



COMMISSIONER
Jon Weizenbaum

November 14, 2014

SENT BY EMAIL

Deborah A. Moore, Director
Area Agency on Aging of Harris County
8000 North Stadium Drive, 3rd Floor
Houston, Texas 77054-1823

Regarding: Area Plan for Federal Fiscal Years 2015 – 2016

Dear Ms. Moore:

The Department has completed its review of the Area Agency on Aging (AAA) of Harris County Area Plan for federal fiscal years 2015 and 2016. The AAA's area plan is approved. By email, the AAA will receive a scanned copy of the area plan with Area Agencies on Aging section director's signature.

The AAA of Harris County is taking a pro-active position in continuing to meet the mandates of the Older Americans Act and is positively impacting the lives of older individuals living in Texas. We appreciate all the AAA does for individuals who are older, their families, and caregivers within the community.

Sincerely,

A handwritten signature in cursive script that reads "Toni Packard".

Toni Packard, SUA Coordinator
Access and Intake, Area Agencies on Aging

file

Harris County Area Agency on Aging

Area Plan

FY 2015 – 2016

City of Houston

8000 N. Stadium Drive, 3rd Floor

Houston, Texas 77054

(832) 393- 4410

<http://www.houstontx.gov/health/Aging/>

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Authorized Signature Form

The Area Plan is hereby submitted by the name of organization, for the period of October 1, 2014, through September 30, 2016, (FFY2015/FFY2016). All assurances are included and are to be followed by the name of area agency on aging under provisions of the Older Americans Act, as amended, during the period identified. The name of area agency on aging will assume full authority to develop and administer the Area Plan in accordance with all requirements of the act and related State policy. In accepting this authority the name of area agency on aging assumes the major responsibility for the development and administration of the Area Plan and serves as an advocate and focal point for individuals who are older and their caregivers in the planning and service area.

The signature(s) below is of the individual(s) authorized to sign for purchase vouchers, budget amendments, expenditure reports and requests for payment; any changes to this information will be provided by the grantee by replacement of this form.

_____ Signature	_____ Name (Type or Print)
_____ Signature	_____ Name (Type or Print)

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

_____ Signature (Executive Director)	_____ Name (Type or Print)
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I hereby certify the governing body of the Grantee Agency has reviewed and approved the Area Plan; further, the grantee and area agency on aging will comply with the federal requirements and assurances contained in the Older Americans Act, as amended, and with appropriate Department of Aging & Disability Services, Access & Assistance-Area Agency on Aging's outcomes for services contained in the Texas Administrative Code.

_____ Signature of Authorizing Official of Grantee	_____ Name (Type or Print)	_____ Date
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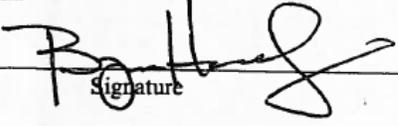
_____ Signature of Authorizing Official of Grantee	_____ Name (Type or Print)	_____ Date
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Harris County Area Agency on Aging

Authorized Signature Form

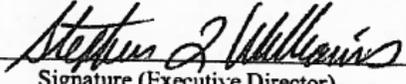
The Area Plan is hereby submitted by the City of Houston for the period of October 1, 2014, through September 30, 2016, (FFY2015 FFY2016). All assurances are included and are to be followed by the Harris County Area Agency on Aging under provisions of the Older Americans Act, as amended, during the period identified. The Harris county Area Agency will assume full authority to develop and administer the Area Plan in accordance with all requirements of the act and related State policy. In accepting this authority the Harris County Area Agency on Aging assumes the major responsibility for the development and administration of the Area Plan and serves as an advocate and focal point for individuals who are older and their caregivers in the planning and service area.

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 Signature

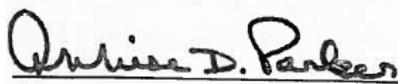
Benjamin Hernandez
 Name (Type or Print)

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


 Signature (Executive Director)

Stephen L. Williams, M.Ed., M.P.A.
 Name (Type or Print)

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 Signature
 of Authorizing Official of Grantee

Annise D. Parker
 Name (Type or Print)

03/10/14
 Date

 Signature
 of Authorizing Official of Grantee

 Name (Type or Print)

 Date

Area Plan Narrative

Environmental Overview

Community Assessment

Situated in Southeast Texas, Harris County encompasses 1,777 square miles of sprawling urban and suburban landscape. Sixty-five percent of the land area lies within unincorporated areas where 1.56 million people reside. Most residents live within the County’s 34 municipalities, with over 2 million residents living within the City of Houston. Within these geographic boundaries, Harris County is made up of diverse communities each with its unique social, demographic and cultural fabric.

Harris County is the third most populous county in the United States, with a population of 4.09 million residents according to the 2010 U.S. Census. This represents rapid growth in recent decades - an increase by 44% since 1990 and 20% since 2000. Further, based on 2000 to 2007 growth, the State Demographer projects that Harris County’s population will reach 4.51 million by 2015 and 6.78 million by 2040.

Population by Municipality

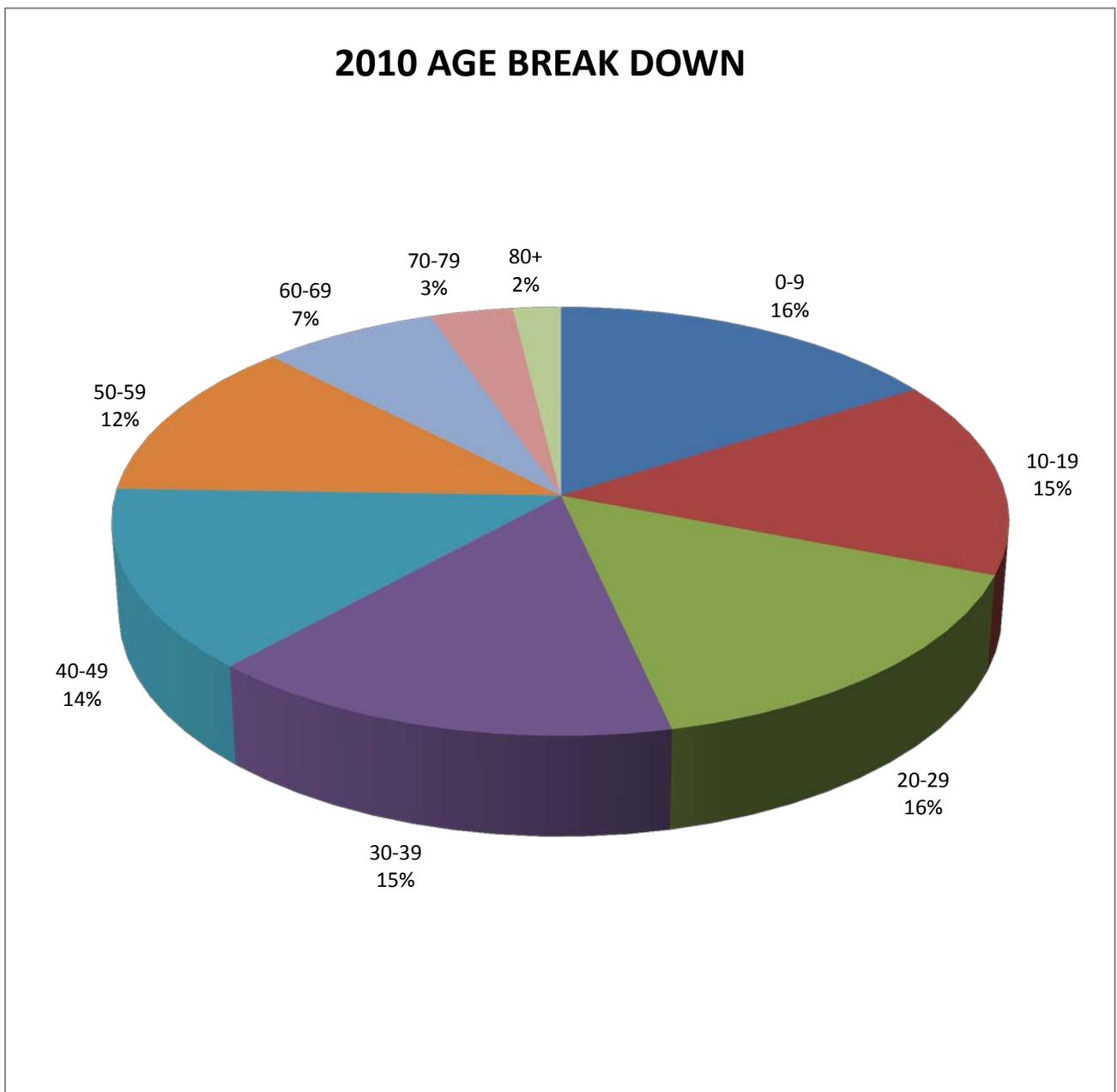
Municipality	2010 U.S. Census	Municipality	2010 U.S. Census
City of Baytown	71,802	City of Missouri City	67,358
City of Bellaire	16,855	City of Morgan's Point	339
City of Bunker Hill Village	3,633	City of Nassau Bay	4,002
City of Deer Park	32,010	City of Pasadena	149,043
City of El Lago	2,706	City of Pearland	91,252
City of Friendswood	35,805	City of Piney Point Village	3,125
City of Galena Park	10,887	City of Seabrook	11,952
City of Hedwig Village	2,557	City of Shoreacres	1,493
City of Hilshire Village	746	City of South Houston	16,983
City of Houston	2,099,451	City of Southside Place	1,715
City of Humble	15,133	City of Spring Valley	3,715
City of Hunters Creek Village	4,367	City of Stafford	17,693
City of Jacinto City	10,553	City of Taylor Lake Village	3,544
City of Jersey Village	7,620	City of Tomball	10,753
City of Katy	14,102	City of Waller	2,326
City of La Porte	33,800	City of Webster	10,400
City of League City	83,560	City of West University Place	14,787

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Source: U.S. Census Bureau, 2010 Census

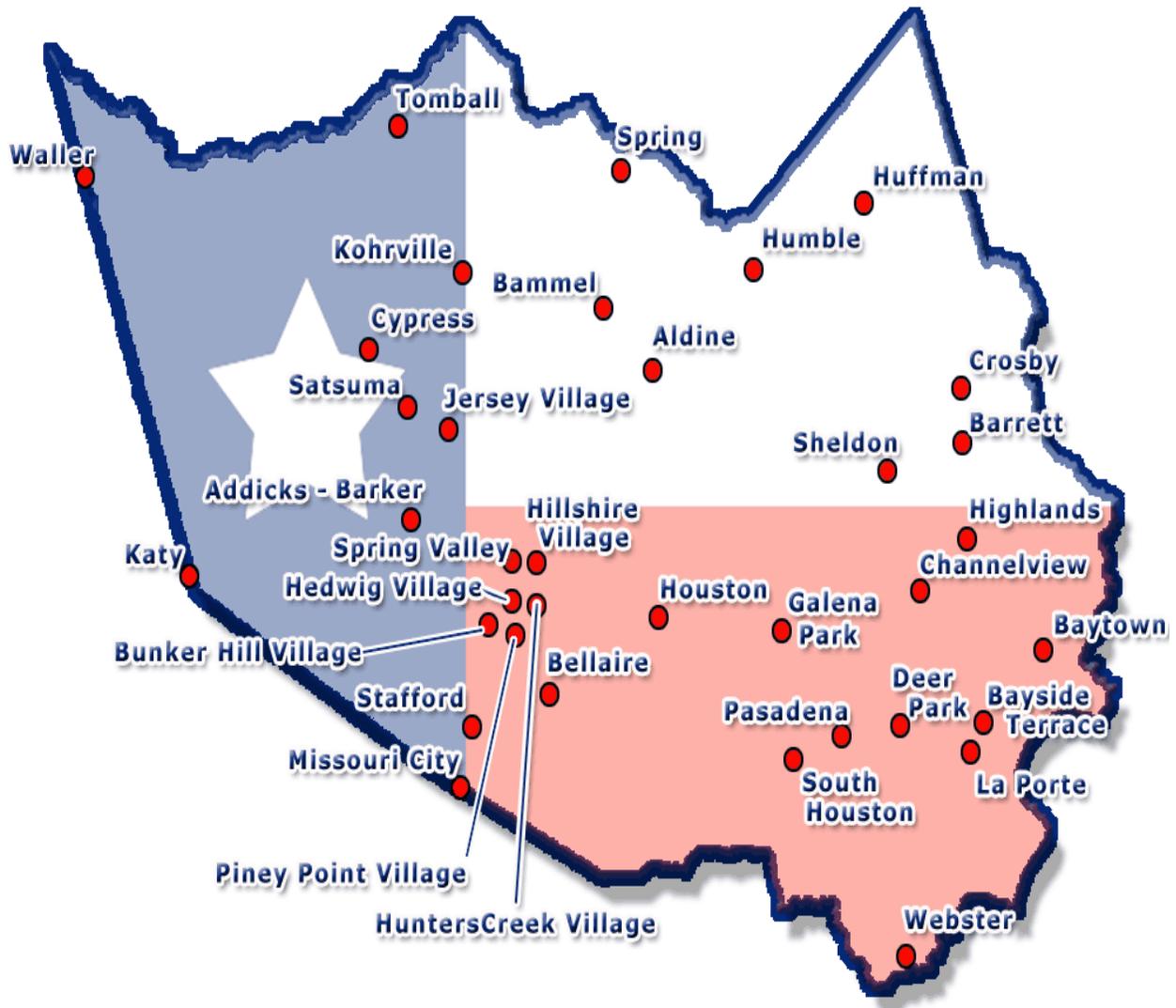
Total Population/Age Distribution

As of the 2010 census, the population was 4,092,459, (2,037,405 male and 2,055,054 female) making it the most populous county in Texas and the third most populous in the United States. According to the 2010 census data, the population of Harris County is 33% non-Hispanic whites, 41% Hispanic, 18% African American, and 8% Asian and other. Houston is considered to be the most ethnically diverse metropolitan region in the country.



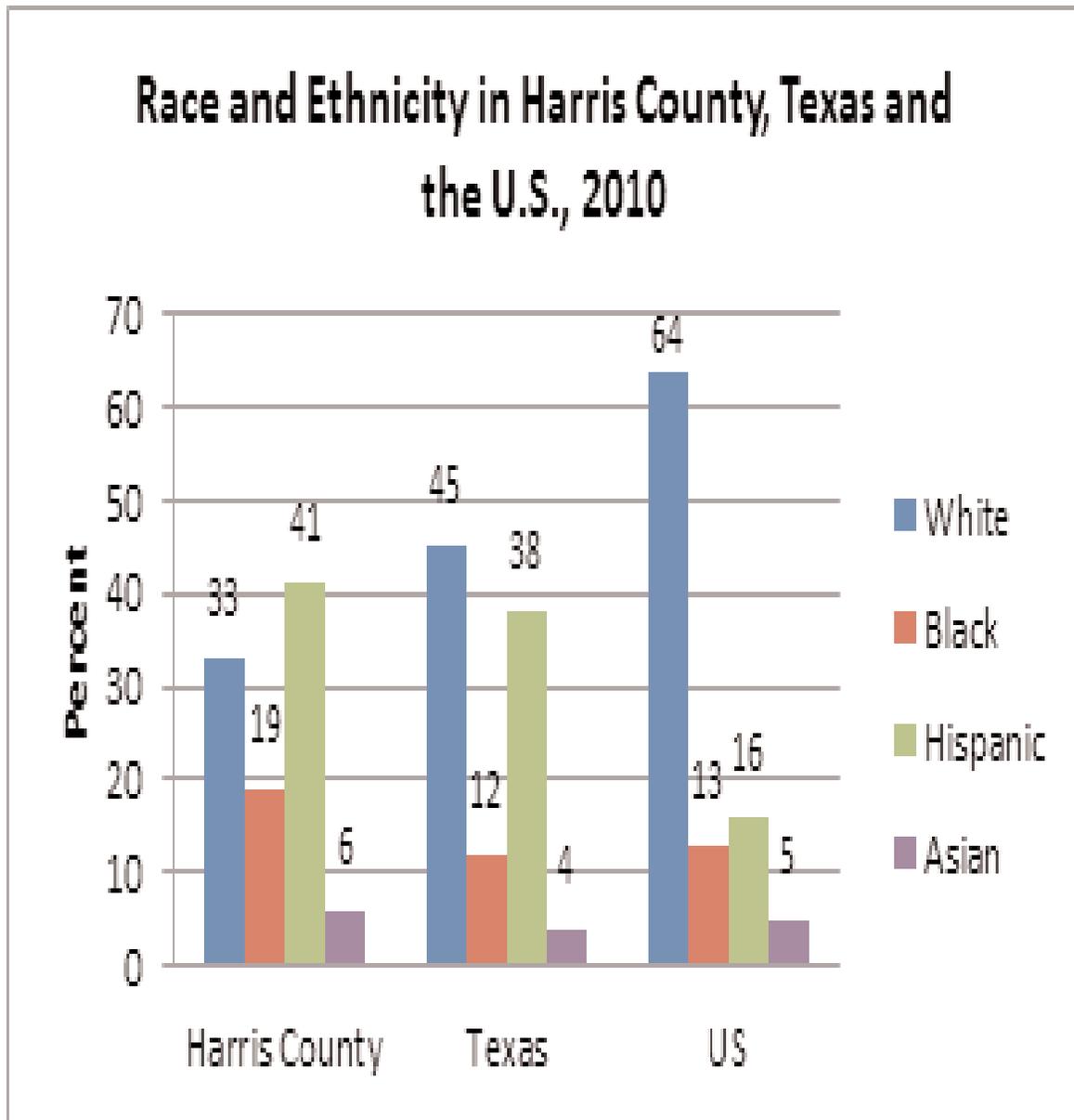
Geographic Distribution

Geographically, Harris County is located on the upper Gulf Coast in Southeast Texas which is part of the Houston Metropolitan Statistical Area (MSA) along with the counties of Waller, Montgomery, Liberty, Fort Bend, Brazoria and Chambers. Almost three-quarters of the county is covered by the City of Houston and thirty smaller communities. Its county seat is Houston, the largest city in Texas, and the principal city of the Houston–The Woodlands–Sugar Land metropolitan area. *See map below.*



Racial Composition

Harris County’s population is diverse – more so than that of Texas or the U.S. The 2010 U.S. Census shows that Harris County has a greater proportion of African American and Asian residents than Texas or the nation, and a significantly higher proportion of Hispanic residents than the U.S. population.



U.S. Census Bureau, 2010 Census

Education

Of the 2,542,494 individuals 25 years of age or older in Harris County, 78% (1,991,828) are at least a high school graduate or hold an equivalent degree. Approximately 34% (857,947) have an Associate, Bachelor, Graduate or other Professional Degree. According to the Texas Association of Counties, County Information Program, there are 25 school districts in Harris County. According to the Houston Partnership Council (HPC), based upon student performance indicators, the state of Texas has rated 57 percent of HISD schools as Exemplary or Recognized. Again information from HPC2012 statistics lists the area as having more than a dozen community colleges educating 170,000+ students along with 17 colleges and universities with enrollments in excess of 165,000.

Harris County's high school graduation rate is lower than that of the U.S. population. According to the U.S. Census Bureau's 2010 American Community Survey (ACS), 78% of Harris County residents aged 25 and over are high school graduates or the equivalent. This compares to a high school completion rate of 81% in Texas and 86% in the U.S. Among Harris County adults, 28% have a bachelor's degree or higher, compared with 26% of Texas adults and 28% of U.S. adults.

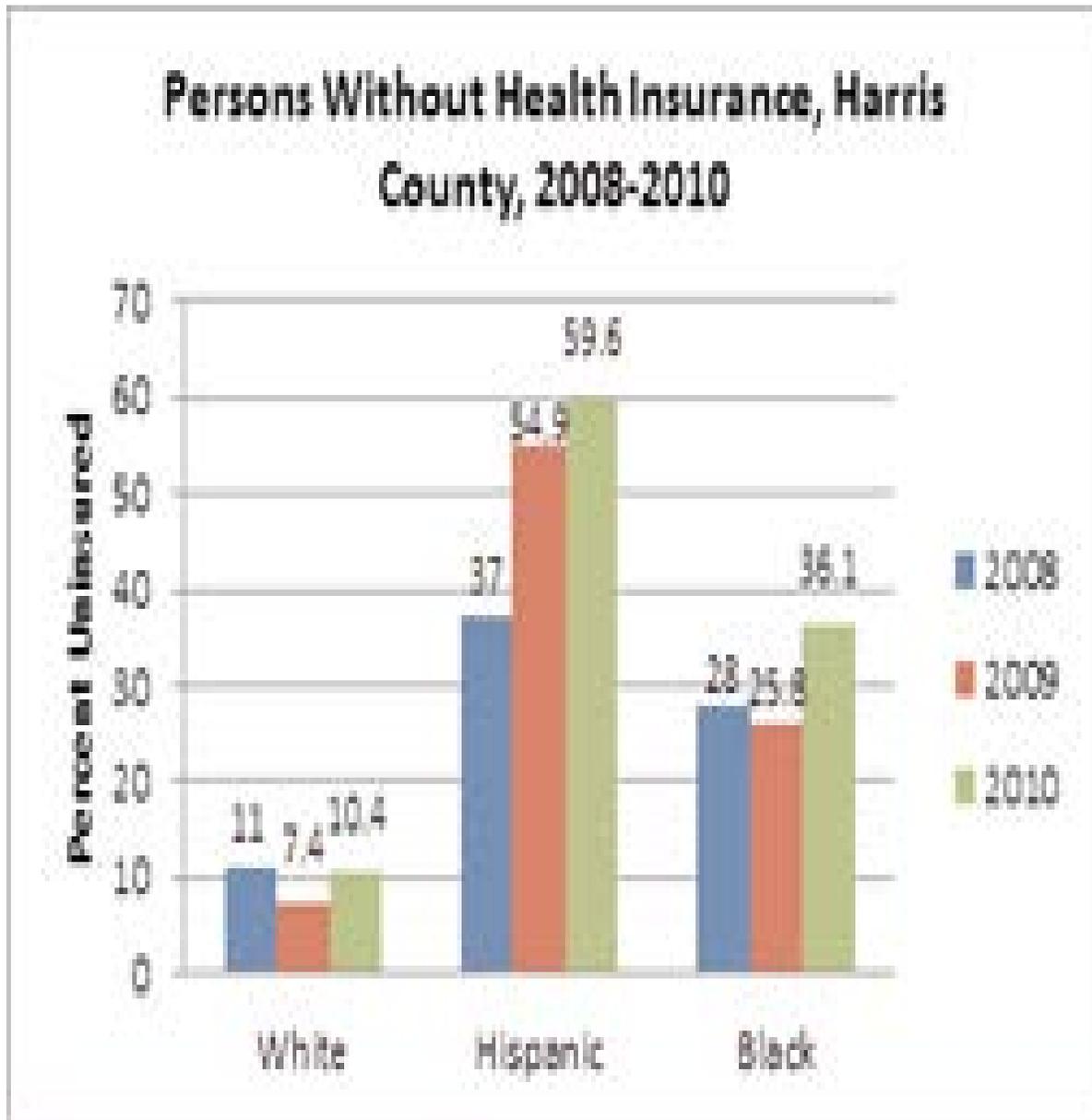
Political and Cultural Climate

Harris County has a greater proportion of foreign-born residents, as well as residents who do not speak English at home, than that of Texas or the nation. Year 2010 ACS estimates show that 25% of Harris County residents are foreign-born, up from 22% in the 2000 Census. Sixteen percent of Texas residents and 13% of U.S. residents are foreign-born. Among foreign-born County residents, 71% reported Latin America as their place of birth and 21% reported Asia.

Residents of Harris County have been consistently conservative in elections and according to a Rice University opinion poll surprisingly liberal on topics of immigration, gun control and equal matrimonial rights for same sex couples. Harris County has been widely regarded to be a moderate or swing county in Texas and has been a bellwether in presidential elections, voting for winners of every presidential election since 2000 (both Barak Obama and Texas native George W. Bush have won the county).

Unique Regional Needs

Texas has the highest rate of uninsured persons in the nation. According to the 2010.ACS, the number of persons with no health insurance coverage reflects 15% in the U.S., 23% in Texas and 28% in Harris County. Behavioral Risk Factor Surveillance System survey data from 2010 show that 39% of respondents in Harris County reporting no health insurance are ages 18-29, 64% have no high school diploma and 56% have an income less than \$25,000. In addition, 21% of respondents reported they could not see a doctor because of cost.



Texas Department of State Health Services, BRFSS

Harris County Area Agency on Aging

Of Harris County residents aged five or older, 2010 ACS data show that 43% speak a language other than English at home. In comparison, 35% of Texas residents and 21% of U.S. residents aged five and older speak a language other than English at home. Among such residents in Harris County, 49% report speaking English less than very well and 80% speak Spanish.

Housing issues facing seniors are affordability, home repair and rehabilitation, need for home modification and supportive services, along with the availability of home equity loans and reverse mortgages to support communities and long term care needs. According to the Comprehensive Market Analysis published by the US Department of Housing and Urban Development October 1, 2011, the average cost to purchase an existing or new home in the third quarter of 2011 was \$211,300. The average apartment rental for that same period was \$780.00

The quality of outdoor air can compromise health, particularly among children, older adults and individuals with chronic health conditions. Key concerns regarding the quality of outdoor air in Harris County include elevated levels of **PM 2.5** (particulate matter smaller than 2.5 micrometers in diameter) and **ozone**. In the case of ozone, there were 37 days in which the air in Harris County exceeded the US EPA 8-hour NAAQS standard in 2011.

Key Economic Variables

There are key economic variables (current and anticipated) which affect HCAAA, community service agencies, older individuals, and their caregivers. These key economic variables include:

- Long-term care and supportive services are costly. In Harris County, average costs of nursing facility care is \$3,500 per month;
- Transportation to access needed services continues to be one (1) of the top five (5) service priorities in Harris County.
- The Texas Survey of Substance Abuse Among Adults indicates that an estimated 10 to 17% of older adults age 60 and over have alcohol and/or prescription drug problems.
- According to 2010 US Census, there are 80,065 children under the age of 17 living in homes of their grandparents in Harris County.
- The lack of access to needed health care and related prescription drug assessment continues to negatively impact the health status of many elderly persons in Harris County.
- Housing issues facing seniors are affordability, home repair and rehabilitation, need for

home modification and supportive services, along with the availability of home equity loans and reverse mortgages to support communities and long term care needs. According to the Comprehensive Market Analysis published by the US Department of Housing and Urban Development October 1, 2011, the average cost to purchase an existing or new home in the third quarter of 2011 was \$211,300. The average apartment rental for that same period was \$780.00. These costs negatively impact persons on a fixed income and impact their ability to remain independent or reside in a community setting.

- The 32nd Annual Kinder Institute Houston Area Survey reflected that while the economy in the Houston metropolitan region is said to have improved, there has been no change in the portion of area residents (24%) who said that they have had difficulty during the past year buying groceries to feed their families.
- According to the Greater Houston Partnership, Houston has one of the lowest costs of living anywhere in the country. The Third Quarter Cost of Living Index shows that Houston has one of the lowest overall costs of living among Houston's housing costs in cities of more than two million people are 44 percent below the national average.
- Houston is the home of the Texas Medical Center (TMC), the largest medical center in the world that has a 2012 local economic impact of \$10 billion. In 2011-2012, more than 106,000 people work within its 54 institutions. That number includes 5,000 physicians and 15,000 nurses. Geographically, TMC's 1,345 acres includes 290 buildings and 45.8 million square feet of space. Altogether 7.2 million patient visits to the TMC occurred during that period.
- The National Center on Elder Abuse estimates 2 million frail older Americans are victims of elder abuse, or neglect; the majority of cases go unreported. In response to this growing problem, the Harris County Hospital District geriatric and Baylor College of Medicine formed a unique collaboration with the Texas Department of Protective and Regulatory Services, and Adult Protective Services Division (APS) to form the Texas Elder Abuse and Mistreatment (TEAM) Institute. The program is designed as a comprehensive approach to identifying, intervening and preventing elder abuse and mistreat. It has three important and familiar foci: clinical care, education and research.

- The problem of abuse of the elderly and adults with disabilities became widely recognized only in the past few decades. Yet, it may be as common as child abuse. As the number of older Texans and awareness of the issue has increased, so has the number of cases Texas APS investigates.
- In 2011, APS completed 87,741 investigations of abuse, neglect, or exploitation involving adults living in Texas communities. Of those cases, 58,068 were confirmed as valid. That compares to 56,170 investigations and 40,559 confirmed cases just a decade earlier.

Older Adult Demographics

Harris County's older population and projected growth mirrors many of the national and state trends as reflected in the general elderly population. Based upon census and other data the population age 60+ in Harris County now stands at 598,993, of which 272,488 are male and 326,505 are female. While Harris County's population is considered relatively young in comparison with other counties, the population is aging. The median age of a resident in Harris County was 30.5 in 2000. However, according to 2010 U.S. Census Bureau Demographic Profile Data the median age of a resident of Harris County is 32.2 years of age. It is projected that by 2030, one out of every six persons (16.8 percent) residing in Harris County will be over 65 years old compared with 7.7 percent in 1998. The population will continue to steadily age (as reflected in the chart below) as baby boomers age and as more focus is placed on promoting and preserving the health of older adults. Harris County has over 250,000 seniors 65+ years. The fastest growing age cohort is the 85+ group. Within the older population the rise in the number of people between the ages of 85 and 90 stands out totaling 29.9%. Following is a chart that reflects the numbers of person age 60 and over residing in Harris County and project growths in that population from 2014 through 2025. As reflected below the number of Harris County older adults is projected to increase 639,240 to 940,507. That is a whopping 47% growth in less than fifteen (15) years.

Population Projections for Adults Age 60+ for Harris County, Texas: 2014-2025

AAA	County Name	2014	2015	2016	2017	2018	2019
Harris	Harris	598,993	625,905	652,956	680,101	708,977	736,463

AAA	County Name	2020	2021	2022	2023	2024	2025
Harris	Harris	765,083	792,342	817,155	842,165	866,052	889,567

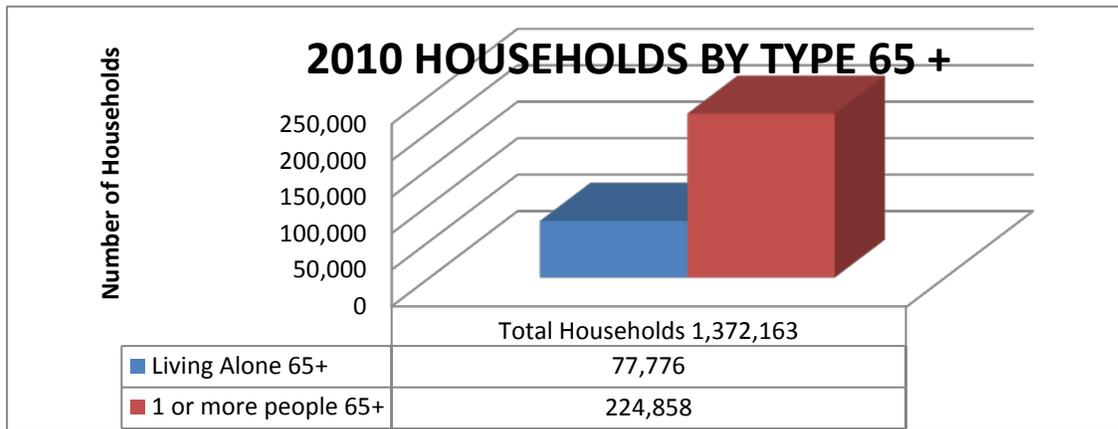
Population Projections for Adults Age 85+ for Harris County, Texas: 2014-2025

AAA	County Name	2014	2015	2016	2017	2018	2019
Harris	Harris	40,247	41,332	42,164	42,819	43,412	44,040

AAA	County Name	2020	2021	2022	2023	2024	2025
Harris	Harris	45,094	46,080	46,907	48,261	49,416	50,940

Increased migration into Harris County by older adults immigrating to this county to join adult children has increased the diversity of older individuals as well as the need for culturally appropriate services. According to the Greater Houston Partnership Council the net migration for the period 2000 to 2010 was 40%. While the number of older individuals has increased by more than 100,000 in the 10 year period of 2000 to 2010, the rate of poverty for this group increased from 11.98% to 12.1%.

According to the 2006-2010 American Community Survey (ACS) of 5 year estimates, there are approximately 312,563 Harris County residents 65 years of age and older who live in family households where there is at least one other person. This person may be a relative such as a spouse, parent, sibling, child, and grandchild or not related at all. The same survey finds that there are 23,586 men and 54,190 women living alone.



Surveys show older adults prefer to age in place and continue their community relationships.

- More older adults are living longer, healthier lives and participate more in their communities. With this trend, opportunities to volunteer and stay active become more important. Evidence-based programs that help older adults age well and live well should be expanded. We must also recognize that as the older population grows social services and supports are becoming essential to facilitate aging in place or healthy aging in other settings with a good quality of life.

Plans to address anticipated changes in older adult population

In planning for preparedness to address anticipated changes in the older adult population over the next ten years:

- HCAAA will research and apply for more diverse funding sources.
- HCAAA will enhance Benefits Counseling Program and have staff located in community settings.
- HCAAA will work with partners to develop and enhance navigation and support services designed to assist adults 85 years and older to remain in their homes and communities.
- HCAAA will continue to integrate aging services into the broader network of human services in the Houston Department of Health and Human Services.
- HCAAA will address service gaps in the following Geographical Areas of Harris

County:

- Crosby, Texas
- Cypress/Jersey Village, Texas
- Kingwood/Humble, Texas

Harris County is designated as an urban county and receives no additional funding (rural factor) for the provision of services to individuals in unincorporated areas. However HCAAA endeavors to outreach and serve as funding and resources permit all older adults within our service area.

HCAAA addresses barriers to service provision due to service population's individual characteristics such as language or cultural diversity through the use of multi-lingual staff and vendors. HCAAA has a diverse staff and vendor pool which mirrors our consumer population.

Organizational Structure

Historical Description

The Texas Department of Aging and Disability Services (DADS) has contracted with the City of Houston to be the designated Area Agency on Aging for Harris County. The City of Houston's charter was originally issued by the Congress of the Republic of Texas in 1837. The current codified charter was granted by the Texas Legislature in March 1905, amended by the Legislature in April 1905 and 1911. The adoption of the "home rule" provisions of Article XI, § 5 of the Texas Constitution in 1912 repealed the authority of the Texas Legislature to grant charters and gave that authority to the inhabitants of larger cities. This provision has been used by City of Houston's voters many times to revise the Charter in elections, beginning in 1913.

The City of Houston government consists of a mayor, city council, and controller who are all elected by the residents of Houston. Eleven City Council Members are elected from districts and five are elected at-large, by all voters of the City. The Harris County Area Agency on Aging (HCAAA) received its designation on behalf of Harris County and the City of Houston in January 1977 to provide federally funded social services for the elderly (60 years of age and older) and their family members or other caregivers, as authorized by grants for Community
Harris County Area Agency on Aging

Programs for the Elderly, Programs on Aging, Title III, Older Americans Act of 1965 and subsequent amendments (“the Older Americans Act”).

Location

The Houston Department of Health and Human Services (HDHHS) was created by the City Council of the City of Houston on July 17, 1985 with the approval of City Council Ordinance Number 85-1190. The ordinance stated that any reference in this Code to the "health department," the "human resource department," the "Area Agency on Aging" or the "HDHHS" of the city shall mean a reference to the HDHHS. Structurally, the Harris County Area Agency on Aging is housed within the Children and Family Services Division of the HDHHS. The primary administrative office of HCAAA is located **at 8000 North Stadium Drive in Houston, Texas 77054**, which is in the medical center area of the City of Houston. HCAAA also has ADRC staff that occupy offices at the Kashmere Multi Service Center at 4802 Lockwood Dr., Houston, Texas. And, through a partnership with Fort Bend County, ADRC staff will provide options counseling and other services at the newly developed Pinnacle Senior Center, 5525 Hobby Road, Houston, Texas.

The Harris County Area Agency on Aging (HCAAA) is part of the City of Houston Department of Health and Human Services. HCAAA was established in January 1977 to provide federally funded social services for individuals 60 years of age 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 periodically prepare and develop an area plan for its service. At a minimum, the 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.

HCAAA provides the highest quality of services to older persons through a direct and community-based service delivery system. HCAAA provides services to individuals age 60 or older with preference given to older individuals with greatest economic need and individuals with greatest social need, with particular attention to low-income individuals, including low-

Harris County Area Agency on Aging

income minority individuals, older individuals with limited English proficiency, and older individuals living in rural areas.

Human Resources Strengths and Weaknesses

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

Strengths

- **City of Houston Resources** – The organization placement of the Agency within the City of Houston governmental structure affords the Agency added administrative resources and support systems which augment its ability to remain administratively and fiscally compliant with the Texas Department on Aging and Disability Services. The Agency is able to provide a continuation of services across fiscal funding periods when all anticipated awarded funds are not received in a timely manner. This in itself minimizes service disruptions to agency operations and most importantly clients. The City’s wealth of Subject Matter Experts (SMEs) within various city departments affords the opportunity to collaboratively plan and advocate in the areas of exploitation/abuse, public safety, recreational and leisure, environmental hazards, mental health, disaster preparedness and volunteerism. Additionally, as a bureau within the City Health and Human Services Department, HCAAA enjoys timely access to SME personnel and resources that expand and enhance our ability to deliver quality services to our consumers. While the in-house collaborations and benefit to our consumers are far too numerous to document in this plan, a few examples include:
 - HCAAA partners with HDHHS Bureau of Oral Health to provide “low or no cost” dental services to our consumers.

- HCAAA partners with HDHHS Environmental Health and Facilities divisions to leverage financial and in-kind assistance in the provision of residential repair for our consumers.
- HCAAA partners with Emergency Preparedness and other department areas to leverage funds and in-kind assistance in the provision of air conditioners and disaster preparedness items and materials for our consumers.
- HCAAA partners with Immunization bureau to secure” low or no cost” influenza immunizations for our consumers.
- Being a part of a governmental entity is a continued reminder of the duty to remain accountable in the provision of service to the public.

Weaknesses

- Lack of Competitive Salaries – The use of existing City of Houston job classifications to perform needed functions presents challenges in the recruitment of applicants with the required education and experience and/or approved salaries are not always reviewed within the context of duties and responsibilities to be assumed, but often viewed within the context of other employee incumbents in the position. This often contributes to an environment where, program staff, in particular, are undercompensated related to qualifications and work responsibilities.
- Technologically-Challenged Workforce - The in-depth program management, monitoring data entry and reporting requirements to achieve agency effectiveness and contract compliance, require a level of staffing stability and capacity to insure that this is done accurately and timely. HCAAA’s experienced permanent workforce is often very challenged to meet the data entry, systems navigation and other technology requirements of the Client Management Information systems. The cross training of staff and the use of temporary positions, while of value, cannot compensate for the asset of stable and qualified staffing.
- Lack of sufficient staff to perform routine agency tasks, such as one-on-one interaction with consumers.
- Lack of sufficient staff with credentials commiserates with non-traditional environments, such as hospitals, MCOs, etc.

Executive Committee and Advisory Council

The Mayor of the City of Houston and City Council comprise the Executive Committee of the agency. The sixteen members of City Council, along with the Mayor, act only by ordinance, resolution or motion. City Council is responsible for the appropriation and issuance of bonds, the awarding of contracts and the approval of City expenditures over \$50,000. City Council may lease or dispose of the City's real estate and may levy assessments against property. Council determines its own rules of procedure, and its meetings are open to the public. City Council Members are elected every two years, in odd-numbered years. City Council Members are limited to serving three terms of two years each, with each term beginning on January 2 of the even-numbered year. All program planning, program performance and public hearings involve input from the HCAAA's citizens' advisory council.

The HCAAA advisory council, known as the Area Planning Advisory Council (APAC), has an executive committee and several subcommittees. The executive leadership of the committee consists of a Chairperson and a Vice-Chairperson. The APAC consists of persons representing older individuals, service providers, local elected officials, public health educators, and interested community leaders. The council has approximately 51 members. APAC meetings are held on the first Thursday of every month.

Service Delivery System, System Design, Program Development, and Innovation

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

The agency recognizes the importance of establishing a formal planning process for the projection of future service needs and issues facing the current generation of older adults inclusive of the baby boomers – the largest generation born in history.

HCAAA collaborates with the Houston Department of Health and Human Services to provide consumer focused services such as evidence-based health programs, procurement services, nutrition services, dental services as well as residential assessments and repair. As increased efforts are undertaken to reduce health disparities and ensure wellness, further expansion of existing programs and implementation of new models, particularly in the areas of physical fitness, care transitions, chronic disease self-management, substance abuse and falls prevention will occur. The introduction of evidence-based health promotion programs by aging network providers has increased the awareness and importance of incorporating successful models into existing programs for older adults, people with disabilities and the broader community.

The implementation of the Aging and Disability Resource Center (ADRC) structure offers an integrated network of service providers that facilitate access to, and information about a complete array of services, supports and opportunities for consumers to make informed decisions and seek assistance. Key partners in this effort include Texas Department of Aging and Disability Services, Region 6 Local Authorities, Houston Center for Independent Living, Gateway to Care, Adult Protective Services, 211, corporate entities, hospital networks and Managed Care Organizations.

HCAAA's primary method of providing services to citizens in Harris County is procurement through a periodic Request for Proposal/Qualification (RFP/RFQ), bid process or enrollment in conjunction with the rules and regulations of the City of Houston. Vendors must complete the published document appropriate for each process and these documents are reviewed and approved based upon City guidelines.

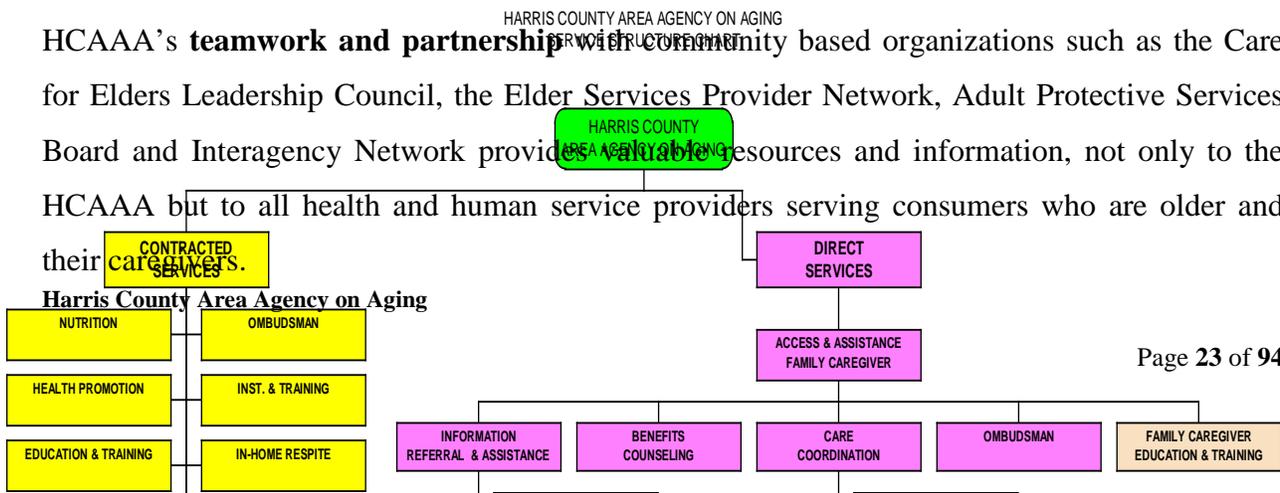
As with any provision of services and established program requirements, it is important that mechanisms are established to evaluate program effectiveness, quality assurance and desirable program outcomes. HCAAA will work in conjunction with its internal contract compliance staff,
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fiscal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

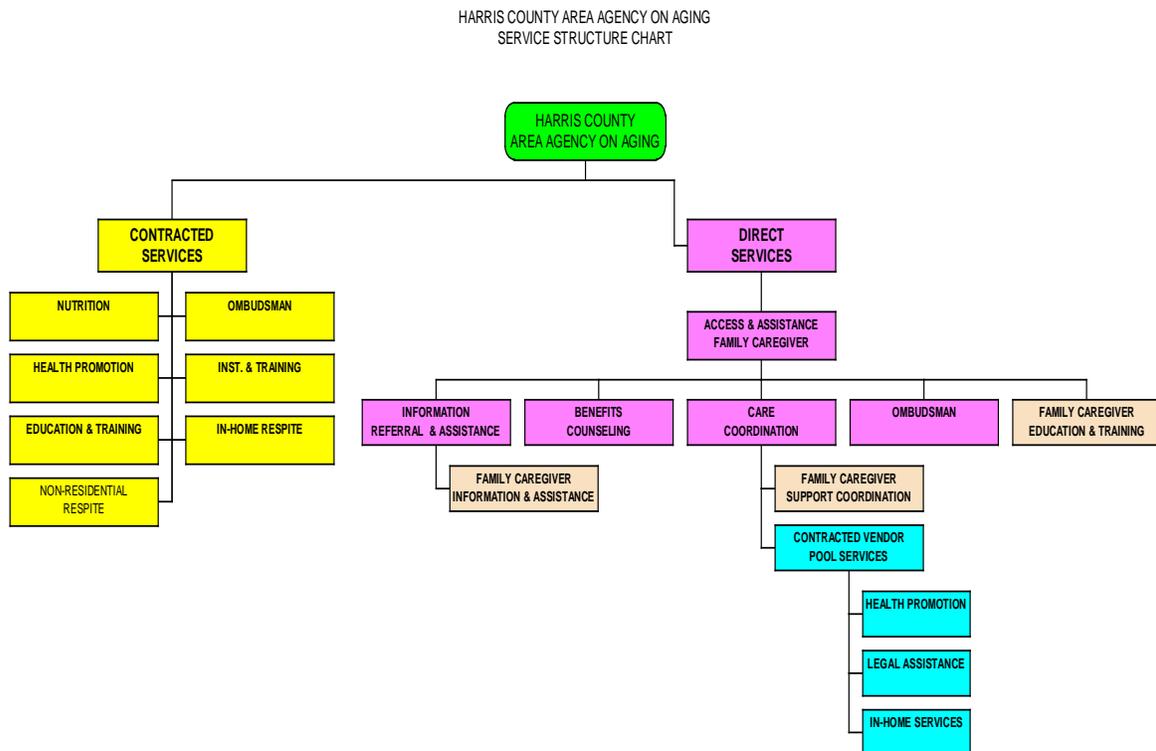
As HCAAA continues to address and meet the challenges of serving an increasingly diverse older adult population and caregivers who have limited English proficiency, varied life-styles and divergent needs, the availability of a bilingual and culturally sensitive staff is essential in ensuring effective service delivery. The diversity of the workforce is reflected not only in the ethnic diversity of the staff, but the varied experience that staff brings to the organization. The average tenure of the HCAAA permanent workforce is ten plus years. HCAAA has minimal turnover in staff. This results in a dedicated, committed and experienced workforce. The certification of Benefits Counselors in the area of Aging Information Referral Specialist/Aging (AIRS) is consistent with the program direction to establish integrated intake and eligibility systems and enhanced I & R. HCAAA staff provides Access and Assistance as a direct service for older individuals and their caregivers.

Harris County is fortunate to have a large number of human service agencies, both public and private, which provide and advocate for services for consumers and caregivers. Despite this large network of providers, consumers continue to experience difficulties in navigating the maze of services. This recognition of service access issues has been at the forefront of HCAAA’s efforts to develop a **consumer focused and consumer choice** system of service delivery. HCAAA also recognizes that the magnitude of service needs, coupled with limited and competing financial resources throughout Harris County, dictate that the agency critically assess and prioritize its direct service role and make **realistic service delivery** decisions 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.

HCAAA’s **teamwork and partnership** with community based organizations such as the Care for Elders Leadership Council, the Elder Services Provider Network, Adult Protective Services Board and Interagency Network provides valuable resources and information, not only to the HCAAA but to all health and human service providers serving consumers who are older and their caregivers.



HCAAA service delivery system as reflected in the following service structure chart will continue to focus on the provision of direct and indirect services under the umbrella of Access and Assistance Services: Ombudsman, Information, Referral and Assistance, Legal Assistance,



Legal Awareness, Care Coordination and Caregiver Support Coordination.

The provision of these services directly ensures the appropriate targeting of agency resources consistent with the requirements of the Older Americans Act and DADS Mandates. In particular, **Information, Referral and Assistance** will serve as the catalyst for assessing service needs and facilitating service delivery through linkages to appropriate resources. The HCAAA's participation in the Care for Elders' Access Network of enhanced Information and Referral, along with the direct connect provision will further enhance the linkage of service to appropriate resources for consumers. Benefits Counseling staff will focus on assisting clients to appropriately identify and receive public and private benefits available to them. As consumers and caregivers require the services of public and private entities, assistance with eligibility screening and service linkages remains of paramount importance.

The U.S. population over 65 since 2010 grew at a faster rate than the country's total population for the first time. In 2010, people over age 65, more than 40 million (13%), represent the country's elders. Within the older population the rise in the number of people between the ages of 85 and 90 stands out totaling 29.9%. The Care Coordination staff in conjunction with consumers and caregivers assesses the needs of the frail elderly with **respect** through planning, arranging, coordinating and following-up on services tailored to meet identified unmet need(s) for the purpose of maintaining independence and enhancing quality of life. All service provision and processes facilitate and promote consumers' individual dignity, well-being and safety.

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

- Personal Assistance
- Homemaker
- Caregiver Respite Care In-Home
- Caregiver Respite Care-Institutional
- Emergency Response
- Health Maintenance
 - Prescription Assistance
 - Dental
 - Hearing
 - Vision
- Legal Assistance
- Mental Health Services
- Residential Repair
- Evidence-Based programs

Harris County Area Agency on Aging supports services through a network of service providers consisting of community faith-based organizations, non-profit organizations, municipalities, county government, for profit businesses and academic institutions. Recognizing that the provision of services to older adults/caregivers is a community effort, the leveraging of HCAAA
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funds with other community resources to maximize service delivery is important.

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

HCAAA contactors/vendors provide services to consumers throughout Harris County or with HCAAA approval, may target services for a specific geographical area of the county and or a specific targeted population as deemed appropriate and feasible. Consistent with the service delivery structure, ensuring access to nutrition services within a defined geographical area will continue to be the framework in which congregate and home delivered meals are provided. Continued growth in the home delivered program throughout the county is indicative of the need to consider alternative service delivery arrangements for addressing geographically isolated areas of the county and long waiting lists. The identification of alternate strategies for meal delivery to address service gaps will be explored. The changing face of the congregate meal program participant dictates that providers restructure this service with enhanced programming to attract a younger audience of seniors whose interests will focus more on evidence-based programming, health initiatives, technology, recreational and leisure activities and civic engagement.

Capacity to Provide Service to Targeted Populations and How Services are Provided

Based on the demographic analysis of the population which the HCAAA serves, the HCAAA has developed community partnerships with organizations whose primary focus is service provision and advocacy for targeted populations. The agency's capacity to serve targeted populations is enhanced by **local participation** and partnerships with other City of Houston Departments, Harris County Departments, Gulf Coast Community Services Association, other service providers, advocates and consumers.

Strategies are implemented and service delivery mechanisms are in place to ensure that preference will be given to providing services to:

- Older individuals with greatest economic need;
- Older individuals with greatest social need, with particular attention to low-income individuals, including low-income minority individuals;
- Older individuals with limited English proficiency; and
- Older individuals who are socially and geographically isolated.

HCAAA uses a wide variety of methods to targeted required service populations. Outreach strategies include the use of marketing materials and publications, health fairs, activities with City Council, media, community based presentations, partnerships with other agencies, town hall meetings with elected officials, HDHHS, HCAAA and ADRC's websites and existing contractor and vendor base.

HCAAA has a centralized service delivery system which not only provides services in our centralized location but offers services through sites such as HDHHS multiservice centers, ADRC, community senior centers and contractors and vendors across Harris County. Additionally, the services are **accessible** through telephone, including a toll-free number, as well as written and electronic communications. The diversity of HCAAA's staff mirrors that of the targeted populations which promote and enhance positive service delivery outcomes.

Harris County Area Agency on Agency funding and other resources are as follows:

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

- CMS
- Other [Special Grants]
- Program Income
- In-Kind/Match

During fiscal year 2014, the Harris County Area Agency on Aging received the following:

**HARRIS COUNTY AREA AGENCY ON AGING
FY14 FUNDING ALLOCATION
BY
FUNDING SOURCE**

Funding Source	Award
Title III – Administration	\$831,249
Title III – B Supportive Services	\$1,840,924
Title III-C Nutrition Services	\$3,978,704
Title III-E Caregiver Programs	\$997,933
Title III – D Evidence Based Intervention	\$155,834
SGR State General Revenue	\$487,880
SGR Ombudsman ALF	\$119,176
General Fund	\$141,499
Community Development Block Grant	\$397,115
Nutrition Service Incentive Program	\$1,400,996
Title VII – Elder Abuse Prevention	\$36,441
Title VII – Ombudsman Activity Grant	\$105,570
Ombudsman MFP	\$11,706
CMS	\$122,630
AWLW	\$15,000
MIPPA	\$92,170
ADRC	\$526,164

Funding Source	Award
Total	\$11,260,991

Through our parent organization the City of Houston, and collaborations with other older adult service provider agencies, HCAAA receives local funds and in-kind services which are used to leverage federal and state funds.

HCAAA utilizes the accrual method of fiscal management. All budget tracking, performance and reporting are managed through the City of Houston’s SAP funds management system. Budget projections are based upon historical utilization and emergent trends. All projected and actual budget and performance is reported to DADS through the quarterly performance reporting tool and other state required reporting mechanisms.

The development of an area wide comprehensive coordinated system for providing long term services and supports in home and community based settings in a manner that is responsive to the needs and preferences of older individuals, their family members and/or other caregivers is pivotal in HCAAA’s commitment to collaboration and partnership with other senior service providers. Collaboration with the in-home and community service agency network(s) (including private for-profit, public and non-profit agencies) maximizes HCAAA’s ability to meet the needs of the older individuals, particularly those at risk for institutional placement, their family caregivers and members residing within the region.

The implementation of the ADRC structure offers an integrated network of service providers that facilitates access to, and information about a complete array of services, supports and opportunities for consumers who are older and/or have a disability to make informed decisions and seek assistance.

To ensure continuation of an effective long term services and support network, HCAAA and the ADRC maintain partnerships/working relationships with:

- DADS (Local Authorities and Local Community Services) partners in the region;
- Guardianship Services;

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- Public and private organizations and other community partners;
- 211 and 311 (area information centers);
- Managed Care Organizations (MCO);
- Veterans Administration;
- Gulf Coast Community Services Association;
- Houston-Galveston Area Council;
- Educational Institutions;
- Faith-based Organizations; and
- Hospital and other corporate entities.

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. 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 mental disorders that are not part of —normal aging. 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 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 adults age 65 and older at 14.9% relative to the overall rate of all other age groups - which is 12.4%. (According to the 2010 statistics from the Center for Disease Control and Prevention).

The number of people in Houston, as reported by the Alzheimer’s Association Houston and Southeast Texas Chapter in their 2013 “Facts and Figures” report living with Alzheimer's disease is 28,500 (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 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 Institute 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.

As a result of the growing need for mental health services HCAAA, through a procurement process will seek to expand mental health services in our service delivery area; as well as provide increased public awareness and advocacy regarding the need for mental health services for older individuals.

Use of voucher services is not currently a viable option for HCAAA. Our parent organization the City of Houston requires individuals or entities that receive funds through the City of Houston to become city vendors. City Vendors are required to maintain a certain level of insurance and other business identification (such as tax id numbers). HCAAA will explore broker agreements to address this service option.

The Agency's service delivery system will continue to focus on the effective and efficient provision of direct Access and Assistance Services. The provision of these services directly insures the appropriate targeting of agency resources consistent with the requirements of the Older Americans Act and DADS Mandates. In particular, Information, Referral and Assistance serves as a source of entry to accessing in-home and community services within HCAAA's service delivery area. Through our Information, Referral and Assistance services HCAAA ensures the provision of the personal touch system navigation ("live voice"), quick response, outstanding customer service, coordination of requests for assistance internally, and evaluation of access services.

The implementation of evidenced-based disease prevention programs nationwide has increased the awareness of the importance of participating in health promotion programs with established outcome measures. Within Harris County, HCAAA partners with service agencies for older adult to provide evidence-based disease prevention programs in the areas of chronic disease self-management, physical fitness, care transitions, substance abuse and falls prevention which will enable older adults to make behavioral changes that will reduce their risk of disease, disability, and injury.

Through our vendor agreements HCAAA provides or makes appropriate referrals for durable medical equipment and other assistive devices intended to assist individuals in coping with a functional impairment in carrying out activities of daily living.

HCAAA has collaborative partnerships with volunteer organizations such as, Volunteers In Service to America (VISTA) and Senior Community Service Employment Program (SER). Through these relationships, HCAAA has the opportunity to expand staff resources to provide direct services to older individuals and individuals with disabilities. Additionally, the collaboration with SER allows HCAAA to provide job opportunities for older individuals and displaced workers. HCAAA will maintain collaborations with national, state and local organizations that provide financial and other resources for training and placement of volunteers in community settings.

HCAAA currently collaborates with the City of Houston/Harris County, local municipalities and other local and State agencies in developing and coordinating long range plans for emergency response. These plans are inclusive of activities involving other groups such as relief organizations (Red Cross, Food Bank, Faith based organizations) and other institutions that have a responsibility for disaster relief service delivery. All HCAAA staff who directly provide support services have been designated as Tier I essential personnel- responsible for providing services and supports to citizens during times of disaster. In addition, HCAAA works with contractors and other service providers to maintain annual emergency response plans. The plans are inclusive of evidence of disaster preparedness training, after-hours contact information and roles and responsibilities of staff during times of disaster.

Harris County Area Agency on Aging

Harris County is designated as an urban county and receives no additional funding (rural factor) for the provision of services to individuals in unincorporated areas. However HCAAA endeavors to outreach and serve as funding and resources permit all older adults within our service area.

HCAAA addresses barriers to service provision due to service populations' individual characteristics such as language or cultural diversity through the use of multi-lingual staff and vendors. HCAAA has a diverse staff and vendor pool which mirrors our consumer population.

The increasing attention on level funding, competing service needs and increased service demands, increased information technology and better educated consumers have all created an operational environment, particularly in the human service area, which requires HCAAA in making the **best business decision** regarding service design and implementation to look internally at:

- Mode of operation
- Possible duplication /overlapping of service delivery within the community
- Access barriers for clients needing services
- Cost effectiveness and cost efficiencies of providing service
- Service outcomes
- Service gaps
- Reviewing and/or redefining the organization's purpose.

In an era where the promotion of partnerships, better leveraging of resources and system integration are all strongly encouraged, the AAA continues to have a viable presence and role in major collaborative networks locally. Involvement in these collaborations is consistent with the AAA's mission and purpose to facilitate access to services for vulnerable populations, particularly in the areas of community based long term care, access to public benefits, health and well-being.

Regional Needs Summary

In an effort to effectively advocate and provide services for older adults for the FYs 2015-2016, HCAAA identified multiple components and conducted Listening Sessions, Focus Groups, and surveys to ascertain the expressed needs of older adults in the Harris County communities. To address the diverse population of Harris County, surveys were distributed in four major **Harris County Area Agency on Aging**

languages; English, Spanish, Vietnamese and Mandarin. The Needs Assessment Survey was administered to ascertain whether current service deliveries are adequate and appropriately prioritized, as well as, identifies unmet needs. The 2014 Harris County Needs Assessment Overview represents a compilation of assessment responses and feedback from the following entities/populations:

- The Care for Elders Consumer Advisory Council Focus Group
- Harris County Area Planning Advisory Council Listening Session
- Focus Group Listening Session, Precinct 1 Seniors
- Surveys by constituents of Title XX and XIX DADS
- Surveys completed by homebound elders
- Surveys completed by older adults attending congregate and senior centers

Assessments from an array of older adult settings, coupled with assessments from multiple network partners and key organizations affiliated with aging issues and concerns, this Needs Assessment serves as the basis for identifying and prioritizing services to be funded, identifying service gaps and new services needed.

The Care for Elders Consumer Advisory Council Focus Group

Care for Elders represents an array of professional organizations providing oversight and leadership in aging issues. Their Consumer Advisory Council (CAC) is made up of older adults excited about sharing views, opinions, and solutions to aging issues. The Associated Press printed an article on October 14, 2013 from an interview held by Care for Elders of an 80 year old male named Pedro and asked: "As you grow older, what are you most afraid of and what do you think is the biggest problem facing elders...?" Pedro had a lot to say but in a nutshell his response was "... I live alone because my three children live far away and my wife died years ago. I eat alone, sleep alone, and my biggest fear is one day I will not have enough to eat or even the energy to work, there will be no one to care for me, I will die, and no one will care."

The interview speaks loudly to core concerns of aging related to increased isolation and loneliness, lack of food, and inadequate resources. The world is aging faster than ever before;

experts say that by 2050 adults over the age of 60 will outnumber children under the age of 15. The primary concerns from the CAC focus group survey conducted in January 2014 echo Pedro's concerns and reflects the following outcomes:

- **Feelings of Isolation:** ranked the highest in this group with fifty-five percent (55%) of the responses related to: need someone who cares, need help with family dynamics, need information on abuse and neglect by family members, need a social network, feel socially isolated, have no friends, nowhere to meet, no kind of life, homebound, depressed without anyone, no social connections and need a buddy system.
- **Information and Referral-** fifteen percent (15%) of the responses were participants requesting assistance to include; request for information on retirement, information on designing your life after retirement, information on services for seniors.
- **Volunteer Opportunities-** fifteen percent (15%) of the responses requested volunteer opportunities to include: intergenerational, church, community engagement, etc.
- **Transportation** reflected ten percent (10%) from this group as an identified need for older adults who do not have reliable transportation and rely on public transportation or family members.
- **Respite Care** - five percent (5%) of this group requested this service.
- **Falls Prevention** - five percent (5%) of this group reported they had a fall in the last six months.

Harris County Area Planning Advisory Council Listening Session

The Older Americans Act of 1965 and its subsequent amendments provide for the establishment of a citizens advisory council to each HCAAA. The purpose of the council is to advise the AAA on all matters relating to the development and implementation of services for older adults, and guidance in the development and administration of its Area Plan. It is authorized to "review and comment" on all community policies, programs and actions with respect to older persons. Over half of the membership of the local advisory council (the Area Planning Advisory Council or APAC) consists of older adults. Other members include service providers, local elected officials, and citizens interested in the needs of older adults.

The primary findings from this focus group conducted in February to include APAC members, caregivers, senior companions, foster grandparents, walk-ins from the general public include the following outcomes.

- **Income Support** ranked the highest in this group with thirty-three percent (33%) of the responses related to home repair, utility assistance, safety and security and rental assistance.
- **Information and Referral** again reflects fifteen percent (15%) of the responses with participants requesting assistance to include: help with financial planning, resources for caring for older adults with Alzheimer's, needed information on senior services.
- **Transportation** outcomes represent eleven percent (11%) from this group as an identified need for older adults needing transportation to non-emergency medical visits.
- **Support Services** include nutrition, nutrition education, dental and hearing reflects twenty-two percent (22%) from this group as identified needs.
- **Isolation** represented twelve percent (12%) with the greatest need being companionship.
- **Nursing home and assisted living facilities** needing reform seven percent (7%) and funding for Long-term Ombudsman programs should be increased.
- Less than five percent (5%) of this group reported falls within the last six months.

Focus Group Listening Session, Precinct 1 Seniors

- **Transportation** outcomes represent eleven percent (11%) from this group as an identified need for older adults needing transportation to non-emergency medical visits.
- **Housing and Home Repair**, accessible and affordable senior housing ranked second in this group with twenty-three percent (23%) requesting assistance for home modifications to include rails, ramps and/or foundation repair.
- **Health Maintenance** to include dental and hearing reflects seventeen percent (17%) from this group.
- **Income Support** ranked twenty-three percent (23%) of the responses requested utility assistance, safety and security, vouchers, bus tokens, metro lift assistance, etc.
- Seven percent (7%) of this group reported falls in the last six months.

DADS Community Surveys

The Texas Department of Aging and Disability Services (DADS) provide services and supports to people with physical disabilities, people with developmental disabilities.

The diversity of the survey distribution was intended to address the many needs of older adults in our communities; thereabout, providing results that may not always fit in a homogeneous setting but consistently lean towards common grounds. From one hundred surveys the following needs were expressed:

- **Health Maintenance** ranked highest in this group with forty-six percent (46%) of the responses indicated health maintenance needs related to: falls, strokes, cancer, dialysis, high blood pressure, diabetes, pneumonia, broken arm, blood clots, and gall bladder problems.
- **Food/Nutrition** ranked second with twenty-one percent (21%) expressing need.
- **Transportation** outcomes represent eighteen percent (18%) from this group as an identified need for older adults needing transportation to non-emergency medical visits.
- **Income Support** ranked seven percent (7%) in this group with responses related to needs for: wheel chair repair, incontinence supplies, assistance to pay for home care, for transportation, for escort assistance, for medications.
- **Evidence-based training** – sixty percent (60%) of this group reported they had a fall in the last six months.

Nutrition Consumer Surveys

Over a thousand home delivered and congregate consumers were surveyed. The target population for nutrition programs as designated by the Older Americans Act, includes older adults 60 years of age or older or the spouse of a senior adult. The primary service emphasis is targeted at older adults living with greatest social and economic needs, minorities, elder isolated, suffering from disabilities, and/or having limited English speaking abilities.

- Food/Nutrition ranked highest need in this group with fifty-two percent (52%) reporting food as one of three top needs.
- Health Maintenance ranked second with nineteen percent (19%) reporting need for dental and vision services.

- Income Support ranked third with seventeen percent (17%) requesting assistance with utilities and housing modifications.
- Thirteen percent (13%) requested in-home Services.
- Twelve percent (12%) of this group reported they had a fall in the last six months.

Survey results prioritized older adult needs as follows:

Food → Isolation → Income Support → In-Home Services → Transportation → Respite

Basic Needs	Active Engagement	Income Support	In-Home Services	Transportation	Respite
1. Food 2. Utilities 3. Safety and Security 4. Housing	1. Isolation 2. Companionship 3. Loneliness 4. Volunteer Opportunities	1. Home Repair 2. Affordable Senior Housing	1. Bathing 2. Cooking 3. Transferring 4. Medication Management	1. Medical 2. Non-Medical 3. Barrier-Free Accessibility 4. Affordable, reliable, safe	1. Caregivers 2. Education 3. Resources

What can we do to address these needs:

Basic Needs	Active Engagement	Income Support	In-home Services	Transportation	Respite
1. Increased funding for congregate and home delivered meals 2. Increased income support	1. Update congregate center models 2. Develop interactive computer labs 3. Develop strategies to promote civic engagement and volunteerism	1. Allocate discretionary funding for emergency services 2. Coordinate with partners for income support	1. Increase funding for in-home services 2. Utilize care transitions 3. Expand vendor pool	1. Create voucher programs 2. Expand vendor pool 3. Explore regional transportation options	1. Community education 2. Create voucher programs 3. Increase partnerships

Almost 60% of those surveyed needed a simple commodity, a basic need - food. Either because they were homebound and unable to prepare a meal, lived alone and only received one meal a day from a congregate center, didn't have enough money to buy food, had to choose between food and medicine, needed special diets due to special chronic health concerns such as diabetes,

high cholesterol, cancer, high blood pressure, or did not get full because they share food with their pet companion. In a world where we throw out thousands of pounds of food a day - this shouldn't be.

Issues of isolation and loneliness can be addressed by keeping the older adult engaged in congregate settings, volunteerism, family connections, and technology. Baby boomers make up a group of diverse volunteers in their communities, civic organizations, hospitals, AAAs, and faith based organizations and voluntarily provide care for family and/or friends. It is imperative that we seek to develop strategies for promoting new and meaningful volunteer activities and civic engagement for older adults. Faith-based, civic, and family volunteerism is a cornerstone of today's world and must be involved in the process. We must find a way to expand our reach.

Volunteer opportunities can be posted on agency websites, Facebook, Twitter, Instagram and other social media sites to get the word out and communicate with individuals. Keeping an older adult active and engaged promotes their ability to “Age Well - Live Well”.

Older adults report a constant battle with understanding, preparing for or accepting in-home services, long term care, and/or respite needs. The cost, availability, and quality of these services must be addressed. Concerns about poor quality care are rampant among consumers from in-home care to nursing home care. This includes the cost of care, the lack of adequate staff, inadequate screening of new workers, over and under qualified workforce, poor work environments, senior exploitation, and more. We must create staff incentives, increase pay, fight for state licensing standards and training to be more stringent, enforce background checks, increase staff available for caregiver respite and most importantly ensure the safety and well-being of older adults.

How will the consumer know of all the services, access the services, and navigate the system? We must continue to support and provide Information, Referral and Access. Utilize ADRCs as a no wrong door – single point of entry, train more Benefits Counselors, provide cross training to affiliate organizations, increase awareness through health fairs, increase public service

announcements, civic settings, etc. We must provide additional navigation resources to assist older adults, people with disabilities and their caregivers access needed services.

Information, Referral and Assistance Profile

Based on inquiries made to HCAAA during FY13 the following data was captured reflective of needs by callers. The agency documented 21,293 information referral and assistance inquiries. Analysis of the inquiries indicates the following top ten most requested needs:

- Information
- Legal Assistance
- Financial assistance and support
- Health Benefits
- Caregiver Support
- Public Benefits
- Consumer Services
- Housing/Residential Repair
- Alternatives to Institutional Care

During the same reporting period, a total of 1,487 Benefits Counseling contacts were documented. The top five issues requested are:

- Counseling/Researching
- Document Preparation
- Referrals
- Medicare Supplements
- Health Maintenance

With the addition of ADRC services and satellite offices, involvement in collaborative service delivery efforts, the total number of inquiries is expected to increase.

Reoccurring needs over the last decade include:

- Food Insecurity
- Transportation
- Housing and/or Home Repair
- Rising health care costs with rising population of older adults. Benefits are necessary for those in need.

- Hearing loss in older adults is on the rise and will be an important issue among aging populations.
- Tax break incentives should be considered for children who have taken on the role as caregiver for their parents.
- Concerns about poor quality care are widespread among consumers for everything from home care to nursing home care.
- Increase provider reimbursement rates and require they be used to increase salaries of direct care workers.

Community conversations centered on strengths and challenges of the HCAAA.

Strengths:

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

Challenges:

- Funding restrictions limit the timely and most appropriate use of funds.
- Fiscal and financial management systems do not always allow for the efficient expenditure of funds internally and within the contractor network.
- City of Houston contractual requirements are not always conducive to smaller organizations wishing to do business with HCAAA.
- Identifying providers in unincorporated areas of the county.

Methods Used to Set Priorities

HCAAA determines service priorities based upon the following:

- **Available funding is** a primary consideration in establishing service priorities. Although it is documented and understood that persons with disabilities and older adults, particularly those with the greatest economic need, those with the greatest social need and those with limited English proficiency, have a much greater opportunity for independence, to remain in their homes and communities and to enjoy a healthy and high quality of life if provided with all necessary services and supports. HCAAA recognizes that funding and resources are limited. And, while the need for these services increases-as the population ages, funding remains, at best, flat. As such, HCAAA endeavors to maximize available funding by ensuring that services that are offered will yield the greatest impact to our consumers.
- **Agency's ability to leverage funds** is a criterion which allows HCAAA, through partnerships with other City departments, local and state agencies and community based service organizations, to provide more services to our consumers than allocated OAA funding will support.
- **Surveying consumer needs** informs HCAAA of the magnitude of the need for current services offered. We routinely assess if current services are meeting one of the greatest needs of our targeted population-and if services offered are producing desired impact. HCAAA uses consumer need data to determine if we should adjust or modify our menu of services. An example of this is – based upon needs data obtained through this needs assessment process and needs assessments conducted in recent prior years, it is becoming more evident that the greatest need for in-home services is for Personal Assistant services. This service provides the greatest impact in assisting individuals with activities of daily living - and in preventing premature institutionalization. Homemaker services while helpful to our consumers, is not a high demand service and does not offer the greatest impact in desired outcomes or maximization of funds.
- **Ability of clients to access same services through other community or other state resources.** In order to prevent duplication of services, ensure that Title 3 funds are

not used to supplant local funds and ensure that we are the provider of last resort, HCAAA inventories services and supports that are offered by our partners and other service providers – and their eligibility criteria. This strategy allows us to identify service gaps and underserved communities within our targeted population.

- **Cost effectiveness of services** is a consideration in ensuring best business decision and ensuring that HCAAA is a good and prudent steward of agency funding. We endeavor to offer quality services at a competitive and reasonable rate.

Establishment of Service Priorities/Target Groups

Based upon needs data documented, the following service priorities are established and target groups identified.

- Nutrition services
 - Low income individuals and individuals at risk for social isolation will be targeted
- Information and referral
 - All target populations
- Transportation
 - Those with the greatest economic and social need will be targeted
- Navigation services
 - All target populations
- In-home services
 - All target populations
- Options/Benefits Counseling
 - All target populations
- Evidence-based programs
 - Individuals with greatest risk of falling or chronic illnesses

Anticipated Changes in Service Delivery System

- HCAAA will continue to work with other City bureaus and departments in leveraging funds and services and continue to seek more diverse funding sources. As the need for services continues to dramatically increase with the aging of the “baby boomers”

and funding remains flat, at best, this strategy is becoming more crucial in ensuring the continued availability of services and supports which allow our consumers to remain safely and securely in their homes and communities.

- HCAAA will promote higher skilled in-home services and deemphasize lower skilled (housekeeping) in-home services. Based upon needs assessment data the greatest need for in-home services is Personal Assistant services. This service provides the greatest impact in assisting individuals with activities of daily living - and in preventing premature institutionalization. Homemaker services while helpful to our consumers, is not in great demand and does not offer the greatest impact in desired outcomes or maximizing expenditure of funds.
- HCAAA will seek to update and redesign senior center models and incorporate evidence-based programming in all sites. As needs data reflects” baby boomers” will look to have more options, active programming and diverse activities when attending senior centers and in participating in senior center activities. If the centers are to remain viable and vibrant in our communities, it is imperative that we redesign our models.
- HCAAA will, as funding permits, recruit and hire qualified personnel to address changing workforce needs. As we continue to seek and enhance non-traditional partnerships with organizations such as hospitals, MCOs and other corporate entities, we must diversify our workforce. As funding permits we will attempt to hire, contract and/or partner with medical personnel, licensed master-level social workers and other credentialed staff that are respected and viewed as subject matter experts in their fields by the entities which we seek to collaborate.

HCAAA is addressing current priority needs in Harris County and will continue to support and provide nutrition, respite, IR&A, health maintenance and evidence-based programs. Areas in need of stronger development include: home repair, income support and senior center operations.

Local Strategies Supporting Program Goals and State Strategies

Section A. Area Agency on Aging Administration

ACL/AOA Focus Area(s): *Focus Areas 1, 2, 3 and 4:*

State Objective(s): Objectives #1

Local Goal: To promote the well-being and enhanced quality of life for individuals who are older, persons with disabilities and caregivers.

Local Objective #1:

To maintain a responsive and viable locally based system that serves as the focal point in Harris County by connecting older individuals, persons with disabilities and caregivers with services and benefits through Access and Assistance services, Nutrition services and Advocacy and Supportive services to assist independent living.

Local Strategy #1A: Execute and comply with the Texas Department of Aging and Disability Services (DADS) – DADS contract for the provision of services in Harris County.

Staff Position(s) Responsible for Strategy:

HCAAA Director (Bureau Chief), Administration Manager.

Measurable Outcome(s):

- Conduct annual needs assessment to set service delivery priorities, collect and analyze demographic data, identify underserved targeted communities and conduct community asset mapping within the Harris County area.
- Ensure designation of a minimum of one service provider per service priority as identified by the local needs assessment.
- Ensure that the number of trained/cross-trained and qualified staff will be an annual minimum of 30 full-time positions and temporary staff as needed.

OAA Assurances: Sections 306(a)(1), 306(a)(2)(A), 306(a)(2)(B), 306(a)(3)(A), 306(a)(4)(C), 306(a)(6)(D), 306(a)(7)(A) and 306(a)(17), 306(a)(4)(A), 306(a)(10).

Local Strategy #1B: Enhance the visibility of HCAAA services throughout the Houston Department of Health and Human Services (HDHHS) and the community at large.

Staff Position(s) Responsible for Strategy: Director of HDHHS, HCAAA Director (Bureau Chief), Administration Manager.

Measurable Outcome(s):

- Ensure quarterly outreach and education efforts related to HCAAA Programs and Services are conducted in all HDHHS divisions.
- Participate in monthly outreach and community assessment activities to promote awareness of HCAAA programs with special attention given to outreach activities for services to target populations.

OAA Assurances: Sections 306(a)(1), 306(a)(2)(A), 306(a)(2)(B), 306(a)(3)(A) 306(a)(4)(C), 306(a)(6)(D), 306(a)(7)(A) and 306(a)(17).

Local Strategy #1C: Facilitate the ongoing development, improvement and sustainability of a local collaborative network of service providers to improve service delivery by promoting a coordinated system of care, enhanced leveraging of resources and system integration, advocacy and outreach.

Staff Position(s) Responsible for Strategy: HCAAA Director (Bureau Chief), Administration Manager.

Measurable Outcome(s):

- Leverage funds with other community resources to expand service delivery.
- Establish a minimum of two collaborative partnerships annually

OAA Assurances: Sections 306(a)(1), 306(a)(2)(A), 306(a)(2)(B), 306(a)(3)(A) 306(a)(4)(C), 306(a)(6)(D), 306(a)(7)(A) and 306(a)(17), 306(a)(6)(E), 306(a)(12).

Local Strategy #1D: Conduct annual client satisfaction surveys to determine the strengths and weaknesses of service delivery system.

Staff Position(s) Responsible for Strategy:

HCAAA Director (Bureau Chief), Administration Manager.

Measurable Outcome(s):

- Require contractors to conduct annual client satisfaction surveys and provide results to HCAAA.
- Conduct annual client satisfaction surveys of consumers who receive access and assistance services.
- Analyze annual satisfaction surveys to determine and address program effectiveness.

OAA Assurances: Sections 306(a)(1), 306(a)(2)(A), 306(a)(2)(B), 306(a)(3)(A) 306(a)(4)(C), 306(a)(6)(D), 306(a)(7)(A) and 306(a)(17).

Local Strategy #1E: Initiate the appropriate procurement processes to fill service gaps and increase service providers based on identified need.

Staff Position(s) Responsible for Strategy:

HCAAA Director (Bureau Chief), Administration Manager.

Measurable Outcome(s):

- Annually assess service gaps and initiate applicable procurement processes.

OAA Assurances: Sections 306(a)(1), 306(a)(2)(A), 306(a)(2)(B), 306(a)(3)(A) 306(a)(4)(C), 306(a)(6)(D), 306(a)(7)(A) and 306(a)(17).

Local Strategy #1F: Monitor contracts, provider agreements and provider service delivery activities 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.

Staff Position(s) Responsible for Strategy:

HCAAA Director (Bureau Chief), Administration Manager.

Measurable Outcome(s):

- Require vendors to provide evidence of compliance with applicable Local, State, and Federal guidelines, laws, rules and assurances annually.
- Conduct annual on-site monitoring of contractors.
- Conduct monthly desk reviews for service providers.

OAA Assurances: Sections 306(a)(1), 306(a)(2)(A), 306(a)(2)(B), 306(a)(3)(A)

306(a)(4)(C), 306(a)(6)(D), 306(a)(7)(A), and 306(a)(17),
306(a)(4)(A).

Local Strategy #1G: Ensure that the ADRC facilitates collaboration with partners within the aging and disability communities to provide a full range of services and supports to assist individuals who are older, persons with disabilities and caregivers in making informed choices about health, well-being and quality living.

Staff Position(s) Responsible for Strategy:

HCAAA Director (Bureau Chief), Administration Manager and ADRC Core and Resource partners.

Measurable Outcome(s):

- Increase the number of aging and disability partners.
- Annually assess the range of services and supports available.
- Expand community education and outreach within the service area.
- Ensure that the ADRC adheres to required guiding principles and goals.

OAA Assurances: Sections 306(a)(1), 306(a)(2)(A), 306(a)(2)(B), 306(a)(3)(A)
306(a)(4)(C), 306(a)(6)(D), 306(a)(7)(A) and 306(a)(17).

Local Strategy #1H: Work collaboratively with the ADRC and partners to push resources into the community through an enhanced regional system of services and supports linking consumers to programs such as Money Follows the Person, Balancing Incentive Program and the Community-Based Care Transitions Program.

Staff Position(s) Responsible for Strategy: HCAAA Director (Bureau Chief), Administration Manager and Senior Staff Analyst.

Measurable Outcome(s):

- Money Follows the Person
 - Strengthen the coordination and delivery of support between Ombudsmen, relocation contractors, Area Agencies on Aging, Centers for Independent Living, local authorities, local mental health authorities, DADS' regional community services office and managed care organizations through

participation on the Community Transition Team and attendance at quarterly meetings held by HHSC.

- **Balancing Incentive Program**
 - Develop and implement local options counseling processes, protocols and service delivery for Medicaid and non-Medicaid populations not later than FY2016.
- **Community-Based Care Transitions Program**
 - Provide transition support post hospital discharge to a minimum of 25 patients per month.

OAA Assurances: Sections 306(a)(1), 306(a)(2)(A), 306(a)(2)(B), 306(a)(3)(A), 306(a)(4)(C), 306(a)(6)(D), 306(a)(7)(A) and 306(a)(17), 306(a)(6)(E), 306(a)(12).

Local Strategy #1I: Conduct client satisfaction surveys.

Staff Position(s) Responsible for Strategy: HCAAA Director (Bureau Chief), Administration Manager and Senior Staff Analyst.

Measurable Outcome(s):

- Administer client satisfaction surveys to a minimum of 75% of ADRC consumers.

OAA Assurances: Sections 306(a)(1), 306(a)(2)(A), 306(a)(2)(B), 306(a)(3)(A), 306(a)(4)(C), 306(a)(6)(D), 306(a)(7)(A) and 306(a)(17).

Local Strategy #1J: Work in partnership with the ADRC to provide participant-directed/person-centered planning for older adults and their caregivers across the spectrum of long term care services, including home, community and institutional settings.

Staff Position(s) Responsible for Strategy: HCAAA Director (Bureau Chief), Administration Manager and Senior Staff Analyst.

Measurable Outcome(s):

- Provide options counseling to consumers to explore the full-range of long term services and support services.

- Explore expansion of long-term service and support options through ADRC vouchered services.
- Administer client satisfaction surveys to a minimum of 75% of ADRC consumers.

OAA Assurances: Sections 306(a)(1), 306(a)(2)(A), 306(a)(2)(B), 306(a)(3)(A), 306(a)(4)(C), 306(a)(6)(D), 306(a)(7)(A) and 306(a)(17).

Local Strategy #1K: Provide support to the Area Planning Advisory Council (APAC) and the Texas Silver Haired Legislature (TSHL) in promoting legislative agenda and other advocacy issues.

Staff Position(s) Responsible for Strategy:

HCAAA Director (Bureau Chief) and Administration Manager

Measurable Outcome(s):

- Support and attend monthly APAC and APAC executive committee meetings.
- Provide support for the TSHL election process.

OAA Assurances: Sections 306(a)(6)(D)

Local Strategy #1L: Work with the Department’s Office of Emergency Preparedness and local aging networks in developing a responsive emergency plan.

Staff Position(s) Responsible for Strategy:

HCAAA Director (Bureau Chief) and Administration Manager

Measurable Outcome(s):

- Review contractors’ emergency preparedness plan during annual on-site monitoring.
- Inform and advise the Department’s Office of Emergency Preparedness regarding emergency procedures for HCAAA’s consumers annually.

OAA Assurances: Section 306(a)(17)

Local Strategy #1M: Designate focal points for comprehensive service delivery, giving specific consideration to designating multipurpose senior centers as such focal points.

Staff Position(s) Responsible for Strategy:

HCAAA Director (Bureau Chief) and Administration Manager

Measurable Outcome(s):

- Conduct annual focal point survey and identify qualifying sites and provide information to DADS.
- Provide focal point information to service providers annually.

OAA Assurances: Sections 306(a)(1), 306(a)(2)(A), 306(a)(2)(B), 306(a)(3)(A) 306(a)(4)(C), 306(a)(6)(D), 306(a)(7)(A), and 306(a)(17).

Local Strategy #2: Data Management

- Provide Data Management activities, including the data entry and reporting for non-direct and direct services, service authorizations, and document verification to support the provision, tracking and reporting of services.

Staff Position(s) Responsible for Strategy:

HCAAA Director (Bureau Chief), Administration Manager and Data Manager

Measurable Outcome(s):

- Maintain required Client Management Information System
- Monitor client records and data entry of service information monthly.
- Participate in training activities related to SAMS/SPURS.
- Provision of technical assistance/training for SAMS/SPURS end users quarterly.

OAA Assurances: Sections 306(a)(1), 306(a)(2)(C), and 306(a)(4)(C).

Section B. Long-term Care (LTC) Ombudsman Services

ACL/AOA Focus Area(s): *Focus Areas 2 and 4:*

State Objective: Objective #1

Local Goal: Educate and train staff Ombudsmen and volunteers about effective ways to investigate identify and resolve complaints made by and on behalf of nursing facility and assisted living facility residents in Harris County.

Local Objective #1:

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.

Local Strategy #1A:

Recruit and train newly certified volunteer Ombudsmen to advocate on behalf of long-term care residents in Harris County.

Staff Position(s) Responsible for Strategy: HCAAA Director (Bureau Chief), Senior Contract Compliance Officer and Managing Local Ombudsman.

Measurable Outcome(s):

- Hold at least 3 training sessions throughout the fiscal year to train newly certified Ombudsmen.
- Conduct at least 4 continuing education events in the fiscal year to educate and train existing volunteers regarding strategies that help make them more effective advocates.

OAA Assurances: Sections 306(a)(7)(A), 306(a)(9), 306(a)(6)(C)(iii) and 306(a)(4)(C), 306(a)(6)(E).

Local Strategy #1B:

To provide training to staff Ombudsmen and volunteer Ombudsmen in the CMS Hand-in-Hand Training that provides comprehensive education regarding how to understand and address the needs of residents with dementia in order to reduce their risk of becoming victims of abuse, neglect and exploitation.

Staff Position(s) Responsible for Strategy: HCAAA Director (Bureau Chief), Senior Contract Compliance Officer and Managing Local Ombudsman

Measurable Outcome:

- Present at least two modules of the CMS Hand-In-Hand Training to Certified Volunteer Ombudsmen (CVOs) by the end of the State fiscal year.

OAA Assurances: Sections 306(a)(7)(A), 306(a)(9), 306(a)(6)(C)(iii) and 306(a)(4)(C).

Local Strategy #1C:

Employ sufficient staff members/volunteers to make required visits to nursing homes and assisted living facilities to advocate on behalf of long-term care residents and family members (as funding permits).

Staff Position(s) Responsible for Strategy:

HCAAA Director (Bureau Chief), Administration Manager, Senior Contract Compliance Officer and Managing Local Ombudsman.

Measurable Outcome:

- Conduct visits to assisted living facilities in Harris County in accordance with Contract Agreement.

OAA Assurances: Sections 306(a)(7)(A), 306(a)(9), 306(a)(6)(C)(iii) and 306(a)(4)(C).

Local Strategy #1D:

Provide residents' rights education and training to assisted living facility staff.

Staff Position(s) Responsible for Strategy:

HCAAA Director (Bureau Chief), Administrative Manager, Senior Contract Compliance Officer and Managing Local Ombudsman.

Measurable Outcome:

Provide, at a minimum, resident rights education and training to 10 assisted living facilities in the area.

OAA Assurances: Sections 306(a)(7)(A), 306(a)(9), 306(a)(6)(C)(iii) and 306(a)(4)(C).

Local Strategy 1E: Require that the local Ombudsman contractor maintain and update a complaint management system that initiates a response to all complaints.

Staff Position(s) Responsible for Strategy: HCAAA Director (Bureau Chief), Administrative Manager, Senior Contract Compliance Officer and Managing Local Ombudsman.

Measurable Outcome:

- Enter complaints into OmbudsManager monthly.

- Initiate and respond to complaints within 2 business days.

OAA Assurances: Sections 306(a)(7)(A), 306(a)(9), 306(a)(6)(C)(iii), and 306(a)(4)(C).

Local Strategy #1F: Require that the local Ombudsman contractor comply with applicable Local, State and Federal guidelines, laws, rules and assurances.

Staff Position(s) Responsible for Strategy: HCAAA Director (Bureau Chief), Senior Contract Compliance Officer and Managing Local Ombudsman.

Measurable Outcome:

- HCAAA will monitor contract requirements monthly.
- Contractor will report performance indicators as required by contract.

OAA Assurances: Sections 306(a)(7)(A), 306(a)(9), 306(a)(6)(C)(iii), and 306(a)(4)(C).

Section C. Access and Assistance Services

ACL/AoA Focus Area(s): *Focus Areas 2, 3 and 4:*

State Objective(s): Objective #1

Local Goal(s): Enhance HCAAA's access and assistance service delivery system which effectively connects older individuals, persons with disabilities, family members and caregivers to services and support.

Local Objective(s):

To maintain access and assistance service delivery system which effectively navigates older individuals, persons with disabilities, family members and caregivers through an array of services, including information referral and assistance, legal assistance, legal awareness, care coordination, caregiver support coordination and caregiver information services.

Service: Care Coordination

Local Strategy 1:

Assess the needs of the older adults and effectively plan, arrange, coordinate and follow-up on services which most appropriately meet the identified unmet needs as defined by

the older adult, Access and Assistance Staff and where appropriate, a family member(s) or caregiver(s).

Staff Position(s) Responsible for Strategy: Director of HDHHS, HCAAA Director (Bureau Chief), Administration Manager and Human Service Program Manager.

Measureable Outcome(s)

- Care Coordination will respond to referrals within 3-5 business days.
- Care Coordination will ensure that vendors initiate services within 14 business days in accordance with state requirements.
- Coordinate care planning and service arrangements with the Department on Aging and Disabilities (DADS) Regional and Long-Term Services (RLS) programs to facilitate transition from AAA resources to DADS Regional Community Services resources within 90 days of determination of eligibility for DADS services.
- The number of clients receiving Care Coordination services will increase by 2% per fiscal year.

OAA Assurances: Sections 306(a)(1), 306(a)(2)(B), 306(a)(8)(A), 306(a)(8)(B), 306(a)(8)(C), and 306(a)(4)(C).

Service: Caregiver Support Coordination

Local Strategy 1: Assess the needs of the caregiver and care recipient to effectively plan, arrange, coordinate and follow-up on services which most appropriately meet the identified unmet need(s) as defined by the caregiver, care recipient and Access and Assistance Staff.

Staff Position(s) Responsible for Strategy: Director of HDHHS, HCAAA Director (Bureau Chief), Administration Manager and Human Service Program Manager.

Measureable Outcomes (s)

- Care Coordination will respond to referrals within 3-5 business days.
- Care Coordination will ensure that vendors initiate services within 14 business days in accordance with state requirements.

- Coordinate care planning and service arrangements with the Department on Aging and Disabilities (DADS) Regional and Long-Term Services (RLS) programs to facilitate transition from AAA resources to DADS Regional Community Services resources within 90 days of determination of eligibility for DADS services.
- The number of clients receiving Caregiver Support Coordination services will increase by 2% per fiscal year.

OAA Assurances: Sections 306(a)(1) and 306(a)(4)(C).

Service: Information Referral & Assistance

Local Strategy #1A

Provide information, referral and assistance in person, via telephone or written and electronic communications in which the inquirer has one-on-one contact with an information specialist in a secure environment.

Staff Position(s) Responsible for Strategy:

HCAAA Director (Bureau Chief), Administration Manager and Human Service Program Manager.

Measurable Outcome(s):

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

OAA Assurances: Sections 306(a)(2)(A), 306(a)(4)(B) and 306(a)(4)(C).

Local Strategy #1B: Maintain telephone messaging system that provides callers with appropriate emergency phone numbers when calls are received after hours.

Staff Position(s) Responsible for Strategy:

HCAAA Director (Bureau Chief), Administration Manager and Human Service Program Manager.

Measurable Outcome(s):

- Update emergency phone numbers semi-annually.

OAA Assurances: Sections 306(a)(2)(A), 306(a)(4)(B) and 306(a)(4)(C).

Local Strategy #1C: Maintain Alliance of Information and Referral Systems (AIRS) accreditation.

Staff Position(s) Responsible for Strategy:

HCAAA Director (Bureau Chief), Administration Manager and Human Service Program Manager.

Measurable Outcome(s):

- Renew AIRS certification annually.

OAA Assurances: Sections 306(a)(2)(A), 306(a)(4)(B) and 306(a)(4)(C).

Local Objective #2 Maintain the provision of direct and indirect legal assistance service as a component of access and assistance service delivery system.

Service: Legal Assistance, Age 60 & Over

Local Strategy #2A: Maintain the provision of Legal Assistance as a component of access and assistance service delivery system.

Staff Position(s) Responsible for Strategy:

HCAAA Director (Bureau Chief), Administration Manager and Human Service Program Manager.

Measurable Outcome(s):

- Establish collaboration with a minimum of one legal assistance service provider.
- Recruit and maintain a minimum of three benefits counselor staff to provide legal assistance to persons age 60 years and older, their family members or other caregiver.

OAA Assurances: Sections 306(a)(2)(A), 306(a)(2)(C) and 306 (a)(4)(C).

Local Strategy 2B: Provide training and continuing education to benefits counseling staff.

Staff Position(s) Responsible for Strategy:

HCAAA Director (Bureau Chief), Administration Manager and Human Service Program Manager.

Measurable Outcome(s):

- Provide a minimum of one benefits counseling training annually.
- Enable counselors to maintain Health Information, Counseling and Advocacy Program (HICAP) certification I and/or I and II bi-annually.

OAA Assurances: Sections 306(a)(2)(A), 306(a)(2)(C) and 306 (a)(4)(C).

Local Objective #3. Maintain the provision of Legal Assistance as a component of access and assistance service delivery system

Service: Legal Assistance Under Age 60

Local Strategy #3A: Provide legal assistance to Medicare beneficiaries under 60 years.

Staff Position(s) Responsible for Strategy:

HCAAA Director (Bureau Chief), Administration Manager and Human Service Program Manager.

Measurable Outcome(s):

- Recruit and maintain a minimum of three benefits counselor staff to provide legal assistance to Medicare beneficiaries under 60 years.

OAA Assurances: Sections 306(a)(2)(A), 306(a)(2)(C) and 306 (a)(4)(C).

Local Strategy 3B: Provide training and continuing education to benefits counseling staff.

Staff Position(s) Responsible for Strategy:

HCAAA Director (Bureau Chief), Administration Manager and Human Service Program Manager.

Measurable Outcome(s):

- Provide a minimum of one benefits counseling training annually.
- Enable counselors to maintain Health Information, Counseling and Advocacy Program (HICAP) certification I and/or I and II bi-annually.

OAA Assurances: Sections 306(a)(2)(A), 306(a)(2)(C) and 306 (a)(4)(C).

Local Objective #4 Maintain the provision of Legal Awareness as a component of access and assistance service delivery system.

Service: Legal Awareness

Local Strategy #4A: To increase the provision of Legal Awareness services within our service area through collaboration with community based organizations, senior housing complexes, senior centers, civic associations, faith-based organizations and caregiver support groups.

Staff Position(s) Responsible for Strategy:

HCAAA Director (Bureau Chief), Administration Manager and Human Service Program Manager.

Measurable Outcome(s):

- The number of legal awareness contacts will increase by a minimum of 2% each year.

OAA Assurances: Sections 306(a)(2)(A), 306(a)(2)(C) and 306 (a)(4)(C).

Section D. Services to Assist Independent Living

ACL/AOA Focus Area(s): *Focus Areas 2 and 3*

State Objective(s): Objective #2

Harris County Area Agency on Aging

Local Goal: To promote the well-being and quality of life for older adults that helps maintain independence and the ability to age in place by providing a system of services and supports.

Local Objective(s):

- To provide Caregiver Respite Care-Institutional Services by offering 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.

Service: Caregiver Respite Care-Institutional

Local Strategy #1A: Providing Caregiver Respite Care-Institutional to eligible older 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.

Staff Position(s) Responsible for Strategy: Director of HDHHS, HCAAA Director (Bureau Chief), Administration Manager and Human Service Program Manager.

Measureable Outcome(s)

- Assess 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) every six months.
- Monitor service provision and service impact on consumers monthly.
- Conduct client satisfaction surveys annually.

OAA Assurances: Sections 306(a)(2), 306(a)(2)(B), and 306(a)(4)(C).

Service: Caregiver Information Services

Local Strategy #1A: To provide caregiver information to residents of Harris County.

Staff Position(s) Responsible for Strategy: Director of HDHHS, HCAAA Director (Bureau Chief), Administration Manager and Senior Contract Compliance Officer.

Measurable Outcome(s):

- The number of seminars, workshops and/or conferences offered will be a minimum of two per year.
- The number of caregiver information sessions will be a minimum of one a month.
- The number of conferences recognizing in- home front line workers will be a minimum of one per year.

OAA Assurances: Sections 306(a)(1) and 306(a)(4)(C).

Service: Caregiver Respite Care – In-Home

Local Strategy #1: Provide in-home respite services to eligible older 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.

Staff Position(s) Responsible for Strategy: Director of HDHHS, HCAAA Director (Bureau Chief), Administration Manager and Human Service Program Manager.

Measureable Outcome(s)

- Process requests for in-home services within 3-5 business days.
- Monitor service provision and service impact on consumers monthly.
- Conduct client satisfaction surveys annually.

OAA Assurances: Sections 306(a)(2), 306(a)(2)(B), 306(a)(5) and 306(a)(4)(C).

Service: Emergency Response

Local Strategy #1A: Provide a care coordination program that specifically targets frail, older adults who meet specific program criteria by providing Emergency Response Services to older individuals who are at the 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.

Staff Position(s) Responsible for Strategy: Director of HDHHS, HCAAA Director (Bureau Chief), Administration Manager and Human Service Program Manager.

Measureable Outcomes:

- Process requests for emergency response services within 3-5 business days.
- Monitor service provision and service impact on consumers monthly.
- Conduct client satisfaction surveys annually.

OAA Assurances: Sections 306(a)(2), 306(a)(2)(B) and 306(a)(4)(C).

Service: Health Maintenance

Local Strategy #1A: To provide health maintenance services to consumers through the use of a vendor pool for provider services in the areas of dental, vision, hearing and Prescription Assistance.

Staff Position(s) Responsible for Strategy:

Director of HDHHS, HCAAA Director (Bureau Chief), Administration Manager and Senior Contract Compliance Officer.

Measurable Outcome:

- Identify and outreach health maintenance service providers to increase current vendor pool by at least 2 service providers.
- Conduct random quarterly follow-up of consumers served.
- Conduct client satisfaction surveys annually.
- Require vendors to comply with applicable Local, State, and Federal guidelines, laws, rules and assurances.

OAA Assurances: Sections 306(a)(2), 306(a)(2)(B) and 306(a)(4)(C).

Service: Homemaker

Local Strategy #1A: Provide homemaker assistance to eligible older individuals based on the need to reduce the risk of premature institutional placement while promoting independence and quality of life.

Staff Position(s) Responsible for Strategy: Director of HDHHS, HCAAA Director (Bureau Chief), Administration Manager and Human Service Program Manager.

Measurable Outcome(s):

- Process requests for homemaker services within 3-5 business days.
- Monitor service provision and service impact on consumers monthly.
- Conduct client satisfaction surveys annually.

OAA Assurances: Sections 306(a)(2), 306(a)(2)(B), 306(a)(5), 306(a)(8), 306(a)(8)(B) and 306(a)(4)(C).

Service: Income Support

Local Strategy #1A: To provide income support services by offering assistance in the form of a payment to third party providers for service or goods that support/supplement the basic needs of older individuals or their caregivers.

Staff Position(s) Responsible for Strategy: Director of HDHHS, HCAAA Director (Bureau Chief), Administration Manager and Human Service Program Manager.

Measurable Outcome(s):

- Establish partnerships with a minimum of two entities.

OAA Assurances: Sections 306(a)(1), 306(a)(2), 306(a)(2)(A) and 306(a)(4)(C).

Service: Mental Health Services

Local Strategy #1A: Provide mental health services for older adults and caregivers in group and individual counseling sessions.

Staff Position(s) Responsible for Strategy: Director of HDHHS, HCAAA Director (Bureau Chief), Administration Manager and Senior Contract Compliance Officer.

Measurable Outcome:

- Establish linkages with mainstream mental health providers in serving diverse populations.
- Require contractors/vendors to comply with all applicable Local, State and Federal guidelines, laws, rules and assurances annually.

OAA Assurances: Sections 306(a)(2), 306(a)(2)(A), 306(a)(6)(F), 306(a)(8) 306(a)(8)(B) and 306(a)(4)(C).

Service: Personal Assistance

Local Strategy #1: Provide a care coordination program that specifically targets frail and low income older adults who meet specific program criteria by providing personal assistance to eligible older individual based on the need to reduce the risk of premature institutional placement while promoting independence and quality of life.

Staff Position(s) Responsible for Strategy: Director of HDHHS, HCAAA Director (Bureau Chief), Administration Manager and Human Service Program Manager.

Measurable Outcome(s)

- Process requests for personal assistance services within 3-5 business days.
- Monitor service provision and service impact on consumers monthly.

- Conduct client satisfaction surveys annually.

OAA Assurances: Sections 306(a), 306(a)(2), 306(a)(2)(B), and 306(a)(4)(C)

Service: Residential Repair

Local Strategy #1: Develop joint collaborative with City of Houston Department of Health and Human Services and local vendors in establishing residential repair program for seniors and caregivers.

Staff Position(s) Responsible for Strategy: HCAAA Director (Bureau Chief), Administration Manager and Senior Contract Compliance Officer.

Measurable Outcome:

- Develop partnerships with other organizations that assist older adults with minor home repairs.
- Develop partnerships with other City Departments to leverage funding and expand home repair services older adults.
- Increase the number of residential repairs by 2 homes.

OAA Assurances: 306(a)(2), 306(a)(2)(A) and 306 (a)(4)(C).

Service: Transportation – Demand Response

Local Strategy #1A: To provide safe and reliable transportation to congregate centers.

Staff Position(s) Responsible for Strategy: HCAAA Director (Bureau Chief), Administration Manager and Contract Compliance Supervisor.

Measurable Outcome(s):

- To redefine the travel radius to congregate centers within the next year.
- The number of clients receiving transportation services will increase by 2%.

OAA Assurances: Sections 306(a)(1), 306(a)(2), 306(a)(2)(A), 306(a)(4)(C) and 306(a)(5).

Section E. Nutrition Services

ACL/AoA Focus Area(s): *Focus Area 1:*

State Objective(s): Objective # 2

Service: Congregate Meals

Local Goal(s): To promote the well-being and quality of life for older adults that help them maintain independence and age in place with dignity by providing a system of nutrition services that reduces food insecurity.

Local Objective(s): 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 at least 251 days of the year.

Local Strategy #1A: Require that congregate meals services include implementation of the DRI menu compliance for 1/3 Dietary Reference Intake (DRI) requirements.

Staff Position(s) Responsible for Strategy: HCAAA Bureau Chief, Administration Manager and Nutrition Compliance Officer.

Measurable Outcomes:

- Initiate a minimum of one agreement with reliable and professional vendors that shall be required to be staffed with a licensed, certified dietician.
- Conduct quarterly menu meetings with providers and consumers to provide input on menu items.
- The number of nutrition education sessions provided by contractor will be a minimum of one per month.

OAA Assurances: Sections 306(a)(1), 306(a)(3)(A), 306(a)(3)(B), and 306(a)(4)(C).

Local Strategy # 1B: Offer nutritious meals, counseling and nutrition education designed to reduce food insecurity, promote good health and socialization and to prevent illness.

Staff Position(s) Responsible for Strategy: HCAAA Bureau Chief, Administration Manager and Nutrition Compliance Officer.

Measurable Outcomes:

- Maintain an average of 1500 congregate meals per day.
- The number of nutrition education session provided by contractor will be a minimum of one per month.
- Conduct a client satisfaction survey annually.

OAA Assurances: Sections 306(a)(1), 306(a)(3) (A), 306(a)(3)(B), and 306 (a)(4)(C).

Local Strategy # 1C: Identify senior centers meeting Focal Point criteria and incorporate health promotion activities for participants.

Staff Position(s) Responsible for Strategy: HCAAA Bureau Chief, Administration Manager, Nutrition Contract Compliance Officer.

Measurable Outcomes:

- Identify centers in multiple areas in Harris County that act as a focal point to elders in the community and contract to manage a congregate senior center staffed to provide recreation, exercise, field trips, volunteer opportunities, and nutrition education.
- Require congregate meals contractors/providers make appropriate referrals to organizations that are capable of meeting clients identified needs.
- Provide opportunities to partner with centers with evidence based programs to include a Matter of Balance, DSMT, Texercise, and other targeted evidence based programs.

OAA Assurances: Sections 306(a)(1), 306(a)(3)(A), 306(a)(3)(B), and 306 (a)(4)(C).

Service: Home delivered meals

Local Strategy #1A: Require that home delivered meals services include implementation of the DRI menu compliance for 1/3 Dietary Reference Intake (DRI) requirements.

Staff Position(s) Responsible for Strategy: HCAAA Bureau Chief, Administration Manager, and Nutrition Compliance Officer.

Measurable Outcome:

- Initiate a minimum of one agreement with reliable and professional vendors that shall be required to be staffed with a licensed, certified dietician.
- Conduct quarterly menu meetings with providers and consumers to provide input on menu items.
- The number of nutrition education sessions provided by contractor will be a minimum of one per year.

OAA Assurances: Sections 306(a)(1), 306(a)(3) (A), 306(a)(3)(B), and 306(a)(4)(C).

Local Strategy # 1B: Offer nutritious meals, counseling and nutrition education designed to reduce food insecurity, promote good health, socialization and to prevent illness.

Staff Position(s) Responsible for Strategy: HCAAA Bureau Chief, Administration Manager and Nutrition Compliance Officer.

Measurable Outcomes:

- Maintain an average of 1800 home delivered meals per day.
 - The number of nutrition education session provided by contractor will be a minimum of one per month.

OAA Assurances: Sections 306(a)(1), 306(a)(3) (A), 306(a)(3)(B) and 306(a)(4)(C).

Local Strategy # 1C: Require home delivered meals contractors/providers to make appropriate referrals to organizations that are capable of meeting clients identified needs.

Staff Position(s) Responsible for Strategy: HCAAA Bureau Chief, Administration Manager and Nutrition Compliance Officer.

Measurable Outcome:

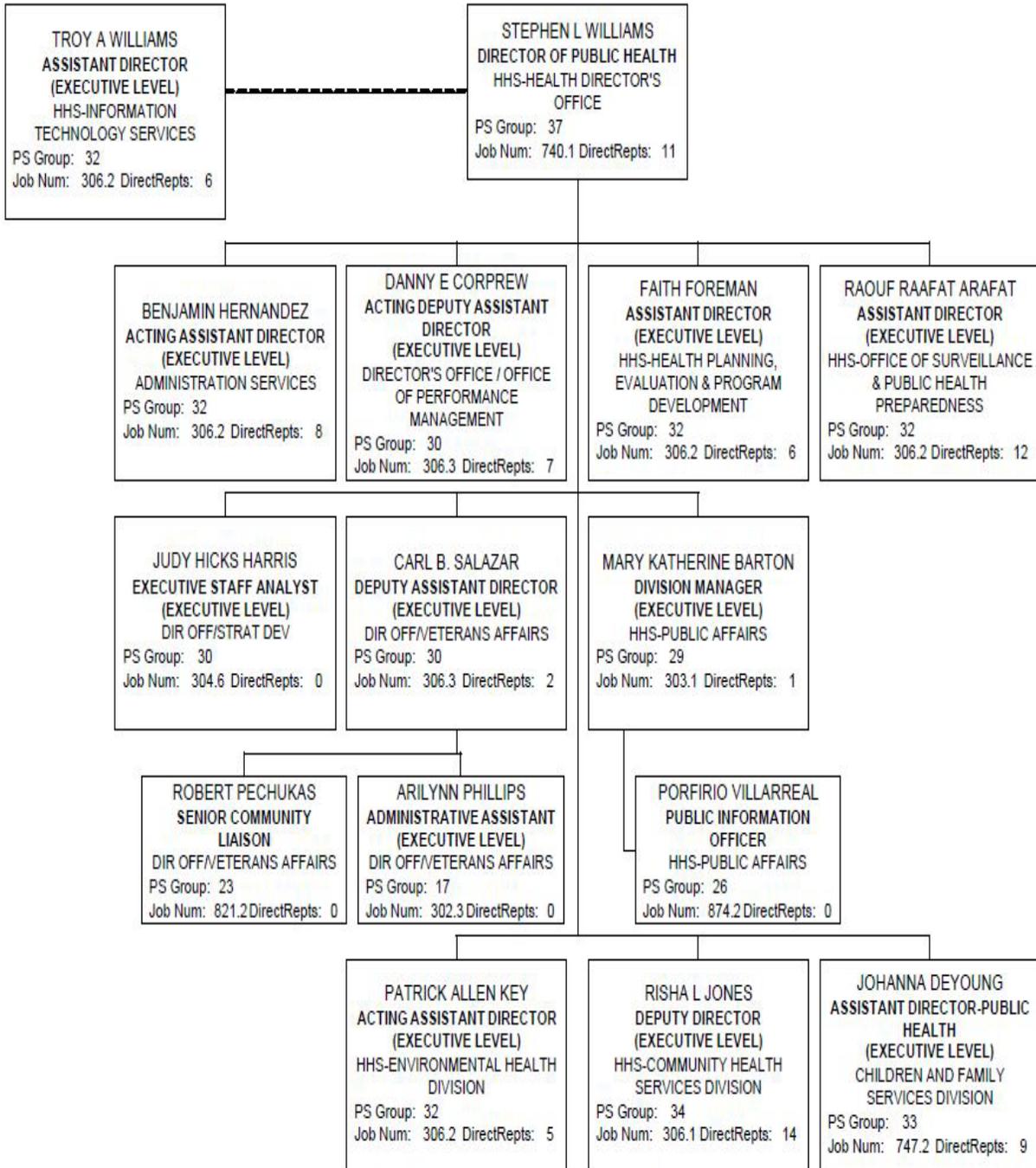
- Conduct client satisfaction surveys annually.

OAA Assurances: Sections 306(a)(3)(A), 306(a)(3)(B), and 306(a)(4)(C).

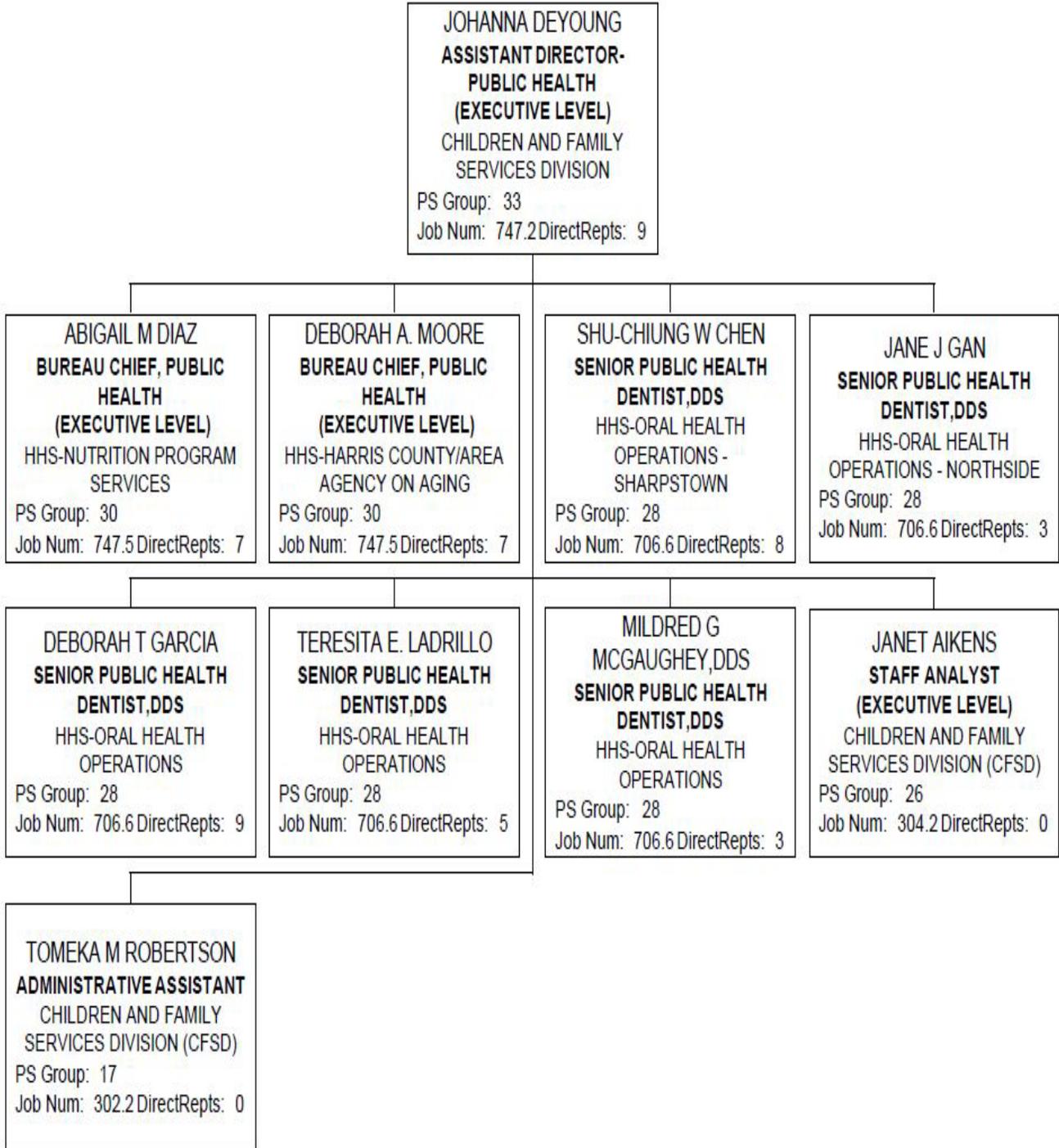
Attachments

Organizational Chart

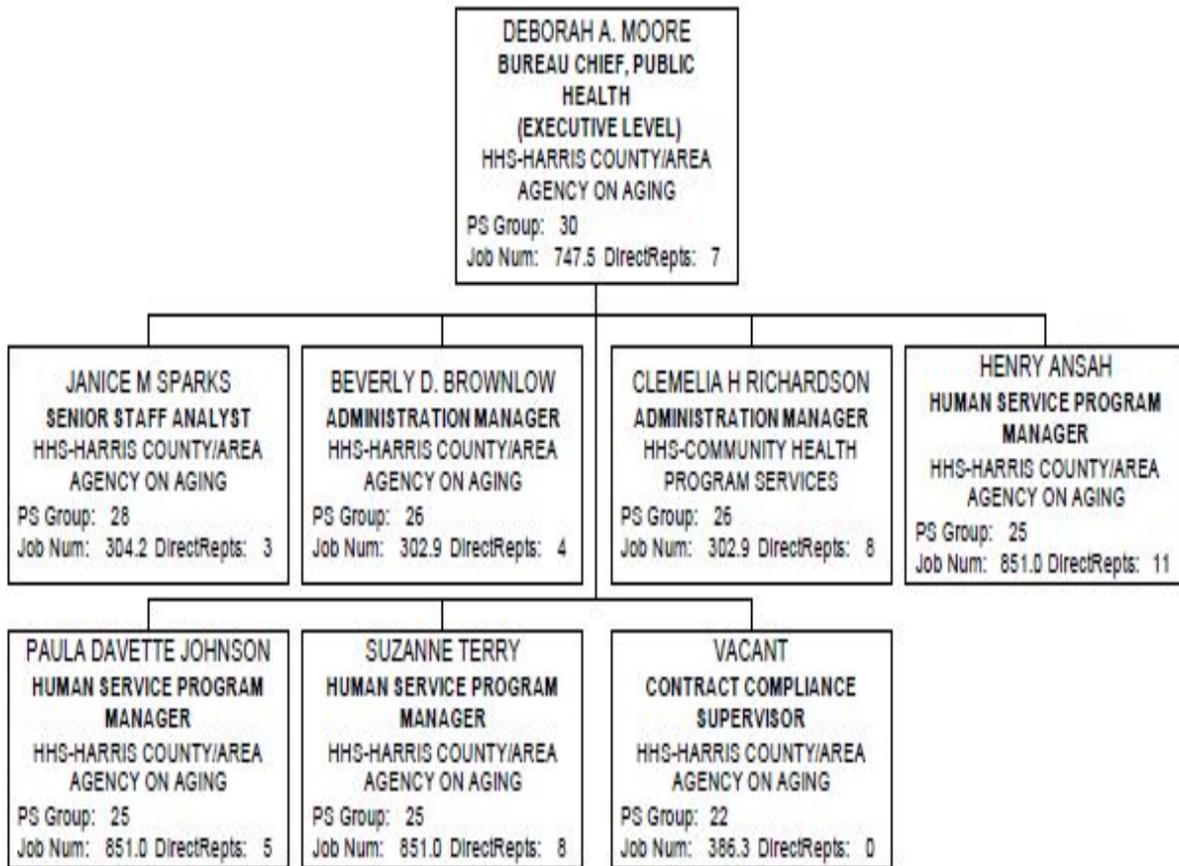
DEPARTMENT OF HEALTH AND HUMAN SERVICES HHS-HEALTH DIRECTOR'S OFFICE



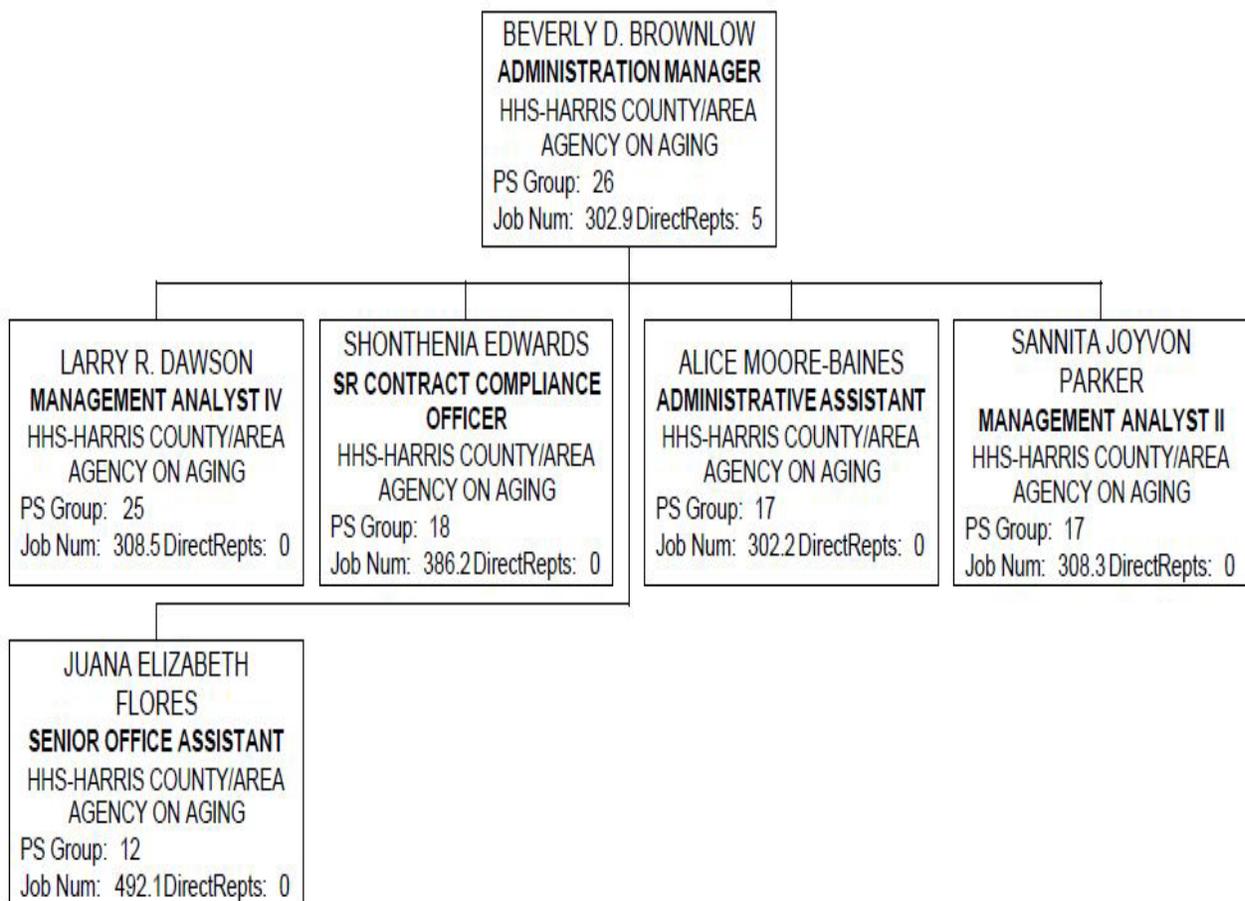
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CHILDREN AND FAMILY SERVICES DIVISION (CFSD)



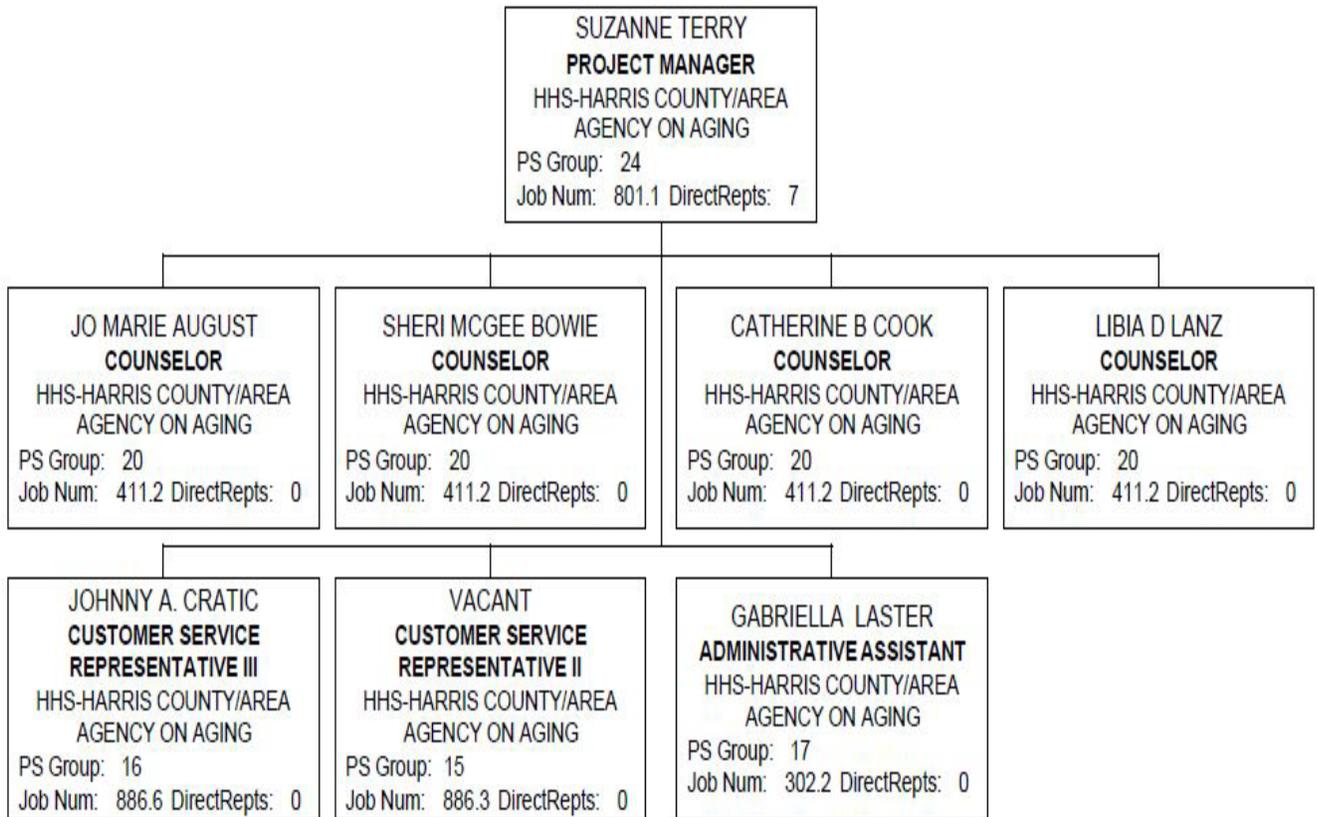
DEPARTMENT OF HEALTH AND HUMAN SERVICES
HHS-HARRIS COUNTY_AREA AGENCY ON AGING



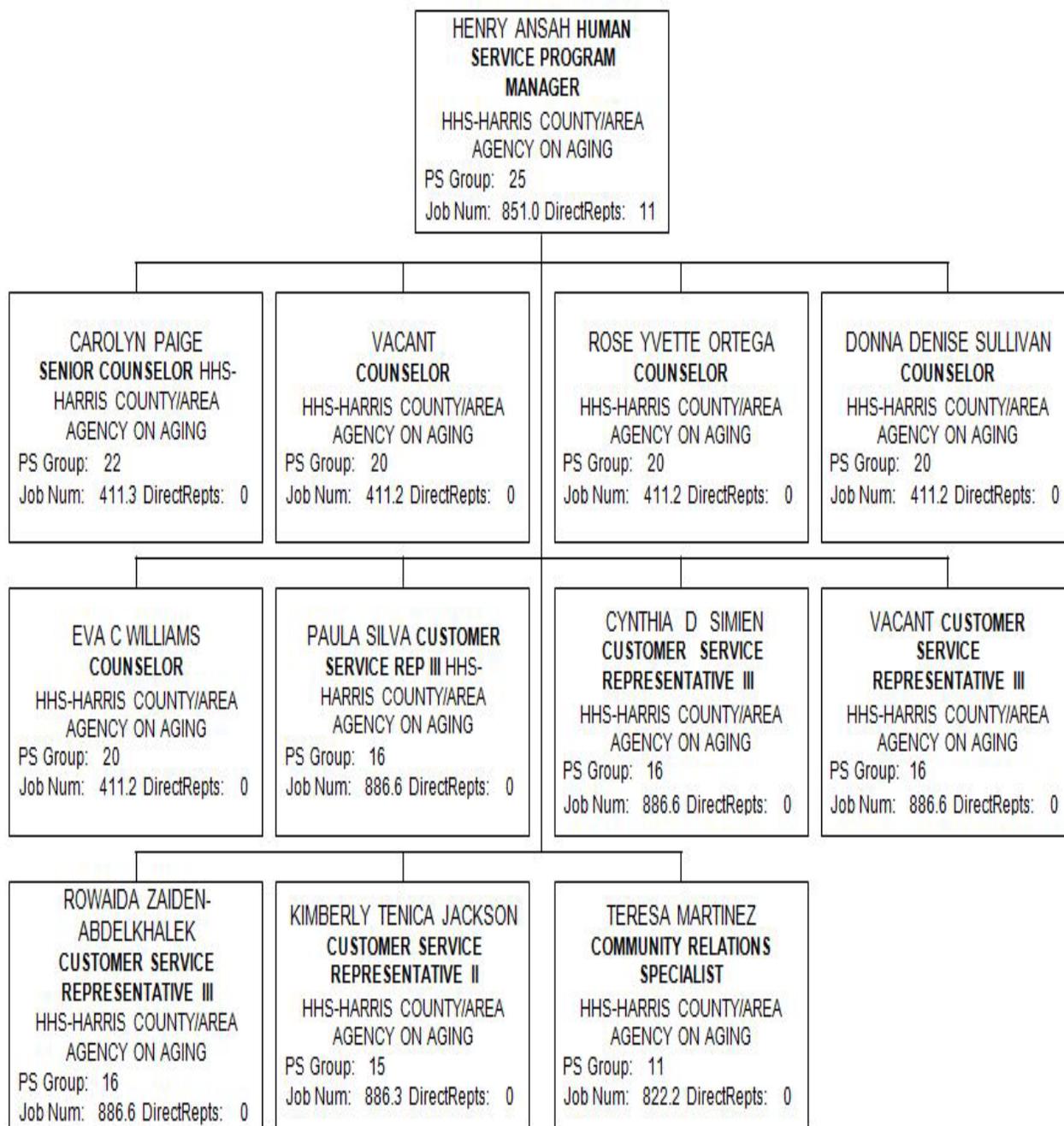
DEPARTMENT OF HEALTH AND HUMAN SERVICES
HHS-HARRIS COUNTY AREA AGENCY ON AGING



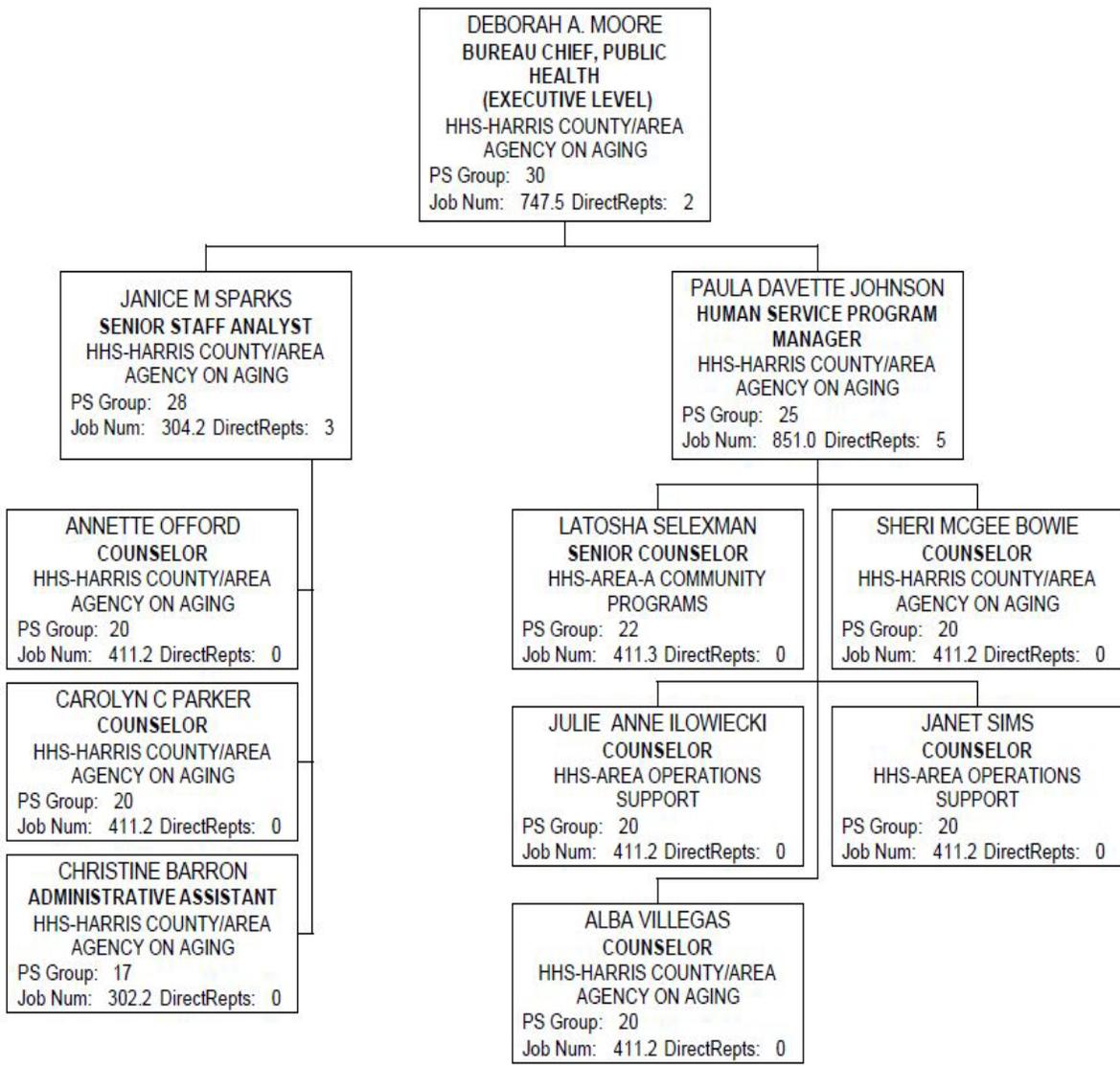
DEPARTMENT OF HEALTH AND HUMAN SERVICES
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
HHS-HARRIS COUNTY AREA AGENCY ON AGING



DEPARTMENT OF HEALTH AND HUMAN SERVICES
HHS-HARRIS COUNTY/AAA/AGING & DISABILITY RESOURCE CENTER



Staff Activities

Name	Activity	Percentage of Time Spent on Activity
Administration Manager	Area Agency Administration	100%
Administrative Assistant	Area Agency Administration	50%
	Caregiver Support Coordination	50%
Administrative Assistant	Care Coordination	100%
Bureau Chief/Public Health	Area Agency Administration	100%
Community Relations Specialist	Legal Awareness	75%
Contract Administrator	Area Agency Administration	50%
Contract Compliance Officer – Vacant	Area Agency Administration	100%
Counselor	Care Coordination	70%
	Caregiver Support Coordination	30%
Counselor	Care Coordination	70%
	Caregiver Support Coordination	30%
Counselor – Vacant	Care Coordination	70%
	Caregiver Support Coordination	30%
Counselor – Vacant	Care Coordination	70%
	Caregiver Support Coordination	30%
Counselor	I, R & A	95%
	Legal Awareness	5%
Counselor	ADRC	100%

Name	Activity	Percentage of Time Spent on Activity
Counselor	I, R & A	5%
	Legal Awareness	5%
	Legal Assistance	90%
Counselor – Vacant	I, R & A	5%
	Legal Awareness	5%
	Legal Assistance	90%
Counselor	I, R & A	10%
	Legal Awareness	5%
	Legal Assistance	85%
Customer Service Representative II	I, R & A	95%
	Legal Awareness	5%
Customer Service Representative III	I, R & A	95%
	Legal Awareness	5%
Customer Service Representative III	I, R & A	5%
	Legal Awareness	5%
	Legal Assistance	90%
Customer Service Representative III	Care Coordination	70%
	Caregiver Support Coordination	30%
Customer Service Representative III	I, R & A	5%
	Legal Awareness	5%
	Legal Assistance	90%
Human Service Program Manager	Area Agency Administration	70%
	I, R & A	30%

Name	Activity	Percentage of Time Spent on Activity
Human Service Program Manager	Area Agency Administration	60%
	Caregiver Support Coordination	40%
Management Analyst II	Area Agency Administration	50%
	Caregiver Support Coordination	50%
Management Analyst II - Vacant	Area Agency Administration	50%
	ADRC	50%
Management Analyst IV	Area Agency Administration	75%
	ADRC	25%
Management Analyst IV	Area Agency Administration	60%
	Data Management	40%
Senior Contract Compliance Officer	Area Agency Administration	100%
Senior Counselor	Legal Awareness	20%
	Legal Assistance	80%
Senior Counselor	Care Coordination	60%
	Caregiver Support Coordination	40%
Senior Office Assistant	Area Agency Administration	100%
Senior Staff Analyst	ADRC	100%
Systems Support Analyst	Area Agency Administration	100%

Standard Assurances

ASSURANCE OF COMPLIANCE

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, AND THE AGE DISCRIMINATION ACT OF 1975

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors,

transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The person whose signature appears below is authorized to sign this assurance and commit the Applicant to the above provisions.

Date

Signature of Authorized Official

Stephen L. Williams M.Ed.,M.P.A. Director
Name and Title of Authorized Official (print or type)

Street Address

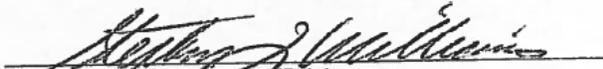
City, State, Zip Code

personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The person whose signature appears below is authorized to sign this assurance and commit the Applicant to the above provisions.

2.28.14

2/28/2014
Date


Signature of Authorized Official

Stephen L. Williams, M.Ed., M.P.A., Director
Name and Title of Authorized Official (print or type)

8000 N. Stadium Drive
Street Address

Houston, Texas 77054
City, State, Zip Code

AFFIRMATIVE ACTION PLAN

The **City of Houston-Department of Health and Human Services** hereby agrees that it will enact
(Name of Applicant)

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

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

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

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

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

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

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

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

Stephen L. Williams M.Ed., M.P.A. is the designated person with executive authority responsible for the implementation of this affirmative action plan. Policy information on affirmative action and equal employment opportunity shall be disseminated through employee meetings, bulletin boards, and any newsletters prepared by this agency.

Work Force Analysis: Paid Staff

Total Staff: (1060)	# Full Time	# Part Time
Older Persons (60+)	<u>#144</u> 14%	<u>#18</u> 2%
Minority	<u>#891</u> 84%	<u>#49</u> 5%
Women	<u>#729</u> 73%	<u>#48</u> 5%

Harris County Area Agency on Aging

Older Americans Act Assurances

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

- 306(a)** Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for two-, three-, four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall –
- 306(a)(1)** provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and where appropriate, for the establishment, maintenance, or construction of multipurpose senior centers, within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low income older individuals, including low-income minority, older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low income older individuals, including low-income minority, older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community, evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;
- 306(a)(2)** provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services –
- 306(a)(2)(A)** services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to

receive benefits under and participate in publicly supported programs for which the consumer may be eligible) , and case management services)

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

306(a)(2)(C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

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

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

306(a)(4)(A)

- (i) Provide assurances that the area agency on aging will set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement, include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas, and include proposed methods of carrying out the preference in the area plan;
- (ii) Provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will –
 - (I) Specify how the provider intends to satisfy the service needs of the low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;
 - (II) To the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
 - (III) Meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

- (iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared-
 - (I) Identify the number of low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the planning and service area;
 - (II) Describe the methods used to satisfy the service needs of such minority older individuals; and
 - (III) Provide information on the extent to which the area agency on aging met the objectives described in clause (i);

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

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

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

306(a)(5) Provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement with agencies that develop or provide services for individuals with disabilities;

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

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

306(a)(6)(C)

- (i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;
- (ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that –
 - I. were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42 U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or
 - II. came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 675(c)(3) of the Community Services Block Grant Act (42 U.S.C. 9904(c)(3));

306(a)(6)(D) Establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and the operations conducted under the plan;

306(a)(6)(E) Establish effective efficient procedures for coordination of –

- (i) Entities conducting programs that receive assistance under this Act within the planning and service area served by the agency;
- (ii) Entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area; and

- (iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants /such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

306(a)(6)(F) in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by the community health centers and by other public agencies and nonprofit private organizations;

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

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

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

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

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

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

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

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

306(a)(8) Provide that case management services provided through other Federal and State programs;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

306(a)(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care; and

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

I certify that compliance with these assurances will be accomplished and that evidence of such compliance will be available to DADS AI-AAA staff at any time requested for such purposes as, but not limited to, Performance Measure Testing, desk and/or on-site reviews, support for Area Plan Assurance Tracking Report and area plan amendments. I further certify that each assurance has been addressed by a strategy as part of the area plan.

Signature of Authorizing Official of Grantee

Date

Stephen L. Williams M.Ed., M.P.A. Director
Name and Title (Type or Print)

Harris County
Area Agency on Aging

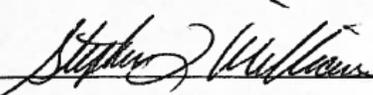
Approval – DADS AI-AAA

Date

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Signature of Authorizing Official of Grantee

03/10/14

Date

Stephen L. Williams, M. Ed., M.P.A., Director
Name and Title (Type or Print)

Harris County
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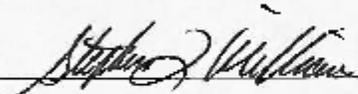
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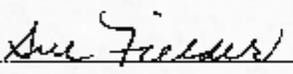


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Approval - DADS AI-AAA

11/14/2014
Date