

SENATE STAFF ANALYSIS AND ECONOMIC IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: Health Care Committee

BILL: CS/SB 1722

SPONSOR: Health Care Committee and Senator Fasano

SUBJECT: Multiservice Senior Centers

DATE: April 13, 2005

REVISED: _____

| | ANALYST | STAFF DIRECTOR | REFERENCE | ACTION |
|----|----------------|----------------|-----------|------------------|
| 1. | <u>Collins</u> | <u>Whiddon</u> | <u>CF</u> | Favorable |
| 2. | <u>Garner</u> | <u>Wilson</u> | <u>HE</u> | Fav/CS |
| 3. | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ | _____ |

I. Summary:

The Committee Substitute for Senate Bill 1722 changes the definition of “multiservice senior center” in s. 430.203, F.S., moves the definition and purpose of the centers to a newly created section of statute, and further specifies the purpose of these centers. The bill provides that a multiservice senior center is:

- A community facility that is a focal point for the organization and provision of a broad spectrum of services suited to the diverse needs and interests of independent older persons;
- An entity authorized to partner with an aging resource center in order to provide easier access to long-term care services by seniors and their families who reside within the local community;
- A setting that provides opportunities that enable participants to stay connected to their communities and support networks; and
- A setting designed to offer preventive screenings, activities, and services that may divert seniors from more extensive in-home services and to help reduce, delay, or prevent premature institutionalization.

The bill specifies that multiservice senior centers should be centrally located and easily accessible by seniors with varying levels of physical abilities. Multiservice senior centers are encouraged to seek national accreditation by the National Institute of Senior Centers.

The bill repeals the Office of Long-Term-Care Policy in the Department of Elderly Affairs.

This bill creates s. 430.901, F.S., and renumbers and amends s. 430.206, F.S. The bill also amends ss. 430.203 and 430.205, F.S. The bill repeals s. 430.041, F.S.

II. Present Situation:

A “multiservice senior center” is defined by s. 430.203(10), F.S., as a “community facility for the organization and provision of a broad spectrum of services, which shall include provision of health, including mental health, social, nutritional, and educational services, and the provision of facilities for recreational activities for persons 60 years of age or older.” It is further specified in s. 430.206, F.S., that if practicable, multiservice senior center services must be available to functionally impaired elderly persons, and must be centrally located and easily accessible to public transportation, if feasible.

The U.S. Administration on Aging estimates that there are currently anywhere from 10,000 to 16,000 senior centers across the country. Florida has approximately 260 senior centers around the state. These senior centers are operated by a variety of host organizations, such as private non-profit organizations, municipal governments, county governments, and other types of organizations. It has been estimated that as many as 380,000 older Floridians visit these centers annually.¹

Senior centers offer programs and services for older adults, within local communities, that are designed to assist independent older adults in remaining active and healthy. Services and programs are typically provided in five main categories: health (including mental health), social, nutritional, educational and recreational. Senior centers vary in their hours of operation as well as the types of programs that are offered, depending upon the needs of the community.

The best models of senior centers offer a wide variety of programming that attracts participants of many ages and economic backgrounds, involves many community partners, and engages participants in the centers’ planning and curriculum selection. Accreditation is the official recognition that a senior center is meeting its mission in a nationally accepted professional fashion. Accreditation is based on a senior center’s compliance with nine standards of operation and is provided by the National Institute of Senior Centers (NISC), a unit of the National Council on Aging. National accreditation has been awarded to 114 senior centers across the United States with 90 of these centers being located in Florida.²

Benefits of Senior Centers

A study involving 734 senior center participants from seven states, including Florida, found that the majority of senior center participants credit senior center programming with improving their mental and physical health, and three-fourths specify that the center has helped them remain independent.³ Friendships that are developed through participation at senior centers provide for the development of a support network that helps older individuals to maintain independence.

¹ About Florida’s Senior Centers, the Department of Elder Affairs, <http://elderaffairs.state.fl.us/doea/english/SeniorCenter/seniorCenter.html>

² Constituent Groups: NISC Accreditation, The National Council on Aging, <http://206.112.84.147/content.cfm?sectionID=131>.

³ Florida’s Senior Centers, Bringing the Picture into Focus, Results of the 2004 Profile Study (p. 7), Florida Association of Senior Centers & the Department of Elder Affairs.

Issues

For the past several years, the Florida Association of Senior Centers has encouraged the inclusion of a more appropriate definition of senior centers in the Florida Statutes that applies to all senior centers. In 2004, the definition of a multiservice senior center was revised in s. 430.203(10), F.S., to more closely resemble the definition that is provided by the Older Americans Act. However, the statutory placement of the definition assigns it within the “Community Care for the Elderly Act,” which targets functionally impaired elders. Concern has been expressed that the current placement does not clearly reflect the range of services and programs that are provided by senior centers.

Office of Long-Term-Care Policy

CS/SB 1276 (2002) created the state Office of Long-Term-Care Policy (s. 430.041, F.S.). The purpose of the office is to:

- Ensure close communication and coordination among state agencies involved in developing and administering a more efficient and coordinated long-term-care service delivery system in Florida;
- Review current programs providing long-term-care services to the elderly, including those in home, community-based, and institutional settings, and review program evaluations to determine whether the programs are cost effective, of high quality, and operating efficiently and make recommendations to increase consistency and effectiveness in the state’s long-term-care programs;
- Develop specific implementation strategies and funding recommendations for promoting and implementing cost-effective home and community-based services as an alternative to institutional care, when appropriate, which coordinate and integrate the continuum of care needs of the elderly; and
- Recommend roles for state agencies that are responsible for administering long-term-care programs for the elderly and an organization framework for the planning, coordination, implementation, and evaluation of long-term-care programs for the elderly.

The Director of the Office of Long-Term-Care Policy is appointed by the Governor and, until 2004, was under the general supervision of the Secretary of the Department of Elderly Affairs (DOEA). In 2004, the Legislature changed this arrangement and required DOEA to serve in an administrative supportive role to the Office of Long-Term-Care Policy. The 2002 Legislature funded three full-time equivalents (FTEs) and \$350,000 in General Revenue for the office for FY 2002-2003. This was recurring for FYS 2003-2005.

Since its creation in 2002, the Office of Long-Term-Care Policy has seen significant turnover in its senior administration. The position of Director of the Office of Long-Term-Care Policy has been vacant for most of the time since its creation in 2002. The most recent director was only in the position for five months until being appointed as Secretary of DOEA in March 2005. At this time, the position is, once again, vacant.

III. Effect of Proposed Changes:

Section 1. Creates s. 430.901, F.S., to provide a comprehensive definition for “multiservice senior center,” as well as to specify the purpose of these centers. Specifically, the bill provides that a multiservice senior center is:

- A community facility that is a focal point for the organization and provision of a broad spectrum of services suited to the diverse needs and interests of independent older persons, which may include nutritional meals; health, mental health, social, wellness, respite care, and education services; and recreational activities;
- An entity authorized to partner with an aging resource center to provide for easier access to long-term care services by seniors and their families who reside within the local community;
- A setting that provides opportunities that enable participants to stay connected to their communities and support networks; and
- A setting designed to offer preventive screenings, activities, and services that may divert seniors from more extensive in-home services and help reduce, delay, or prevent premature institutionalization.

Section 2. Renumbers s. 430.206, F.S., as s. 430.902, F.S., and amends the section to provide that multiservice senior service centers should, rather than must, be centrally located, and to encourage the centers to seek national accreditation by the National Institute of Senior Centers.

Section 3. Renumbers subsections (11), (12), and (13) of s. 430.203, F.S., and deletes s. 430.203(10), F.S., to remove the current definition of multiservice senior center, since a new definition is provided in s. 430.901, F.S., as created in Section 1 of the bill.

Section 4. Amends s. 430.205, F.S., to incorporate by reference the new definition of multiservice senior centers as created in s. 430.901, F.S.

Section 5. Repeals s. 430.041, F.S., to abolish the Office of Long-Term-Care Policy.

Section 6. Provides an effective date of July 1, 2005.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

The provisions of this bill have no impact on municipalities and the counties under the requirements of Article VII, Section 18 of the Florida Constitution.

B. Public Records/Open Meetings Issues:

The provisions of this bill have no impact on public records or open meetings issues under the requirements of Article I, Section 24(a) and (b) of the Florida Constitution.

C. Trust Funds Restrictions:

The provisions of this bill have no impact on the trust fund restrictions under the requirements of Article III, Subsection 19(f) of the Florida Constitution.

V. Economic Impact and Fiscal Note:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The elimination of the Office of Long-Term-Care Policy would produce an estimated cost savings of \$350,000, although the exact amount is indeterminate at this time.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

This Senate staff analysis does not reflect the intent or official position of the bill's sponsor or the Florida Senate.

VIII. Summary of Amendments:

None.

This Senate staff analysis does not reflect the intent or official position of the bill's sponsor or the Florida Senate.
