

THIS AREA PLAN IS PENDING STATE APPROVAL.



**Harris County Area Agency on Aging
Area Plan (PENDING STATE APPROVAL)
Fiscal Years 2008 - 2010**

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A. Authorized Signature Form

The Area Plan is hereby submitted by the City of Houston, for the period covering October 1, 2007 through September 30, 2010 (fiscal year 2008 through fiscal year 2010). It includes all assurances to be followed by the Harris County Area Agency on Aging under provisions of the Older Americans Act, as amended, during the period identified. The Harris County Area Agency on Aging will assume full authority to develop and administer the Area Plan in accordance with all requirements of the act and related State policy. In accepting this authority the Harris County Area Agency on Aging assumes the major responsibility for the development and administration of the Area Plan and serves as an advocate and focal point for older people in the planning and service area. **The signature(s) below is of the individual(s) authorized to sign for purchase vouchers, budget amendments, expenditure reports and requests for payment; any changes to this information will be provided by the grantee by replacement of this form.**

_____ Sally Switek Chief Accountant	_____ Signature
_____ Typed Name	_____ Signature
_____ Title	

I certify that the signatures above are the individuals authorized to sign for purchase vouchers, budget amendments, expenditure reports and requests for payment.

Stephen L. Williams, M.Ed., M.P.A., Director _____
Signature

I hereby certify the governing body of the Grantee Agency has reviewed and approved the Area Plan; further, that the grantee and area agency on aging will comply with the federal requirements and assurances contained in the Older Americans Act, as amended, and with appropriate Texas Department of Aging & Disability Services, Access &

Assistance – Area Agency on Aging’s outcomes for services contained in the Texas Administrative Code.

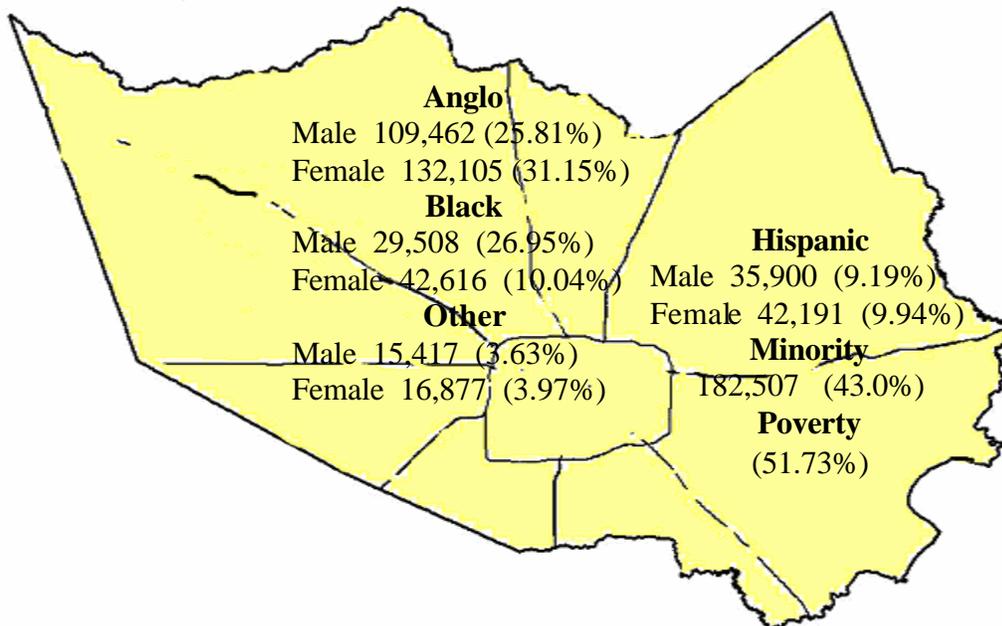
<hr/> Bill White, Mayor City of Houston	<hr/> Signature	<hr/> Date
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Executive Summary

The Harris County Area Agency on Aging is apart of the City of Houston Department of Health and Human Services and was established in January 1977 to provide federally funded **social services for the elderly, 60 years and older**, as authorized by the Grants for Community Programs on Elderly, Programs on Aging, Title III, Older Americans Act of 1965 and its subsequent amendments (“the Older Americans Act”) Consistent with the Act, each Area Agency on Aging is required to prepare and develop an area plan for its service area for a three year period. This plan includes required components of an environmental overview, regional needs summary and local strategies to be implemented in supporting state strategies and the Older Americans Act.

Harris County’s elderly population and projected growth mirrors many of the national and state trends as reflected in the general elderly population. These trends are some of the challenges which the aging network and its constituents must be cognitive of in planning for future service needs and advocacy efforts.

Harris County 2007 Projections for the 60-Plus Population
Source: Texas Health and Human Service Commission
Total 60+ Population 424,074



Some of the challenges and opportunities in providing services to the elderly and their caregivers include:

- While Harris County is considered relatively young in comparison with other counties, the population is aging. Harris County has over 250,000 seniors 65+ years. The fastest growing age cohort is the 85+ group. Surveys show older adults prefer to age in place and continue their community relationships.
- Long-term care and supportive services are costly. In Harris County, average costs of nursing facility care is \$3,500 per month
- Transportation to access needed services continues to be one (1) of the top five (5) service priorities in Harris County
- The Texas Survey of Substance Abuse Among Adults indicates that an estimated 10 to 17% of older adults age 60 and over have alcohol and prescription drug problems
- Increased migration into Harris County by older adults immigrating to this country to join adult children has increased the diversity of elderly persons as well as the need for culturally appropriate services
- The lack of access to needed health care and related prescription drug assessment continue to negatively impact the health status of many elderly persons in Harris County.
 - Housing issues facing seniors are affordability, home repair and rehabilitation, need for home modification and supportive services, along with the availability of home equity loans and reverse mortgages to support communities and long term care needs.

Existing FY03-07 contracts will be extended for FY08 until such time as the new request for proposal (RFP) for services is issued in FY08.

The following service and administrative priorities have been identified through input and feedback from Service providers, Area Planning Advisory Council, HCAAA staff,

aging service partnerships and constituents by the Harris County Area Agency on Aging for Fiscal Years 2008 – 2010:

- Adult Day Care
- Caregiver Education and Training
- Caregiver Information Services
- Caregiver Support Coordination
- Care Coordination
- Chore Maintenance
- Health Promotion
 - Dental
 - Hearing
 - Vision
 - Prescription Assistance
- Information Referral and Assistance
- In-Home Services
 - Homemaker
 - Personal Assistance
 - Respite Care
 - In-Home
 - Institutional
 - Non-residential
- Legal Assistance (Benefits Counseling)
- Legal Awareness (Benefits Counseling)
- Medication Management
- Mental Health Services
- Nutrition Services
 - Congregate Meals
 - Home Delivered Meals
- Ombudsman
- Residential Repair (as funding permits)
- Recreation and Leisure (as funding permits)

- Senior Center Operations
- Transportation
 - Demand
 - Fixed Route
- Administrative – Planning and Advocacy

The projected availability of federal, state and local funds to support these service priorities for FY08 are:

Funding Source	Award
Title III – B Supportive Services	\$1,779,119
Title III-C Nutrition Services	\$3,685,335
Title III-E Caregiver Programs	\$1,078,459
Title III – Administration	\$793,673
Title III – D Health Maintenance	\$193,258
SGR State General Revenue	\$505,503
General Fund	\$269,549
Community Development Block Grant	\$581,000
NSIP	\$874,085
Title VII - EAP	\$40,774
Title VII - OAG	\$93,181
*ACCESS Grant (only till 2008)	\$437,570
Other	\$45,211
Total	\$10,376,717

As required by the Texas Department of Aging and Disability Services, all area plans must include local strategies which support the Administration on Aging’s (AoA) Program Goals and the Texas Department of Aging and Disability (DADS) State Strategies:

AoA Program Goals:

- Increase the number of older people who have access to an integrated array of health and social supports
- Increase the number of older people who stay active and healthy
- Increase the number of families who are supported in their effort to care for their loved ones at home and in the community
- Increase the number of older individuals who benefit from programs that protect their

rights and percent elder abuse, neglect and exploitation.

DADS State Strategies:

1. Intake, Access and Eligibility to Services and Supports:
 - a. Intake and Access - Provide a locally based system that connects people with the services and benefits they need through ombudsman services, care coordination, information, referral and assistance and legal assistance.
2. Non-Medicaid Services:
 - a. Nutrition Services - Provide a statewide, locally based system of nutrition services that include meals, counseling and education designed to promote good health and prevent illness.
 - b. Services to Assist Independent Living - Independence and Productivity provides a locally based system of services to maintain personal independence through the provision of supportive services, transportation and senior center activities and provide opportunities for increased personal productivity through community service volunteering.

Local strategies have been developed to complement the national and state program foci. The Area Plan is for program planning and service delivery should achieve ultimate outcomes of increased advocacy for older adults and caregivers, appropriate service structures and service delivery and enhanced values to the quality of life for Harris County's elderly and their caregivers.

As advocates and service providers further address initiatives associated with consumer choice, choices for independence, integrated intake and eligibility systems, aging in place, the challenges of increased awareness of older adult issues, strengthening collaborative efforts, better leveraging of all resources and greater service coordination, will be the underlining framework for the 2008 - 2010 Area Plan.

I. Environmental Assessment Overview

A. Community Assessment

Harris County is the third largest county in the United States by population and home to the fourth largest city in the United States, Houston Texas. Harris County is located on the upper Gulf Coast in Southeast Texas which is part of the Houston Metropolitan Statistical Area (MSA) along with the counties of Waller, Montgomery, Liberty, Fort Bend, Brazoria and Chambers)(Figure A-3). Almost three-quarters of the county is covered by the City of Houston and thirty smaller communities (Figure A-4); only 27 percent (310,000 acres or 485 square miles) of the county is rural.

FIGURE A-1

Total Harris County Population 3,639,816

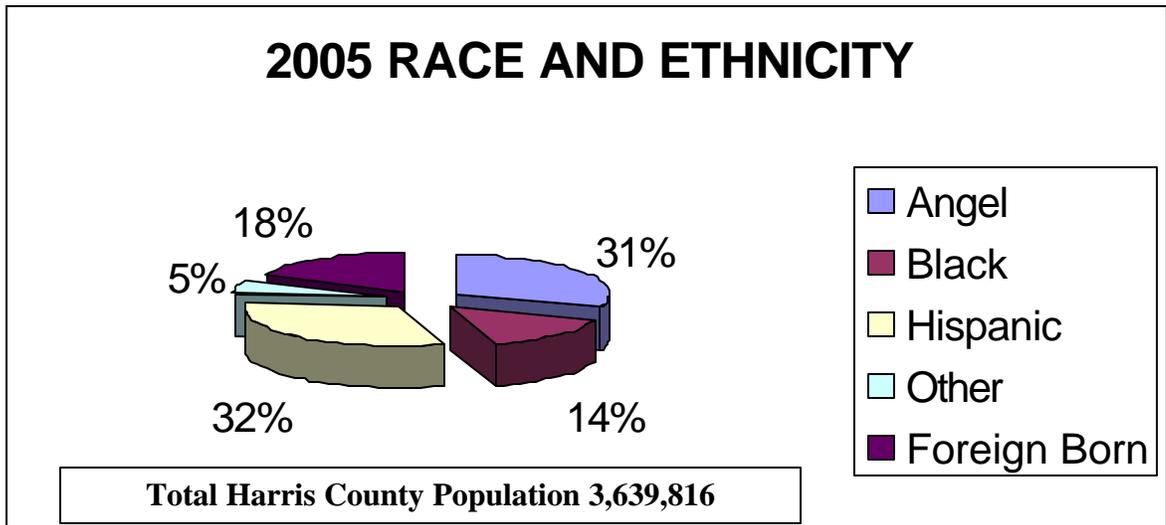
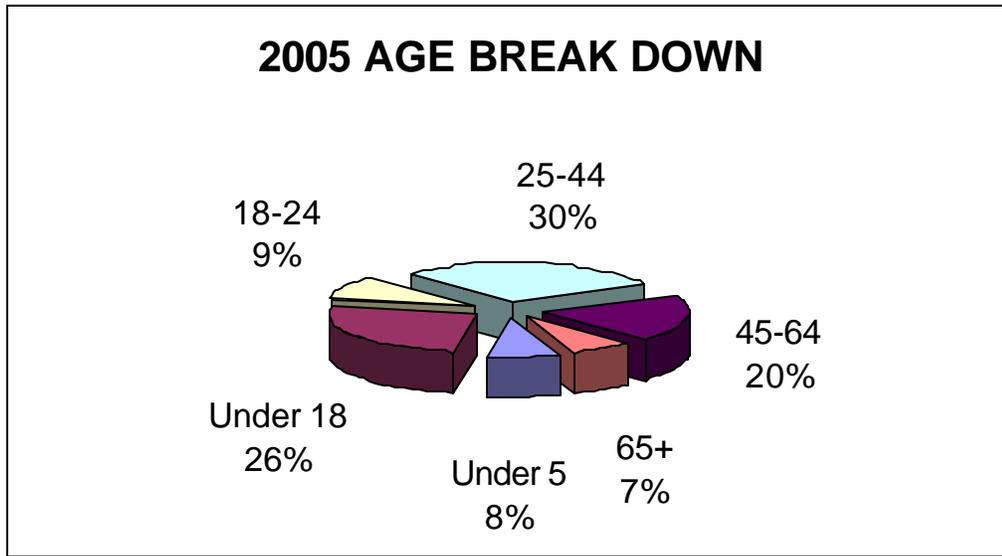


FIGURE A-2

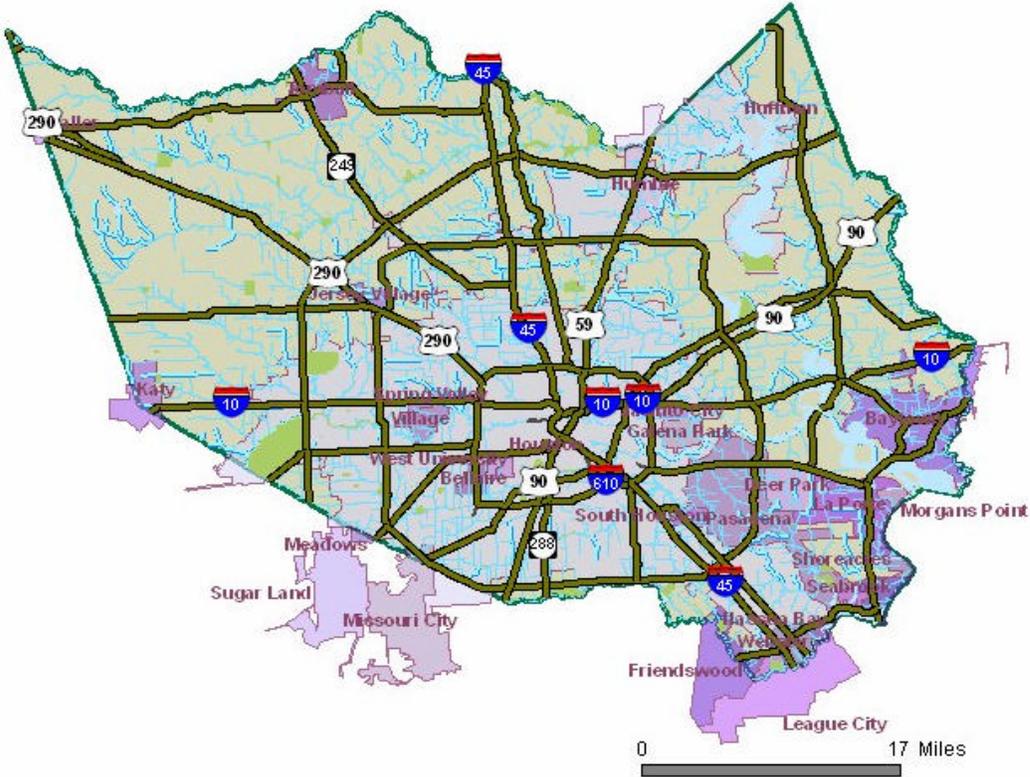


Total Harris County Population 3,639,816

**FIGURE A-3
HOUSTON-GALVESTON REGIONAL MAP**



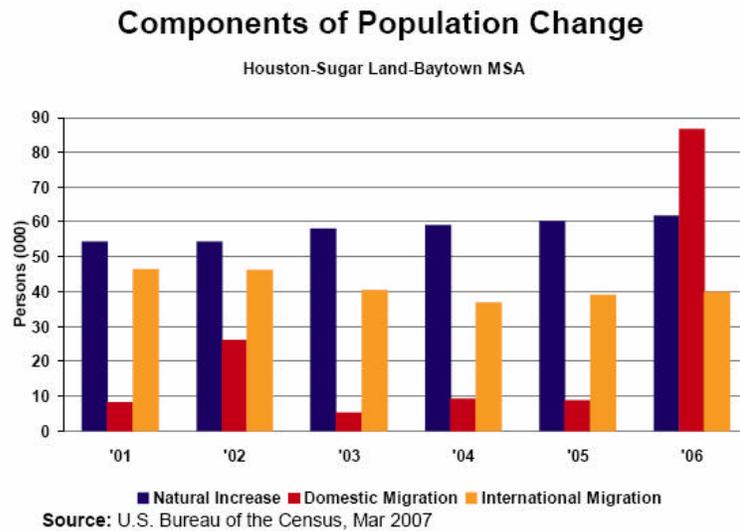
**FIGURE A-4
HARRIS COUNTY AT A GLANCE**



According to Dr. Steve Murdock Texas State Demographer, four key demographic elements will impact Harris County and will affect nearly all persons in coming years:

- Rate of population growth
- Rate of the aging of the population
- Rate of growth in racial/ethnic minority populations and
- Rate of change in household composition

FIGURE A-5



- Harris County has experienced substantial population growth, with most of that growth due to immigrants from other states in the United States and immigrants from other nations and their descendants. Dr. Murdock’s report of the increased migration into Harris County is borne out with the increase diversity of older adults, particular those immigrating to this country to join their adult children. This raises issues of access to and provision of services, which are culturally appropriate and responsive to the needs of specific groups.
- Net Migration account for approximately 56 percent of Houston’s population growth since 2000. Given Houston’s prominence in international business, it is perhaps not surprising that net international immigration account for an overwhelming 77 percent of net migration (some 210,000 people) form mid-2000 to mid-2005. The surge in domestic migration between 2005 and 2006, which reflect the influx of evacuees fom southern Louisiana in the wake of Hurricane

Katrina in late 2005, has reduced international migration to 56 percent of post-census migration (Figure A-5).

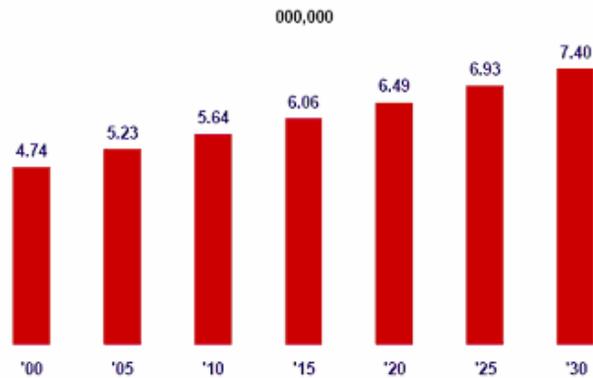
- The minority population is expected to continue to grow, increasingly to represent more than half of the total population. This diverse population will also be an aging population. As baby boomers' reach retirement age, median age will increase reflecting an overall older population. A young minority population in Harris County will temper the boomers' increased age.
- While Harris County is considered relatively young in comparison with other counties, the population is aging. **Baby boomers** accounted for 27 percent of Harris County's population in 1990. According to 2000 Census figures, baby boomers will comprise more than 29 percent of the total population. It is projected that by 2030, one out of every six persons (16.8 percent) will be over 65 years old compared with 7.7 percent in 1998 (Figure A-3).
- In addition to Houston's diverse population, Houston also has a young population; 37 percent of Houstonians are 24 years old or younger and 34 percent are between the ages of 25 and 44.
- Houston is home to the Texas Medical Center, the largest medical center in the world, with a local economic impact of \$10 billion. More than 52,000 people work within its facilities, which encompass 21 million square feet. Altogether 4.8 million patients visit them each year.
- Houston has the most affordable housing of 10 most populated metropolitan areas; Houston housing costs are 39 percent below the average of 26 U.S. urban populations of more than 1.5 million.

- Houston has the second lowest cost of living among major American cities.

According to the Greater Houston Partnership, Houston has one of the lowest costs of living anywhere in the country. Houston's housing costs in cities of more than two million people are 44 percent below the national average.

FIGURE A-6

**Houston-Sugar Land-Baytown MSA Population
2000-2030**



Source: Woods & Poole, 2005 MSA Profile

According to the Wood and Poole, 2005 MSA Profile, if the city of Houston were a state, it would rank 36th in population, its 2.01 million residents in 2004 placing it behind Nevada and a head of New Mexico.

Harris County's Elderly Population

Harris County's elderly population and projected growth mirrors many of the national and state trends as reflected in the general elderly population. These trends are some of the challenges which the aging network and its constituents must be cognitive of in planning for future service needs and advocacy efforts. Additional data profiles, facts, and trends reflective of this population are as follows:

- The United States population is **rapidly aging**. By 2030, the number of Americans aged 65 and older will more than double to 71 million older Americans, comprising roughly 20 percent of the U.S. population. In some states, fully a quarter of the population will be aged 65 and older. An enhanced focus on promoting and preserving the health of older adults is essential if we are to effectively address the health and economic challenges of an aging society (Figure A-6).
- The population of **minority elderly is expected to increase 500%** in the next 55 years.
- More **older adults are living longer**, healthier, and participate more in their communities. With this trend, increasing transportation options for older adults will increase their independent mobility and overall quality of life. A study conducted by Multi-systems revealed that because of **limited affordable transportation in Harris County**, most trips are being made for medical appointments and grocery shopping to access needed services. Desired trips such as trips to visit other family members and church are not being taken. Transportation continues to be one (1) of the top five (5) service priorities in the service delivery network.
- Nationally, among **Elderly Nutrition Program participants**, 80 to 90 percent have incomes below 200 percent of the Department of Health and Human Services poverty level index, which is twice the rate for the overall population. More than twice as many Title III participants live alone and two-thirds of participants are either over or under their desired weight, placing them at risk for

nutrition and health problems. Within Harris County there is a decrease in the number of congregate meal participants while the demand for home delivered meals is growing with long waiting lists.

- Data from **Trends in Health Status and Health Care use Among Older Women** indicate that in 2005, **older women** represented over one-half (58 percent) of the population ages 65 years and over, more than two thirds (69 percent) of the population aged 85 years and over, and 80 percent of the population age 100 years over (1).
- **The National Center on Elder Abuse** estimates **2 million frail older Americans are victims of elder abuse, or neglect**; the majority of cases go unreported. In response to this growing problem, the Harris County Hospital District geriatric and Baylor College of Medicine formed a unique collaboration with the Texas Department of Protective and Regulatory Services, and Adult Protective Services Division to form the Texas Elder Abuse and Mistreatment (TEAM) Institute. The program is designed as a comprehensive approach to identifying, intervening and preventing elder abuse and mistreatment. It has three important and familiar focuses, clinical care, education and research. Statistics from the Team Institutes reflect:
 - Elder mistreatment (EM) is a serious and growing US problem
 - Approximately 3-5 million elders suffer (EM) annually
 - 2005 data confirmed 44,034 allegations of EM in Texas
 - **The number of EM referrals in Harris County, Texas increased by 20% in 2005**

- Self-neglect account for more than 80% of all EM cases
- **EM increases mortality 2-3 fold**
- Older women experience domestic violence as much as younger women

The Harris County Elder Abuse Fatality Review Team (EFFORT) is organized under the Texas statute to review suspicious elder and make recommendations to impact policies and practices.

- According to Dr. Carolyn Marshall at the University of Texas Health Science Center at San Antonio, it is estimated 50% to 77% of elders in long-term care facilities have lost all of their natural teeth. **Approximately 500 thousand (26%) adults Texans (65+) have lost all of their teeth due to oral disease.**
- **Texas Survey of Substance Abuse Among Adults** indicates that an estimated 10 to **17% of older adults age 60 and over have alcohol and prescription drug problems**, translating to approximately 27,000-46,000 Houston/Harris County residents who may be dealing with this issues. Loneliness, bereavement, widowhood and retirement are among the late life stressors that may lead to the exacerbation of existing alcohol problems or initial onset of alcohol problems. Alcohol abuse is a major factor in depression and may lead to suicide (Osgood, 1985).
- According to the 2003-2007 Harris County Consolidated Plan - **Community Profile and Housing** Market Analysis, the housing market in the greater Houston area has responded to the demand for senior-only, single-family and multi-family housing projects. However, many of these developments are not within the range of affordability for low and moderate-income older adults. According to the

Texas Department of Housing and Community Affairs, **shortage of affordable housing for low-income older adults is a serious problem.**

- Within Harris County, the Care for Elders, Robert Wood Johnson supported Long Term Care Initiative, has made an effective case for the need for **coordinated long-term care services** in Harris County: With increasing age, there is increase risk of health conditions and functional impairment that create the need for long term care and supportive services.
 - According to Care for Elders in Houston, Texas 23% of those citizens ages 60-74 accounted for the population of seniors who do not know where to turn if they need assistance in finding a personal care home. Those citizens 75+ also accounted for 23%.
 - This massive demographic shift, combined with a shrinking home care workforce and fewer family members available to provide care, places elder care issue at the center of Harris County's future.
 - About 7 million persons age 65 and older needed **long-term care services** in 1997. It is projected that the number will rise to 10.8 million by 2030.
 - Long-term care and supportive services are costly. In Harris County, the average cost of nursing facility care is \$3,500 per month. Add in a few prescriptions and miscellaneous expenses, a person will pay about \$45,000 or more per year
- Access to information referral and assistance as well as public benefits continue to present challenges to older persons and their caregivers. The implementation of **system navigators** to help individuals in navigating the services delivery maze

has proven valuable in making the case for the use of system navigators. Harris County's elderly population continues to benefit from navigators in the Alzheimer's Demonstration Grant, My Medicare Matters, and Care For Elders Access Network.

- The experience with Hurricane Katrina/Rita brought light to the need of adequate planning and preparation to assist Special Need population with evacuation, sheltering, and repatriation. The Harris County AAA is working closely with the City of Houston Department of Health and Human Services, Office of Emergency Preparedness, the City of Houston Office of Emergency Management and local aging network providers in further developing and implementing an effective **emergency preparedness plan for special needs populations**, inclusive of the already established special needs registry.
- The changing family and community structure also presents added challenges in the area of **caregiver support** for many older persons. Factors including but not limited to:
 - The mobilization of family members to areas beyond the residence of older family members create long-distance caregiver issues
 - The increase in longevity has created a situation of older caregivers caring for older spouses and other older relatives
 - Increased single parents, incarcerated parent(s), parents addicted to drugs and alcohol, children who are victims of abuse or neglect have created a group of children who are now being raised by grandparents who are 60 years or older

- Increased employment opportunities for women and the financial requirements for today's families have reduced the number of women who remain at home and who once were the backbone of family caregiving. Harris County family caregiver support providers will continue to strengthen its network of services, community education and advocacy efforts in this area.
- The projected **poverty** rate for older adults (age 60 and over) in Harris County is 19.16%. Whereas this percentage has decreased over the years, in large part due to the Social Security cost of living allowances (COLA's), the rate still represents a significant factor for many older adults accessing services. The following chart reflects the distribution of low-income older adults in Harris County. There is also a significant difference in the poverty levels among white and minority elders.

Figure A -7
Percentage of Harris County Individuals
Whose Incomes in 2004-2005 Were Below the Poverty Level (1)

Race/Ethnicity	Age 65-74	Age 75 and Over
White, not Hispanic	5.24%	6.29%
Black or African American	19.57%	27.43%
Asian	20.47%	19.47%
Other Race	21.86%	24.73%
Hispanic	19.22%	27.32%

1. Source: U.S Census Bureau, 2005 American Community Survey

- Older adults experience loss of loved ones, physical changes and environmental obstacles that lead them emotionally taxed. **Depression** is a reality in the elderly. Nationally, Sixty-five percent of the elderly have some form of depression

accounting for 25% of all suicides. Elderly males have the highest rate of all age groups. Locally the evidenced based Healthy Ideas Program is being successful in addressing this issue.

- The implementation of **evidenced based health promotion programs** nation wide have increased the awareness of the importance of participating in health promotion programs with established outcome measures. Within Harris County, the evidence based health promotion programs in the areas of chronic disease management, physical fitness, depression, and behavior modification are now being implemented on an ongoing basis.

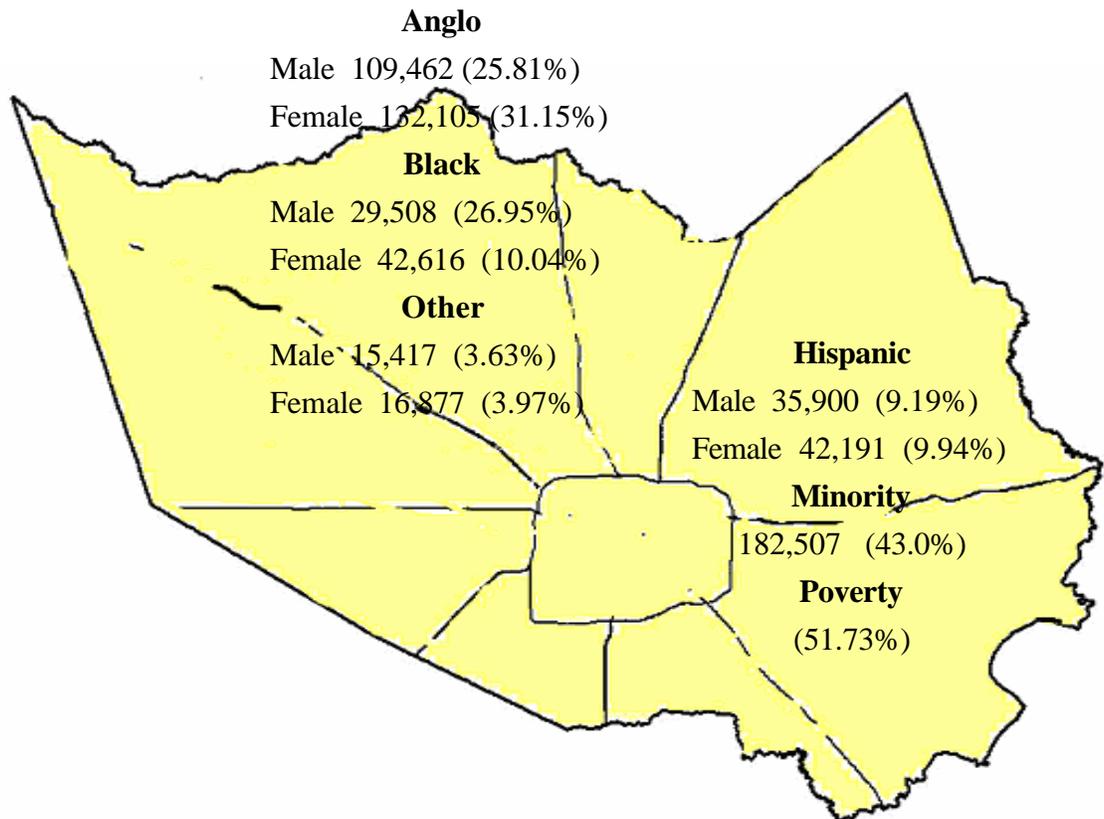
The changing demographics in our society and increased attention to older adults, research and studies at national state and local levels, have yielded valuable data to serve as a foundation for further advocacy, planning, and coordination and service delivery in Harris County. As we attempt to further implement initiatives associated with consumer choice, choices for independence, integrated intake and eligibility systems, and keeping individuals in the least restrictive environment, the challenges of strengthening collaborative efforts, increased leveraging of all resources and greater coordination, will be the underlining framework for the 2008 - 2010 Area Plan.

FIGURE A-8

Harris County 2007 Projections for the 60-Plus Population

Source: Texas Health and Human Service Commission

Total 60+ Population 424,074



B. Organizational Structure

The City of Houston serves as the grantee agency for the Harris County Area Agency on Aging (Agency) which is organizationally placed within the Houston Department of Health and Human Services (HDHHS), Neighborhood Service Division, Human Services Bureau (Attachment 2). The Mayor and City Council serve as the governing body for administering the provision of services under the Harris County Area Agency on Aging (Attachment 2). The Director of Houston Department of Health and Human Services is responsible for the management and oversight of the Agency via the Assistant Director for the Neighborhood Services Division. The organizational placement of the Harris County Area Agency on Aging within the Bureau of Health and Human Services reflects the centralization of all human service activities in one area. In recognition of the need to address and provide a broader array of services for older adults, the Department has developed a special elderly program component, which has greater flexibility in assisting vulnerable elderly in remaining in their homes through the Care Coordination Program.

Area Planning Advisory Council (APAC)

In accordance with the mandate of the Older Americans Act of 1965 and its subsequent amendments, the Agency has as an integral component of its organizational structure, the Area Planning Advisory Council. It is comprised of fifty-four (54) members with appointments from local elected officials and the advisory council chair. Through the advisory council's organizational structure (Attachment 4) of committees and on-going advocacy efforts, it provides input into the needs and issues of older adults and identifies service priorities for funding. Representation ranges from senior advocate organizations,

service providers, consumers and caregivers, institutions of higher learning with geriatric program and home health agencies and other interested parties. As a part of the monitoring of Title III Programs, the Nutrition Sub-Committee, schedules on-site visits to the Central Kitchen, as well as to congregated meal sites.

Harris County Area Agency on Aging

Harris County Area Agency on Aging was established in January 1977 to provide services for the elderly residents of Harris County. While under the governance of the City of Houston, the Agency is mandated to serve all residents of Harris County 60 years or older and their caregivers. The Area Agency on Aging has 34 full time staff positions as reflected on the following organizational chart and four full-time contract staff persons working on with the Alzheimer's Demonstration (ACCESS Grant) (Attachment 4). The primary staffing areas are; administration which includes staff for program management and compliance, as well as direct services staff in the area of Access and Assistance Services.

The Harris County Area Agency on Aging is located at 8000 North Stadium Drive and serves as the primary location for the agency. The Agency's location is conveniently accessible to freeways and public transportation. The facility has parking accommodations and meets ADA requirements. In 2006 a satellite location was opened under the City of Houston Parks and Recreation West Gray Adaptive Recreational Therapy Center.

Human Resources Strengths and Weaknesses

The Area Agency on Aging continually strives to address and meet the needs of its constituents with appropriate agency administration and program management. In doing so, the agency must recognize assets and liabilities, which impact the success of its mission. To that end, the following strengths and weaknesses have been identified:

➤ Strengths

City of Houston Resources – The organization placement of the Agency within the City of Houston governmental structure affords the Agency added administrative resources and support systems which augment its ability to remain administratively and fiscally compliant with the Texas Department on Aging and Disability Services. The Agency is able to provide a continuation of services across fiscal funding periods when all anticipated awarded funds are not received in a timely manner. This in itself minimizes service disruptions to agency operations and most importantly clients. The City's wealth of experts within various city departments affords the opportunity to collaboratively advocate in the areas of exploitation/abuse, public safety, recreational and leisure, environmental hazards and volunteerism. Being a part of a governmental entity is a continued reminder of the duty to remain accountable in the provision of service to the public.

The **diversity of the workforce** is reflected not only in the ethnic diversity of the staff, but the varied experience that staff brings to the organization. As the AAA continues to address and meet the challenges of serving an increasingly diverse elderly population and caregivers who have limited English proficiency, the availability of a bilingual and

culturally sensitive staff will be even more important. The certification of Benefits Counselors in the area of Aging Information Referral Specialist/Aging (AIRS) is consistent with the program direction to establish integrated intake and eligibility systems and enhanced I& R.

The **Benefits Counseling Program** continues to be recognized as the signature program for the AAA, in that it provides critical information and counseling to caregivers and older adults regarding public benefits, long term care insurance, housing matters, as well as prescription assistance. Certified Benefits Counseling staff receives on-going training and updates from the Texas Department of Insurance, The Centers for Medicare and Medicaid, as well as the Texas Department on Aging and Disability Services.

➤ **Weaknesses**

Lack of Competitive Salaries – The use of existing City of Houston job classifications to perform needed functions presents challenges in the recruitment of applicants with the required education and experienced and/or approved salaries are not always reviewed within the context of duties and responsibilities to be assumed, but often viewed within the context of other employee incumbents in the position. This often time contributes an environment where program staff, in particular, are always looking for positions with higher compensation. The in-depth program management, monitoring and reporting requirements to achieve agency effectiveness and contract compliance, require a level of staffing stability and capacity to insure that this occurs. The cross training of staff and the use of temporary positions, while of value, cannot compensate for the asset of stable

and qualified staffing. The Agency is proposing, in the FY2008 Area Plan, the upgrading of some positions and adding two (3) positions (nutrition consultant, health inspector for nutrition sites and senior planner).

C. Service Delivery System, System Design, Program Development and Innovations

The Agency structures its delivery of services to support the Older Americans Act, service priorities and program initiatives, as established under the Older Americans Act, the Texas Department on Aging and Disability Services and local Harris County service priorities. On-going advocacy for older adults through education, programs, consensus building and network collaboration, serves as the core of the Agency's mission "to promote well-being, independence and dignity for older persons". It is at the heart of these values that the Agency is committed to facilitating access to eligible benefits and services for all elderly persons and caregivers. In addition, it is also important that effective outcome measures and appropriate evaluation components be put in place as an integral part of program operations.

The agency recognizes the importance of establishing a formal planning process for the projection of future service needs and issues facing not only the current generation of older adults, but the emerging population of baby boomers. The creation of a dedicated position for the agency during the next year will help direct the agency's leadership role in the area of advocacy, planning and coordination.

The HCAAA, in conjunction with the Houston Department of Health and Human Services (Attachment 2) will also collaborate around evidence based health promotion programs, caregiver education and training, vendor pool services, chronic and communicable disease interventions, as well as environmental assessments. As increased

efforts are undertaken to reduce health disparities locally, further expansion of existing programs and implementation of new models, will be implemented, particularly in the areas of physical fitness, depression, chronic disease management and falls prevention.

During the past four years, the introduction of evidenced health promotion programs by aging network providers, the City of Houston Parks and Recreation Department, the City of Houston Health and Human Services Department and the OASIS Program, have increased the awareness and importance of incorporating these successful models into existing elderly programs and the broader community.

The continued development of an integrated intake and eligibility system as reflected in the Aging and Disability Resource Center concept will continue to be given attention so that barriers and challenges associated with needed services can be minimized. Areas of focus during the next 3 years will be in developing referral protocols, cross training of staff and the development of integrated intake forms. Key partners in this effort, in addition to the HCAAA, are the Texas Health and Human Service Commission, Texas Department of Aging and Disability Long Support Term Services, Mental Health Mental Retardation Authority of Harris County, Care for Elders, Houston Center for Independent Living, Gateway to Care and United Way of the Texas Gulf Coast.

Area Agency on Aging's Services

Harris County is fortunate to have a large number of human service agencies, both public and private, which provide and/or advocate services for older adults and caregivers. Despite this large network of providers, consumers continue to experience difficulties in navigating the maze of services and understanding the eligibility/payment mechanism

requirements. This recognition of service access issues has been at the forefront of Area Agency on Aging's efforts to develop a consumer focused and consumer choice system of service delivery. The Area Agency on Aging also recognizes the magnitude of service needs, coupled with limited and competing financial resources throughout Harris County, dictate that the agency critically assess its direct service role in the aging network in light of federal and state mandates, organizational capacity and a changing human service arena. It must also participate and or establish collaborative partnerships which will help to leverage funding as well as facilitate ease of access to services by our constituent population.

The development of an **Aging Agenda** for the City of Houston, along with the development of an **Elder Report Card** by Care for Elders will provide valuable information, not only to the HCAAA but to all health and human service providers serving older persons/caregivers. These initiatives will assist organizations in their planning efforts for future service direction.

Direct Service Provisions

The Agency service delivery system, during the next year, will continue to focus on the provision of **direct services** under the umbrella of **Access and Assistance Services: Information, Referral and Assistance, Legal Assistance/Awareness (Benefits Counseling), Care Coordination (case management) and Caregiver Support** (Figure C- 2). The provision of these services directly insures the appropriate targeting of agency resources consistent with the requirements of the Older Americans Act and DADS

Mandates. In particular, **Information, Referral and Assistance** will serve as the catalyst for assessing service needs and facilitating service delivery through linkages to appropriate resources. The HCAAA's participation in the Care for Elders' Access Network of enhanced Information and Referral, along with the direct connect provision will further enhance the linkage of service to appropriate resources for clients. **Benefits Counselors** will focus on assisting clients to appropriately identify and receiving public benefits available to them. As older adults and caregivers require the services of public and private entities, assistance with eligibility screening and service linkages will become of paramount importance.

The fastest growing segment of the elderly population continues to be those individuals 85 years and older. The **Care Coordination staff** will assess the needs of the frail elderly to plan, arrange, coordinate and follow-up on services tailored to meet the identified unmet need(s) to maintain independence and enhance quality of life.

Through the use of an established vendor pool, under the Access and Assistance Program, the Area Agency on Aging is able to procure services for clients in the areas of:

- Personal Assistance
- Homemaker
- In-Home Respite
- Adult Day Care
- Health Maintenance
 - Prescription Assistance

- Dental
- Hearing
- Vision
- Medication Management
- Legal Assistance

Contracted Services

Harris County Area Agency on Aging supports services through a network of service providers consisting of community faith-based organizations, non-profit organizations, municipalities, county government, for profit businesses and academic institutions.

Recognizing that the provision of services to older adults/caregivers is a community effort, the leveraging of HCAAA funds with other community resources to maximize service delivery is important. In particular, Older Americans Act funds (OAA) are not intended to provide total funding for a given program, but to provide sufficient funds to promote program development, growth and eventual self-sufficiency. Thus, the Area Agency on Aging will promote contractual partnerships with entities that are able to provide other substantial resources (public, private, volunteers, etc.) in order to maintain program stability as well as growth. It is equally important that these organizations have delivery structures responsive to the respective needs of older adults and caregivers.

With the exception of nutrition services, entities providing supportive services, must do so throughout Harris County or with HCAAA approval, may target services for a specific geographical area of the county and or a specific targeted population as deemed

appropriate and feasible. (Figure C – 1) Consistent with the service delivery structure to ease access to nutrition services within a defined geographical area, the Service Area Concept of nine designated service areas will continue to be the framework in which congregate and home delivered meals are to be provided. Continued growth in the home delivered program throughout the county is indicative of the need to consider alternative service delivery arrangements for addressing geographically isolated areas of the county and long waiting lists. The provision of once a week deliveries of frozen meals, complemented with telephone reassurance is one option which will be explored. The changing face of the congregate meal program participant dictates that providers restructure this service with enhanced programming to attract a younger audience of seniors whose interests will focus more on life long learning, recreational and leisure activities, civic engagement and wellness.

As with any provision of services and established program requirements, it is important that mechanisms are established to evaluate program effectiveness, quality assurance and desirable program outcomes. The HCAAA will work in conjunction with its internal contract compliance staff and the department's Quality Assurance and Internal Audit Bureau in insuring that monitoring and contract compliance meet standards.

Figure C - 1

Harris County Area Agency on Aging Service Areas

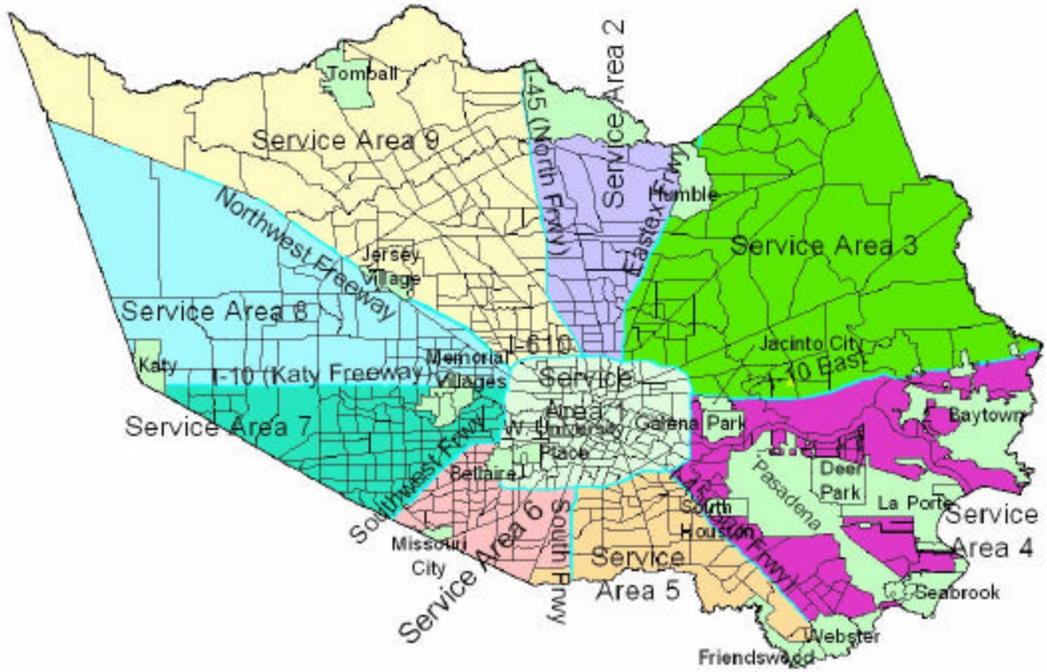
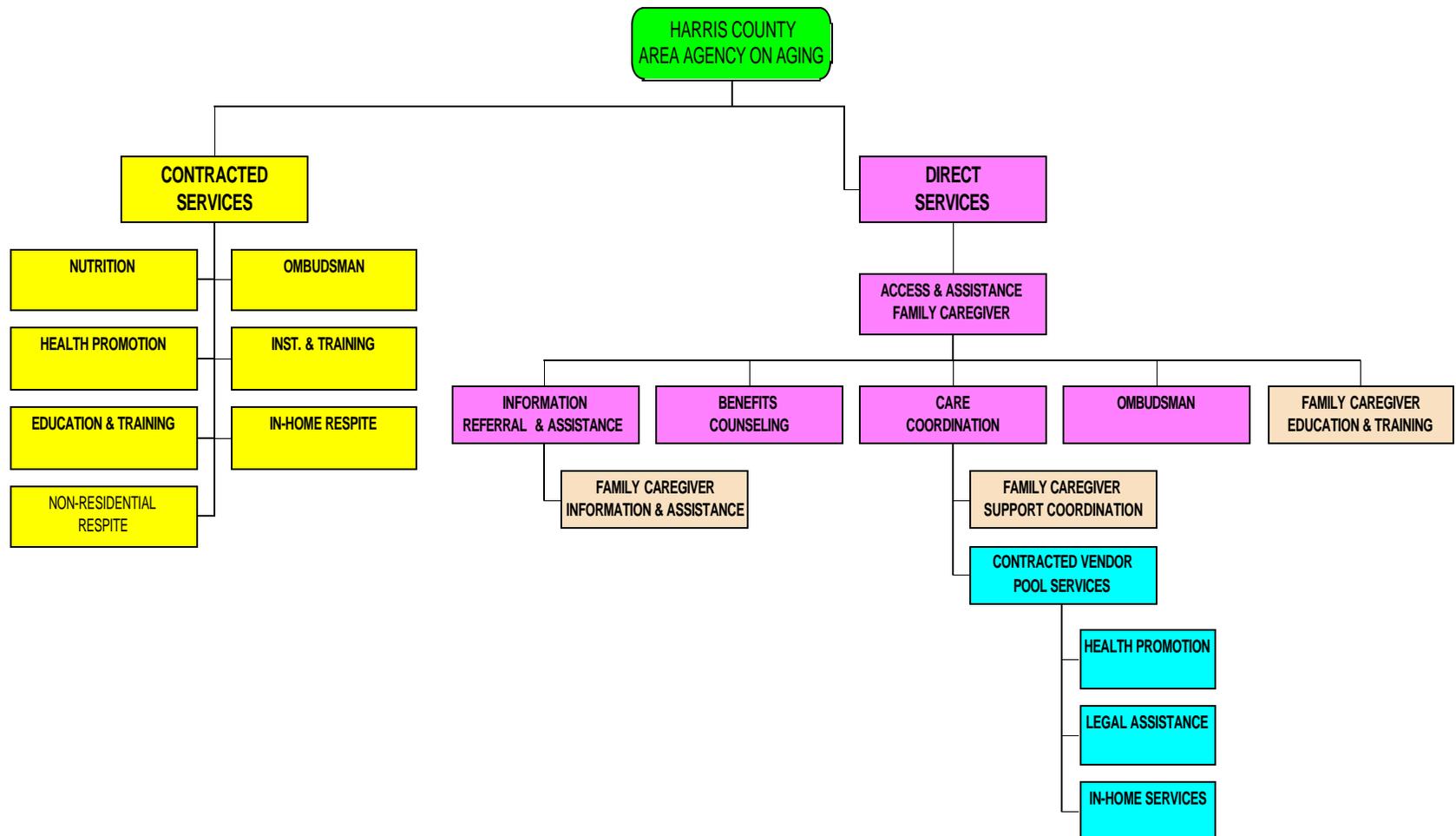


Figure C - 2

HARRIS COUNTY AREA AGENCY ON AGING
SERVICE STRUCTURE CHART



Agency's Capacity to Provide Service to Targeted Populations and How Services are Provided

Based on the demographic analysis of the population which the HCAAA serve, the HCAAA has developed community partnerships with organizations whose primary focus is advocacy and service provision for targeted designated populations. Likewise, the HCAAA staff mirrors some of the ethnic diversity of the 60+ populations and caregivers. Strategies are developed and service delivery mechanisms have been put in place to serve individuals with:

- Limited English proficiency
- Low literacy
- Alzheimer's Disease and other neurological diseases
- Social and geographical isolation

The agency's capacity to serve special populations is enhanced because of its affiliation with other City of Houston Departments, Harris County Government, other health and human service providers, advocates and consumers.

Fiscal Resources

The Harris County Area Agency on Aging receives its funding from four sources. These sources are:

- Title III, Grants to State and Community Programs on Aging, of the Older Americans Act of 1965 and its subsequent amendments
- Nutrition Service Incentives Program (NSIP)
- Texas State General Revenue Fund
- City of Houston

- ❑ General Fund
 - ❑ Housing and Community Development Block Grant
- Title VII
 - ACCESS Grant (only till 2008)
 - Other [Special One Time Grants]

During fiscal year 2007, the Harris County Area Agency on Aging received the following:

**Figure C - 3
HARRIS COUNTY AREA AGENCY ON AGING
FY07 FUNDING ALLOCATION
BY
FUNDING SOURCE**

Funding Source	Award
Title III – Administration	\$793,673
Title III – B Supportive Services	\$1,779,119
Title III-C Nutrition Services	\$3,685,335
Title III-E Caregiver Programs	\$1,078,459
Title III – D Health Maintenance	\$193,258
SGR State General Revenue	\$505,503
General Fund	\$269,549
Community Development Block Grant	\$581,000
Nutrition Service Incentive Program	\$874,085
Title VII – Elder Abuse Prevention	\$40,774
Title VII – Ombudsman Activity Grant	\$93,181
*ACCESS Grant (only till 2008)	\$437,570
Other [Special One Time Grants]	\$45,211
Total	\$10,376,717

Agency Network Involvement and Collaborative Efforts

The increasing attention on level funding, competing service needs and increase service demands, increased information technology and better educated consumers have all created an operational environment, particularly in the human service area, which forces many organizations to look internally at:

- Mode of operation
- Possible duplication /overlapping of service delivery within the community

- Access barriers for clients needing services
- Cost effectiveness and cost efficiencies of providing service
- Service outcomes
- Service gaps
- Reviewing and/or redefining the organization's "raison d'être"

In doing so, it has fostered many opportunities for collaborative efforts, some of which the Area Agency on Aging has become involved. There are five major collaborative efforts, designed to improve service delivery, promote access for underserved populations, address unmet needs and promote coordinated systems of care, advocacy and outreach. This concerted effort will certainly influence policy direction and procedural changes in the financing and structuring of services as well as allowing the network to better serve older persons, their family members and other caregivers within Harris County. The network collaborative is as follows:

- Gateway to Care ACCESS Collaborative
- Care for Elders
- Harris County RIDES Program
- OASIS Evidence Based Health Promotion Initiative
- Texercise Program/Get Moving Houston
- Harris County Elder Abuse Fatality Review Team (EFFORT)

In an era where the promotion of partnerships, better leveraging of resources and system integration are all strongly encouraged, the AAA continues to have a viable presence and role in major collaborative networks locally. Involvement in these collaborations is consistent with the AAA's mission and purpose to facilitate access to services for

vulnerable populations, particularly in the areas of community based long term care, access to public benefits, health and well being.

II. Regional Needs Summary

The Regional Need Summary for Harris County represents a compilation of assessment and feedback from the following:

1. The 2006 White House Conference on Aging and Related state and local WHCoA forums
2. The Harris County Area Planning Advisory Council Subcommittees
3. Focus Group Sessions Convened during the months of March and April 2007
4. Information, Referral and Assistance Service Logs and Area Agency on Aging outreach Activities

White House Conference on Aging

A. White House Conference on Aging/Washington D.C.

Federal Forum Recommendations – Top 10 Resolutions

Community and Engagement

1. **Improve access to care for older adults living in rural areas.**
Approximately 25 percent of the nation's older persons live in rural America. Preventive medical care is often inaccessible to consumers in rural areas, as they do not have readily available transportation, often resulting in a crisis medical situation and much higher medical costs. Older adults in rural areas often struggle with poverty, a limited number of health care professionals in their area, and minimal services.
2. **Remove barriers to the retention and hiring of older workers, including age discrimination.**
An aging population, in combination with a falling fertility rate, diminishes the size of the national workforce. The impending retirement of the baby boom generation can have compounding effects, which destabilize the overall strength of the economy.
3. **Ensure that older Americans have transportation options to retain their mobility and independence.**
As Americans grow older, they need transportation options that allow them to remain independent. While more and better public transportation programs will help to address this need, within a few years the number of transit dependent individuals will increase rapidly, and public transportation and public resources alone will not be sufficient to meet the need.
4. **Develop a national strategy for promoting new and meaningful volunteer activities and civic engagements for current and future use.**
Faith-based, civic, and family volunteerism is a cornerstone of American society.

As tomorrow's baby boomers join today's large force of senior volunteers, the nation needs a strategy for fully utilizing this significant number of talented and available people. The 2002 Health and Retirement Study indicated high rates of volunteerism after retirement, including formal volunteering, informal volunteering, and caregiving for family and friends.

5. **Reauthorize the National and Community Service Act to expand opportunities for Volunteer and Civic Engagement activities.**

More than 27.7 million persons age 55 and over render some form of volunteer service on an average of 3.3 hours per week (4.8 billion hours per year) for an estimated \$71.2 billion value. Older adults have consistently volunteered at much higher rates than younger age groups in roles that support health, education, civic, religious, community, and public information goals.

Regional Forum Recommendations/ Houston - Galveston

1. Rising health care costs with rising population of elders. Benefits are necessary for those who are not wealthy.
 - a. Mandatory counseling by experts in living wills and Hospice Home Health for all elders admitted to the hospitals.
 - b. Establishment of a 24 hour custodial care via home health agencies in combination with elder low cost housing for those with living wills expressing they want no hospital acute care in the future.
 - c. Home health should also be allowed to oversee these folks (low-income housing for elders) for skilled needs such as bladder infections, changes in medications for cardio-vascular conditions and other system changes that require fine tuning of the medications schedules that would be accurate since the home health aides would be administering the meds with Registered Nurse supervision when necessary.
2. Affordable private health insurance and medications.

3. Hearing loss in elderly women is on the rise and will be the most important issue among aging populations.
 - a. Medicare and Medicaid should cover the cost for:
 1. One (1) hearing aid for doctor diagnosed hearing loss one (1) time every four (4) years if the elderly person actually requests a hearing aid.
 2. And therapy and counseling for clinical depression for elderly hearing impaired clients.
 - a. The State of Texas program for free Assistive Devices and Amplified Telephones should be promoted so that elderly people at least know about these devices before they become clinically depressed.
4. Tax break incentives should be considered for those children who have taken on the role as caregiver for their parents.
 - a. Incentives should be put in place that would assist in the deficit created from the insufficient income from Medicare/Medicaid and to absorb assistance with home health care which has been largely ignored up to this point.
5. Quality of Long Term Care and Supportive Services: Concerns about poor quality care are rampant among consumers of everything from home care to nursing home care.
 - a. Concerns

Organizational Problems

1. High staff turnovers
2. Low reimbursement rates for staff
3. Perpetual competition for workers

Direct care workers

1. Inadequate screening of new workers
2. Inadequate training of workers
3. Poor work environments
4. High caseloads
5. Poor quality
6. Lack of appreciation and recognition

- b. Create incentives for providers of long-term care services (from home care to nursing home care) to engage in activities that improve the screening, training, recognition, and compensation of their direct care workforce.
- c. Increase provider reimbursement rates and require they be used to increase salaries of direct care workers.
- d. Establish orientation and training standards that will more sufficiently prepare workers to serve frail older adults.
- e. State licensing standards regarding orientation and continuing education training for direct care workers will need to be made more stringent. Regulations to increase and restrict provider reimbursement rates will be necessary.

B. Information, Referral and Assistance Documentation

Harris County Area Agency on Aging Access and Assistance Program /Information, Referral and Assistance Profile

Based on inquiries made to the HCAAA during FY06 the following data was captured reflective of needs by the inquirer:

During fiscal year 2006, the agency documented 3,131 information referral and assistance inquiries. Analysis of the inquiries indicates the following top ten most requested needs:

- Insurance
- Financial assistance and support
- Information
- Food
- Housing
- Home Health
- Transportation
- Health/Medical
- Legal

During the same reporting period, a total of 3,004 benefits counseling contacts were documented. The top five issues requested are:

- Medicare
- Health/In-Home Services
- Medication
- Legal Aid

➤ Medicaid

With the opening of a satellite office, increased involvement in collaborative service delivery efforts and integration of the agency with the City of Houston's Human Services Bureau, the total number of inquiries to the agency is expected to increase in the coming years.

C. Focus Groups

During the months of March and April four focus groups were convened with the following entities:

1. Area Planning Advisory Council
2. Area Agency on Aging Staff
3. Area Agency on Aging Service Provider Network
4. Care for Elders Governing Council

The focus groups centered on strengths, challenges, and future direction of the HCAAA.

Strengths:

- The HCAAA is viewed as an entity which is always responsive to addressing the needs of its constituents through its visibility and participation in community outreach events.
- The Benefits Counseling program is well respected and viewed as the most important direct service of the agency.
- The HCAAA serves as a valuable resource for information and assistance for older adult, caregivers and aging network providers.
- The HCAAA has demonstrated an effort to address service delivery issues of a diverse elderly population particularly in the Hispanic and Asian communities.
- The diversity and expertise of the staff.

Challenges:

- The HCAAA should increase its leadership role in the areas of advocacy, planning and coordination.
- The HCAAA should become the “go to agency” for aging issues.
- Funding restrictions limit the timely and most appropriately needed use of funds.
- Fiscal and financial management systems do not always allow for the expeditious expenditure of funds internally and with in the contractor network.
- HCAAA should be more visible to the broader community so that services can be accessed. Greater attention should be given to increasing the awareness of the HCAAA.
- City of Houston contractual requirements are not always conducive to smaller organization wishing to do business with the HCAAA.

Future Direction:

- HCAAA should look at more diverse funding sources.
- HCAAA should enhance Benefits Counseling Program and have staff co-located in community settings.
- Inter\grated aging services into the broader network of human services into the Houston Department of Health and Human Services.

D. Area Planning Advisory Council
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The following feedback was received from the Area Planning Advisory Council:

1. Nutrition Sub-Committee Reports

- a. Short Term Goals
 - 1. Contract Negotiations:
 - a. Quality of meals versus quantity

There has been no increase in funding the last 10 years. In that time cost have increase due to inflation and rising cost.
 - b. Should the per meal funding be increase and the number of meals be reduces to assist in fund concerns?
 - c. If an agency provides one hot meal and 4 frozen meals, portion should be included so that social interaction will not take place only once a week. An option is to include a telephone reassurance program.
 - 2. Waiting list for home delivered meals due to the lack of funding
- b. Long Term Goals
 - 1. Grant for Pilot Programs
 - 2. Increase the visibility of the Houston Meals for the Elderly (HOME) Project by promotion and education

E. Other: Assessment Data

Information received form the abbreviated assessment survey:

- 1. Identified Unmet Needs and Service Gaps
 - a. Identified Unmet Needs
 - 1. Transportation (Assisted and Coordinated)
 - 2. Residential Modification (ramps and bathroom rails) and major Repairs and Maintenance on home for persons with

- limited incomes
3. Voucher – PAS - Homemaker
 4. Housekeeping Services
 5. Income Maintenance
 6. Visiting
 7. Vision Care, Dental, Mental Healthcare,
 8. Adult Day Care
 9. Information and Prevention of Fraud and Identity Theft
 10. Older Minority Groups, especially in outlying county areas
 11. Lack of bilingual materials for no English speaking
Vietnamese Seniors
 12. Declining number of physicians
 13. Need for an ADRC for no wrong door entry
 14. Bridge games
 15. Respect of age and low disability no being met
 16. Fall Prevention/Dangerous obstacles to be encountered
daily in the home
 17. Benefits Counseling – Medicare Advantage Plans
 18. Home Delivered Meals Regular Meal delivery with out
long wait- times
 19. Caregiver Support and Education
 20. Elderly – high fall risk – no fall balance program
assessment
 21. Nutrition - compare and contract with medication and

chronic conditions

22. Alzheimer's – no instruction in specific communication techniques in each of the three stages of the disease

b. Service Gaps in Geographical Areas of Harris County

1. Crosby, Texas
2. Outside the 610 Loop
3. Baytown
4. Woodlands
5. Fifth Ward
6. Katy, Texas

2. Top Five Services that the community feels should be funded by the HCAAA

a. Top 10 Most Requested Services (1 being the most important):

1. Transportation
2. Home Delivered Meals
3. Assisted Transportation
4. Adult Day Care
5. Income Support
6. Congregate Meals
7. Caregiver Education and Training
8. Homemaker
9. Personal Assistance Shopping
10. Information Referral and Assistance

b. Top 5 Identified Most Important Services to be funded by the HCAAA (1 being the most important):

1. Transportation
2. Home Delivered Meals
3. Information Referral and Assistance
4. Income Support
5. Adult Day Care

3. System/Service Delivery Strengths and Weakness

a. Strengths

1. Actual Delivery
2. Funding
3. Social Workers
4. Knowledgeable and helpful Benefits Counselors
5. Medical Treatment
6. Caregiver Education and Training
7. Dental
8. Congregate and Home Delivered Meals
9. Diversity of Community Based Organizations working together
10. Care for Elders and others working together to improve system
11. Guide for good nutrition

12. Maintaining grooming
13. Entertainment of all kinds
14. Caring of one another
15. Caregiver Education and Training – distribution of information to the elderly
16. Nutrition Education – Information regarding specific drugs
17. Caregiver Education and Training Information Services -
18. Information Services – brochures, website, phone numbers, etc.

b. Weaknesses

1. Adult day Care
2. Outreach and education
3. Lengthy wait time for Persona Assistance Service
4. In-Home Medical Care
5. House Keeping
6. Increase Benefit Counseling Staff for greater phone accessibility
7. Increase locations for senior access to Benefit Counselors – the mail office is not easily accessible
8. Medical Treatment – health practitioners need to take geriatric course and advocacy
9. Caregiver Education and Training need basic education because of influx of seniors
10. Dental services waiting list

11. Increase in In-home services
12. Transportation planning or the future
13. Lack of ADRC network to bring system together.
14. Clear long-term plan with goals
15. Book and magazine talk to encourage mental alertness
16. Ballroom dancing
17. Yoga
18. Visiting other services
19. Eyeglasses waiting list
20. Home health care providers have changed several times
21. Transportation – needs more drivers
22. Meals should be prepared for lower sodium levers
23. Housing protection for older resident to be able to stay in their homes because of reconstruction and development
24. Caregiver Education and Training – No hands on skills training
25. Nutrition Education – no program to compare versus medication information and effects of chronic disorders
26. Physical fitness –Need to focus on strength and balance training to prevent falls
27. Caregiver Education and Training Information Services- progressing need for children caring for elderly
28. Information Services- lack of effective feedback, follow-up and follow through programs

4. Recommendations
 - a. Provide some sort of public transportation to downtown hospitals for doctor's visits, etc.
 - b. Services need to be extended outside of the loop. Many people need services that can not access them because of where they live
 - c. Increased visibility to senior population/adult children caregivers through medical advertising/public service announcements via TV and radio in addition to community outreach and health fairs.
 - d. Possible coordination with others -- such as HGAC in order to have economies of scale
 - e. Direct mail out about services available to 65+ populations
 - f. Must be prepared for much larger numbers of seniors in need of all services
 - g. AAA needs to collaborate with community organizations that are readily equipped to serve the community in order to overcome language and cultural barriers with in the non-English speaking elderly community in Houston.
 - h. Efforts to coordinate the development of an ADRC will stimulate the system development that will result in significant system development and coordination
 - i. Need more meal sites or meals delivered to home for seniors that cannot cook well.
 - j. Plan of action, what else can we do
 - k. Restore the metropolitan as the center for providing all kinds of

services plus physical and mental exercises

- l. Demonstrates cooking and nutrition needs of inexpensive foods properly prepared; even for one to learn to eat three meals a day
- m. Information and resources
- n. More check-up services for seniors who live alone and do not have family
- o. Help with general transportation for recreational activities
- p. More contact with seniors from local aging organizations i.e. Good Neighbor Team in West University, local AARP organizations. More support groups for degenerative medical conditions i.e. Alzheimer's, Muscular Dystrophy, Lupus, Parkinson's and Dementia
- q. Work on setting up an ADRC in Harris County
- r. Contact for hands on skill training fall and balances education with assessment provide more in depth nutrition program emphasizing the effects for various chronic diseases and a response with 24 hours to any phone inquiries

III. Local Strategies Supporting Program Goals and State Strategies

Local Strategies Supporting AoA Program Goals and State Strategies

AoA Program Goal # 1: Increase the number of older people who have access to an integrated array of health and social supports.

AoA Program Goal # 2: Increase the number of older people who stay active and healthy.

AoA Program Goal # 3: Increase the number of families who are supported in their efforts to care for their loved ones at home and in the community.

AoA Program Goal # 4: Increase the number of older people who benefit from programs that protect their rights and prevent elder abuse, neglect and the exploitation.

State Strategy: #1: Intake, Access and Eligibility to Services and Supports

Sub-Strategy #1: Intake & Access

Provide a locally based system that connects people with the services and benefits they need through ombudsman services, care coordination, information, referral and assistance, and legal assistance.

Services: Area Agency Administration, Data Management, Care Coordination, Legal Assistance, Age 60 & Over, Information, Referral & Assistance, Legal Awareness, Caregiver Support Coordination, Participant Assessment, Legal Assistance Under Age 60, Ombudsman

Local Strategy 1: Area Agency Administration

OAA Assurances: [306(a) (1), 306(a) (2) (A), (C), 306(a)(4)(C), 306(a)(5), 306(a)(6)(A)]

AoA Program Goal(s): [1, 2, 4, 3]

Action Items/Steps:

- A. To implement the strategies as identified under the Area Plan for 2008-2010.
- B. To execute annual contracts with Texas Department of Aging and Disability Services – Access and Intake for the provision of elderly services in Harris County
- C. To integrate services of the HCAAA under the Houston Department of Health and Human Services, Neighborhood Service Division, Bureau of Human Services.
- D. Promote staff training and development
 - Cross-training staff

- Evidence based health promotion programs
 - Ethnogeriatrics
- E. All FY07 existing contracts will be extended for a minimum of one year.
- F. Initiate Requests for Proposal for all HCAAA funded service during FY08.
- G. HCAAA staff shall serve on various committees, advisory groups and task forces which promote the agency's mission.
- H. The HCAA will develop an internal review team to regularly review agency policies and procedures and standard practices to ensure appropriateness with organizational functions and contractual requirements.
- I. The Houston-Galveston and Harris County Area Agencies on Aging Directors, and the Regional Administrator for Texas Department of Human Services will meet twice a year as a group to convene and discuss issues of access, funding, service coordination and future service needs on as needed bases
- J. Collaborate with institutions of higher learning, which have programs that focus on internship opportunities, in the area of social work, nutrition, transportation, health care and law.
- K. Work with organizations which promote civic engagement/volunteerism for older adults.
- L. Area Agency on Aging will work with the Area Planning Advisory Council (APAC) and the Texas Silver Haired Legislature in promoting legislative agenda and other advocacy issues.
- M. Area Agency on Aging will participate in outreach and community assessment activities to promote the awareness of HCAAA programs and the identification of unmet needs.

- N. The Area Agency on Aging will work with the Departments of Office of Emergency Preparedness and City of Houston Office of Emergency Management and local aging network in providing plan for special needs population in future developing a responsive emergency plan
- O. As resource permits the agency will pursue the acquisition of emergency notification system for homebound clients in particular.

Local Strategy 2: Data Management

OAA Assurances: [306(a)(1), 306(a)(2)(A)]

AoA Program Goal(s): [1]

Action Items/Steps:

- A. Strengthen and enhance client data management capabilities through, analysis, planning and evaluation.
- B. Ensure client information system client data, vendor/provider monthly reports and monthly invoices are accurate and reconcile.
- C. Perform daily data entry of client information and service delivery data in agency's client management information system.
- D. Upgrade client outcomes reporting through improved data management systems.

Local Strategy 3: Care Coordination

OAA Assurances: [306(a)(2)(A)(B), 306(a)(8)(12)]

AoA Program Goal(s): [1, 3, & 4]

Action Items/Steps:

- A. Care Coordination Program Staff will effectively plan and coordinate services for older adults to maintain independence and quality of life.
- B. Care Coordination Program Staff to assess the needs of an older adult and effectively plan, arrange, coordinate and follow-up on services which most appropriately meet the identified unmet need(s) as defined by the older adult, access and assistance staff and where appropriate, a family member(s) or other caregiver(s) as prescribed by guidelines outlined in the TAC Title 40, Part 1 Chapter 84, HCAAA policies and procedures and the Older Americans Act of 1965 and related amendments.
- C. Through the integration of Care Coordination and Caregiver Support Coordination services, program staff shall assess the needs of the caregiver and care recipient, effectively planning, arranging, coordinating and following-up on services which most appropriately meet the identified needs as mutually defined by the caregiver, the care recipient and the access and assistance staff as prescribed by guidelines outlined in the TAC Title 40, Part 1 Chapter 84, HCAAA policies and procedures and the Older Americans Act of 1965 and related amendments.
- D. Integrate the use of System Navigation to assist clients in accessing services that promote aging in place.

- E. Care Coordination/Caregiver Support Coordination Staff will coordinate care planning and service arrangements with the staff of the Texas Department of Aging and Disability Services Long Term-Care Support Services and other case management programs to eliminate duplication of services and in some instances enhance the services the older adult receive.
- F. Agency Staff in conjunction with other City of Houston, Department of Health and Human Services Staff will utilize a pool of vendors to meet the needs of participants where they will be reimbursed in accordance with the Texas Department of Aging and Disability Services and the Harris County Area Agency on Aging. Support services may include but are not limited to:
 - a. Adult Day Care
 - b. In-home Respite
 - c. Homemaker
 - d. Personal Assistance
 - e. Medication Management
 - f. Dental
 - g. Hearing
 - h. Vision
 - i. Medication Assistance Program
 - j. Legal Assistance
 - k. Transportation
- G. Care Coordination/Caregiver Support Coordination staff shall be provided education and training in efforts to obtain certification as Benefits Counselors, level I and II and Information and Referral Specialists.
- H. Agency will expand Care Coordination/Caregiver Support Coordination Services by collaborating with the City of Houston, Department of Health and Human Services, Bureau of Human Services Senior Wraparound Program in addition to other case management programs. The Agency will also collaborate with other

governmental entities and community based organizations to promote access to and eligibility for Care Coordination Services.

- I. Care Coordination staff will participate in local Community Resource Coordination Groups (CRCG)

Local Strategy 4: Caregiver Information Services

OAA Assurances: [306(a)(2)(A), (B), (8), (12), 306(a)(7)(D)]

AoA Program Goal(s): [1, 3, 4]

Action Items/Steps:

- A. This service is going to be provided by AAA and other constituent in the provision of information on opportunities and services to a client, caregiver, or service provider. Provision of web-site information access, assessment of individual capacities, linkage to available services/opportunities; and individual follow-up.
- B. Maintain resource database on available caregiver literature for local and national resources for caregiver representatives of the following identified groups: working caregivers, grandparent caregivers, long-distance caregivers, senior caregivers and disabled caregivers with particular attention focused on caregivers of persons with developmental disabilities.
- C. Distribute culturally specific caregiver literature which is representative of identified caregiver populations. As funding allows, provide translation of approved caregiver literature.
- D. Enhance caregiver web-page to include interactive activities section for caregivers.
- E. Meet quarterly to determine best practices when evaluating/distributing specific language material.
- F. Develop tracking system to determine utilization of approved materials and resources.
- G. Assess staffing levels and recommend adjustments based on demand to ensure the

proper training, skills and qualifications are established to enhance the quality of services delivered by the Area Agency Access and assistance staff.

- H. Cross training of access and assistance staff on Caregiver Information Resources
- I. Coordinate to develop resource network as a means to facilitate, local ministerial, physicians, and other medical providers in alliances to supplement services specializing in the treatment and care of older adults.
- J. Collaborate with aging network providers and sister agency to create and maintain an integrated information and referral database. Continue to work for the development of Aging and Disability Resource Center referral protocol, cross-training of staff, use of integrated database

Local Strategy 5: Caregiver Support Coordination

OAA Assurances: [306(a)(1), 306(a)(2), (A), (B), 306(a)(8)(12)]

AoA Program Goal(s): [1, 3]

Action Items/Steps:

- A. Caregiver Support Coordination Program staff to assess the needs of the caregiver and care recipient to effectively plan, arrange, coordinate and follow-up on services which most appropriately meet the identified unmet need(s) as defined by the caregiver, care recipient and access and assistance staff as prescribed by guidelines outlined in the TAC Title 40, Part 1 Chapter 84, HCAAA policies and procedures and the Older Americans Act of 1965 and related amendments
- B. Through the integration of Care Coordination and Caregiver Support Coordination services, program staff shall assess the needs of the caregiver and care recipient, effectively planning, arranging, coordinating and following-up on services which most appropriately meet the identified needs as mutually defined by the caregiver, the care recipient and the access and assistance staff as prescribed by guidelines outlined in the TAC Title 40, Part 1 Chapter 84, HCAAA policies and procedures and the Older Americans Act of 1965 and related amendments.
- C. Integrate the use of System Navigation to assist clients in accessing services that promote aging in place.
- D. Care Coordination/Caregiver Support Coordination Staff will coordinate care planning and service arrangements with the staff of the Texas Department of Aging and Disability Services Long Term-Care Support Services and other case

management programs to eliminate duplication of services and in some instances enhance the services the older adult receive.

E. Agency Staff in conjunction with other City of Houston, Department of Health and Human Services Staff will utilize a pool of vendors to meet the needs of participants where they will be reimbursed in accordance with the Texas Department of Aging and Disability Services and the Harris County Area Agency on Aging. Support services may include but are not limited to:

- i. Adult Day Care
- ii. In-home Respite
- iii. Homemaker
- iv. Personal Assistance
- v. Medication Management
- vi. Dental
- vii. Hearing
- viii. Vision
- ix. Medication Assistance Program
- x. Legal Assistance
- xi. Transportation

F. Care Coordination/Caregiver Support Coordination staff shall be provided the opportunity to obtain certification as Benefits Counselors, level I and II and Certified Aging Information and Referral Specialists.

G. Agency will expand Care Coordination/Caregiver Support Coordination Services by collaborating with the City of Houston, Department of Health and Human

Services, Bureau of Human Services Senior Wraparound Program in addition to other case management programs. The Agency will also collaborate with other governmental entities and community based organizations to promote access to and eligibility for Care Coordination Services.

- H. Caregiver Support Coordination will conduct assessments for the Alzheimer's Demonstration Grants to States Program (ADDGS) care recipients and caregivers.
- I. The program will integrate the use of the System Navigator function to assist clients in accessing the social service system by addressing cultural, language and isolation barriers.

Local Strategy 6: Information, Referral & Assistance

OAA Assurances: [306(a)(2)(A), 306(a)(6)(B)]

AoA Program Goal(s): [1 and 4]

Action Items/Steps:

- A. Daily telephone coverage with staff Access to IR&A Specialists
- B. After hour, holiday and weekend messages through a voice mail messaging system, which provides information on how to access emergency assistance during non-standard business hours.
- C. Agency's local and toll free 800 numbers will be published in local directories.
- D. Maintain a resource room with updated literature on aging related programs and services and information on Care For Elders resource database
- E. Maintain Agency information through an Internet web site – www.ci.houston.tx.us/hlt/area_agingpage.hlt, with e-mail capabilities aging@cityofhouston.net.
- F. Conduct follow-up on information and referral inquires enhance client access to available services and resources.
- G. Disseminate information to civic and community clubs, local and professional organizations to enhance public awareness of Access and Assistance Services.
- H. The Access and Assistance Program will provide assistance in English, Spanish and other languages using agency and other department bilingual staff and the AT&T language line
- I. Assessment Intervention Mobilization (AIM) program will help identify areas where older adults and caregivers who are not accessing services can be assisted

- J. Leverage resources with other community based organizations in the delivery of information, referral and assistance services
- K. Enhance our intake capabilities to accommodate collaborative commitments such as Care for Elders project to facilitate direct connect to agency information and referral specialist
- L. Collaborate with local agencies with the development, management and integration of an Aging and Disability Resource Center into agency service delivery system
- M. Participate in the activities of the local Community Coordinated Resource Group to enhance access to services for older adults as well as their caregivers
- N. Partner with various local media outlets in the collection and dissemination of aging related information to the general public
- O. Dissemination of agency information
 - a. Exchange aging related information regarding unmet needs, issues, and concerns with local representatives of the Texas Silver-Haired Legislature and members of the Area Planning Advisory Council (APAC).
 - b. Agency will provide information to local libraries, senior centers and multi-service centers about available resources for caregivers.
- P. Maintain an updated resource file on available clinical health study programs which may assist older adults with free health study programs providing prescription drug assistance and physician related services.
- Q. Area Agency on Aging will work with the Care for Elders initiative “Take Charge” marketing campaign

Local Strategy 7: Legal Assistance, Age 60 & Over, Legal Assistance Under Age 60, Legal Awareness

OAA Assurances: [306(a)(2)(C), 306(a)(2)(A), (C), 306(a)(C), 306 (a)(5), 306(a)(6)(A)(E), 306(a)(7)(C)]

AoA Program Goal(s): [1 and 4]

Action Items/Steps:

- A. Certified Staff and Volunteer Benefits Counselors, approved supervision and program guidelines will provide legal assistance and benefits counseling. Legal assistance will be provided in person via telephone or written and electronic communication as appropriate.
- B. Legal assistance will be provided in person, via telephone or written and electronic communication as appropriate.
- C. Legal assistance will be provided to persons age 60 years and older and their caregivers per mandates of the Older Americans Act as well as to Medicare beneficiaries of any age under provisions of funds received from the Centers for Medicare and Medicaid Services.
- D. Benefits counselors will review and disseminate information to beneficiaries on public benefits and services to help identify available resources that are available to older adults and information to access needed services, particular those for which they are eligible for provider network advocates, volunteers.
- E. Provide training to older adults to access information via the Internet, such as benefits check-up, prescription drug assistance, and health study programs. Particular emphasis will be placed on linking at risk low income and minority elders with these resources.

- F. Staff benefits counselors will assess local seniors and caregivers regarding a variety of issues relating to elder law, entitlements, finances, Social Security, Medicare and caregiving working with legal service provider
- G. As a self-help approach, program staff will design and update a legal web page within the AAA web site that offers information relevant to local elder law and consumer issues. Develop a guide regarding elder law issues for community advocates work with the area of legal provider resources.
- H. Conduct quarterly awareness activities involving entitlements and application procedures.
- I. Recruitment and retention of volunteer benefits counselors.
- J. Benefits counselors will participate in collaborative efforts such as Care for Elders and Access to Benefits Coalition to provide benefits counseling to eligible participants as well as provide training and support to partners
- K. Promote partnership with local aging network providers, including senior and recreational centers as well as area churches, to provide benefits counseling certification program to their staff
- L. Certified Staff and Volunteer Benefits Counselors under approved supervision and program guidelines will provide legal awareness services as a function of Benefits Counseling.
- M. Staff will participate in community events and partner with local organizations such as civic groups and social clubs to promote awareness and general education for their members on public/private benefits and other resources available

- N. Agency will conduct awareness activities in partnership with agencies such as Centers for Medicare and Medicaid Services and Social Security to educate younger adults as well as caregivers on resources and services available to older adults.
- O. Benefits counselors will review and disseminate information to beneficiaries on benefits and services to help identify available resources that are available to older adults and information to access needed services.
- P. The HCAAA will partnership with the Houston-Galveston Area Agency on Aging in sponsoring joint benefits counseling training sessions in the area of public benefits.

Local Strategy 8: Ombudsman

OAA Assurances: [306(a) (7) (C), 306 (a) (9)]

AoA Program Goal(s): [4]

Action Items/Steps:

- A. Staff and volunteer Ombudsman shall be trained in areas to identify and remedy abuse, neglect, exploitation and fraud. Emphasis will be placed on advocating for residents in nursing homes, licensed and unlicensed personal care homes.
- B. Staff and volunteers shall be provided monthly training opportunities including obtaining certification as Ombudsmen and Area Agency on Aging Ombudsman liaison will attend monthly scheduled meetings.
- C. Agency, staff and volunteer ombudsmen will work together to conduct community outreach events and training opportunities.
- D. As funding permits, special programs and initiatives will be provided for caregivers and staff.
- E. Establish and maintain Family Councils in Assisted Living Facilities and Nursing homes.
- F. Program will monitor Program Performance measures and other contract compliance requirements as necessary.
- G. Staff will work to assist relocating nursing facility residents across Transitional Assistance Service (TAS) and/or Transition to Living in the Community (TLC).

Local Strategy 9: Disaster Preparedness

OAA Assurances: [306(a) (7) (C), 306 (a) (9)]

AoA Program Goal(s): [1]

Action Items/Steps:

- A. The Harris County AAA is working closely with the City of Houston Department of Health and Human Services, Office of Emergency Preparedness, the City of Houston Office of Emergency Management and local aging network providers in further developing and implementing an effective emergency preparedness plan for special needs populations, inclusive of the already established special needs registry.
- B. HCAAA staff will participate in the National Incident Management System (NIMS) training coordinated by the City of Houston Department of Health and Human Services, Office of Emergency Preparedness.

State Strategy: #2: Non-Medicaid Services

Services: Congregate Meals, Home Delivered Meals, Nutrition Education, Nutrition Counseling, Nutrition Consultation

Local Strategy 1: Nutrition Services/Congregate Meal, Home Delivered Meals

OAA Assurances: [306 (a) 1, 306(a) (4) (A)]

AoA Program Goal(s): [1, 2]

Action Items/Steps:

- A. The Agency shall conduct annual site visits/monitoring of nutrition contractors and provider(s) to verify compliance on contract agreement, provide technical assistance, on-site inspections, and provide in follow up actions in the event of a complaints/grievance received through I R &A
- B. The provider/vendor and contractor shall conduct and submit annually the results of a client satisfaction survey reflecting outcome measures on or before April 30th of the fiscal year.
- C. Provide a locally based system of nutrition services that includes meals, counseling and education designed to promote good health and to prevent illness.
- D. Contracts will be initiated for nutrition services that include Congregate Meal Programs authorized under Title III – C 1 of the Older Americans Act. A hot and/or other appropriate meal will be provided to eligible participants five (5) or more days a week in a group setting, with the exception of approved holidays.
- E. Contracts will be initiated for nutrition services that include Home Delivered Meal Programs authorized under Title III – C 2 of the Older Americans Act and

other resources as identified. A hot and/or other appropriate meal will be delivered to eligible homebound participants no less than five days per week in a group setting, with the exception of approved holidays.

- F. Contracts will be initiated for ancillary services related to nutrition service provisions to include meal preparation and or others as appropriate.
- G. Identify homebound clients, in greatest economic and social need who would benefit from weekend meal coverage.
- H. Identify clients 60+ in social and/or economical need who would benefit from holiday meal coverage.
- I. Utilize public and private funding to support weekends and holiday meals.
- J. Support an emergency preparedness plan for seniors to include the utilization of shelf stable meals for congregate, and shelf stable meals and/or frozen meals for home delivered meal participants.
- K. Provide culturally diverse menus for congregate and home delivered.
- L. In light of the increasing demand for Home delivered meals consist of one hot four frozen meals there is to be some provision for a daily contact with the participant to insure safety and well-being.

Local Strategy 1: Senior Center Operations

OAA Assurances: [306(a)(7)(C)]

AoA Program Goal(s): [1 and 2]

Action Items/Steps:

- A. A innovative Pilot Program will developed as a new model for baby boomers which incorporates evidence based health promotion, recreation and leisure, civic engagement, and instruction and training into the daily activities of a senior center.
- B. The AAA will work with the Area Planning Advisory Council in the development of this model.

Local Strategy 2: Nutrition Education, Nutrition Counseling, Nutrition Consultation

OAA Assurances: [306 (a) 1, 306(a) (4)(A)]

AoA Program Goal(s): [1 and 3]

Action Items/Steps:

- A. Utilize public/private resources in accordance with nutrition compliance standards to conduct nutrition education presentations and/or provide educational materials for distribution.
- B. Conduct annual monitoring to verify documentation of monthly Nutrition education sessions are being conducted for Congregate and Home Delivered Programs in accordance to the 40 TAC, 84.5
- C. Contract with a RD, LD dietician to conduct quarterly menu meetings and provide technical assistance related to menus, nutrition education and distribution of materials.

Local Strategy 3: Adult Day Care

OAA Assurances: [306(a)]

AoA Program Goal(s): [1 and 3]

Action Items/Steps:

- A. Adult Day provides an array of services provided in a congregate, non-residential setting to dependent older individuals who need supervision but do not require institutionalization. In addition to supervision, these services will provide a means of socialization to the older adult and if needed, respite to the caregiver.
- B. Care Coordination/Caregiver Support Coordination Program Staff will assess the older adults of Harris County and where appropriate, a family member(s) or other caregiver(s) as prescribed by guidelines outlined in the TAC Title 40, Part 1 Chapter 84, HCAAA policies and procedures and the Older Americans Act of 1965 and related amendments to determine if Adult Day Care services meet the identified unmet need(s).
- C. The HCAAA will procure adult day services as needed from a licensed vendor.
- D. Recruit additional vendors to provide services to the older adults of Harris County.

Local Strategy 4: Caregiver Education & Training

OAA Assurances: [306(a), 306(a)(2)(A), 306(a)(4)(B), 306(a)(7)(C)]

AoA Program Goal(s): [1, 2, 3, 4]

Action Items/Steps:

- A. Provide targeted caregiver education and training activities through culturally focused approved education and training curriculums which would be developed from approved documented assessment of needs with identified population served. Caregiver curriculums should include subject specific modules inclusive of caregiver performance measures which should be evaluated upon completion of each module.
- B. Develop Caregiver Education and Training curriculum in partnership with advocacy and support organizations which includes modules of subject areas relevant to assisting caregivers' daily responsibilities.
- C. Develop Caregiver Education and Training curriculum with specific attention paid to elder abuse/exploitation which includes modules that address identification, prevention and intervention tasks/coping skills for caregivers. Aim of curriculum is also to provide education and increase awareness in cases of suspected elder abuse mistreatment/exploitation to caregivers.
- D. Provide for ongoing public awareness among caregivers and public entities in providing education and training on Elder Mistreatment and Exploitation.
- E. Establish measurable supports for long-distance caregivers for persons in Harris County.
- F. Develop caregiver education and training support group to address area of elder abuse and exploitation with particular emphasis on training to indicate and

recognize signs elder abuse to the development of instruction which way assist in determining Caregiver capacity and/or self neglect.

G. Educate diverse professional groups in recognizing signs of elder abuse.

Local Strategy 5: Caregiver Program Development

OAA Assurances: [306(a), 306(a)(2)(A), 306(a)(4)(B), 306(a)(7)(C)]

AoA Program Goal(s): [1, 2, 3, 4]

Action Items/Steps:

- A. Caregiver Program Development will focus on developing a comprehensive respite care service system for grandparents raising grandchildren in Harris County. This will include entities that assist in the development of education modules for grandchildren assisting grandparents in caregiver and associated chore duties. Additionally, respite provider will be flexible in provider respite offerings.
- B. Identify respite provider for grandparent caregivers of children 18 years and younger and for those individuals with disabilities. Develop caregiver education and training curriculum specifically for grandparent population that details their specific caregiver role(s) and responsibility. Curriculum should be utilized during all caregiver education and training, support group and general Title III-E events targeting grandparent population. Curriculum should include modules and course performance outcomes which will be reflected quarterly by individual provider program assessment. Curriculum should include modules and course performance outcomes which will be reflected quarterly by individual provider program assessment.
- C. Development of caregiver tracking activities and ongoing evaluation of individual service outcomes.

Local Strategy 6: Caregiver Respite Care - In Home,

OAA Assurances: [306(a), 306(a)(2), 306(a)(8), 306(a)(5)]

AoA Program Goal(s): [1 and 3]

Action Items/Steps:

- A. In-home respite services will be provided on a short-term, temporary basis while the primary caregiver is unavailable or needs relief. Services are provided in the caregiver and/or care recipient's home environment and include supervision, meal preparation, housekeeping, assistance with personal care and/or social and recreational activities.
- B. Care Coordination/Caregiver Support Coordination Program Staff will assess the Care recipient and caregiver(s) as prescribed by guidelines outlined in the TAC Title 40, Part 1 Chapter 84, HCAAA policies and procedures and the Older Americans Act of 1965 and related amendments to determine if Respite services meet the identified unmet need(s).
- C. The HCAAA will procure services as needed from a vendor licensed to provide personal assistance.
- D. Recruit additional vendors to provide services to the older adults of Harris County.
- E. The Area Agency on Aging Caregiver Respite Care will identify models of volunteer based respite program which are provided in the home and in non-residential setting.

Local Strategy 7: Caregiver Respite Care - Institutional

OAA Assurances: [306(a), 306(a)(2), 306(a)(8), 306(a)(5)]

AoA Program Goal(s): [1 and 3]

Action Items/Steps:

- C. As funding permits the AAA will identify institutions available to provide caregiver respite who may need extended relief.

Local Strategy 8: Caregiver Respite Care - non- residential

OAA Assurances: [306(a), 306(a)(2), 306(a)(8), 306(a)(5)]

AoA Program Goal(s): [1 and 3]

Action Items/Steps:

- A. The AAA will work to identify organizations which provide non-residential caregiver respite with particular interest in utilization of volunteers

Local Strategy 9: Personal Assistance

OAA Assurances: [306(a), 306(a)(2)(A), 306(a)(4)(B), 306(a)(7)(C)]

AoA Program Goal(s): [1, 2, 3, 4]

Action Items/Steps:

- A. The objective is for older adults to maintain independence and quality of life.
Personal assistance provides the hands-on assistance with personal care, home management and escort tasks.
- B. Care Coordination/Caregiver Support Coordination Program Staff will assess the older adults of Harris County and where appropriate, a family member(s) or other caregiver(s) as prescribed by guidelines outlined in the TAC Title 40, Part 1 Chapter 84, HCAAA policies and procedures and the Older Americans Act of 1965 and related amendments to determine if Personal Assistance services meet the identified unmet need(s).
- C. The HCAAA will procure services as needed from a vendor licensed to provide personal assistance.
- D. Recruit additional vendors to provide services to the older adults of Harris County.

Local Strategy 10: Homemaker

OAA Assurances: [306(a), 306(a)(2)(A), 306(a)(4)(B), 306(a)(7)(C)]

AoA Program Goal(s): [1, 2, 3, 4]

Action Items/Steps:

- A. The objective is to help the recipient sustain independent living in a safe home environment. Homemaker services including housekeeping, home management, meal preparation, escort tasks and/or shopping assistance.
- B. Care Coordination/Caregiver Support Coordination Program Staff will assess the older adults of Harris County and where appropriate, a family member(s) or other caregiver(s) as prescribed by guidelines outlined in the TAC Title 40, Part 1 Chapter 84, HCAAA policies and procedures and the Older Americans Act of 1965 and related amendments to determine if Homemaker services meet the identified unmet need(s).
- C. The HCAAA will procure homemaker services as needed from a vendor.
- D. Recruit additional vendors to provide services to the older adults of Harris County.

Local Strategy 11: Instruction and Training

OAA Assurances: [306(a)(2)(A), 306(a)(4)(B), 306(a)(13)(A), 306(a)(13)(B),
306(a)(13)(E), 306(a)(14), 306(a)(15)]

AoA Program Goal(s): [1, 2, 3]

Action Items/Steps:

- A.** Provide instruction and training services to physicians, health care practitioners, and clinical persons that work directly with identified caregiver and senior populations.
- B.** Develop Instruction and Training Curriculum(s) will be developed focusing on the following subject areas:
 - Partnering With Your Physician/ Implementing Coping Skills for Caregivers
 - Professional Caregivers/Practitioners/paraprofessionals providing care to persons with Alzheimer's and related dementias. This training venue is designed to equip caregivers with the knowledge and skills to partner with physicians and other health care professionals to provide the highest-quality dementia care possible.
 - To conduct annual caregiver conference during National Family Caregiver Month (November) which targets paraprofessionals, lay caregivers, and community providers with specific attention to disciplines that assist caregivers with achieving individual responsibilities.
 - To educate on available supportive services which can diminish caregiver burden

Local Strategy 10: Health Screening and Health Maintenance

OAA Assurances: [306(a)(2)(A), 306(a)(4)(B), 306(a)(13)(A), 306(a)(13)(B),
306(a)(13)(E), 306(a)(14), 306(a)(15)]

AoA Program Goal(s): [1, 2, 3]

Action Items/Steps:

- A. Promote aging in place and enhance health status to minimize chronic disease and the agency will support resources identified in the following service areas of health maintenance, health screening.
- B. Through the use of vendor pool provide service in the area of dental, vision, hearing, Prescription Assistance and Medication Management.
- C. As funding permits support evidence base health promotion program directly and through contractual arrangement in the area of Disease Management fall prevention behavior modification and mental health and physical fitness

Local Strategy 11: Mental Health Services

OAA Assurances: [306(a), 306(a)(2), 306(a)(8), 306(a)(5)]

AoA Program Goal(s): [1, 2 and 3]

Action Items/Steps:

- A. Provide mental health screening services within the Asian Community among Asian seniors' caregivers and expand service provision to provide mental health services to targeted populations in group and individual counseling sessions.
- B. Provide depression screening and counseling activities, and if appropriate, group or individual counseling to caregivers. When appropriate, provide support to identified care recipients in the culturally appropriate format.
- C. Establish linkages with area mental health providers in serving various caregiver populations.
- D. Contract with culturally appropriate mental health providers in addressing the needs of culturally diverse audience.
- E. Participation in joint collaborative with City of Houston Department of Health and Human Services in establishing and facilitating evidenced-based mental health programming activities among seniors and caregivers.
- F. Provide mental health counseling sessions which include depression screenings, education activities and awareness sessions.
- G. Provide for the development and maintenance of family health council(s) as funding permits.

Local Strategy 12: Recreation

OAA Assurances: [306(a), 306(a)(2), 306(a)(8), 306(a)(5)]

AoA Program Goal(s): []

Action Items/Steps:

- A. Develop subject specific field trip groups for individuals diagnosed with Alzheimer's and other dementia related complications to provide caregiver respite. Respite activities can include gardening.
- B. Develop local work group in Harris County which consists of caregivers and established.
- C. Conduct culturally specific field trips for AD clients which could be gender and/or subject specific which is deemed of interest to individual based on caregiver assessment.
- D. As funding permits, contracts will be issued to apply for Recreation and Leisure Program Funding that promotes good health and prevents illness.
- E. Develop or adopt caregiver curriculum specific to assisting and educating caregivers on the basics of caring for persons with AD complications.

Local Strategy 13: Transportation

OAA Assurances: [306(a), 306(a)(2), 306(a)(8), 306(a)(5)]

AoA Program Goal(s): [1 and 2]

Action Items/Steps:

- A. Maintain accessibility of transportation services to the elderly, their family members and caregivers.
- B. Staff will work with Area Planning Advisory Council transportation sub committee to educate seniors and caregivers about transportation options provided by the Metropolitan Transit Authority.
- C. As resources permit, provide assistance for transportation such as bus tokens and passes to beneficiaries, their family member and caregivers.
- D. Educate seniors and caregivers on local transportation options.
- E. Provide transportation options for caregivers.
- F. Initiate contract services for an approved transit provider/vendor to provide transportation services from curbside pick-up to curbside drop-off for Title III eligible participants that promotes independence and productivity.
- G. Transportation shall be provided to seniors who participate in the congregate meal program who have no other transportation arrangements.
- H. As funding permits, address the needs of the disabled elder and make provisions that include handicap accessible transportation for those who are able to reasonably access a public transportation system

IV. Standard Assurances

**DEPARTMENT OF HEALTH AND HUMAN SERVICES ASSURANCE OF
COMPLIANCE WITH SECTION 504 OF THE REHABILITATION ACT OF
1973, AS AMENDED**

The undersigned (hereinafter called the “recipient”) HEREBY AGREES THAT it will comply with section 504 of the Rehabilitation Act of 1973, as amended (20U.S.C. 794), all requirements imposed by the applicable HHS regulation (45 C.F.R. Part 84), and all guidelines and interpretations issued pursuant thereto.

Pursuant to 84.5(a) of the regulation [45 C.F.R. 84.5(a)], the recipient gives this assurance in consideration of and for the purpose of obtaining any and all federal grants, loans, contracts (except procurement contracts and contracts of insurance or guaranty), property, discounts, or other federal financial assistance extended by the Department of Health and Human Services after the date of this Assurance, including payments of other assistance made after such date on applications for federal financial assistance that were approved before such date. The recipient recognizes and agrees that such federal financial assistance will be extended in reliance on the representations and agreements made in this assurance and that the United States will have the right to enforce this Assurance through lawful means. This Assurance is binding on the recipient, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the recipient.

This Assurance obligates the recipient for the period during which federal assistance is extended to it by the Department of Health and Human Services or, where the assistance is in the form of real or personal property, for the period provided for in 84.5 of the regulation [45 C.R.F. 84.5(b)).

The recipient: Check A or B

- A. (A73) employs fewer than fifteen persons;

- B. (A74) employs fifteen or more persons and, pursuant to 84.7(a) of the regulation [45 C.F.R. 84.7(a)], has designated the following person(s) to coordinate its efforts to comply with the HHS regulation.

Stephen F. Williams, MEd., M.P.A., Director

Name of the Designee(s) – Type or Print

**ASSURANCE OF COMPLIANCE WITH THE DEPARTMENT OF HEALTH
AND HUMAN SERVICES REGULATION UNDER TITLE VI OF THE CIVIL
RIGHTS ACT OF 1964**

City of Houston

(hereinafter called the "Applicant")

Name of Applicant (Type or Print)

AHEREBY AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 880352) and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45C.F.R. Part 80) issued pursuant to that title, to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this Assurance shall obligate the Applicant, or in the case of any transfer of such property, and transferee, for the period during which the real property or structure is used for a purpose for which the Federal Financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this Assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. In all other cases, this Assurance shall obligate the Applicant for the period during which the Federal financial assistance is extended to it by the Department.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts or other Federal financial assistance extended after the date hereof to the Applicant by the Department, including installment payments after such a date on account of applications for Federal financial assistance which were approved before such date. The Applicant recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in the Assurance, and that the United States shall have the right to seek judicial enforcement of this Assurance. This Assurance is binding on the Applicant, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the Applicant.

Applicant's Mailing Address:

8000 N. Stadium Drive

Stephen L. Williams, M.Ed., M.P.A., Director

Applicant (Type or Print)

Houston, Texas 77054

Date

AFFIRMATIVE ACTION PLAN

The City of Houston hereby agrees that it will enact
(Name of Applicant)

affirmative action plan. Affirmative action is a management responsibility to take necessary steps to eliminate the effects of past and present job discrimination, intended or unintended, which is evident from an analysis of employment practices and policies. It is the policy of the agency that equal employment opportunity is afforded to all persons regardless of race, color, ethnic origin, religion, sex or age.

This applicant is committed to uphold all laws related to Equal Employment Opportunity including, but not limited to, the following.

Title VI of the Civil Rights Act of 1964, which prohibits discrimination because of race, color, religion, sex or nations origin in all employment practices including hiring, firing, promotion, compensation and other terms, privileges and conditions of employment.

The Equal Pay Act of 1963, which covers all employees who are covered by the Fair Labor Standards Act. The act forbids pay differentials on the basis of sex.

The Age Discrimination Act, which prohibits discrimination because of age against anyone between the ages of 50 and 70.

Federal Executive Order 11246, which requires every contract with Federal financial assistance to contain a clause against discrimination because of race, color, religion, sex or national origin.

Administration on Aging Program Instruction AoA PI-75-11, which requires all grantees to develop affirmative action plans. Agencies, which are part of an “umbrella agency,” shall develop and implement an affirmative action plan for single organizational unit on aging. Preference for hiring shall be given to qualified older persons (subject to requirements of merit employment systems).

Section 504 of the Rehabilitation Act of 1973, which states that employers may not refuse to hire or promote handicapped persons solely because of their disability.

Willie Dixon is the designated person with executive authority responsible for the implementation of this affirmative action plan. Policy information on affirmative action and equal employment opportunity shall be disseminated through employee

meetings, bulletin boards, and any newsletters prepared by this agency.

Work Force Analysis: Paid Staff

Total Staff:	# Full Time	# Part Time
Older Persons (60+)	<u>#1,077</u> <u>5.08%</u>	<u>#115</u> <u>21.70%%</u>
Minority	<u>#13,366</u> <u>63.01%</u>	<u>#397</u> <u>74.91%</u>
Women	<u>#6,280</u> <u>29.61%</u>	<u>#265</u> <u>50.00%</u>

SECTION 306 (42 U.S.C. 3026) AREA PLANS

306(a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an Area Plan for a planning and service area for two-, three-, four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for Area Plans within the State prepared in accordance with section 307(a)(1). Each such plan shall –

306(a)(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and where appropriate, for the establishment, maintenance, or construction of multipurpose senior centers, within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have 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) residing in such area, the number of older individuals who have 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) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians

residing in such area, and the efforts of voluntary organizations in the community, evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

306(a)(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services –

306(a)(2)(A) services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance, (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);

306(a)(2)(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer’s disease and related disorders with neurological and organic brain dysfunction; and

306(a)(2)(C) legal assistance; and assurances that the area agency on aging will report

annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

306(a)(3)(A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and

306(a)(3)(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

306(a)(4)(A) (i) (I) provide assurances that the area agency on aging will—

- (aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
- (bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will –

- (I) specify how the provider intends to satisfy the service needs of the low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;
- (II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

- (III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and
- (iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared-
 - (I) identify the number of low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the planning and service area;
 - (II) describe the methods used to satisfy the service needs of such minority older individuals; and
 - (III) provide information on the extent to which the area agency on aging met the objectives described in clause (i);

306(a)(4)(B) Provide assurances that the area agency on aging will use outreach efforts that will –

- (i) identify individuals eligible for assistance under this Act, with special emphasis on –
 - (I) older individuals residing in rural areas;
 - (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - (IV) older individuals with severe disabilities;
 - (V) older individuals with limited English proficiency;
 - (VI) older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
 - (VII) older individuals at risk for institutional placement; and
- (ii) inform the older individuals referred to in subclauses (I) through (VI) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

306(a)(4)(C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals, older individuals with limited English proficiency and older individuals residing in rural areas;

306(a)(5) provide assurances that the area agency on aging will coordinate planning,

identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement with agencies that develop or provide services for individuals with disabilities;

306(a)(6)(A) provide that the area agency on aging will – take into account in connection with matters of general policy arising in the development and administration of the Area Plan, the views of recipients of services under such plan;

306(a)(6)(B) provide that the area agency on aging will – service as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

306(a)(6)(C)

- (i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;
- (ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that –
 - I. were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42 U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

- II. came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 676B of the Community Services Block Grant Act; and
 - (iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;
- 306(a)(6)(D)** establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the Area Plan, the administration of the plan and the operations conducted under the plan;
- 306(a)(6)(E)** establish effective efficient procedures for coordination of –
- (i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and
 - (ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;
- 306(a)(6)(F)** in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of

mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by the community health centers and by other public agencies and nonprofit private organizations;

306(a)(6)(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

306(a)(7) provide that the area agency on aging shall, consistent with this section, facilitate the area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by –

306(a)(7)(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

306(a)(7)(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better –

- (i) respond to the needs and preferences of older individuals and family caregivers;
- (ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and
- (iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

306(a)(7)(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and

306(a)(7)(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—

- (i) the need to plan in advance for long-term care; and
- (ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

306(a)(8) provide that case management services provided under this title through the area agency on aging will—;

306(a)(8)(A) not duplicate case management services provided through other Federal and State programs;

306(a)(8)(B) be coordinated with services described in subparagraph (A); and

306(a)(8)(C) be provided by a public agency or nonprofit private agency that –

- (i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;
- (ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;
- (iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or
- (iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

306(a)(9) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;

306(a)(10) provides a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

306(a)(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as “older Native Americans”), including –

306(a)(11)(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to

increase access of those older Native Americans to programs and benefits provided under this title;

306(a)(11)(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

306(a)(11)(C) an assurance that the area agency on aging will make services under the Area Plan available, to the same extent as such services are available to older individuals within the planning and services area, to older Native Americans; and

306(a)(12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.

306(a)(13) provide assurances that the area agency on aging will –

306(a)(13)(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

306(a)(13)(B) disclose to the Assistant Secretary and the State agency –

- (i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship;

306(a)(13)(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

306(a)(13)(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and

306(a)(13)(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with the Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

306(a)(14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

306(a)(15) provide assurance that funds received under this title will be used—

306(a)(15)(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

306(a)(15)(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

306(a)(16) provide, to the extent feasible, for the furnishing of services under this

Act, consistent with self-directed care; and

306(a)(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery

I certify that compliance with these assurances will be accomplished and that evidence of such compliance will be available to DADS AI-AAA staff at any time requested for such purposes as, but not limited to, Performance Measure Testing, desk and/or on-site reviews, support for Area Plan Assurance Tracking Report and Area Plan amendments.

Sally Switek, Chief Accountant

Date

Stephen L. Williams, M.Ed., M.P.A., Director
Houston Department of Health and Human Services

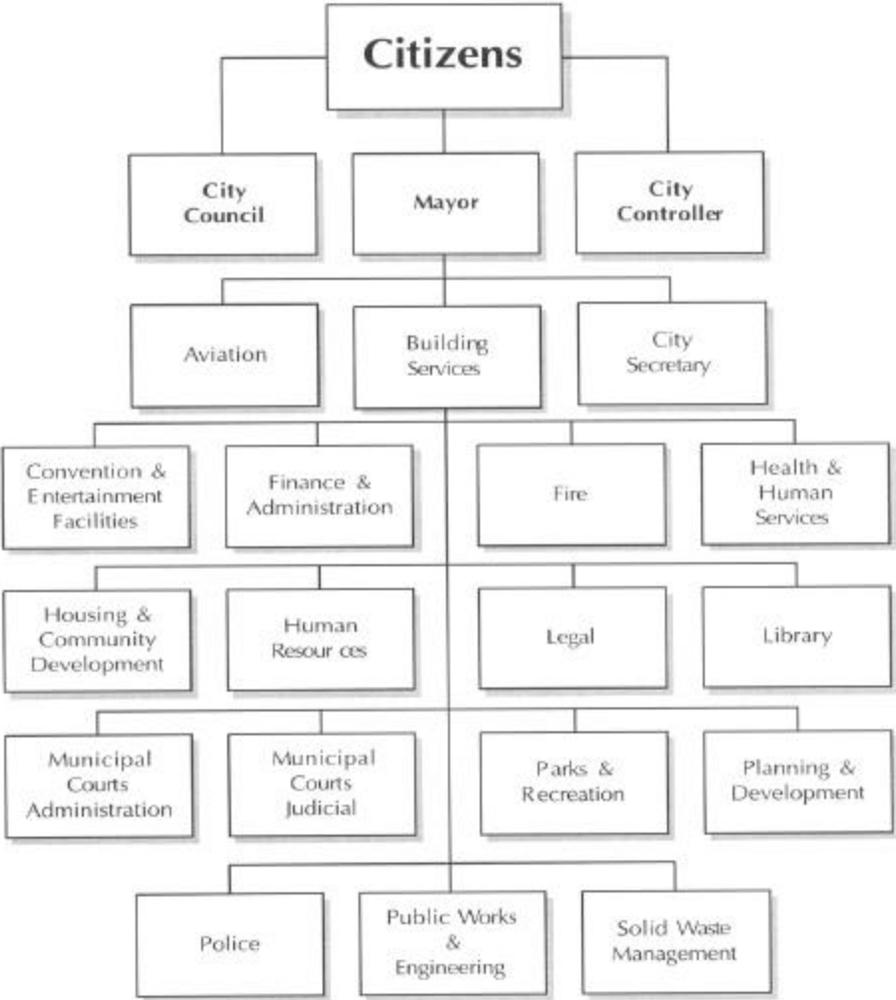
Harris County Area Agency
on Aging

Approval – DADS AI-AAA Section Manager

V. Attachments

- I. City of Houston City Government Organizational Chart
- II. City of Houston Department of Health and Human Services Organizational Chart
- III. City of Houston Department of Health and Human Services Neighborhood Services Division Organizational Chart
- IV. Harris County Area Agency on Aging Organizational Chart
- V. Harris County Area Agency on Aging Service Structure Chart
- VI. Area Planning Advisory Council Organizational Chart
- VI. Staffing Activities
- VII. AAA Performance Projections 2008 - 2009

Organization Chart City Government

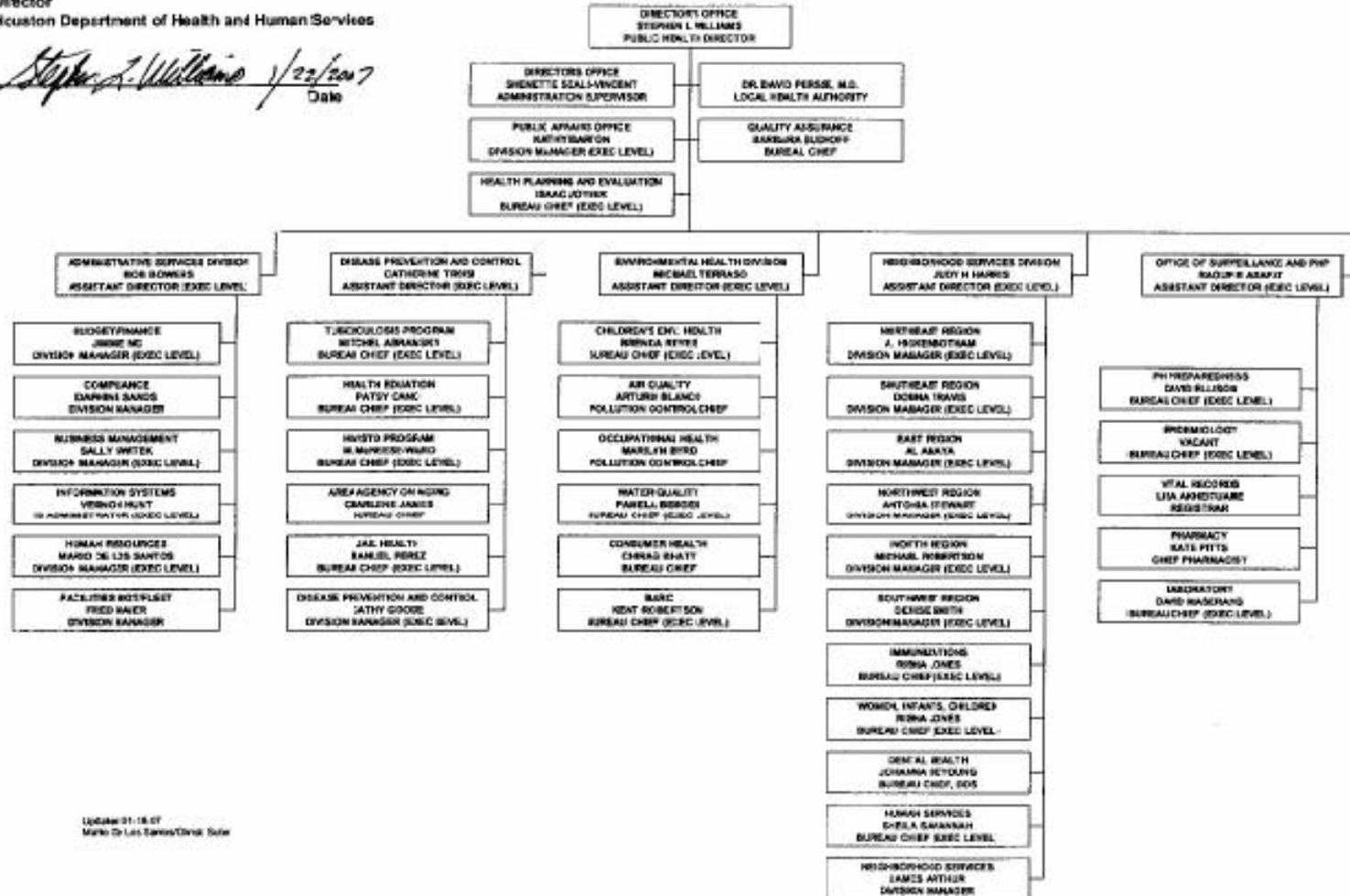


HOUSTON DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIRECTOR'S OFFICE

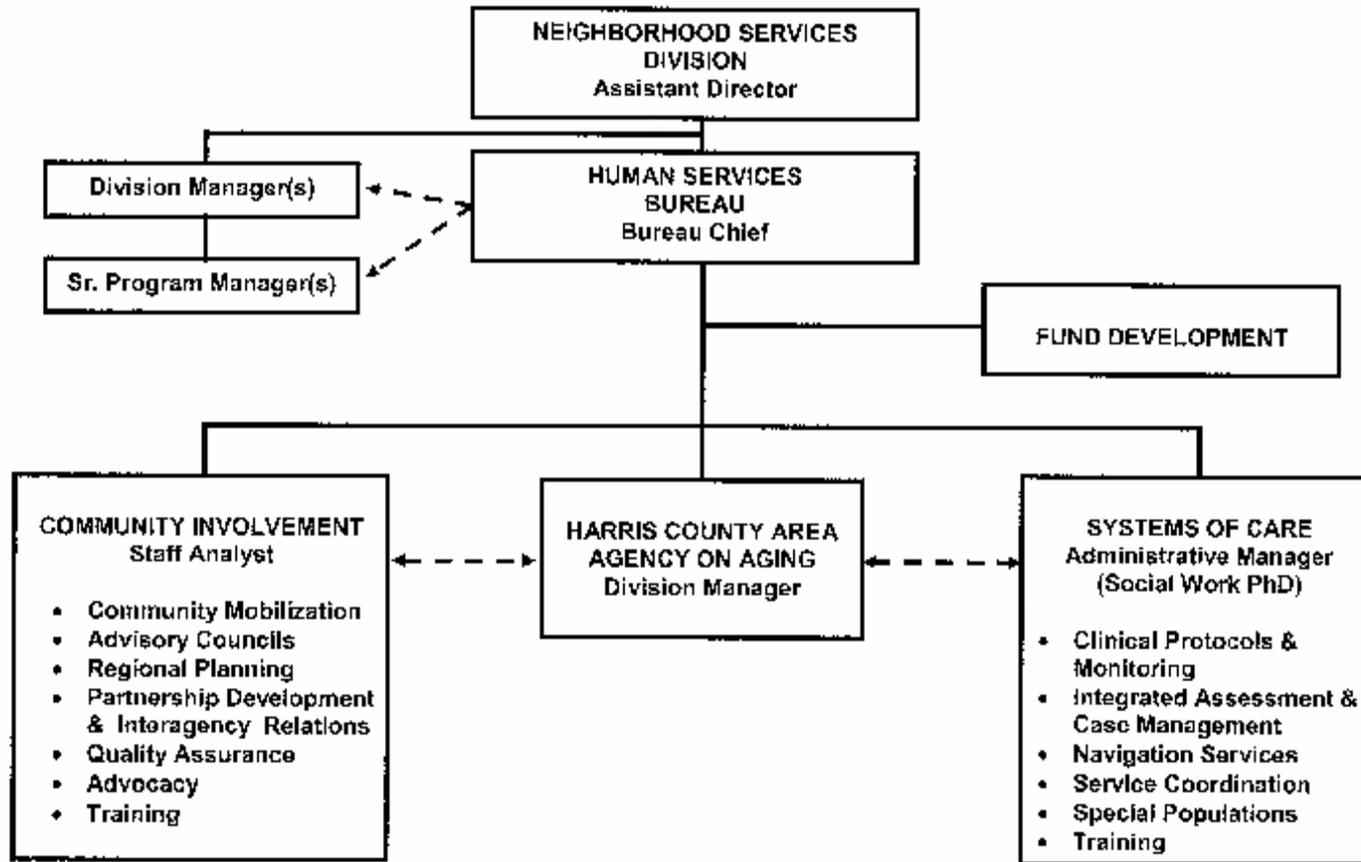
Stephen L. Williams, M.Ed, MPA
 Director
 Houston Department of Health and Human Services

Stephen L. Williams 1/23/2017
 Date



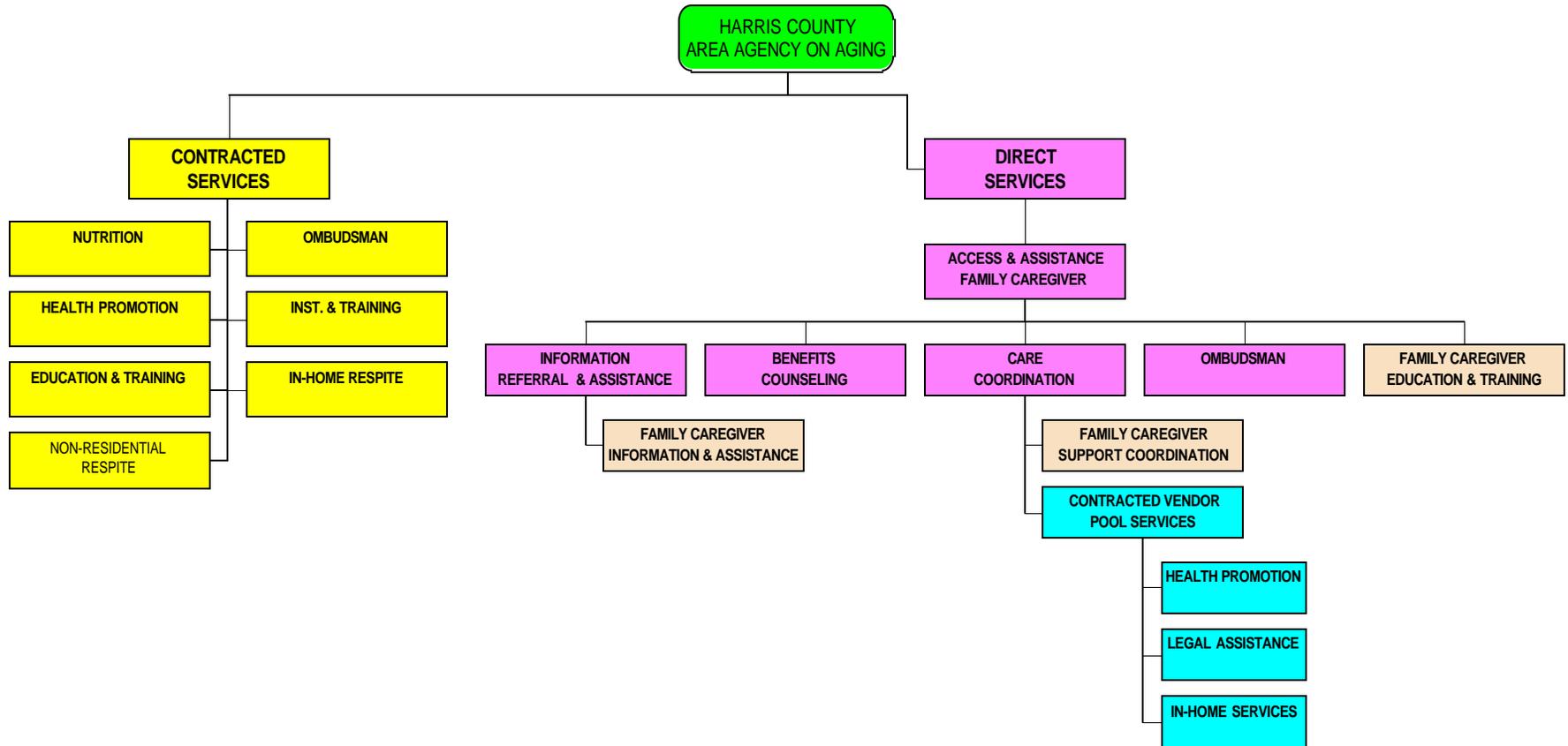
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Houston Department of Health and Human Services
 Neighborhood Services Division
 Human Services Bureau Organizational Chart

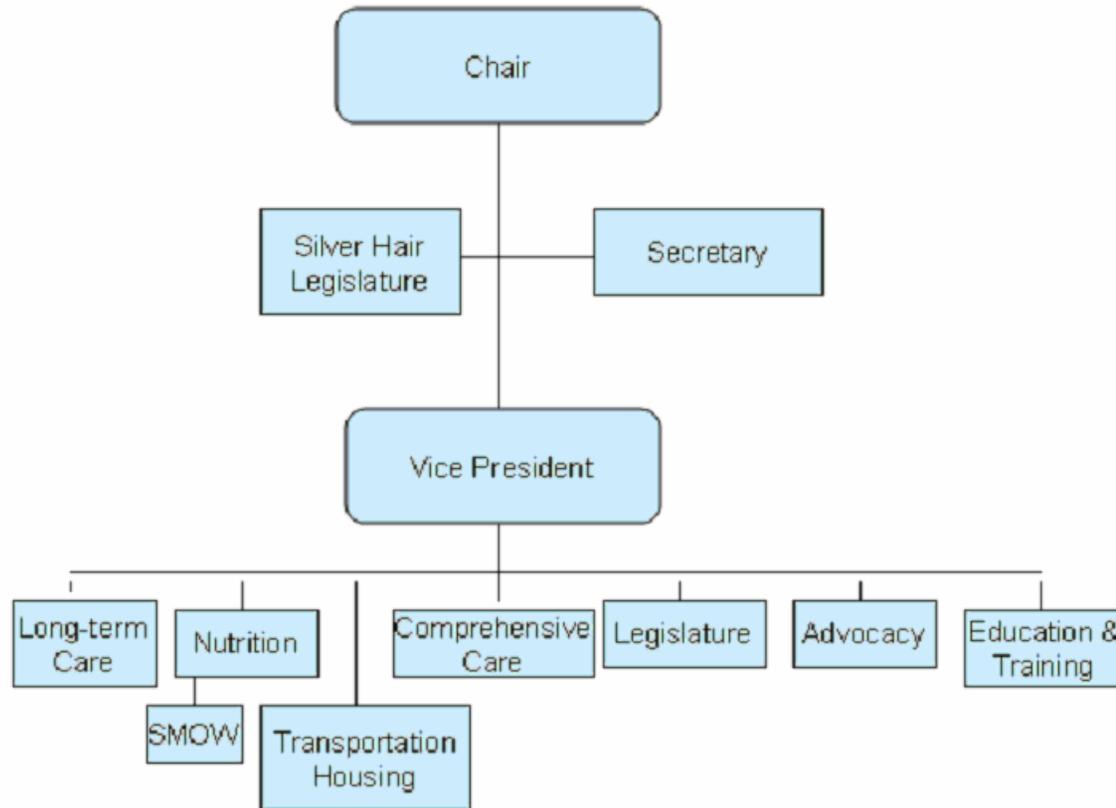


4/11/2007

HARRIS COUNTY AREA AGENCY ON AGING
SERVICE STRUCTURE CHART



**HARRIS COUNTY AREA AGENCY ON AGING
AREA PLANNING ADVISORY COUNCIL**



Staff Activities

POSITION TITLE	ACTIVITY	%OF TIME SPEND ON ACTIVITY
Senior Office Assistant	Administration	100%
Compliance Supervisor	Administration	100%
Financial Analyst III	Administration	100%
Management Analyst IV	Administration	100%
Senior Accountant	Administration	100%
Senior Office Assistant	Administration	100%
Senior Office Assistant	Administration	100%
Administrative Associate	Administration	100%
Accountant	Administration	100%
Program Manager - Vacant	Administration	100%
Sys. Sup. Analyst II - Vacant	Administration	100%
Program Manager	Administration	25%
	Care Coordination	25%
	Legal Assistance	50%
Administrative Supervisor	Administration	20%
	Care Coordination	80%
Administrative Supervisor	Administration	20%
	Infor., Ref. & Assist.	80%
Administrative Supervisor	Administration	50%
	Caregiver Ed. & Trng.	50%
Administrative Aide	Care Coordination	100%
Administrative Associate	Care Coordination	100%
Administrative Associate	Care Coordination	50%
	Caregiver Support Coord.	50%
Program Manager	Care Coordination	75%
	Legal Assistance	25%
Administrative Associate	Infor., Ref. & Assist.	80%
	Legal Assistance	20%
Administrative Associate	Infor., Ref. & Assist.	80%
	Legal Assistance	20%
Counselor - Vacant	Care Coordination	50%
	Caregiver Support Coord.	50%
Counselor - Vacant	Legal Awareness	100%
Caregiver Counselor - Vacant	Caregiver Support Coord.	100%

Texas Department of Aging and Disability Services
AAA Performance Projections 2008 - 2009

Key Performance Measures

		FY 2008	FY 2009
Strategy 1.1.1. -- Intake, Access and Eligibility to Services and Supports: Provide functional eligibility determination, development of individual service plans based on client needs and preferences, assistance in obtaining information, and authorization of appropriate services and supports through effective and efficient management of DADS State Unit on Aging (SUA) staff and contract with Area Agencies on Aging (AAAs) and local Mental Retardation Authorities (MRAs).			
<u>Output Measures</u>		-	-
1	Unduplicated number of active certified Ombudsmen	85	90
2	Unduplicated number of persons receiving care coordination funded by DADS - SUA	650	700
3	Number of information, referral, and assistance inquiries funded by DADS - SUA	8,585	8,756
4	Unduplicated number of persons receiving legal assist. (age 60 and over) funded by DADS - SUA	1,801	1,819
<u>Efficiency Measures:</u>		-	-
	DADS - SUA funded care coordination expenditures	\$279,568	\$284,600
1	Average cost per care coordination client funded by DADS - SUA	\$430	\$407
	DADS - SUA funded legal assistance (age 60 and over) expenditures	\$58,070	\$59,115
2	Average cost per person receiving legal assistance funded by DADS - SUA	\$32.24	\$32.50
<u>Explanatory Measures:</u>		-	-
1	Cumulative number of visits to assisted living facilities by a certified Ombudsman	950	1,000
2	Total expenditures Ombudsman Program (federal, state, other federal, program income & local cash)	\$275,042	\$275,042

Key Performance Measures (Cont.)		FY 2008	FY 2009
Strategy 1.4.1. -- Non-Medicaid Services: Provide a wide range of home and community-based social and supportive services to elderly and disabled persons who are not eligible for Medicaid that will assist these individuals to live independently, including family care, adult foster care, day activity and health serves (XX), emergency response, personal attendant services, home delivered and congregate meals, homemaker assistance, chore maintenance, personal assistance, transportation residential repair, health maintenance, health screening, instruction and training, respite, hospice and senior center operations.			
<u>Output Measures:</u>		-	-
4	Unduplicated number of persons receiving congregate meals funded by DADS - SUA	3,820	3,683
5	Number of congregate meals served funded by DADS – SUA	266,294	261,586
6	Unduplicated number of persons receiving home-delivered meals funded by DADS - SUA	5,948	5,841
7	Number of home-delivered meals served funded by DADS – SUA	693,129	680,873
8	Unduplicated number of persons receiving homemaker services funded by DADS - SUA	53	50
9	Unduplicated number of persons receiving personal assistance funded by DADS - SUA	80	78
10	Number of homes repaired/modified (residential repair service) funded by DADS - SUA	0	0
11	Number of one-way trips (demand response transportation service) funded by DADS - SUA	164,916	162,000
<u>Efficiency Measures:</u>		-	-
	DADS - SUA funded congregate meal expenditures	\$1,383,585	\$1,383,585
3	Average cost per congregate meal funded by DADS – SUA	\$5.20	\$5.29
	DADS - SUA funded home delivered meal expenditures	\$3,020,206	\$3,020,206
4	Average cost per home-delivered meal funded by DADS – SUA	\$4.36	\$4.44
	DADS - SUA funded homemaker services expenditures	\$105,735	\$101,546
5	Average cost per person receiving homemaker services funded by DADS - SUA	\$1,995	\$2,031
	DADS - SUA funded personal assistance services expenditures	\$306,000	\$303,720
6	Average cost per person receiving personal assistance services funded by DADS - SUA	\$3,825	\$3,894
	DADS - SUA funded modified home (residential repair service) expenditures	\$0	\$0
7	Average cost per modified home (residential repair service) funded by DADS - SUA	Calculated	Calculated