LIVING EXPO

4 to 7 p.m. Thursday, Jan. 23, 2020  
9:30 a.m. to 12:30 p.m., Friday, Jan. 24, 2020  
Tallahassee Senior Center  
1400 N Monroe St., Tallahassee, FL 32303

Wednesday, January 29, 2020  
at the Florida State Capitol

[Register Now!](#)

[2020 Schedule of Events](#)



[Register](#) for the  
2020 Aging in America Conference  
March 24-27 in Atlanta, Georgia!



April 20-22, 2020

Embassy Suites by Hilton, Orlando Lake Buena Vista South  
4955 Kyngs Heath Road  
Kissimmee, FL 34746

If you have questions or need further information  
about TransPlex 2020, please contact  
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