



Houston Department of Health and Human Services
Funded by Texas Department of Aging and Disability Services

Harris County Area Agency on Aging

Area Plan

Fiscal Years 2011 - 2013

Executive Summary

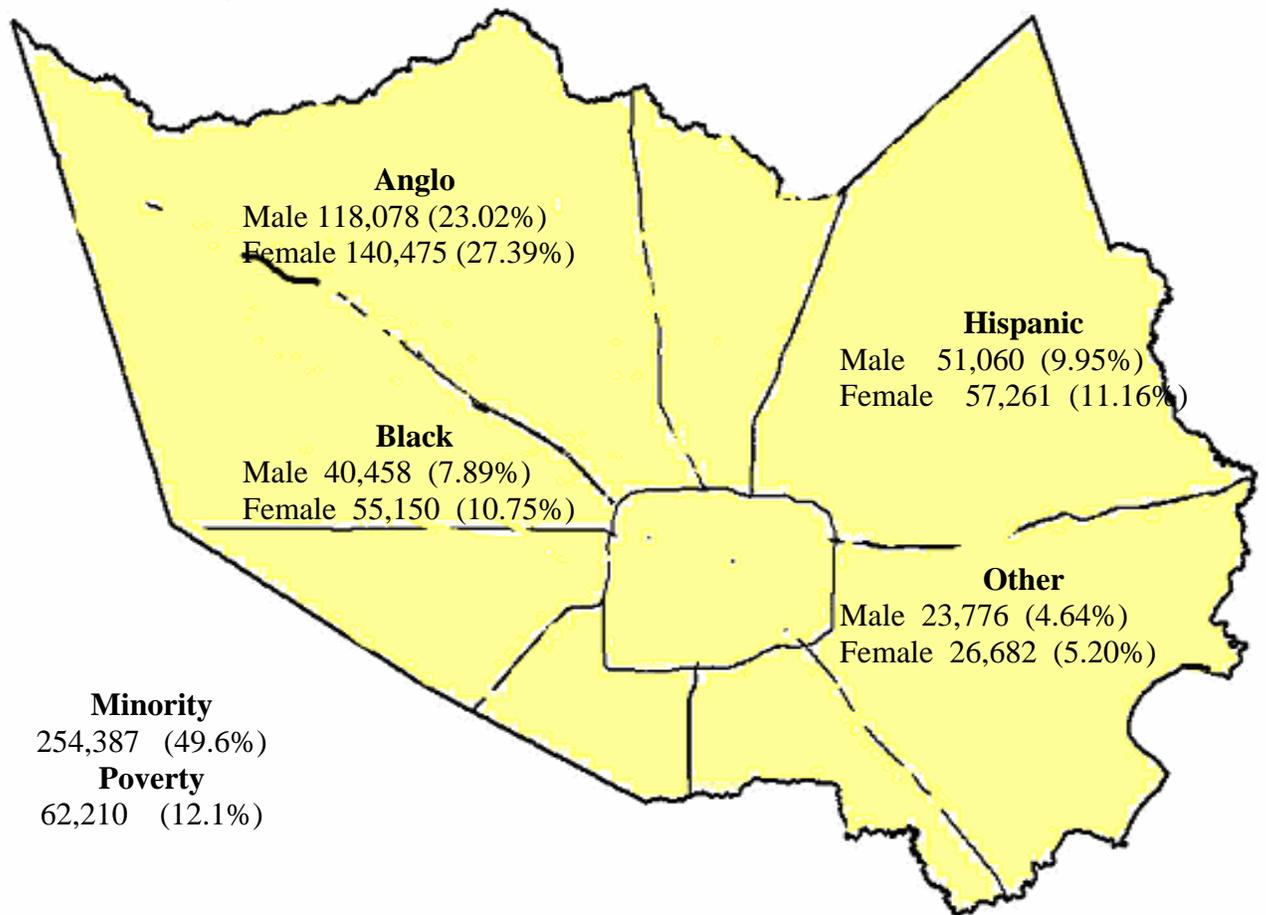
The Harris County Area Agency on Aging (HCAAA) is a part of the City of Houston Department of Health and Human Services and was established in January 1977 to provide federally funded **social services for the elderly, 60 years and older**, as authorized by the Grants for Community Programs on Elderly, 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. Although individual subgroups may not be identified, this Plan encompasses (the needs of) the full spectrum of the Harris County senior population.

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 exceeds many of the national and state trends as reflected in the general elderly population. These growth 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 include the following:

- While Harris County is considered relatively young in comparison with other counties, the population is aging. By the year 2012, Harris County is projected to have over 512,000 seniors age 60+ years (U.S. Census Bureau). Traditionally, older adults prefer to age in place and continue their community relationships.
- Long-term care and supportive services are costly. In Houston, Harris County, Texas, average daily of nursing facility care is \$171.20 per month and the average annual cost is estimated at \$64,678.00 (Insure.com).
- Transportation to access needed services continues to be one of the top five (5) service priorities in Harris County.

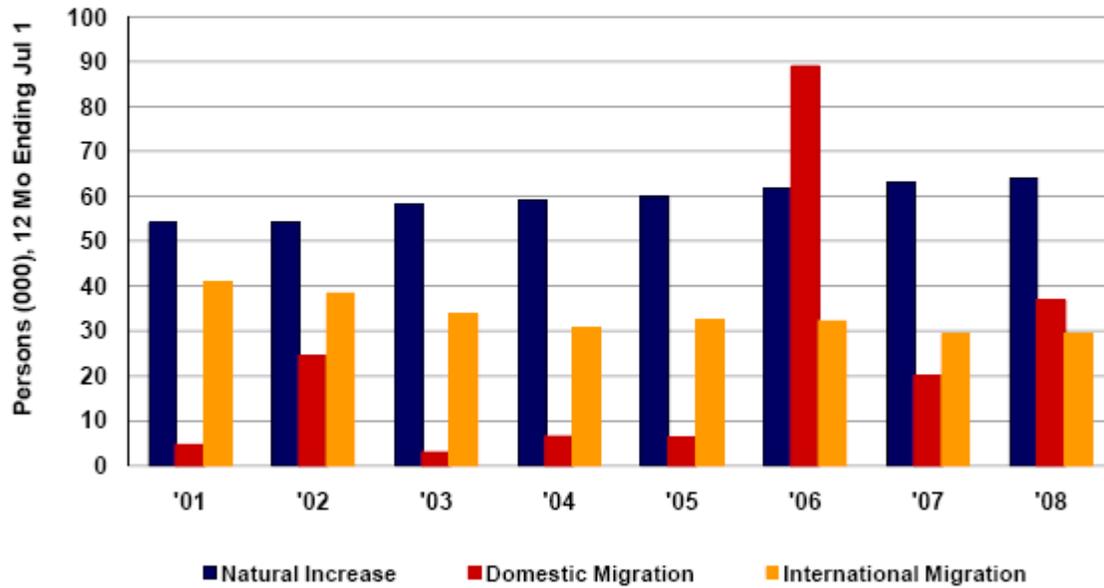


2012 PROJECTION FOR HARRIS COUNTY POPULATION AGE 60+

- Since the 2000 census, net international migration has added more than 277,000 residents to the Houston Metropolitan Statistical Area (MSA – Harris, Waller, Montgomery, Liberty, Fort Bend, Brazoria and Chambers Counties), while net domestic migration between MSA counties and U.S. counties outside the MSA has been a bit more than 192,000. (Harris County Community Profile & Housing Market Analysis 2008-2012).

Demographic Components of Population Change

Houston-Sugar Land-Baytown MSA



Source: U.S. Bureau of the Census, Mar 2009

- 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 (Harris County Community Profile & Housing Market Analysis 2008-2012).
 - 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, increasing utility costs, need for home modification and supportive services, along with the availability of home equity loans and reverse mortgages to support aging in communities and long-term care needs.
 - According to the 2008-2012 Harris County Consolidated Plan - Community Profile and Housing Market Analysis, although the housing market in the greater Houston area has responded to the demand for senior-only, single-family and multi-family housing projects, many of these developments are not within the range of affordability for low and moderate-income older adults.

Housing built specifically for disabled or elderly persons is relatively expensive. According to the Texas Department of Housing and Community Affairs, shortage of affordable housing for low-income older adults is a serious problem.

The following services and administrative priorities have been identified by the Harris County Area Agency on Aging for Fiscal Years 2011– 2013 through input and feedback from Service providers, Area Planning Advisory Council, HCAAA staff, aging service partnerships and constituents:

- Administrative – Planning and Advocacy
- Adult Day Care
- Caregiver Education and Training
- Caregiver Information Services
- Care Coordination
- Data Management
- Health Maintenance
 - Dental
 - Hearing
 - Vision
 - Prescription Assistance
- Income Support
- Information Referral and Assistance
- Instruction and Training
- In-Home Services
 - Homemaker
 - Personal Assistance
 - In-Home Respite Care
- Legal Assistance (Benefits Counseling)
- Legal Awareness
- Mental Health Services
- Nutrition Services
 - Congregate Meals
 - Home Delivered Meals
- Ombudsman
- Transportation-Demand Response
- Residential Repair

The projected availability of federal, state and local funds to support these service priorities for FY2011 are:

| Funding Source | Award |
|--|------------------------|
| Title III – B Supportive Services | \$2,152,496.00 |
| Title III-C Nutrition Services | \$4,356,506.00 |
| Title III-E Caregiver Programs | \$1,053,255.00 |
| Title III – Administration | \$923,247.00 |
| Title III – D Instruction and Training (Medication Management) | \$170,381.00 |
| SGR -Additional Other | \$36,065.00 |
| SGR | \$435,176.00 |
| NSIP | \$1,200,553.00 |
| Title VII – EAP | \$41,850.00 |
| Title VII – OAG | \$100,013.00 |
| General Fund | \$230,812.00 |
| Community Development Block Grant | \$502,000.00 |
| Total | \$11,202,354.00 |

DADS State Strategies:

1. Area Agency on Aging Administration
 - a. Intake and Access to Support Services - 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. Ombudsman
 - a. Intake, Access and Eligibility – Provide a locally based system that connects people with the services and benefits they need through ombudsman services.
3. Access and Assistance Services
 - a. Intake and Access to Support Services - Provide a locally based system that connects people with the services and benefits they need through care coordination, information, referral and assistance, and legal assistance.
4. Services to Assist Independent Living
 - a. Intake and Access to Support Services – Provide a locally based system of services to maintain personal independence through provision of supportive services, transportation, and senior center activities; and provide opportunities for increased personal productivity through community service volunteering.
5. Nutrition Services
 - a. Intake, Access and Eligibility – Provide a locally based system of nutrition services that includes meals, counseling and education designed to promote good health and to prevent illness.

Local strategies have been developed to complement the state strategies. The Area Plan serves as a guide for program planning and service delivery. Local strategies state the course of action to achieve service outcomes.

As advocates and service providers further address initiatives associated with consumer choice, choices for independence, integrated intake and eligibility systems, aging in place, and the challenges of increased awareness of older adults issues, the underlining framework for the 2011 - 2013 Area Plan will be strengthening collaborative efforts, better leveraging of all resources, and greater service coordination.

**COMMUNITY ASSESSMENT AND ASSESSMENT OF NEEDS OF OLDER
INDIVIDUALS AND THEIR CAREGIVERS**

I. Community Assessment

A. Current Demographic and Economic Conditions

Harris County is the third largest county in the United States by population and home to the fourth largest city (Houston, Texas) in the United States. It 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-1). Only 27% (310,000 acres or 485 square miles) of the County is rural for 62,109 residents (Figure A-1.1). Almost three-quarters of the county are covered by the City of Houston and thirty smaller communities (Figure A-2).

**FIGURE A-1
HOUSTON-GALVESTON REGIONAL MAP**

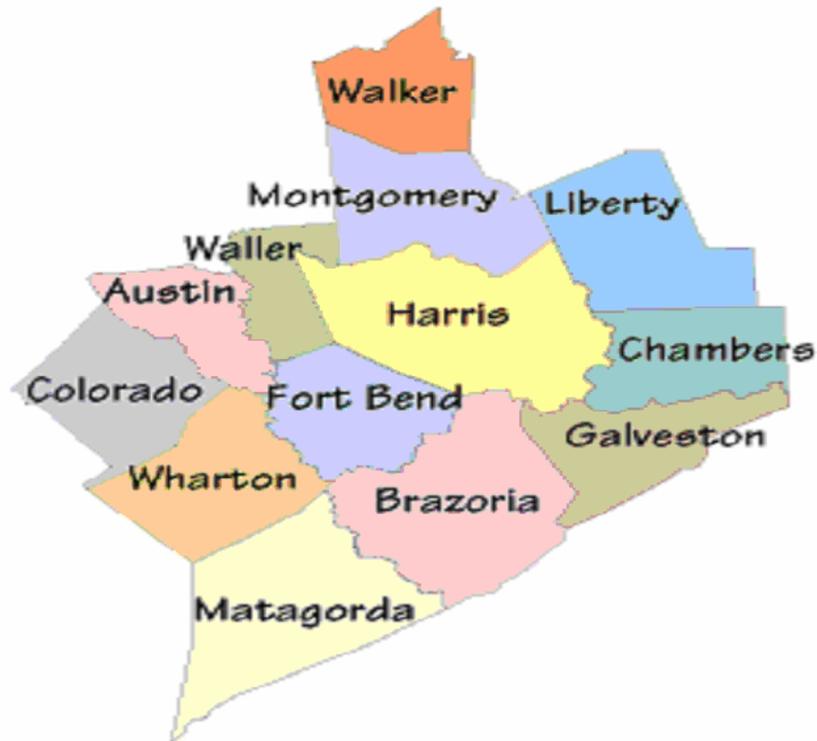
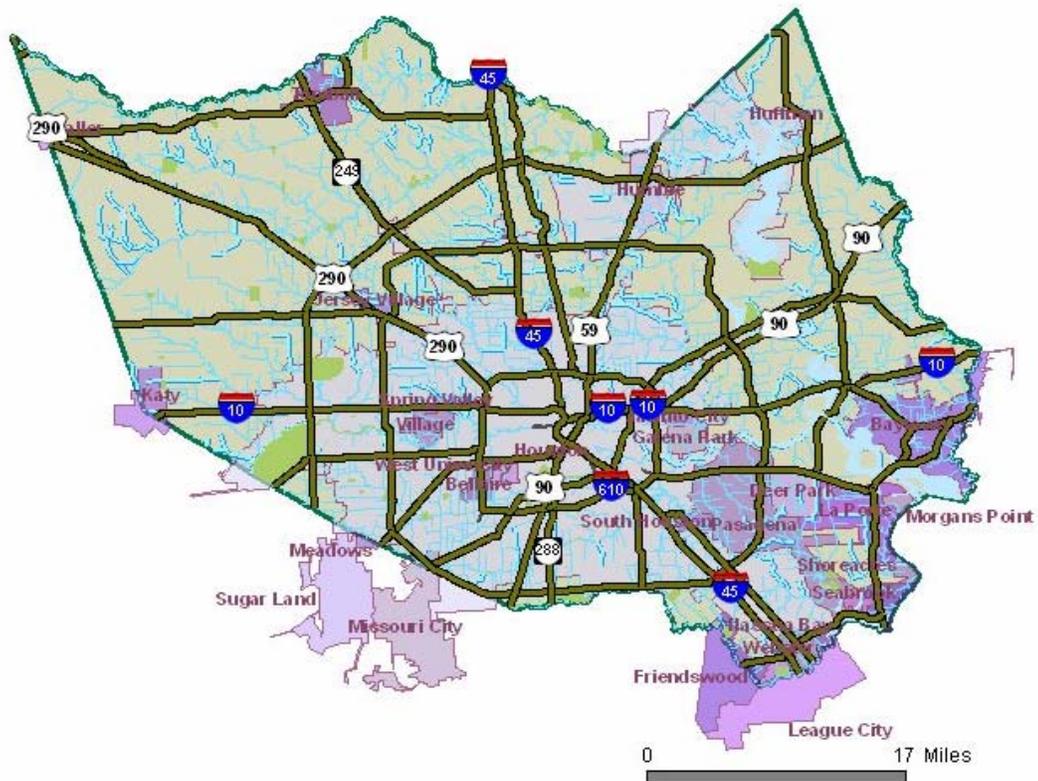


FIGURE A-1.1 URBAN AND RURAL: Total population

Data Set: Census 2000 Summary File 1 (SF 1) 100-Percent Data

| | Harris County, Texas |
|------------------------|----------------------|
| Total: | 3,400,578 |
| Urban: | 3,338,469 |
| Inside urbanized areas | 3,323,595 |
| Inside urban clusters | 14,874 |
| Rural | 62,109 |

**FIGURE A-2
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:

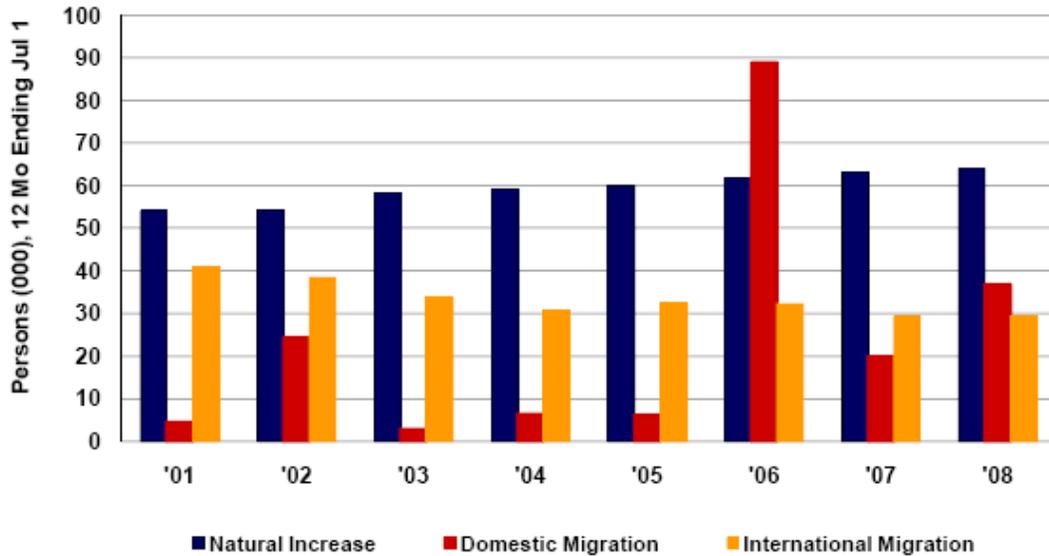
1. Population growth
2. Aging of the population
3. Growth in racial/ethnic minority populations and
4. Change in household composition

- 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 in the increased diversity of older adults, particularly 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 accounts for approximately 49 percent of Houston's population growth since 2000 (Greater Houston Partnership). Given Houston's prominence in international business, it is perhaps not surprising that net international immigration accounts for an overwhelming 58 percent of net migration (some 277,000 people) from mid-2000 to mid-2008. The surge in domestic migration between 2005 and 2006, which reflects the influx of evacuees from southern Louisiana in the wake of Hurricane Katrina in late 2005, has reduced international migration to 45 percent of post-census migration (Figure A-3).

FIGURE A-3

Demographic Components of Population Change

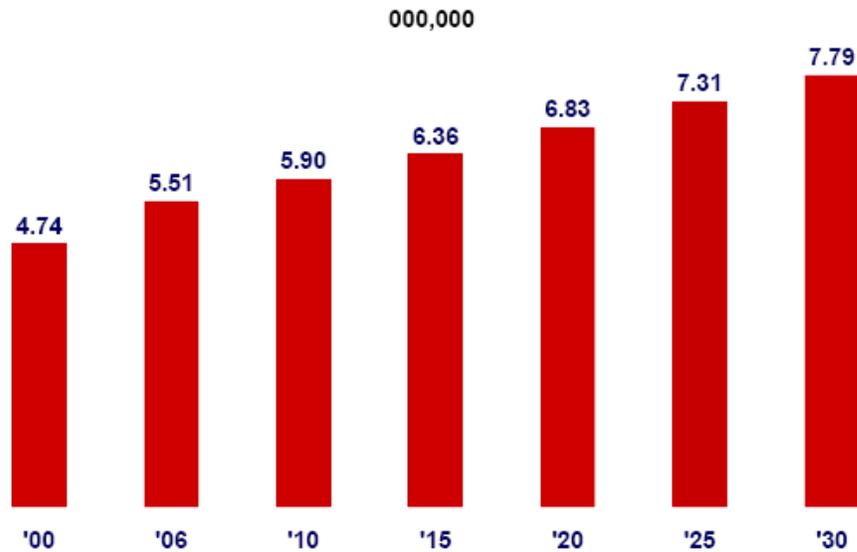
Houston-Sugar Land-Baytown MSA



Source: U.S. Bureau of the Census, Mar 2009

- From '05 to '40, says Woods & Poole Economics, The Houston MSA should rank fourth among the nations' metropolitan areas in population growth, adding 3.44 million people which is more than the number living in Iowa or Mississippi today. Houston's 8.7 million residents in '40 will rank it as the nation's fifth most populous MSA – larger than the Miami, Atlanta, or Washington MSAs (Figure A-4).

FIGURE A-4
Houston-Sugar Land-Baytown MSA Population
2000-2030

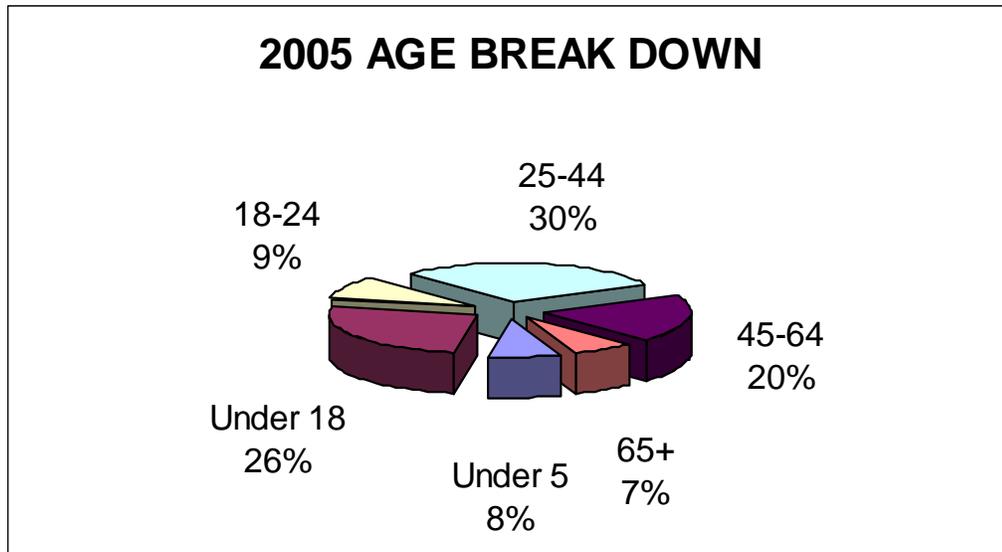


Source: Woods & Poole, 2008 MSA Profile

- Houston has a young population; 37 percent of Houstonians are between 24 years of age and 34 percent are between the ages of 25 and 44 (Houston.com). Baby boomers accounted for 27 percent of Harris County's population in 1990. According to 2000 Census figures, baby boomers comprise more than 29 percent of the total population. This diverse population will also be an aging population. As more baby boomers' reach retirement age, median age will increase, reflecting an overall older population.
- Houston is home to the Texas Medical Center (TMC), the largest medical center in the world, with a local economic impact of \$14 billion. More than 93,500 people work within its facilities. As the largest medical center in the world, the TMC is an internationally recognized community of healing, education and groundbreaking research. The Medical Center is the home to many of the nation's best hospitals, physicians, researchers, educational institutions and health care providers. The TMC is a magnet that draws seniors and adds to the Harris County aging population.

- While Harris County’s population is considered relatively young in comparison with other counties, the population is aging (Figure A-5). 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 2005.

FIGURE A-5



- Rapid growth and diversity are trends common to the demography of Harris County. These trends are expected to continue throughout the twenty-first century. Harris County has experienced substantial population growth. Most of that growth is due to immigrants from other states and immigrants from other nations along with their descendants. The minority populations are expected to continue growing, increasing to represent more than half of the total population (Figure A-6). The increase in the non-Anglo population is impacting Harris County and Texas significantly (Figure A-7).

FIGURE A-6
Total Harris County Population 3,886,207

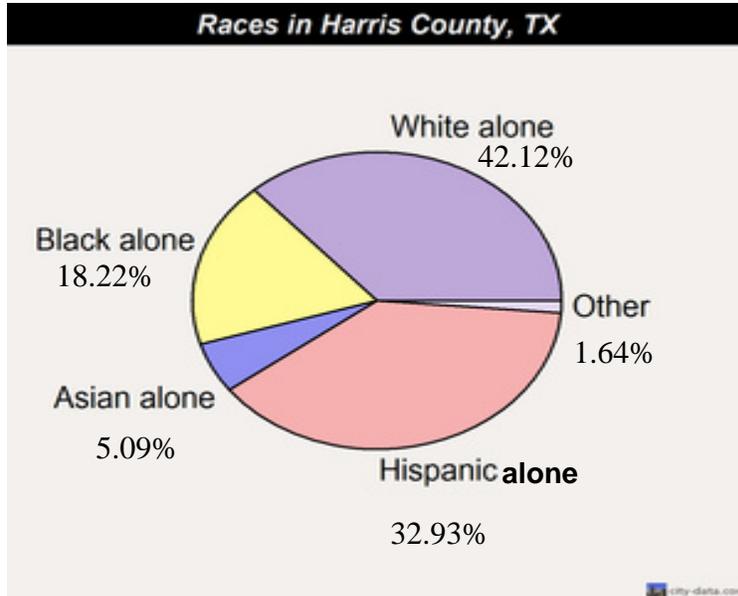
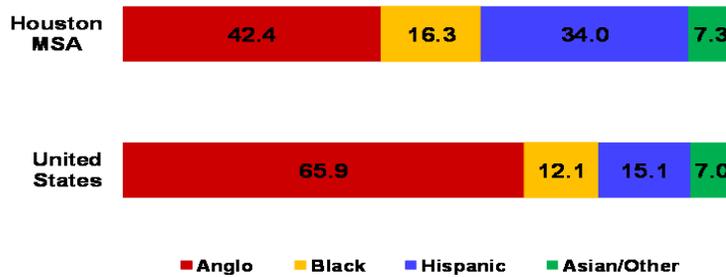


FIGURE A-7
2006-2008 Houston MSA Population by Race/Ethnicity
Percentage Distribution



Source: U.S. Bureau of the Census, 2006-2008 American Community Survey

A survey of 750 randomly selected Harris County residents was conducted Feb. 3 through March 17, 2010, by the University of Houston Center for Public Policy, Stephen Klineberg, Sociology Professor, and Rice University. The margin of error is plus or minus 3.5 percentage points.

Harris County residents offered the bleakest assessment of their personal finances, past and future, in the 29-year history of the Houston Area Survey. Just 20 percent said their financial circumstances had improved in the past few years, half the level of two years ago. Meanwhile, 48 percent said they expected their finances to get better in the next few years, a decline of 10 percentage points from 2008. Both numbers were the lowest recorded since the surveys began in 1982.

The survey's gloomy assessments correspond with an official Harris County unemployment rate that rose to 8.5 percent this year from 6.3 percent in 2009. Local residents are taking little comfort in rising stock prices or a recovering local housing market. "The average person is still suffering. There are signs of recovery, but the essential story is that they have not impacted the lives of everyday Houstonians," said

Forecasts show that the national economy is slowing. While slower national economic growth imposes constraints on Houston, two other exogenous factors should continue to work as stimulants to the local economy. Further weakening of the dollar (Wachovia Economics Group expects a bit more than 5 percent slippage in '07) is a plus for Houston's exports of goods and services, and continued relatively high energy prices benefit Houston's upstream energy sectors.

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Data about LEP populations was gathered in the U.S. Census 2000. Census data record the presence of persons who describe their ability to speak English as less than "Very Well." Figure A-8 below shows the percentages of adults in Houston/Harris County who speak English less than "Very Well" by language category. Additionally, 39 households or 5.8% of households within area block groups reported to the Census that their household was linguistically isolated, meaning that all household members over the age of fourteen had at least some difficulty with English. Thus, Census data indicate the presence of LEP populations.

Figure A-8. Census Data: Percent of Adult Speakers Who Speak English Less than Very Well*

| Census Geographies | Total Adult Population | Percent of Adult Speakers Who Speak English Less than Very Well | | | |
|--|------------------------|---|---------------------------------------|--|-------------------------|
| | | Spanish Language Speakers | Other Indo European Language Speakers | Asian and Pacific Island Language Speakers | Other Language Speakers |
| Places | | | | | |
| Houston city | 1,419,723 | 18.9% | 1.0% | 2.5% | 0.3% |
| Counties | | | | | |
| Harris County Texas | 2,418,438 | 15.8% | 0.9% | 2.3% | 0.2% |
| States | | | | | |
| Texas | 14,977,890 | 12.6% | 0.5% | 1.1% | 0.1% |
| <p>Data Source: United States Census 2000 as of February 9, 2008 for persons age 18 and older. * The data on ability to speak English represent the Census respondent's own perception about his ability to speak English (United States Census 2000 Metadata).</p> | | | | | |

B. Anticipated Economic Trends and Impact of Change

Harris County’s elderly population and projected growth exceeds many of the national and state trends. 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.
- Currently, median age for Harris County was 30.5 in 2000. The population will continue to steadily age as baby boomers near 65 years of age. By 2030, one out of six persons (16.8%) will be over 65 compared to the 7.7% in 1998 (Harris County Consolidated Plan 2008-2012). 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.
- There were 37.3 million people in **poverty** in 2007, up from 36.5 million in 2006. The nation’s official poverty rate in 2007 was 12.5 percent, “not statistically different” from the 12.3 percent in 2006. Aug. 25, 2008 – The number of senior citizens (age 65 and older) in the U.S. living in **poverty** jumped to 3.6 million in 2007, up from 3.4 million in 2006. The percentage of all seniors living in poverty increased from 9.4% to 9.7% from 2006 to 2007 – an increase the Census Bureau calls “statistically unchanged” (Figure B-1).

Figure B -1

| | 2006 | | | 2007 | | | Change | |
|--------------------|---------|-------------------|------|---------|-------------------|------|--------|-----|
| | Total | In Poverty | % | Total | In Poverty | % | No. | % |
| Population | | | | | | | | |
| All U.S. | 296,450 | 36,460 | 12.3 | 298,699 | 37,276 | 12.5 | 816 | .2 |
| Under 18 years | 73,727 | 12,827 | 17.4 | 73,996 | 13,324 | 18.0 | 497 | 0.6 |
| 18 to 64 years | 186,688 | 20,239 | 10.8 | 187,913 | 20,396 | 10.9 | 157 | – |
| 65 years and older | 36,035 | 3,394 | 9.4 | 36,790 | 3,556 | 9.7 | 162 | 0.2 |

- According to the 2000 Census Bureau in 1999, 15.11% of Harris County residents were below the poverty level compared to 16.44% in 2006. The 65 years and older group has the lowest percentage of residents living below the poverty level at 12.47% compared to 11.97% in 2006 (Harris County Consolidated Plan 2008-2012).

Poverty Status in past 12 months among 65 year or older (Population for whom poverty status is determined) - Harris County, American Community Survey 3 year estimate, 2006-2008 (Figure B-2)

Figure B -2

| Poverty Status | White alone | Black alone | Asian alone | Hispanic/Latino |
|----------------|-------------|-------------|-------------|-----------------|
| Male | 6049 | 3536 | 1548 | 3952 |
| Female | 11859 | 7387 | 1935 | 6303 |

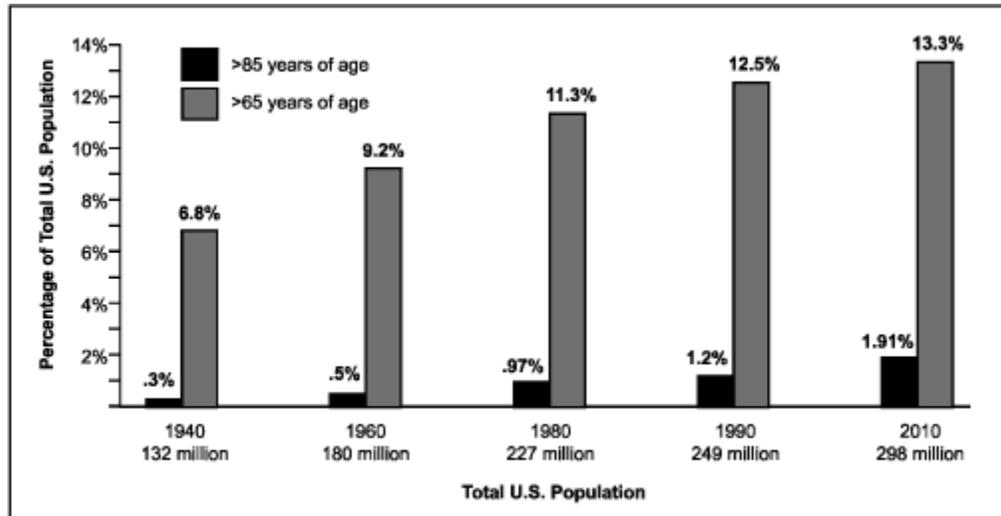
| Poverty Status | White alone | Black alone | Asian alone | Hispanic/Latino |
|-------------------|---------------|--------------|--------------|-----------------|
| Male | | | | |
| 65 to 74 years | 3,706 | 2,479 | 675 | 2,467 |
| 75 years and over | 2,343 | 1,057 | 873 | 1,485 |
| | 6,049 | 3,536 | 1548 | 3,952 |
| Female | | | | |
| 65 to 74 years | 5,336 | 4,228 | 1,067 | 3,750 |
| 75 years and over | 6,523 | 3,159 | 868 | 2,553 |
| | 11,859 | 7,387 | 1,935 | 6,303 |

- Affordable housing units specifically for seniors are more difficult to identify. However, Harris County’s Section 8 Project Based Housing along with the Section 202 Housing includes 19 subsidized housing developments for seniors in the Harris County Community & Economic Development Department (CEDD) service area. During retirement, housing for elderly citizens becomes much less affordable due to decreased income. According to the 2006 American Community Survey, males made up 42 percent of the population 65 and older while women made up 58 percent of that population. The median age was 74.4 years of age for that population. According to the latest U.S. Census, the median income range for householders whose age is 55 to 64 is \$50,000.00 to \$74,999. Income then drops

dramatically for householders whose age is 65 to 74, to a median income range of \$15,000 to \$24,999. Income drops again for householder aged 75 and older, whose median income range is \$5,000 to \$9,999. For householder's aged 75 and older, there is a very high likelihood that income has dropped to well below HUD's extremely low-income limits (30 percent MPF). As a result, a greater percentage of their household income would go towards housing (Harris County Consolidated Plan 2008-2012).

- The changing family and community structure also presents added challenges in the area of caregiver support for many older persons. Factors include but are not limited to:
 - The mobilization of family members from areas beyond the residence of older family members creates long-distance caregiver issues.
 - The increase in longevity has created a situation of older caregivers caring for older spouses and other older relatives.
 - Due to number of increased single parents, incarcerated parent(s), parents addicted to drugs and alcohol, and parents who have been temporarily relocated due to military or job deployment, more children 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.
- Long-term care and supportive services are costly. In Houston, Harris County, Texas, average daily cost of nursing facility care is \$171.20 and the average annual cost is estimated at \$64,678.00 (Insure.com).
- The average resident, in nursing homes, is 85+, female, and in need of help with at least 4 activities of daily living (eating, dressing, etc.) (Texas HCA, March 13, 2008).
- Since the turn of this century, thanks in large measure to research-based public health innovations, the lifespan of the average American has nearly doubled. Equally noteworthy has been the increase in the number of persons ages 85 and older (Figure B-3). These trends will continue well into the next century and be magnified as the numbers of older Americans increase with the aging of the post-World War II baby boom generation (National Center for Health Statistics [NCHS], 1993).

Figure B-3. Increases in the percent of the U.S. Population over age 65 years and over 85 years (Malmgren, 1994).



- Today, our Nation’s physical health—as a whole—has never been better. Moreover, illnesses of the body once shrouded in fear—such as cancer, epilepsy and HIV/AIDS to name just a few—increasingly are seen as treatable, survivable, even curable ailments.
- Yet, despite unprecedented knowledge gained in just the past three decades about the brain and human behavior, mental health is often an afterthought and illnesses of the mind remain shrouded in fear and misunderstanding.
- A substantial proportion of the population 55 and older—almost 20 percent of this age group—experience specific mental disorders that are not part of “normal” aging (Figure B-4). Research that has helped differentiate mental disorders from “normal” aging has been one of the more important achievements of recent decades in the field of geriatric health. Unrecognized or untreated, however, depression, Alzheimer’s disease, alcohol and drug misuse and abuse, anxiety, late-life schizophrenia and other conditions can be severely impairing, even fatal; in the United States, the rate of suicide, which is frequently a consequence of depression, is highest among older adults relative to all other age groups (Hoyert et al., 1999).

Figure B-4. Best estimate 1-year prevalence rates based on Epidemiologic Catchment Area, age 55+

| | Prevalence (%) |
|---------------------------------|-----------------------|
| Any Anxiety Disorder | 11.4 |
| Simple Phobia | 7.3 |
| Social Phobia | 1 |
| Agoraphobia | 4.1 |
| Panic Disorder | 0.5 |
| Obsessive-Compulsive Disorder | 1.5 |
| Any Mood Disorder | 4.4 |
| Major Depressive Episode | 3.8 |
| Unipolar Major Depression | 3.7 |
| Dysthymia | 1.6 |
| Bipolar I | 0.2 |
| Bipolar II | 0.1 |
| Schizophrenia | 0.6 |
| Somatization | 0.3 |
| Antisocial Personality Disorder | 0 |
| Anorexia Nervosa | 0 |
| Severe Cognitive Impairment | 6.6 |
| Any Disorder | 19.8 |

Source: D. Regier & W. Narrow, personal communication, 1999.

- The number of people, as of June 2008, in the 37 county service area of the Alzheimer’s Association Houston and Southeast Texas Chapter is 85,000, and the number of people with Alzheimer's disease and related dementias is 140,000 (Alzheimer’s Association Houston and Southeast Texas Chapter).
- Just as in the general population, older adults present with diverse needs, orientation, abilities, and disabilities. However, older adults experiencing loss of loved ones, physical changes and environmental obstacles are typically more emotionally taxed than the general population. Depression is a reality in the elderly population. The difficult changes that many elderly or older adults face—such as the death of a spouse or medical problems—can lead to depression, especially in those without a strong support system (Help Guide 2010).

According to the National Institutes of Health, of the 35 million Americans age 65 or older, about 2 million suffer from full-blown depression. Another 5 million suffer from less severe forms of the illness.

- Access to mental health services continues to present challenges to older persons and their caregivers.
- In Harris County, among the people at least 5 years old in 2006 - 12.0% reported a disability. The likelihood of having a disability varied by age – from 6% of people 5 – 15 years old to 10% of people 16 – 64 years old, and to **42% of those 65 and older**. Many disabled persons rely solely on SSI, which is not enough on its own to reasonably pay for decent safe and sanitary housing. In Harris County there are 9 subsidized housing developments for persons with disabilities, and 20 housing developments for persons that are elderly and disabled.
- The excesses of the Baby Boomer generation are starting to show up at the door of U.S. treatment programs, which saw admissions of patients ages 50 and older almost double between 1992 and 2008. Patients over age 50 comprised 12.2 percent of all treatment admissions in 2008, up from 6.6 percent in 1992, according to a report from the Substance Abuse and Mental Health Services Administration (SAMHSA). Admissions for heroin use among this age group more than doubled, cocaine admissions quadrupled, and significant increases in older Americans seeking treatment for prescription drugs and marijuana also were reported. Most of those seeking help had started using their primary substance of abuse prior to age 25, but an increasing number said they had only started using drugs like cocaine or prescription medications within the past five years. In 2008, older admissions who initiated use of their primary substance of abuse within the past 5 years were more likely than those in 1992 to have reported prescription pain relievers as their primary substance (25.8% vs. 5.4%). More older Americans also are reporting problems with multiple substances, including alcohol, illicit drugs, and prescription medications. The proportion of older admissions that reported multiple substances of abuse nearly tripled, increasing from 13.7% in 1992 to 39.7% in 2008. (SAMHSA, Office of Applied Studies, The TEDS Report: Changing Substance Abuse Patterns among Older Admissions: 1992 and 2008).
- The experience with Hurricane Katrina/Rita/IKE emphasized the need for adequate

planning and preparation to assist Special Needs populations 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 implementing and enhancing an effective emergency preparedness plan for elderly/special needs populations.

- More older adults are living longer, healthier lives, and are more active in their communities. With this trend, increasing transportation options for older adults will enhance their independent mobility and overall quality of life. **Transportation** continues to be one of the top five (5) service priorities in the service delivery network.
- 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. As the number of participants in congregate sites decreases and the number of baby boomers aging into senior services increases, there is a need to change the current model of congregate programs. The congregate program should provide less structure and more options for individual choices.
- Access to information, referral and assistance, as well as public benefits currently presents challenges to older persons and their caregivers. Based upon the projected economic trends, anticipated increase in funding and other resources will not be proportionate to projected growth of the senior population, including older individuals with low income, older individuals with greatest economic need, minority older individuals, older individuals with limited English proficiency and the limited population in rural areas, although Harris County is predominantly an urban area. As a result, this population will experience greater difficulty in maintaining/enhancing their quality of life and independence.

The changing demographics in our society, increased attention to older adults, research and studies at national, state and local levels have yielded valuable data. This data serves 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, the underlying framework for the 2011 - 2013 Area Plan will be:

- Choices for independence,
- Integrated intake and eligibility systems,
- Keeping older individuals in the least restrictive environment
- Strengthening collaborative efforts and greater coordination, and
- Increased leveraging of all resources.

This framework will allow HCAAA to adjust resources, enhance efficiency, diminish duplication of effort and promote continuous improvement of programs, policies and services. However, the dimensions of this framework will be significantly impacted by the availability of funding to address the increase in population growth.

II. Assessment of Needs of Older Persons

a. Information sources used to identify needs

HCAAAA determined service needs of older individuals and their caregivers using the following methods:

1. **External needs assessment** distributed to older individuals receiving services, caregivers, advocates, community service providers, aging services professionals, partners, older persons, individuals concerned about issues related to older persons, constituents, and the general public;
2. Harris County Area Agency on Aging, the **Harris County Area Planning Advisory Council (APAC) and the Texas Silver Haired Legislature (TSHL)** coordinated/ supported **listening sessions/community forums** during the months of May and June 2010;
3. **Information, Referral and Assistance inquiry and service logs;**
4. **Aging Agenda surveys, summaries and reports;**
5. Results of **Care for Elders Consumer Input Initiative;** and
6. National, County and City of Houston **research data.**

Identified service priorities are reflected and supported in the local strategies of the 2011-2013 Area Plan. Each local strategy describes the method by which a service will be provided. The Area Plan will serve as the strategic work plan for the Agency.

Methodologies used allowed for a wide range of input sources, varying from those being served to those who provide services, to those who have the capacity to impact the laws and regulations of services to older adults. Survey instruments were designed to target specific populations in order to identify unmet needs and underserved populations. We found the most prevalent indicators to be consistent across all data sources.

The survey asked participants to rate each individual service (of those indicated) from very important to not important. It would have been helpful to request that participants identify their top three services and allowing opportunity to identify services not listed.

Community Capacity

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 assesses 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 has provided valuable information, not only to the HCAAA but to all health and human service providers serving older persons/caregivers. These initiatives guide organizations in their planning efforts for service direction. While collaboration, leveraging of resources and cooperation is crucial in addressing the needs of the ever growing senior population, the ability to adequately respond will be significantly impacted by the availability of funding.

III. Results of Needs Assessment Process

A total of 1,432 Area Plan Needs Assessment Surveys were received and analyzed. Results are outlined below.

1. Access and Assistance Services

The following services are ranked in order of importance by those surveyed and responding to this question.

- a) Care Coordination
- b) Caregiver Support Coordination
- c) Legal Assistance – less than 60 years of age
- d) Information Referral and Assistance
- e) Legal Assistance – 60 years and older
- f) Legal Awareness

2. Nutrition Services

The following services are ranked in order of importance by those surveyed and responding to this question.

- a) Home Delivered Meals
- b) Nutrition Education
- c) Demand Response Home Meals
- d) Congregate Meals

3. Support Services

The following services are ranked in order of importance by those surveyed and responding to this question.

- a) Adult Day Services
- b) Assisted Transportation
- c) Caregiver Education and Training
- d) Caregiver Information Services
- e) Caregiver Respite Care
- f) Chore Maintenance

- g) Emergency Response
- h) Employment Placement
- i) Chronic Disease Self Management
- j) Health Education, Prevention and Promotion
- k) Escort
- l) Health Maintenance
- m) Health Screening/Monitoring
- n) Homemaker
- o) Hospice
- p) Housing Placement
- q) Income Support
- r) Instruction and Training
- s) Mental Health Services
- t) Ombudsman
- u) Personal Assistance
- v) Physical Fitness
- w) Recreation
- x) Residential Repair
- y) Senior Center Operations
- z) Shopping
- aa) Telephone Assurance
- bb) Transportation
- cc) Visiting
- dd) Volunteer Placement

4. Respondent Classifications

Completed surveys were received from the following respondent population:

- a. Elected Officials (0.5%)
- b. Agency/Service Providers (14.7%)
- c. Seniors (60.2 %)
- d. Caregivers (16.4)
- e. Others (21.1%)

5. City of Houston Council Member District Constituents
Completed surveys were received from the following City Council Districts:
 - a. District A (5.4%)
 - b. District B (28.2%)
 - c. District C (10.1%)
 - d. District D (19.5%)
 - e. District E (4.1%)
 - f. District F (9.7%)
 - g. District G (1.8%)
 - h. District H (12.9%)
 - i. District I (7.9%)

6. Harris County Commissioner Precinct Constituents
Completed surveys were received from the following Harris County Precincts:
 - a. Precinct 1 (43.0%)
 - b. Precinct 2 (21.2%)
 - c. Precinct 3 (22.2%)
 - d. Precinct 4 (13.6%)

Aging Agenda Initiatives

1. Community Survey Report – Moving Toward an Elder Friendly Future

In an attempt to identify/understand which of the following topics by priority would have the biggest impact on aging in Houston, the Houston Department of Health and Human Services, University of Texas School of Public Health and other organizations throughout Houston and Harris County conducted the Aging Agenda Survey. Consistent with the priorities and domains described in the Aging Agenda, 205 surveys were completed at area Walgreens in the Spring of 2009. Harris County residents accounted for 90% of respondents of which 41% were male and 59% were female.

The following eight domains were ranked by respondents in order of importance from most to least:

- a. Basic Needs
- b. Housing
- c. Health and Well-Being
- d. Safety and Security
- e. Transportation
- f. CRI Access
- g. Spirituality
- h. Retirement

2. Care for Elders Consumer Input Initiative

As one of the community partners that worked toward the development of the Aging Agenda, Care for Elders conducted a Consumer Input Survey (September 2009 to March 2010) to get feedback from seniors and other stakeholders about priorities. This rendered 1,198 completed surveys - 73% were male and 27% were female.

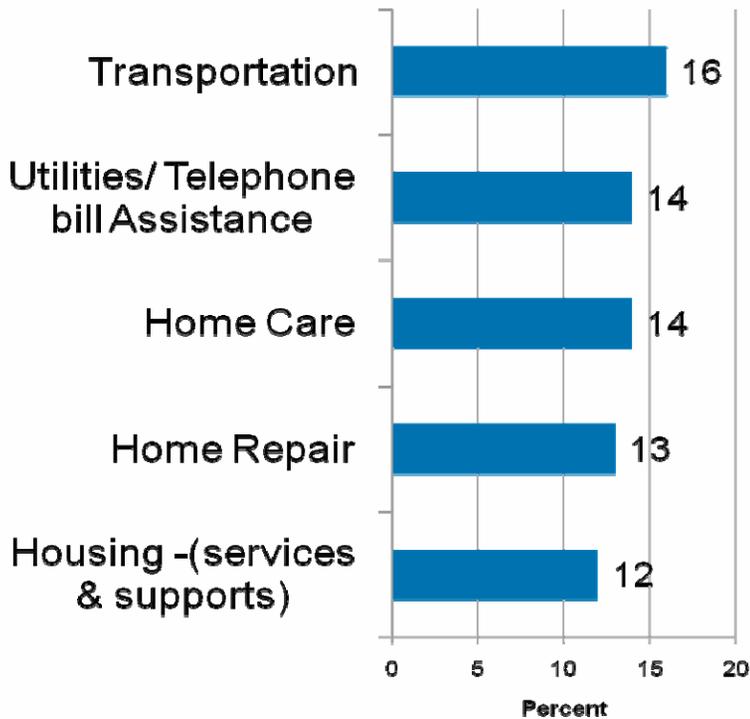
The following are the top five priorities ranked by at least 40% of the respondents:

- a. Improve current transportation programs – 58.22%
- b. Make it easier to get help with paying electric and utility bills – 43.49%
- c. Teach older adults about scams and how to protect themselves from being taken advantage of – 41.90%
- d. Make it a law that all home care and “hands on” workers must be trained before they help a senior – 41.30%
- e. Work with business to encourage them to hire older workers – 40.07%

Respondents ranked Transportation, Utilities/Telephone Bill Assistance, and Home Care as the top three areas needing expansion (see Figure B-5).

Figure B-5

Priorities for Service Expansion



Consumers asked to select 3 areas that need expansion:

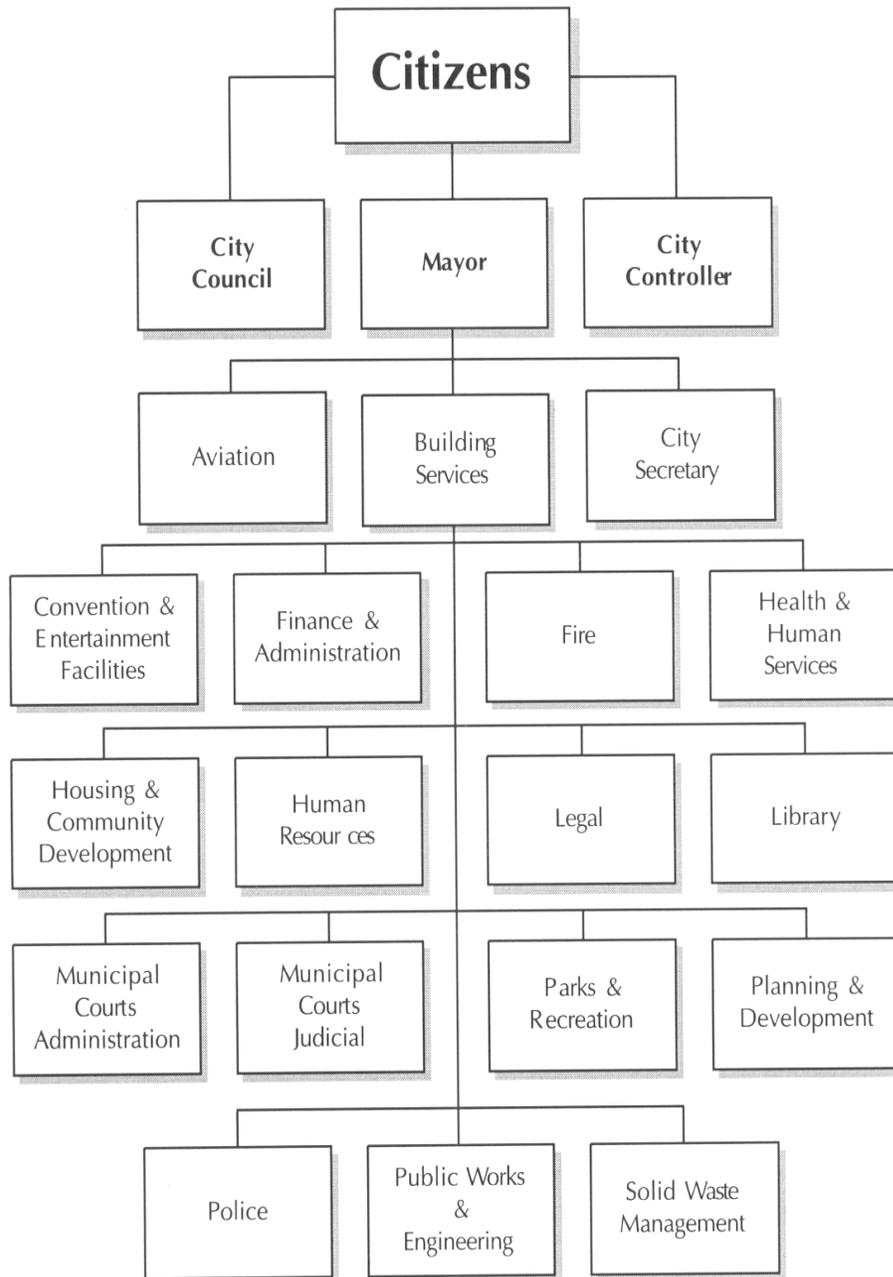
- 1. Transportation 16%**
- 2. Utilities/Tel Assistance 14%**
- 3. Home Care 14%**
- 4. Home Repair 13%**
- 5. Housing 12%**



IV. Organizational Structure

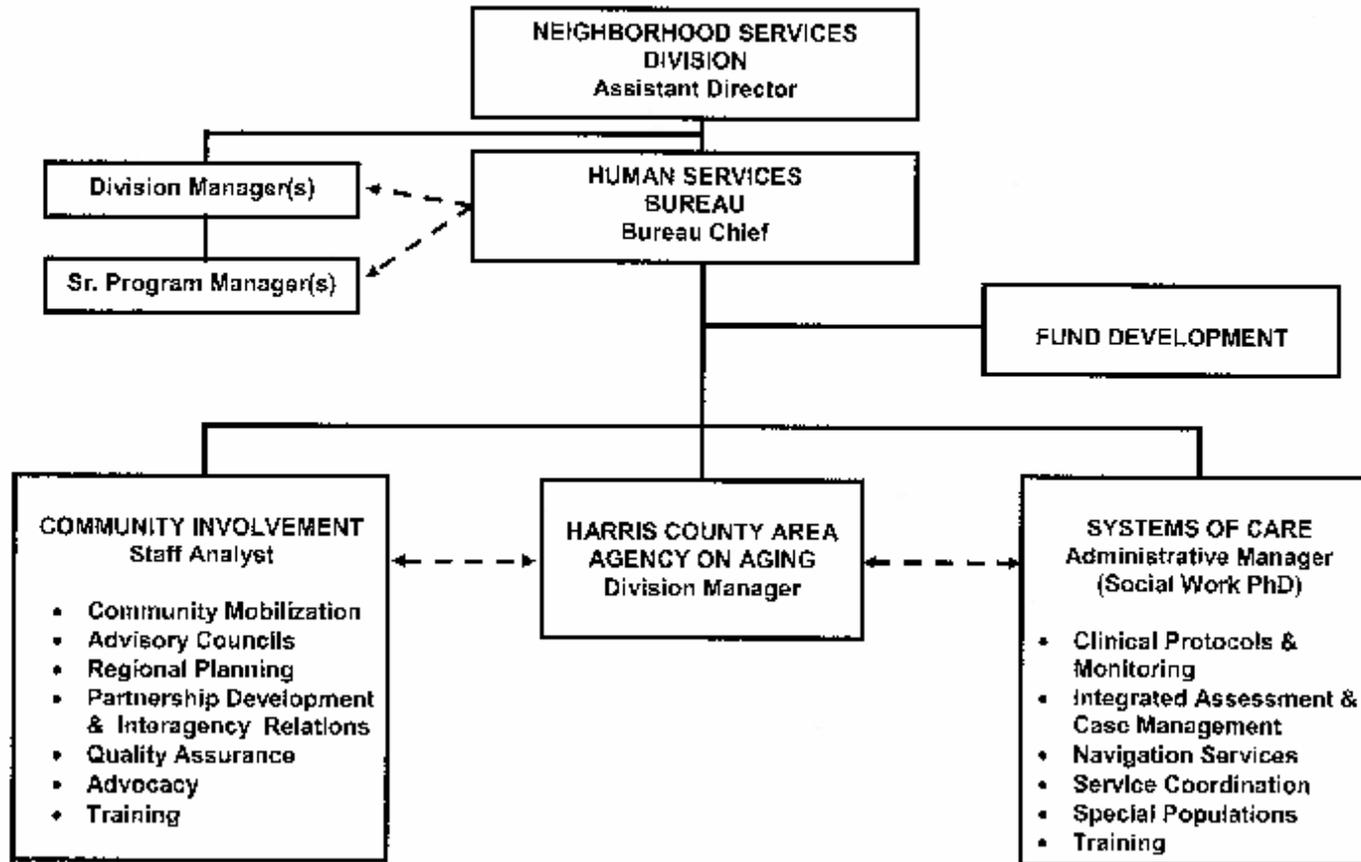
The City of Houston serves as the grantee agency for the Harris County Area Agency on Aging which is organizationally placed within the Houston Department of Health and Human Services (HDHHS), Neighborhood Service Division. The Mayor and City Council serve as the governing body for administering the provision of services under the Harris County Area Agency on Aging. The Director of the Houston Department of Health and Human Services is responsible leadership and oversight of the Area Agency on Aging. The organizational placement of the Harris County Area Agency on Aging is within the Neighborhood Services Division. The positioning of HCAAA within HDHHS- Neighborhood Service Division allows for leveraging of additional resources to more fully address the needs and provide a broader array of services for older adults.

Organization Chart City Government



CURRENTLY UNDER REVISION (JUNE 2010)

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

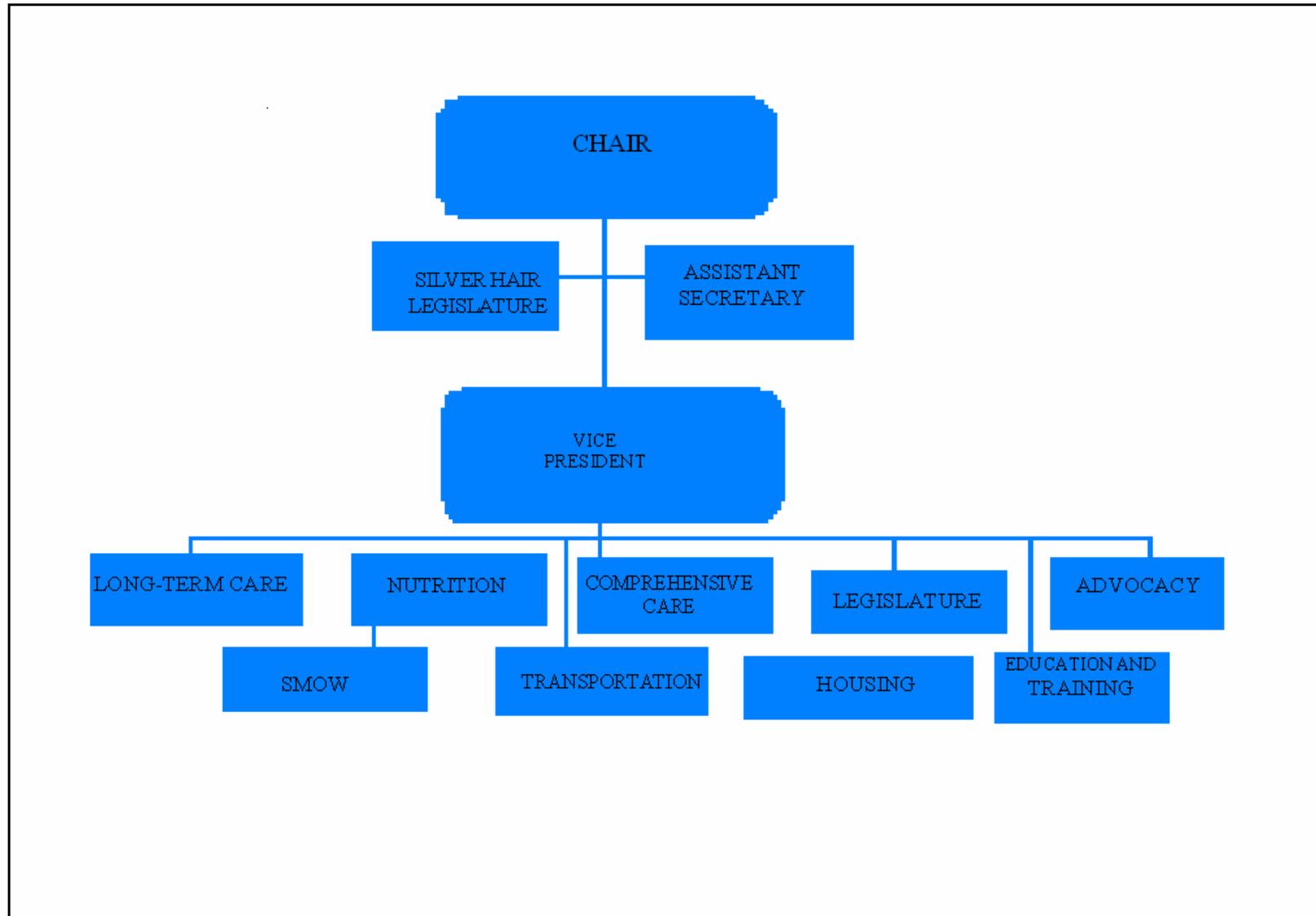


4/11/2007

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 forty-nine (49) members with appointments from local elected officials and the advisory council chair. Through the advisory council's organizational structure 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. It is planned that as a part of the monitoring of Title III Programs, the Nutrition Sub-Committee will conduct scheduled and unannounced on-site visits to the Central Kitchen, as well as to congregate meal sites. The Advisory Committee shall plan and coordinate the annual Thanksgiving Day Meal Program for seniors alone on the holiday supported by private donations and fundraisers for the Houston Meals for the Elderly (Ho.M.E.) Project. In recognition of Older American Month, the Advisory Council shall plan annual activities which celebrate aging, cultural diversity, and independence. APAC in collaboration with the Texas Silver-Haired Legislature and other interested organizations will work in tandem to advocate and support legislative initiative for Harris County seniors.

**HARRIS COUNTY AREA AGENCY ON AGING
AREA PLANNING ADVISORY COUNCIL (APAC)**



APAC DEMOGRAPHICS

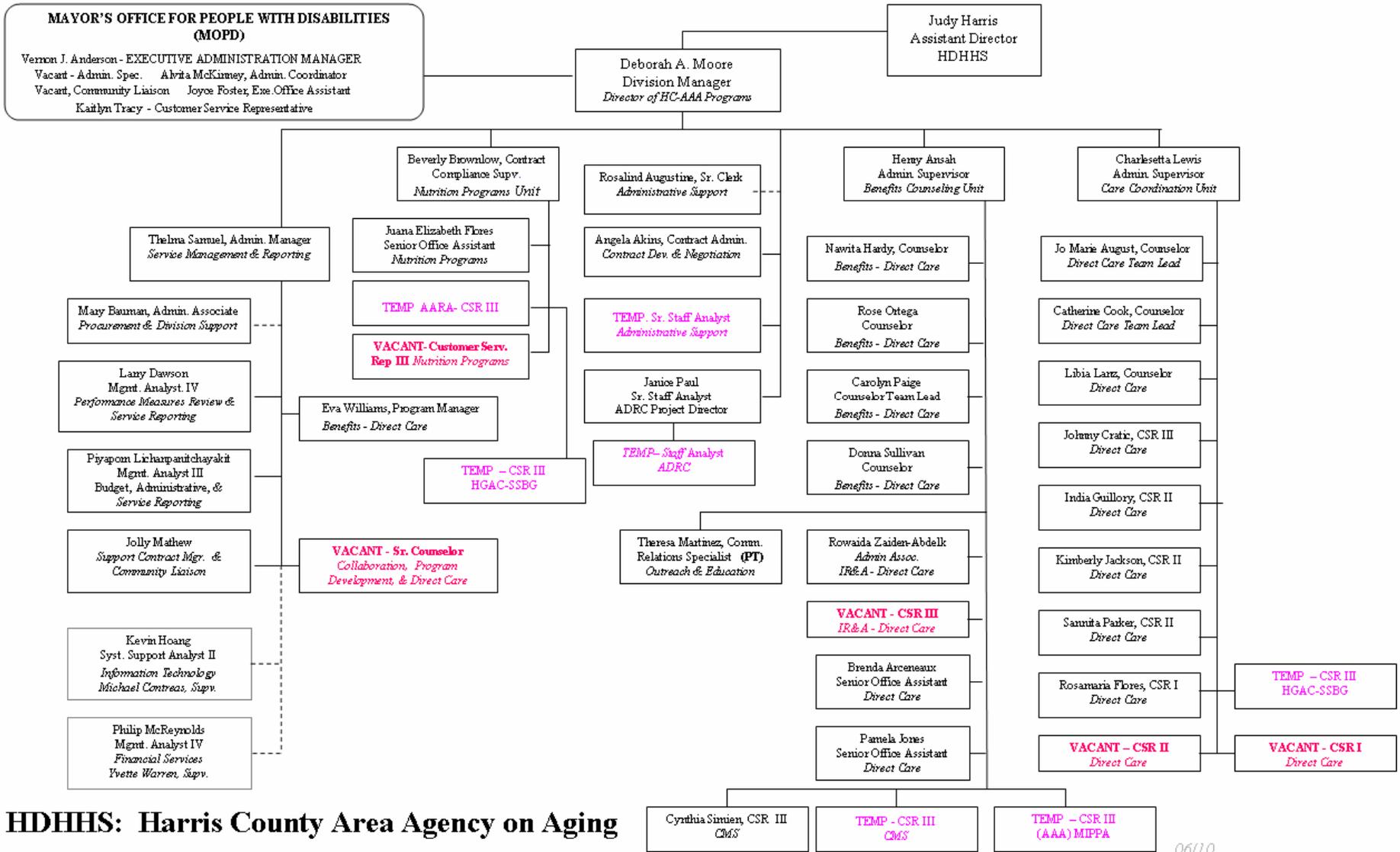
| | EG | AP | 60+ | APPOINTING OFFICIAL |
|----|-----|----|-----|---------------------|
| 1 | NAI | 9 | y | KATY |
| 2 | W | | | HC EMMETT |
| 3 | W | 8 | | HOUSTON |
| 4 | B | 8 | Y | TSHL |
| 5 | B | 9 | Y | APAC |
| 6 | B | 8 | | VA |
| 7 | A | 8 | y | APAC |
| 8 | W | | y | TSHL |
| 9 | H | 9 | Y | HC PCT 3 |
| 10 | W | 8 | | HARRIS CO. J |
| 11 | W | | Y | HOUSTON |
| 12 | W | | | APAC |
| 13 | W | 8 | | BAYTOWN |
| 14 | W | | | APAC |
| 15 | W | 9 | Y | TSHL |
| 16 | B | 9 | | APAC |
| 17 | H | 9 | Y | TSHL |
| 18 | A | 7 | Y | HOUSTON |
| 19 | B | 7 | y | HOUSTON |
| 20 | W | 10 | Y | WEST U |
| 21 | W | | | APAC |
| 22 | B | 8 | Y | HOUSTON |
| 23 | W | | | BELLAIRE |
| 24 | W | 8 | Y | APAC |
| 25 | B | 10 | | APAC |
| 26 | W | | | APAC |
| 27 | H | 9 | | APAC |
| 28 | W | 10 | | APAC |
| 29 | A | 8 | y | APAC |
| 30 | A | 9 | y | HOUSTON |
| 31 | W | 7 | Y | BELLAIRE |
| 32 | W | 8 | Y | HOUSTON |
| 33 | B | 9 | | HOUSTON |

| | | | | |
|----|---|---|---|----------|
| 34 | W | 8 | Y | APAC |
| 35 | A | 8 | Y | HOUSTON |
| 36 | W | 9 | | PASADENA |
| 37 | B | 9 | Y | APAC |
| 38 | W | 8 | | APAC |
| 39 | W | | | APAC |
| 40 | B | 8 | | HC PCT1 |
| 41 | W | 9 | Y | TSHL |
| 42 | B | 7 | Y | APAC |
| 43 | H | 7 | | HOUSTON |
| 44 | W | 8 | y | HOUSTON |
| 45 | W | | | APAC |
| 46 | H | 8 | | PASADENA |
| 47 | W | | Y | APAC |
| 48 | W | 8 | | APAC |
| 49 | A | 9 | Y | HOUSTON |

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 41 full time staff positions as reflected on the following organizational chart. The primary staffing areas are: administration which includes staff for program management and compliance and direct services staff in the area of Access and Assistance Services.

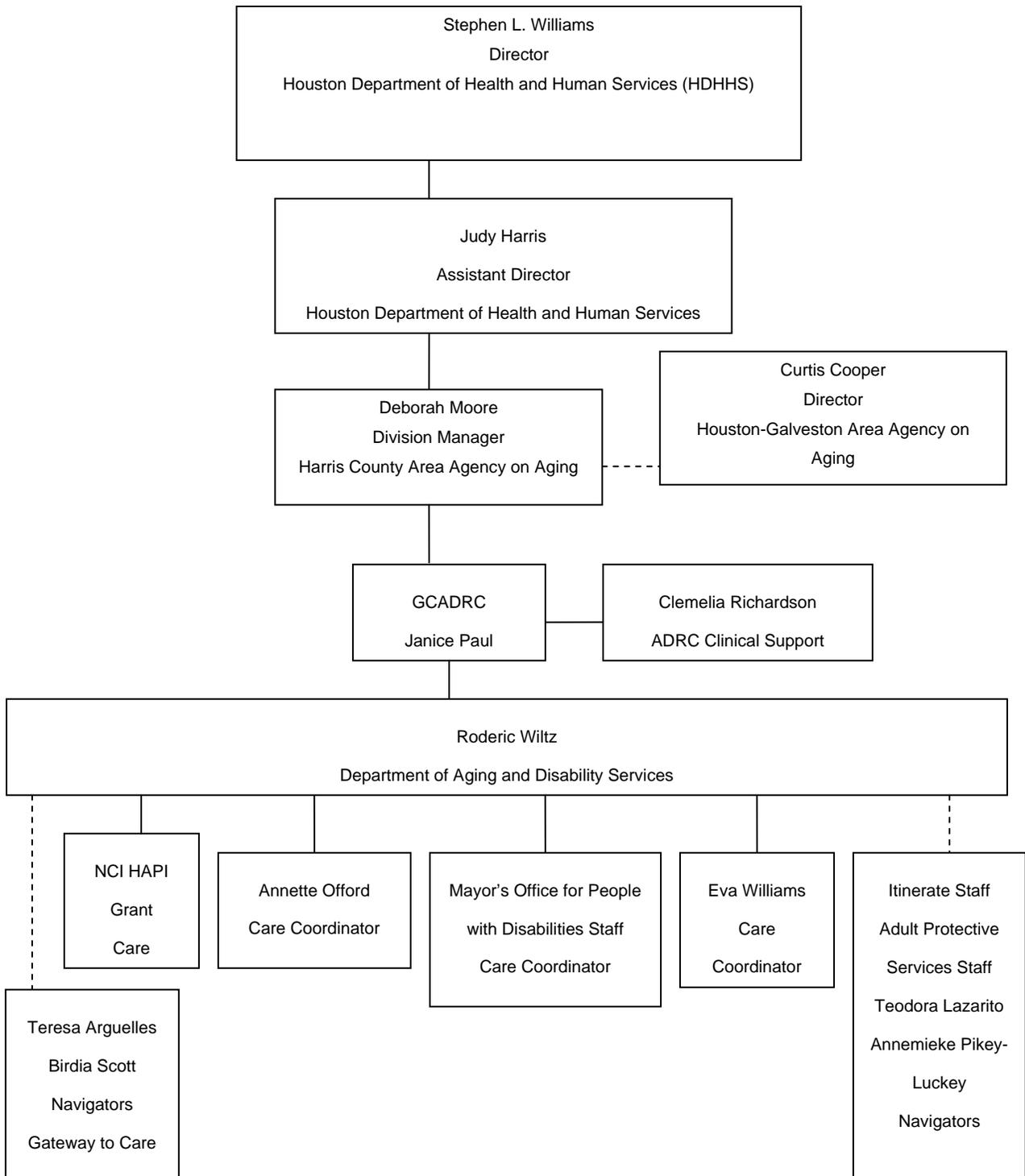
The Harris County Area Agency on Aging is located at 8000 North Stadium Drive and serves as the primary location for the agency. The Agency's location is conveniently accessible to freeways and public transportation. The facility has parking accommodations and meets ADA requirements. In 2006 a satellite location was opened under the City of Houston Parks and Recreation West Gray Adaptive Recreational Therapy Center. In addition, a second satellite site was opened at the Kashmere Multi-Service Center. This location houses the Aging and Disability Resource Center and its collaborative partners. In 2009, the Mayor's Office for Persons with Disabilities became a new addition to the Aging and Disabilities section in the Neighborhood Services Division



HDHHS: Harris County Area Agency on Aging

06/10

Aging and Disability Resource Center Organization Chart



ALLOCATION OF HCAAA STAFF RESPONSIBILITIES

| POSITION TITLE | ACTIVITY | %OF TIME SPENT ON ACTIVITY |
|---|-----------------------------------|-----------------------------------|
| Administrative Associate | Administration | 100% |
| Administrative Associate | Infor. Ref. & Assist. | 100% |
| Administrative Supervisor | Administration | 100% |
| Administrative Supervisor | Administration | 100% |
| Administration Manager | Administration | 100% |
| Caregiver Counselor | Care Coordination | 100% |
| Community Liaison | Administration | 100% |
| Contract Administrator | Administration | 100% |
| Contract Compliance Officer | Administration | 100% |
| Counselor | Care Coordination | 100% |
| Counselor | Care Coordination | 100% |
| Counselor | Legal Awareness | 50% |
| Counselor | Infor., Ref. & Assist. | 100% |
| Counselor | Infor., Ref. & Assist. | 100% |
| Counselor | Infor., Ref. & Assist. | 100% |
| Counselor | Infor., Ref. & Assist. | 100% |
| Counselor | Infor., Ref. & Assist. | 100% |
| Customer Service Rep. I | Care Coordination | 100% |
| Customer Service Rep. I- Vacant | Care Coordination | 100% |
| Customer Service Rep. II – Vacant | Care Coordination | 100% |
| Customer Service Rep. II | Care Coordination | 100% |
| Customer Service Rep. II | Care Coordination | 100% |
| Customer Service Rep. II | Care Coordination | 100% |
| Customer Service Rep. III | Care Coordination | 100% |
| Customer Service Rep. III – Vacant | Administration | 100% |
| Customer Service Rep. III | Infor., Ref. & Assist. | 100% |
| Customer Service Rep. III – Vacant | Infor., Ref. & Assist. | 100% |

| | | |
|---|-----------------------------------|-------------|
| Division Manager | Administration | 100% |
| Financial Analyst IV | Administration | 100% |
| Management Analyst III | Administration | 100% |
| Management Analyst IV | Administration | 100% |
| Senior Clerk | Administration | 100% |
| Senior Counselor - Vacant | Administration | 100% |
| Senior Office Assistant | Administration | 100% |
| Senior Office Assistant | Administration | 100% |
| Senior Office Assistant | Infor., Ref. & Assist. | 100% |
| Senior Staff Analyst | Administration | 100% |
| System Support Analyst | Administration | 100% |
| Administration Manager | Disability Services | 100% |
| Administrative Coordinator | Disability Services | 100% |
| Administrative Specialist - Vacant | Disability Services | 100% |
| Community Liaison | Disability Services | 100% |
| Customer Service Representative | Disability Services | 100% |
| Executive Office Assistant | Disability Services | 100% |

WORK PLAN FOR REGIONAL SERVICE DELIVERY SYSTEM

- **Objectives**
- **Measurable Outcomes**
- **Local Strategies**
- **Data Source**
- **Evaluation Plan**

AREA AGENCY ON AGING ADMINISTRATION

LOCAL OBJECTIVE

To develop and implement an area plan that establishes a locally based system to serve as the focal point for aging services in Harris County by connecting people with the services and benefits they need through Ombudsman services, Access and Assistance services, Nutrition services, and services to assist independent living.

MEASURABLE OUTCOMES

- Conduct annual needs assessment within the Harris County area to identify service priorities.
- Ensure a minimum of one provider per service priority, as determined by local needs assessment.
- Ensure a trained/cross-trained, and qualified workforce at or above current 37.5 FTE's positions.
- Facilitate the ongoing development, improvement and sustainability of a local collaborative network of service providers, including the Aging and Disability Resource Center (ADRC), to improve service delivery by promoting a coordinated system of care, enhanced leveraging of resources and system integration, advocacy and outreach to promote access for targeted OAA populations.

LOCAL STRATEGIES:

HCAAA DIRECTOR (DIVISION MANAGER), ADMINISTRATION MANAGER, APAC MEMBERS, ADRC CORE AND RESOURCE PARTNERS

- a. Execute and comply with the Texas Department of Aging and Disability Services (DADS) – Access and Intake annual contract for the provision of elderly services in Harris County.
- b. Integrate services of the HCAAA under the Houston Department of Health and Human Services, Human Services Bureau;
- c. Participate in outreach and community assessment activities to promote the awareness of HCAAA programs and the identification of unmet needs;
- d. Participate in a collaborative network of service providers consisting of community faith-based organizations, non-profit organizations, municipalities, county government, for-profit businesses, academic institutions, etc., to improve service delivery by promoting a coordinated system of care, advocacy and outreach, promote access for underserved;
- e. Require service providers to annually conduct and submit the results of a client satisfaction survey reflecting outcome measures;
- f. Extend existing FY2008 service provider contracts and agreements through FY2012 via annual renewals;
- g. Initiate interim Requests for Proposals (RFP) to procure services to fill service gaps and increase service providers, based on identified need;
- h. Initiate a RFP in FY2011 for currently contracted services scheduled to expire at the end of FY2012;
- i. Monitor service providers through either desk reviews or on-site inspections annually to ensure compliance with OAA, DADS, State statutes, local ordinances and other authorizing legislation, program instructions, and/or technical and reporting requirements;
- j. Ensure that the ADRC works in partnership with the aging and disability community to provide a full range of services and supports to assist older individuals and families in making informed choices about health and well-being.
- k. Ensure that the ADRC partnership adheres to the following guiding principles and goals:
 - o Provide a safety net for older adults and persons with disabilities seeking services
 - o Offer expertise with resources, knowledge and skills for professionals working with older adults and persons with disabilities.

- Monitor the pulse of service capacity and availability for core and resource partner agency services, as well as, service gaps and unmet needs.
 - Serve as a community library for centralizing information on best and promising practices, industry service trends and local, state and national resources.
 - Create opportunities for customers and families to be empowered to make informed choices.
 - Streamline access to a full range of long-term services and supports.
 - Serve as a highly visible and trusted resource for information on the full range of long-term services and supports.
 - Support DADS Promoting Independence initiatives.
- l. Ensure the ongoing Community Resource Coordination Groups (CRCG) as a case management strategy within the ADRC structure, utilizing interagency coordination and cooperation;
 - m. Participate in the DADS Community Roundtable Planning Committee;
 - n. Work with and support the Area Planning Advisory Council (APAC) and the Texas Silver Haired Legislature in promoting legislative agenda and other advocacy issues,
 - o. Serve on various local committees, advisory groups, and task forces which promote the agency's mission;
 - p. To issue a Request for Proposal (RFP) for recreation and leisure program funding that promotes good health and prevents illness, as funding permits;
 - q. Promote staff training and development to provide efficient and quality services,
 - r. Cross-train staff;
 - s. Evidence based health promotion programs;
 - t. Ethnogeriatrics – The influence of ethnicity, and culture on the health and well-being of older adults (American Geriatric Society);
 - u. Work with the Department's Office of Emergency Preparedness, City of Houston Office of Emergency Management and local aging networks in developing a responsive emergency plan for the special needs population, and;
 - v. Provide Data Management activities, including the data entry and reporting for non-direct and direct services, service authorization, and document verification to support the provision,

tracking and reporting of vendored Congregate and Home Delivered Meals, and Transportation; purchase and maintenance of required tracking and reporting software, i.e.:

1. Review/monitoring of client records;
2. Data entry of client service information;
3. Maintenance of SAMS/SPURS Client Management Information System,
4. Participation in activities related to the statewide conversion to SAMS/SPURS, including training;
5. Monitoring of waiting lists;
6. Authorizing vendors to conduct participant assessments and
7. Authorizing the provision of services.

DATA SOURCE:

The data sources include the following:

- a. Texas Department of Aging and Disability Services (DADS) – Access and Intake annual contract
- b. Older Americans Act (OAA), DADS, Texas Administrative Code (TAC), State statutes, local ordinances and other authorizing legislation, program instructions, and/or technical and reporting requirements
- c. City of Houston Department of Health and Human Services policies and procedures, including local Harris County and City of Houston Emergency Preparedness procedures
- d. AAA and ADRC Operating policies and procedures
- e. Needs assessment results (local and DADS)
- f. Current service provider contracts and agreements
- g. Quarterly Performance Report (QPR) to DADS
- h. SAMS/SPURS Client Management Information System

EVALUATION PLAN:

Data and performance results will be evaluated by the AAA Director at regular intervals, including monthly, quarterly (QPR), and annually

ADULT DAY SERVICES

LOCAL OBJECTIVE

To provide Adult Day Care Services that comply with the Texas Administrative Code and the Texas Department of Aging and Disability Services (DADS) current Service Definitions for Area Agency on Aging by providing an array of services in congregate settings to dependent older individuals who need supervision but do not require institutionalization. In addition to supervision, these services will provide a means of socialization and or recreation for the older adult. Services may include health maintenance, transportation, meals and other services.

MEASURABLE OUTCOME

The number of clients receiving Adult Day Care services will increase by 5% per fiscal year.

LOCAL STRATEGIES:

ADMINISTRATIVE SUPERVISOR

Provide a care coordination program that specifically targets frail and low income older adults who meet specific program criteria by:

- a. Assessing the needs of the older adult and effectively planning, arranging, coordinating and following-up on services which most appropriately meet the identified unmet need(s). Needs are defined by the older adult, access and assistance staff and where appropriate, a family member(s) or caregiver(s).
- b. Providing Adult Day Care to eligible individuals based on need to alleviate caregiver stress, reduce the risk to the care recipient of premature institutional placement and allow caregivers to continue employment while providing care to the care recipient.
- c. Requiring vendors to comply with all applicable Local, State, and Federal guidelines, laws, rules, and assurances.

DATA SOURCE

The data source will be the number of caregiver clients receiving Adult Day service from SAMS/SPURS client management information system, as reported to DADS on the quarterly performance report (QPR). The baseline year will be the 2010 data.

EVALUATION PLAN

Data will be evaluated by the AAA Director or designee and Data Management Staff during the review of the QPR.

CARE COORDINATION

LOCAL OBJECTIVE

To expand Care Coordination services by collaborating with the City of Houston, Department of Health and Human Services, Neighborhood Services Division, Senior Wraparound Program in addition to other governmental entities and community based organizations to increase the number of older adults who have access to services supporting independent living.

MEASURABLE OUTCOME

The number of clients receiving Care Coordination services will increase by 5% per fiscal year.

LOCAL STRATEGIES

ADMINISTRATIVE SUPERVISOR

Provide a care coordination program that specifically targets frail and low-income older adults who meet specific program criteria by

- a. Assessing the needs of the 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 caregiver(s).
- b. Coordinating services within the HCAAA through a standardized referral process within the Access and Assistance service components.
- c. Coordinating care planning and service arrangements with the Department on Aging and Disabilities (DADS) Regional and Long-term Services (RLS) programs to ensure timely transition from AAA resources to DADS Community Care for the Aged and Disabled (CCAD) programs and eliminating duplication of services and in some instances enhancing the services older adults receive.
- d. Collaborating with the City of Houston, Neighborhood Service Division Staff, Care Coordination will integrate the use of System Navigation to perform follow-up tasks and assist clients in accessing Health Maintenance services authorized to meet needs identified during the assessment process.

DATA SOURCE

The data source will be the number of clients receiving Care Coordination service from SAMS/SPURS client management information system, as reported to DADS on the quarterly performance report (QPR). The baseline year will be the 2010 data.

EVALUATION PLAN:

Data will be evaluated by the AAA Director or designee and Data Management Staff during the review of the QPR.

CAREGIVER EDUCATION AND TRAINING

LOCAL OBJECTIVES

To provide counseling services to individual caregivers and families by utilizing existing contractors to assist in making decisions and solving problems related to their caregiver roles.

MEASURABLE OUTCOMES

Provide a minimum of twelve education and training sessions throughout Harris County annually.

LOCAL STRATEGIES

CONTRACT MANAGER

- a. Require contractors to provide services to underserved populations in outlying areas of Harris County.
- b. Require contractors to provide Caregiver Education and Training in partnership with advocacy and support organizations which includes modules of subject areas that are culturally sensitive and relevant to assisting caregiver daily responsibilities.
- c. Require contractors to provide Caregiver Education and Training with specific attention paid to elder abuse/exploitation which includes modules that address identification, prevention and intervention tasks/coping skills for caregivers.
- d. Require contractors to provide Caregiver Education and Training sessions which address specific needs and concerns grandparents or relatives caring for children 18 years of age and younger.
- e. Requiring contractors/vendors to comply with all applicable Local, State and Federal guidelines, laws, rules, and assurances.
- f. Identify culturally diverse areas within Harris County that are currently un-served or underserved and provide monthly caregiver education and training sessions.

DATA SOURCE

The data source will be the number of Caregiver Education and Training sessions reported in SAMS/SPURS client management information system.

EVALUATION PLAN

Data will be evaluated by the AAA Director or designee each quarter.

CAREGIVER INFORMATION SERVICES

LOCAL OBJECTIVES

To provide services throughout Harris County (including unincorporated areas) by disseminating accurate, timely and relevant information to informal caregivers, grandparents or relatives caring for children 18 years of age and under.

MEASURABLE OUTCOME

Programs will provide monthly outreach activities throughout Harris County. Culturally specific educational literature will be distributed by service providers and Area Agency on Aging staff monthly.

LOCAL STRATEGIES

CONTRACT MANAGER

- a. Require contractors to provide web site information, publications, large group presentations, seminars, and health fairs and to utilize mass media to distribute culturally specific caregiver literature which is representative of identified caregiver populations.
- b. Provide enhanced caregiver web-page to include activities section for caregivers.
- c. Provide training to Access and Assistance staff on Caregiver Information Resources.
- d. Require contractors/vendors to comply with all applicable Local, State, and Federal guidelines, laws, rules, and assurances.

DATA SOURCE

The data source will be number of activities reported in SAMS/SPURS and contractor reports.

EVALUATION PLAN

The effectiveness of outreach activities and events and educational materials will be assessed based on client satisfaction surveys and provider feedback. The caregiver information program will be evaluated quarterly by the AAA director or designee and annually by the advisory council.

CAREGIVER RESPITE CARE - IN HOME

LOCAL OBJECTIVE:

To provide Caregiver Respite Care - In-Home Services that comply with the Texas Administrative Code and the Texas Department of Aging and Disability Services (DADS) current Service Definitions for Area Agency on Aging by providing services on a short-term, temporary basis while the primary caregiver is unavailable or needs relief. Services will be provided in the caregiver and/or care recipient's home environment and includes supervision, meal preparation, housekeeping, assistance with personal care, and/or social and recreational activities.

MEASURABLE OUTCOME

The number of caregivers/care recipients receiving In-home Respite services will increase by 5% per year.

LOCAL STRATEGIES

ADMINISTRATIVE SUPERVISOR

Provide a care coordination program that specifically targets frail and low income older adults and their caregivers who meet specific program criteria by:

- a. Assessing the needs of the 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 a family member(s) or caregiver(s).
- b. Providing in-home respite services to eligible individuals based on need to alleviate caregiver stress, reduce the risk to the care recipient of premature institutional placement and allow caregivers to continue employment while providing care to their loved ones.
- c. Requiring vendors to comply with all applicable Local, State, and Federal guidelines, laws, rules, and assurances.

DATA SOURCE

The data source will be the number of caregiver clients receiving In-home Respite service from SAMS/SPURS client management information system, as reported to DADS on the quarterly performance report (QPR). The baseline year will be the 2010 data.

EVALUATION PLAN:

Data will be evaluated by the AAA Director or designee and Data Management Staff during the review of the QPR.

CONGREGATE MEALS

LOCAL OBJECTIVE: To provide a locally based system of nutrition services in a congregate setting for participants 60 years of age or older and other eligible participants by offering meals, counseling, and nutrition education designed to reduce food insecurity, promote good health, socialization and to prevent illness.

MEASURABLE OUTCOMES:

- Implement DRIs during fiscal year 2011.
- Each contractor will provide one nutrition education session per month.
- HCAAAA will increase congregate sites by a minimum of 2% during the area plan period.
- A minimum of 10 centers will be involved in one or more health promotion programs.
- To issue 8,000 shelf stable meals per year to vulnerable seniors as part of the emergency preparedness plan.

LOCAL STRATEGIES:

NUTRITION COMPLIANCE OFFICER

- a. Require that congregate meals services include implementation of the DRI menu compliance for 1/3 Dietary Reference Intake (DRI) requirements.
- b. Require congregate meals contractors/providers make appropriate referrals to organizations that are capable of meeting clients identified needs.
- c. Identify un-served/underserved areas for potential expansion of the congregate program to target seniors that can benefit from congregate services, reduce isolation and opportunities for health promotion.
- d. Identify senior centers meeting Focal Point criteria and incorporate health promotion activities for participants.
- e. Require that contractors/providers comply with all applicable Local, State, and Federal guidelines, laws, rules, and assurances.

DATA SOURCE:

Provider training records, records of menu meeting with sign-in sheets, signed approved menus, documentation of nutrition education, documentation of new site authorization, evidence of program agreements, and data summaries.

EVALUATION PLAN:

Records/documentation will be evaluated by the AAA Director or designee quarterly or as required.

DEMAND RESPONSE TRANSPORTATION

LOCAL OBJECTIVE:

To provide locally based system of transportation by transporting seniors from one location to another upon request and does not include any other activity.

MEASURABLE OUTCOME:

To provide transportation units for seniors with special needs by identifying and utilizing alternate funding sources and vendors for transportation.

LOCAL STRATEGIES:

ADMINISTRATIVE SUPERVISOR

- a. Require contractors to provide demand response transportation to seniors attending congregate centers.
- b. Require older individuals request transportation services in advance of their need, generally 24 – 48 hours prior to the trip.
- c. Facilitate access to transportation that promotes independence, health maintenance, and non-emergency medical.
- d. Facilitate access to transportation to seniors with special needs and/or disabled seniors

DATA SOURCE:

The data source will be the number of clients reported on the SAMS/SPURS client management information system

EVALUATION PLAN:

Data will be evaluated by the AAA Director or designee quarterly or as required.

EMERGENCY RESPONSE SYSTEM

LOCAL OBJECTIVE:

To provide Emergency Response Services that comply with the Texas Administrative Code and the Texas Department of Aging and Disability Services (DADS) current Service Definitions for Area Agency on Aging by providing an automatic monitoring system to link older individuals to emergency medical services when their life or safety are in jeopardy.

MEASUREABLE OUTCOME:

The number of clients receiving Emergency Response Services will increase by 5% per fiscal year.

LOCAL STRATEGY:

ADMINISTRATIVE SUPERVISOR

Provide a care coordination program that specifically targets frail and low income older adults who meet specific program criteria by:

- a. Assessing the needs of the 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 caregiver(s).
- b. Providing Emergency Response Services to older individuals who are at greatest risk, such as prone to falling, or having an existing medical condition that may be life threatening if the client doesn't receive immediate medical attention.
- c. Enabling disabled, homebound, frail older individuals to remain at home safely.
- d. Requiring vendors to comply with all applicable Local, State and Federal guidelines, laws, rules and assurances.

DATA SOURCE:

The data source will be the number of clients receiving Emergency Response Services from SAMS/SPURS client management information system, as reported to DADS on the quarterly performance report (QPR). The baseline year will be the 2010 data.

EVALUATION PLAN:

Data will be evaluated by the AAA Director or designee and Data Management Staff during the review of the QPR.

HEALTH MAINTENANCE

LOCAL OBJECTIVE:

To increase the pool of health maintenance service providers to enhance client options by recruitment, outreach, and solicitation of vendors.

To enhance client service delivery options by identifying fiscal strategies for implementing a voucher program for transportation in underserved areas.

MEASURABLE OUTCOME:

Increase the total number of health maintenance vendors by a minimum 1 per service activity.
Explore payment options/processes for implementation of voucher program during FY2011.

LOCAL STRATEGIES:

ADMINISTRATIVE SUPERVISOR

- a. Maintain an updated bidders list.
- b. Identify and outreach health maintenance service providers on current bidder's lists.
- c. Advertise the need for vendors in identified specific service areas.
- d. Identify potential fiscal agents for voucher program.

DATA SOURCE:

The data source will be the number of vendors reported on the quarterly performance report (QPR) providing health maintenance activities, the number of vendors invoicing for these services, and the reduction in service waiting lists. The baseline year will be the 2010 contract closeout. The data source for the voucher program is the SAMS/SPURS client management information system.

EVALUATION PLAN:

Conduct ongoing review of baseline numbers of health maintenance vendors (FY2011-beginning and midyear) to determine effectiveness of recruitment, outreach, and solicitation efforts.

HOME DELIVERED MEALS

LOCAL OBJECTIVE:

To provide a locally based system of nutrition services that reduces food insecurity and maintains independence for homebound seniors 60 years of age or older and other eligible participants by offering home delivered meals which include implementation of 1/3 Dietary Reference Intake (DRI) requirements.

MEASURABLE OUTCOMES:

- Implement DRIs during fiscal year 2011.
- To remove and serve 5-10% of seniors from the waiting list annually.
- To issue 8,000 shelf stable meals per year to vulnerable seniors as part of the emergency preparedness plan.

LOCAL STRATEGIES:

NUTRITION COMPLIANCE OFFICER

- a. Require that home delivered services include implementation of the DRI menu compliance for 1/3 Dietary Reference Intake (DRI) requirements.
- b. Require home delivered meals contractors/providers make appropriate referrals to organizations that are capable of meeting clients identified needs.
- c. Coordinate services with DADS RLS for Common Providers, negotiate a common unit rate, conduct joint monitoring, utilize the most recent monitoring tool, and initiate dual agreements for waiver request(s), if applicable.
- d. Require that contractors/providers comply with all applicable Local, State, and Federal guidelines, laws, rules, and assurances.

DATA SOURCE:

Provider training records; records of menu meeting with sign-in sheets; signed approved menus; and documentation of nutrition education. Utilize internal memorandum of July 1, 2009 for implementation of a new contract monitoring tool.

EVALUATION PLAN:

Records/documentation will be evaluated by the AAA Director or designee quarterly or as required.

HOMEMAKER

LOCAL OBJECTIVE

To provide Homemaker Services that comply with the Texas Administrative Code and the Texas Department of Aging and Disability Services (DADS) current Service Definitions for Area Agency on Aging by providing services to older individuals involving the performance of housekeeping and home management, meal preparation, or escort tasks and shopping assistance provided to older individuals who require assistance with these activities in their place of residence.

MEASURABLE OUTCOME

The number of clients receiving homemaker services will increase by 3% per year.

LOCAL STRATEGIES

ADMINISTRATIVE SUPERVISOR

Provide a care coordination program that specifically targets frail and low income older adults who meet specific program criteria by

- a. Assessing the needs of the older adult and effectively planning, arranging, coordinating and following-up on services which most appropriately meet the identified unmet need(s). Needs are defined by the older adult, Access and Assistance staff and where appropriate a family member(s) or caregiver(s).
- b. Providing homemaker assistance to eligible individuals based on need to reduce the risk of premature institutional placement while promoting independence and quality of life.
- c. Requiring vendors to comply with all applicable Local, State, and Federal guidelines, laws, rules, and assurances.

DATA SOURCE

The data source will be the number of caregiver clients receiving Homemaker service from SAMS/SPURS client management information system, as reported to DADS on the quarterly performance report (QPR). The baseline year will be the 2010 data.

EVALUATION PLAN

Data will be evaluated by the AAA Director or designee and Data Management Staff during the review of the QPR.

INCOME SUPPORT

LOCAL OBJECTIVE

To provide income support services that comply with the Texas Administrative Code and the Texas Department of Aging and Disability Services (DADS) current Service Definitions for Area Agencies on Aging by providing assistance in the form of a payment to a third party provider for service or goods that support/supplement the basic needs of older individuals or their caregivers.

MEASURABLE OUTCOME

The number of client receiving income support service will increase by 2% per fiscal year.

LOCAL STRATEGY

ADMINISTRATIVE SUPERVISOR

- a. Assessing the need for services shall be performed either by phone or in person by the appropriate Area Agency Staff, prior to authorization of any service provision.
- b. Providing services in the form of money or goods to persons 60 years of age or older.
- c. Requiring vendors to comply with all applicable Local, State and Federal guidelines, laws, rules and assurances.

DATA SOURCE

The data source will be the number of clients/caregivers receiving income support services from SAMS/SPURS client management information system, as reported to DADS on the quarterly performance report (QPR). The baseline year will be the 2010 data.

EVALUATION PLAN

Data will be evaluated by the AAA Director or designee and Data Management Staff during the review of the QPR.

INFORMATION, REFERRAL & ASSISTANCE

LOCAL OBJECTIVE:

To increase the direct provision of Information, Referral and Assistance services by enhancing awareness of available access and assistance services through system integration with community partners and by increasing ongoing outreach activities.

MEASURABLE OUTCOME:

The number of information, referral and assistance contacts will increase by a minimum of 2% each year.

LOCAL STRATEGIES

ADMINISTRATIVE SUPERVISOR

- a. Publish local and toll free 800 numbers in local directories. After-hour, holiday and weekend messages through a voice mail messaging system that provides information on how to access emergency assistance will operate during non-standard business hours.
- b. Maintain a resource room with updated literature on aging related programs, services and information.
- c. Maintain information through City of Houston HDHHS, HCAAA Internet web site link to <http://www.houstontx.gov/health/Aging/index.html>, with e-mail capabilities aging@cityofhouston.net.
- d. Provide assistance in English, Spanish and other languages using agency and other department bilingual staff and the AT&T language line.
- e. Identify areas where older adults and caregivers who are not accessing services through Assessment Intervention Mobilization (AIM) program.
- f. Collaborate with Aging and Disability Resource Center (ADRC) core partners to facilitate an integrated service delivery system. Leverage resources with other community based organizations in the education and expansion of information, referral, and assistance services.
- g. Partner with City of Houston Departments to enhance awareness of available access and assistance services.

- h. Collaborate with various local media outlets in the collection and dissemination of aging related information to the general public.
- i. Partner with Texas Silver-Haired Legislature (TSHL) and members of the Area Planning Advisory Council (APAC) to exchange aging-related information regarding unmet needs, issues, and concerns.
- j. Disseminate information to local neighborhood and community sites (i.e., civic and community clubs, libraries, senior centers, and multi-service centers) and local and professional organizations to enhance public awareness.

DATA SOURCE:

The data source will be the number of contacts reported on the SAMS/SPURS client management information system, as reported to DADS on the QPR. The baseline year will be 2010 data.

EVALUATION PLAN:

Data will be evaluated quarterly by AAA Director or designee and data management staff during the review of the QPR.

INSTRUCTION AND TRAINING

LOCAL OBJECTIVES

To provide experience and knowledge to individuals or professionals working with older individuals to acquire skills in a formal/informal, individual/group settings.

MEASURABLE OUTCOMES

- The number of seminars, workshops and/or conferences offered will be a minimum of one a month.
- The number of caregiver support sessions will be a minimum of one a month per provider.
- Annual recognitions will be offered to front line workers.

LOCAL STRATEGIES

CONTRACT MANAGER

- a. Require contractors to offer instruction and training and support groups addressing the needs of older adults to individuals, caregivers and professionals who provide hands on, front line care in a variety of long-term care settings, including residential, institutional, and day facilities.
- b. Require contractors to offer experience and/or knowledge to physicians, health care practitioners, professionals and clinical persons that work directly with identified caregivers and senior populations.
- c. Require contractors to provide opportunities for direct care workers for personal development, growth, and recognition.
- d. Require contractors to provide nutrition and medication management information through education, counseling and group presentations based on needs assessment and evaluation.
- e. Require contractors/vendors to comply with all applicable Local, State and Federal guidelines, laws, rules and assurances.

DATA SOURCE

The effectiveness of instruction and training activities will be assessed based on client satisfaction surveys and provider feedback. The training session received will be reported in SAMS/SPURS.

EVALUATION PLAN

Data will be evaluated by the AAA Director or designee each quarter.

LEGAL ASSISTANCE, AGE 60 & OVER

LOCAL OBJECTIVE:

To increase the provision of Legal Assistance services to older adults, age 60 years and older, by enhancing system integration with community partners and increasing community counseling activities.

MEASURABLE OUTCOME:

The number of legal assistance units will increase by a minimum of 2% annually.

LOCAL STRATEGY:

ADMINISTRATIVE SUPERVISOR

Collaborate with and provide training and support to community partners and volunteers (i.e., Lone Star Legal Aid, Texas Legal Service Center, and Texas Department of Insurance) to ensure the provision of legal assistance services. Partner with the Houston-Galveston Area Agency on Aging in sponsoring joint benefits counseling training sessions in the area of public benefits.

DATA SOURCE:

The data source will be the number of legal assistance units provided to older adults, age 60 years and older, reported on the SAMS/SPURS client management information system with the 2010 contract closeout.

EVALUATION PLAN:

Data will be evaluated quarterly by AAA Director or designee and data management staff during the review of the QPR.

LEGAL ASSISTANCE UNDER AGE 60

LOCAL OBJECTIVE:

To increase the provision of Legal Assistance services by enhancing collaboration with other organizations and agencies providing services to persons with disabilities.

MEASURABLE OUTCOME:

The number of legal assistance units provided to Medicare enrollees as well as eligible disabled Medicare pre-enrollees who are under 60 will increase by a minimum of 2% annually.

LOCAL STRATEGY:**ADMINISTRATIVE SUPERVISOR**

Collaborate to ensure an increase in the provision of legal assistance services with Aging and Disability Resource Center (ADRC), Mayor's Office for People with Disabilities (MOPD), Social Security Administration, and DADS Regional Local Services. The HCAAA will partner with the Houston-Galveston Area Agency on Aging in sponsoring joint benefits counseling training sessions in the area of public benefits

DATA SOURCE:

The data source will be the number of legal assistance units under 60, reported on the SAMS/SPURS client management information system with the 2010 contract closeout.

EVALUATION PLAN:

Data will be evaluated quarterly by AAA Director or designee and data management staff during the review of the QPR.

LEGAL AWARENESS

LOCAL OBJECTIVE:

To increase the provision of Legal Awareness services within our service area by enhancing collaboration with senior housing complexes, senior centers, civic associations, Churches, caregiver support groups and other community based organizations.

MEASURABLE OUTCOME:

The number of legal awareness units will increase by a minimum of 3% annually.

LOCAL STRATEGIES:

ADMINISTRATIVE SUPERVISOR

- a. Provide services in person, via telephone or written and electronic communication as appropriate.
- b. Provide services to persons age 60 years and older and their caregivers per mandates of the Older Americans Act.
- c. Collaborate 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 for the senior population.
- d. Partner with the Houston-Galveston Area Agency on Aging in sponsoring joint benefits counseling training sessions in the area of public benefits.
- e. Provide legal 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.
- f. Provide legal awareness services through Benefits Counseling.

DATA SOURCE:

The data source will be the number of legal awareness units reported to DADS on the quarterly performance report (QPR) beginning with the 2010 contract closeout.

EVALUATION PLAN:

Data will be evaluated quarterly by AAA Director or designee and data management staff during the review of the QPR

MENTAL HEALTH SERVICES

LOCAL OBJECTIVE

To provide mental health services to support and improve the emotional well-being of individuals by offering support and treatment in groups or individual counseling sessions.

MEASURABLE OUTCOME

Increase funded/unfunded referral options to address the mental health needs of the senior population by a minimum of 2 per year.

LOCAL STRATEGIES

CONTRACT MANAGER

- a. To require contractors to have licensed mental health professionals analyze the need for mental health services(s) through diagnosis and screening.
- b. To require contractors to follow acceptable documented protocol in the screening and diagnosis of older adults.
- c. Require contractors/vendors to comply with all applicable Local, State and Federal guidelines, laws, rules and assurances.
- d. Explore partnership opportunities with local mental health providers to increase/leverage funding availability for mental health services.

DATA SOURCE

The data will be captured in SAMS/SPURS based on the number of clients serviced.

EVALUATION PLAN

Data will be evaluated by the AAA Director or designee and Data Management Staff.

OMBUDSMAN SERVICES

LOCAL OBJECTIVES

To provide advocacy services that identify, investigate and resolve complaints made by and on behalf of residents of nursing facilities and assisted living facilities by maintaining a volunteer management system with certified Ombudsman staff to provide adequate facility coverage.

MEASURABLE OUTCOMES

- Increase number of Assisted Living Facilities (ALF) visited by 5% (FY2011), minimum.
- Increase the number of Active Certified Local Ombudsman by 5% to support the corresponding projected increase in the number of ALF visits.

LOCAL STRATEGIES

CONTRACT MANAGER

- a. Require that the local Ombudsman contractor conducts quarterly visits to nursing homes and annual visits to assisted living facilities to advocate on behalf of long-term care residents and family members.
- b. Identify, investigate and resolve complaints;
- c. Require that the local Ombudsman contractor maintain and update a complaint management system that initiates a response to all complaints.
- d. Require that the local Ombudsman contractor coordinate with Long-Term Care Regulatory Division of Texas Department of Aging and Disability Services (DADS) and Texas Department of Family and Protective Services (DFPS) as needed, by developing efficient referral, communication, and problem-solving procedures.
- e. Require that the local Ombudsman contractor report performance indicators as appropriate.
- f. Require contractors/vendors to comply with all applicable Local, State and Federal guidelines, laws, rules and assurances.

DATA SOURCE

- Program will monitor number of Active Certified Ombudsman by reviewing the required quarterly report.
- OmbudsManager system will be used to report and track the facility visits by staff and volunteers.

EVALUATION PLAN

Data will be evaluated by the AAA Director or designee each quarter during the review of the QPR.

PERSONAL ASSISTANCE

LOCAL OBJECTIVE

To provide Personal Assistance Services that comply with the Texas Administrative Code and the Texas Department of Aging and Disability Services (DADS) current Service Definitions for Area Agency on Aging by providing assistance to older individuals having difficulty in performing a minimum of two activities of daily living identified in the assessment process, with tasks an individual would typically perform if they were able. This covers hands-on assistance in all activities of daily living.

MEASURABLE OUTCOME

The number of clients receiving personal assistance services will increase by 3% per year.

LOCAL STRATEGIES

ADMINISTRATIVE SUPERVISOR

Provide a care coordination program that specifically targets frail and low income older adults who meet specific program criteria by

- a. Assessing the needs of the 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 caregiver(s).
- b. Providing personal assistance to eligible individuals based on need to reduce the risk of premature institutional placement while promoting independence and quality of life.
- c. Requiring vendors to comply with all applicable Local, State and Federal guidelines, laws, rules and assurances.

DATA SOURCE

The data source will be the number of caregiver clients receiving Personal Assistance service from SAMS/SPURS client management information system, as reported to DADS on the quarterly performance report (QPR). The baseline year will be the 2010 data.

EVALUATION PLAN

Data will be evaluated by the AAA Director or designee and Data Management Staff during the review of the QPR.

RESIDENTIAL REPAIR

LOCAL OBJECTIVE

To provide Residential Repair Services that comply with the Texas Administrative Code and the Texas Department of Aging and Disability Services (DADS) current Service Definitions for Area Agencies on Aging by repairing or modifying dwellings occupied by older individuals that are essential for maintaining health, safety, and independence of older adults.

MEASURABLE OUTCOME

The number of clients receiving residential repair services will increase by 5% per fiscal year.

LOCAL STRATEGY

Provide a care coordination program that specifically targets frail and low income older adults who meet specific program criteria by--

- a. Assessing the needs of the older adult and effectively planning, arranging, coordinating and following-up on services which most appropriately meet the identified unmet need(s). Needs are defined by the older adult, access and assistance staff and, where appropriate, a family member(s) or caregiver(s).
- b. Providing Residential Repair Services for persons 60 years of age or older. These services may include the following activities:
 1. **Structural Services** – Any repairs to the structure itself that are necessary to the health and safety of the older adult.
 2. **Accessibility modifications** – Structural adaptations that meet the needs of older adults with disabling conditions.
 3. **Weatherization** – Repairs and/or modifications, or purchase of supplies that protect the home or its residents from the effects of the weather, conserve energy, or provide alternate energy sources.
 4. **Plumbing Services** – Replacement, repair and/or installation of essential plumbing lines or fixtures.
 5. **Safety and Security Modifications** – Measures that prevent accidents, fires, or intrusion into a

dwelling, and the repair, modification, treatment or removal of safety hazards in the home or yard.

6. **Essential Appliances** – Replacement of appliances necessary to sustain a healthy environment and independent living.
- c. Requiring vendors to comply with all applicable Local, State and Federal guidelines, laws, rules and assurances.

DATA SOURCE

The data source will be the number of caregiver clients receiving residential repair services from SAMS/SPURS client management information system, as reported to DADS on the quarterly performance report (QPR). The baseline year will be the 2010 data.

EVALUATION PLAN

Data will be evaluated by the AAA Director or designee and Data Management Staff during the review of the QPR.