

**TEXAS DEPARTMENT OF AGING AND DISABILITY SERVICES**  
**Area Plan for 2011-2013**

**Grantee Information**

**Grantee Information**

**Area Agency on Aging**

Lower Rio Grande Valley

**Grantee**

Lower Rio Grande Valley Development Council

**Street Address**

311 N. 15th Street

**Mailing Address**

311 N. 15th Street

**City**

McAllen

**State**

TX

**Zip Code**

78501

**Contact Information**

**Grantee Executive Director**

Kenneth N. Jones

**Phone Number**

956-682-3481 Ext. 101

**Area Agency on Aging Director**

Jose L. Gonzalez

**Phone Number**

956-682-3481 Ext. 116

**Grantee Fiscal Director**

D. Ann Lyles

**Phone Number**

956-682-3481 Ext. 103

**TEXAS DEPARTMENT OF AGING AND DISABILITY SERVICES**  
**Area Plan for 2011-2013**

**Certification**

■ I certify that the Area Plan is hereby submitted for the period covering October 1, 2010 through September 30, 2013 (fiscal year 2011 through fiscal year 2013). The named grantee will assume full authority to develop and administer the Area Plan in accordance with all requirements of the Older Americans Act and related State policy. In accepting this authority the named area agency on aging assumes the major responsibility for the development and administration of the Area Plan and serves as an advocate and focal point for older people in the planning and service area.

I certify that the electronic 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   
Title

Signature   
Title

I hereby certify the governing body of the Grantee Agency has reviewed and approved the Area Plan.

I certify that the grantee and area agency on aging will comply with the standard assurances contained in the Older Americans Act, as amended.

I certify that the grantee and area agency on aging will comply with appropriate Texas Department of Aging & Disability Services, Access & Assistance – Area Agency on Aging’s outcomes for services contained in the Texas Administrative Code 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.

**Grantee Electronic Signature for Submission of this Area Plan**

**Instructions:** Include signatures as appropriate. Entry for additional signatures can be included on the next page.

1. Authorized Grantee Official

\_\_\_\_\_

Title of Authorized Grantee Official

Date

2. Authorized Grantee Official

Title of Authorized Grantee Official

Date

3. Authorized Grantee Official

Title of Authorized Grantee Official

Date

4. Authorized Grantee

Official

Title of Authorized Grantee

Official

Date

**Grantee Electronic Signature for Submission of this Area Plan- continued**

5. Authorized Grantee

Official

Title of Authorized Grantee

Official

Date

6. Authorized Grantee

Official

Title of Authorized Grantee

Official

Date

7. Authorized Grantee

Official

Title of Authorized Grantee  
Official

Date

### Approval of Department of Aging and Disability Services

DADS A&I/AAA Section Manager

Date

**TEXAS DEPARTMENT OF AGING AND DISABILITY SERVICES**  
**Area Plan for 2011-2013**  
**Community Assessment and**  
**Assessment of Needs of Older Individuals and Their Caregivers**

**Section A. Community Assessment**

### Current Demographic and Economic Conditions

**Instructions:** Describe the region's population and economic conditions that impact the AAA and its service population. Include

- current demographic information on the older population, such as age breakdown, ethnicity, income and other relevant information to describe those to be served in the target populations identified in the Older Americans Act (low-income older persons, minority older persons, low-income minority older persons, and older persons residing in rural areas)
- to the extent possible, identify the number of older individuals with limited English proficiency, older persons with disabilities, those with Alzheimer's disease or related disorders, and those at risk of institutional placement
- key economic variables and how the AAA, older individuals, their caregivers and family members are affected by current social and economic conditions
- other relevant analysis of the characteristics of the planning and service area, such as cultural diversity, urban/rural environments, and availability of resources from local governments and private entities
- data sources for your analysis

**Optional:** Click to attach tables of population data and/or population projections and any other information used in the analysis for this Area Plan. You will be able to attach most file formats, however InfoPath blocks certain files for security reasons. These include .exe, .bat, .com, .cmd, .url, .pst, .pif, and others.



Attachments1.pdf  
Adobe Acrobat Document  
430 KB



Attachment2.pdf  
Adobe Acrobat Document  
565 KB

LRGV Needs Assessment  
Charts.pdf  
Adobe Acrobat Document  
53.5 KB

### Current Demographic and Economic Conditions

The Lower Rio Grande Valley (LRGV) region is in the southernmost section of the State that includes the counties of Cameron, Hidalgo, and Willacy. This three-county area is approximately 3,072 square miles.

The region is bordered by Mexico to the south, the Gulf of Mexico to the east, and rural areas of Starr, Brooks, and Kennedy counties to the west and north. The area is 133 miles southwest of Corpus Christi and 135 miles southeast of Laredo.

The region is also very diverse. Each of the three counties is physically and economically unique. Cameron County lies at the tip of Texas and comprises 906 square miles. According to the Secretary of State, the county has approximately 178 colonias. The county's total population is 394,346 (Texas State Data Center, Jan/09). The growth percentage between 1990 and 2009 is 33.2%. It is home to the largest city in the region, Brownsville, which is also the county seat. The combined population of Brownsville, Harlingen, and San Benito is 70% of county's population. Balance of the population is divided by the unincorporated areas and the municipalities of Combs, Rio Hondo, Los Fresnos, Port Isabel, South Padre Island, Santa Rosa, Primera, and Indian Lakes.

Hidalgo County comprises the western half of the region and is the largest of the three counties spreading over 1,569 square miles. It is also among the 100 largest (78) counties in the country. The southern half of the county is more densely populated and contains twenty-one of the county's incorporated municipalities and virtually all of its manufacturing and business operations. The majority of these municipalities are strung along Highway 83 from Sullivan City in west to Mercedes in the east. The largest city in this county is McAllen; however, the county seat is the City of Edinburg. The largest municipalities that include McAllen, Mission, Pharr, and Edinburg comprise a municipal cluster with a population of 335,220 or 46% of the county's population. The northern half is sparsely populated and is still largely agricultural. The county also has approximately 940 colonias (Secretary of State). According to the Texas State Data Center Jan/09, Hidalgo County's population is 727,382 this includes a growth of 60.27% from 1990 and 2009.

Willacy County lies to the north of Cameron County and encompasses 597 square miles. It is the smallest of the three counties and it has a total population of 22,496 (Texas State Data Center Jan/09). This was only a 27.1.4% growth from 1990. Willacy County is primarily rural, having a few small cities and towns (Lyford and San Perlita), and is home to agricultural, mining and ranching operations. The county seat of Raymondville is also its largest city with a population of 9,734 (Texas State Data Center Jan/09).

The Valley is extremely different from any other area of Texas and is also distinct from the rest of the border regions fronting along Mexico. The region is somewhat isolated from other metropolitan areas of Texas. It is 236 miles south of San Antonio, 152 miles southwest of Corpus Christi, and 148 miles southeast of Laredo. The Valley, however, boasts seven ports of entry into Mexico, of which four bridges are located in Cameron County, and three bridges are located in Hidalgo County. Each County has one bridge dedicated to truck traffic, such as Los Indios in Cameron County which is located between Harlingen and San Benito and the Pharr Bridge in Hidalgo County.

The Valley currently has four navigation Ports along the Gulf of Mexico. They are: the Port of Harlingen, Port Mansfield, Port Isabel/San Benito and the Port of Brownsville. These ports link the Valley to the Gulf and East Coasts of the United States and various international ports.

These land and seaports provide routes for export of recyclable materials, agricultural products, and electronic appliances from the region. They provide easier access to a broader range of markets than may be feasible to reach by land from other areas of Texas, the United States, and Mexico.

There are three major transportation routes linking areas of the region: Highways US 77, US 83 and US 281. Highway US 83 runs east to west in the Valley from Brownsville to McAllen and westward out of Hidalgo County towards Laredo. US 77 is a north-south traffic highway, which begins at Brownsville, runs concurrent with US 83 to Harlingen and then north to Raymondville and out of Willacy County toward Kingsville and Corpus Christi. US 281 provides another north-south traffic highway. It begins in Brownsville, in Cameron County and runs through Pharr and Edinburg to the northern boundary of Hidalgo

County and ends in Canada's front door. These highways enable high-speed travel between Valley cities and provide connections to major interstate highways outside the region.

In addition to land and water accessibility, the Valley has six airports. The largest commercial airports are located in McAllen and Harlingen; however, Brownsville airport is also providing commercial service. The airports located in Weslaco and Edinburg are developing into successful freight centers, and Cameron County has an airport located in the Laguna Madre area.

The Valley's climate features include a warm temperature and subtropical climate. The winters are dry and the summers are hot. Temperatures range from approximately 50 degrees in winter to about 95 degrees and higher in the summer. The warm season in the Valley averages approximately 330 days per year.

Due to the climate and lower cost of living, the Valley has much to offer its newcomers and lifetime residents whether it be recreational or for business purposes. This environment attracts approximately 130,000 Winter Texans. Out of this number, over 92% of them are aged 60 and over with an average age of 69.5 (2008 UTPA Winter Texan Report). According to the 2000 census, mobile homes made up 18.7 of the detached structures compared to 9% statewide. This is in addition to the number of RV (Recreational Vehicle) parks that dot the area.

The area has approximately 259,675 housing units according to the 2000 census with an average household size of 3.5 persons. The average household size in Texas was 2.7 persons. The number of households with persons aged 65 and above was 25.5 percent compared to 19.9 statewide. The implication on the number of households with persons aged 65 and older is the need to address accessibility needs of the seniors such as ramps, grab bars, and other home modifications. Building contractors will need to start considering building homes for aging in place.

The total growth in general population between 1990 and 2009 is 47.7% and 23.6% between 2000 and 2009. The older population for the region is also significant with an increase of 31.8% from 2000, which is higher than the general population (23.6%). The 2010 estimate for the 60+ population is 162,987 for the

Lower Rio Grande Valley. Out this number, 119,834 are minority with Hispanics being 98.66 percent or 118,240. The low-income senior population is at 23.3% or 37,943. Projections indicate a significant continued growth in the general and senior population within the next ten years.

Adult Protective Services' statistics for the Lower Rio Grande Valley indicated that 49.52% of the seniors they served in FY 2009, had limited English proficiency. The nutrition contactor indicated 60% of their clients also with limited English proficiency. Considering the number of Hispanic seniors in the region and the proximity to Mexico, it is estimated that at least 59,000 seniors with limited English proficiency.

Utilizing the assumptions from the Center for Personal Assistance Services from the University of California (San Francisco) of 26.44% of the senior population with some disability would put 43,094 older individuals with some type of disability. The Alzheimer's Association in their 2010 Fact Sheet estimates that 13% of the 65+ population suffers from Alzheimer's. This means that approximately 14,039 older residents suffer with this disease. These two figures are significant as it may be an indicator on the number of family caregivers providing some type of uncompensated care. The Lower Rio Grande Valley Hispanic Elders report also indicated that 28% of individuals 65 were diabetic. Based on this estimate the number of diabetic seniors is 30,237. This increases the risk of institutionalization and potential of suffering other conditions such as kidney failure, amputations, blindness, and heart disease.

The Lower Rio Grande Valley has 27 acute and psychiatric care hospitals with approximately 3,501 beds. According the Department of State Health Services report for 2008 the Lower Rio Grande Valley had 158,770 discharges. Hospitalizations for older individuals aged 65 and older is 29% while this group represents 10% of the population (DSHS 2006 Hospitalization Report). Hospitalization rate for individuals aged 85 and over was 596 hospitalizations for every 1000 adult aged 85+. Seniors account for a large share of hospitalizations. In addition, older persons were most likely to be hospitalized for diabetes than young individuals. The region boasts with a large number of adult day care centers, home health agencies and durable medical suppliers. Between the 1<sup>st</sup> quarters of 2007 and 2008 there was an increase of 5.41% of Medical/Health services employment in the Valley compared to 3.85% statewide for the same period.

The Region faces many economic challenges as it faces a dramatic increase in the general and older population. The estimated population growth from 2000 to 2020 is 60.6%, this is an increase of 924,772. The Hispanic population will continue to be largest minority population at 91.8 %. A similar increase will be experienced with the senior population. A Texas Workforce Commission report indicated that both Cameron County and Willacy County had an economic base which is of below average diversity. It means that significant concentrations of employment in only one or two industrial sectors makes an area less diversified and more susceptible to widespread economic decline should a key sector suffer a significant loss. Hidalgo County on the other hand had an average diversification in its economic base. The per capita income in 2005 for the Region of \$16,768 compared to \$32,460 statewide. Unemployment report for April 2010 indicated a rate of 11% compared to a statewide rate of 8.1% for the same period. The Region received over \$5,020,109,000 in government transfer payments in 2005. This reflects a \$4,657 per capita transfer payment compared to \$4,194 statewide. These payments include the total amount of government allocations to people who qualify for income assistance. This consists largely of supplemental security income payments, family assistance, general assistance payments, food stamp payments, other assistance payments, including emergency assistance. Economically, local municipalities are strained.

Support from local governments for senior services is minimal. Community Development Block Grant (CDBG) funds from municipalities is very hard to acquire in Cameron County. Senior services have fared better in Hidalgo County. The Cities of McAllen and Mission have provided CDBG funds to the Area Agency on Aging. Other communities in Hidalgo County have also supported the senior nutrition programs and other senior services. However, communities are not ready for the increase in the aging of the population.

## **Anticipated Economic Trends and the Impact of Change**

**Instructions:** Identify short and long term trends and their impact on the service population and their caregivers and family members, community service agencies, local governments. Include an assessment of the region's readiness for any anticipated change in the number of older individuals during the ten-year period following the fiscal years for which the plan is submitted, that is, 2014 through 2023. This assessment will include:

- the projected change in the number of older individuals in the planning and service area;
- an analysis of how such change may affect such individuals, including individual with low

- incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
- an analysis of how the programs, policies, and services provided by the AAA can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the region; and
  - an analysis of how the change in the number of individuals age 85 and older in the region is expected to affect the need for supportive services.

### **Anticipated Economic Trends and the Impact of Change**

The population changes continue to show a steady increase. The population change/percentage tables demonstrated that increase. Some areas had an increase of 3% between 1990 and 2009, while others had 1000% increase. Some of these areas have been designated as colonias. That trend is also demonstrated in the increase of the senior population for this region. The increase from 2000 to 2010 is 31.8%. It is anticipated that the increase from 2000 to 2020 to be approximately 87.16%. The 85+ population increase from 2000 to 2010 is expected to be 73% and to 2020 to be 129.4%. The Hispanic population among seniors will also have an increase between 2000 and 2020. The change in the Hispanic elderly population between the years 2000 and 2010 was 53.76% and for the period of 2010 to 2020 is expected to be 56.2%. Attached is a table that will show this increase. Due to the proximity to the Mexican border and the number of Hispanic elderly, the area has the potential for a high percentage of seniors with limited English proficiency. Adult Protective Services reported that 49.52% of their clients in 2009 were classified as such. Amigos Del Valle, the nutrition services provider estimated 60%. The potential increase in the senior Hispanic population will also affect the number of seniors with limited English proficiency.

The highest concentration of the population is between Cameron and Hidalgo Counties at 97.84% in 2010 and expected to be 97.93% in 2020. The majority of the population in Hidalgo County is strung along Expressway 83 from Sullivan City to Mercedes. All areas south and north of this string of municipalities are rural. In Cameron County 30% of the population is in very small communities and rural areas. Willacy County continues to be the sole rural county. This poses a challenge in identifying and outreach seniors in these rural areas. The Research Department of the Health and Human Services Commission estimated in 2001 for the period of July 1999 that 23.2 of the seniors in the Lower Rio Grande Valley lived in rural areas. Taking that same percentage in lieu of a current rate, it is estimated that 37,813 seniors in 2010 live in rural areas and increase estimate to 2020 is 53,697 or a 42% increase. Currently promotoras from the different organizations are utilized to outreach these outlining areas. This population trend will impact the economy of the region.

Housing will be impacted in a way that is unexpected. Home modifications to accommodate assisted devices will increase. This will include but not limited to ramps, grab bars, door modification, and bathroom modifications. Contractors and builders will need to start addressing the need to construct new homes to accommodate aging in place. According the Texas Workforce Commission (TWC) Report, the percent of households with persons aged 65 and over is 19.9% statewide while 25.8% of the Lower Rio Grande Valley had households with individuals aged 65 and over. Mobile homes in the area made up 18.7% when compared to 9% statewide. This can be attributed to the number of mobile home parks. These parks along with RV parks are utilized by Winter Texans 4 to 5 months of the year. The numbers of Winter Texans that stay permanently provide a unique challenge because many of them remain in the mobile home parks and are isolated from the rest of the community. The total number of new housing structures built between 1995 and 2000 increased by 20 percent compared to 13.2 percent statewide. Considering the current trend in increased population, new construction is in the horizon. A projection for residential building construction is expected to increase 12% within the 10 year period of 2006 and 2016. An increase of 28% is also expected in the lumber and other construction materials merchant wholesalers.

According to TWC unemployment figures for the Lower Rio Grande Valley in April 2010 was estimated to be 52,552 or 11% compared to 8.1% statewide. The rate for April 2009 was 9.1% to the statewide rate of 6.8%. The per capita income in 2008 for the combined Metropolitan Statistical Areas (Brownsville – Harlingen / McAllen – Edinburg – Mission) for the Lower Rio Grande Valley area was \$20,787 compared to \$37,809 Statewide (Regional Economic Information System, Bureau of Economic Analysis, U.S. Department of Commerce). Although the increased rate from 2005 to 2008 was 43% compared to the Statewide rate of 33%, there was still a difference of \$17,022. In July 1999 the estimated number of low-income seniors in the region was 28,385 compared to 37,943 in 2010. This number will increase to 53,831 in 2020. It represents a 41.87% within a ten year period from 2010 to 2020.

Government transfer payments for the combined Metropolitan Statistical Areas for the Lower Rio Grande Valley area in 2005 was \$1,337,298,000 compared to \$1,695,640,000 in 2008 (Regional Economic Information System, Bureau of Economic Analysis, U.S. Department of Commerce). This was an increase of 13%. These government transfer payments represent the total amount of government allocations to people who qualified for financial assistance. This assistance consisted largely of supplemental security income payments, family assistance,

general assistance payments, food stamp payments, and other assistance payments, including emergency assistance.

The area's economy had been primarily agriculture. This has changed. In the 1980s the area suffered two major freezes that damaged the citrus industry. Many orchards were cut down and not replanted. Other agricultural products continue to be grown. The economy in the area is not as diverse as other areas of the State. The April 2009 and April 2010 reports indicated the 69% of all non-agricultural jobs are in three main areas. These areas are Government, Education and Health Services, and Trade, Transportation, and Utilities. However, the area continues to have higher unemployment rates compared to the rest of the State. This also places a higher burden to local governments.

The cities of Brownsville, Harlingen, San Benito, Edinburg, Weslaco, McAllen, Mission, and Pharr provide Community Development Block Grant (CDBG) funds to support local organizations to provide assistance to low-income individuals within their communities. However, groups providing services to the elderly must compete with other groups. The Area Agency on Aging receives CDBG funds from the cities of McAllen and Mission. But the amount of funds year to year is different. Other groups such as the Nutrition Program, Senior Companion Program, and Foster Grandparent Program receive limited CDBG support from some of the communities. Greater demand for services will most likely reduce the amount of support currently available.

According to the 2006 Department of State Health Services report the most frequent musculoskeletal procedures increased with age. For patients age 85 and over treatment of hip and leg fracture or dislocation was the most common musculoskeletal procedure or partial hip replacement. The increase in the 60+ and especially in the 85+ population will be key to the increase of such services as health and social services (47%) in the Valley. In the social assistance area, the projected employment between the period of 2006 and 2016 is 40% and 50% in Individual and Family Services (Labor Market & Career Information Department (LMCI) of the Texas Workforce Commission). Health care services fare almost the same increase in projected employment. In Home Health Services is the increase is 50%, Personal Care Services 27%, and Other Ambulatory Health Care Services 52%. A table entitled "Health and Social Service Increased Workforce is attached. Also attached is another table entitled "Projected Increase in Health Facility Employment". The information illustrates the increase in such areas as Nursing Care Facilities (30%) and

Community Care Facilities for the Elderly (42%) for the same ten year period of 2006 and 2016. The Valley currently has 271 Adult Day Care Centers, 371 Home Health Agencies, and approximately 165 Durable Medical Equipment providers.

The Area Agency on Aging will need to evaluate its current service delivery system in order to meet the increase in senior population and family caregivers. This evaluation will include an assessment on the amount of Title III and State General Revenue will be available. Local governments have not had a significant impact on the amount of local funds provided to support Older American's Act programs. The senior centers in Los Fresnos, Rio Hondo and La Joya are under their individual city. Older American's Act funds are utilized for senior center management to a certain level and the rest is supported by the city. Minimal support for the home delivered meal program is provided by the cities of McAllen and Mission. Area Agency on Aging staff will continue to work closely with Willacy County in order to address the needs of the rural older residents of the county. The Area Agency on Aging will continue its advocacy efforts with local municipalities when utilizing Community Development Block Grant funds for infrastructure to take into considering livable communities concept.

The current method of providing congregate meals will need to change. Baby boomers will not be participating in the congregate meal program as it currently is structured. There will also be the need to address the increase in home delivered meals. The number of home delivered meals as been increasing incrementally. Greater emphasis will need to be place in the access and assistance component of the Area Agency on Aging. In addition, Caregiver support will also need to be strengthening in order to meet the demand of the increased number of family caregivers. The Area Agency will continue to addressed the needs of seniors with limited English proficiency. Because of the proximately to the Mexican border and the number of Hispanic elderly, the Area Agency has always address this need by having bilingual staff and translating materials into Spanish. Evidence-Based efforts will be increased in order to address the health disparities that affect Hispanic seniors.

## Section B. Assessment of Needs of Older Persons

### Information Sources Used to Identify Needs

**Instructions:** Indicate the type of resources used in determining the need to be addressed through this Area Plan. Check all that apply.

- |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Regional needs assessment surveys conducted by AAA or other entity</li> <li><input type="checkbox"/> Public forum or hearing</li> <li><input type="checkbox"/> Focus groups</li> <li><input type="checkbox"/> AAA staff program analysis</li> <li><input type="checkbox"/> I R &amp; A logs</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Interviews with staff of AAA, providers, and consumers</li> <li><input type="checkbox"/> TV / Radio</li> <li><input type="checkbox"/> Newspaper surveys</li> <li><input type="checkbox"/> Research studies</li> <li><input type="checkbox"/> Grantee board of directors</li> </ul> | <p>Advisory council or committee</p> <p>Other (specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|

### Needs Assessment Methodology

**Instructions:** Provide an overview of the methods used to identify the service needs of the older individuals and their caregivers in the region. Include:

- overview of methods used
- description of how the resources identified above were used
- discussion of the relative degree of confidence in the methodology used and its results, and
- lessons learned about the methods used

Methods used to determine the needs of the specific target populations identified in the Older Americans Act will be entered in the section below.

Needs Assessment Methodology
------------------------------

The Area Agency on Aging obtained information from following several sources for the development of the area plan: information gathered as input to the Lower Rio Grande Valley (LRGV) Regional Strategic Plan; IR&A logs; interviews with care coordinators regarding needs identified by clients; discussions with Advisory Council, Program Analysis, and needs assessment.

Information is obtained in the LRGV Regional Strategic plan under the Health and Human Services section is utilized in the Area Plan. The process for public input is through four regional hearings. The public is invited to each hearing in order to provide input for the Regional Strategic Plan.

Every month, an agenda item for public input in the Advisory Council meeting is utilized to obtain input from the membership on issues and needs of the elderly. A program analysis is done on the care coordination program to determine the levels of service clients are requiring and levels of service actually being authorized. This allows the staff to determine the gaps in services and assess the capacity of other organizations in alleviating these gaps. A twenty month compilation IR&A logs were put together to assess the type of services being requested, number of needs being met and the number of unmet needs. An

example is that 19% (1,415) of the request for services was for home repairs. A needs assessment was conducted to obtain community input.

The needs assessment for this Area Plan was designed to solicit response from county/city elected officials, employees and services providers in the three county catchment area of the Lower Rio Grande Valley Area Agency on Aging. Five hundred seventy five individually addressed questionnaires were mailed out to the various communities. One hundred twenty five questionnaires were returned. This represented a 21.7% response rate.

The questionnaire was formatted in such a way as to solicit responses that would allow the Area Agency on Aging to rank services according to which are considered more important to those receiving the questionnaires. The ranking was developed by the percentage of responses claiming the particular service as very important. There were 32 services listed on the survey to choose from but the respondents felt that thirteen of them ranked higher than the rest. These are Emergency Response, Health Screening/ Monitoring, Assisted Transportation, Transportation, Residential Repair, Personal Assistance, Respite Care in-Home (for caregivers), Health Maintenance, Ombudsman, Caregiver Education and Training, Senior Center Operations, Homemaker Services and Respite Care- Institutional.

The results were categorized into three tiers depending on the response percentage for an individual service. Those services receiving a 50% or higher rating were considered top priority. Services receiving a rating of 35% to 49% were considered second tier but still very important. The third tier is composed of those services rated from 25% to 34% as very important. Any Service receiving a rating less than 25% was not included in this report. The purpose of the survey was to find out from the target group which services were considered to have a more pressing need to be addressed first. The Needs Assessment Chart indicated that Emergency Response (76.4%) was given the highest priority, followed by Health Screening/ Monitoring (58.2%). Assisted Transportation (56.4%) and Transportation (54.5%) also helped make up the four top services needed in the region.

The need for Emergency Response has always been here but has never been at the head of the list before.

This may be because this group of respondents had not been targeted the past. The other major consideration is in the misunderstanding of emergency response service definition rather than what they may understand as emergency response regarding disaster response. These are the people that deal with and respond to emergencies in the communities on a daily basis. Therefore, they see it as top priority. Our elderly live in such a spread out area making it hard for emergency response teams to find them. There are 22 plus communities in the three county area and the majority of them are small. There are also hundreds of small neighborhoods deemed Colonias where elderly live with family or by themselves. The vast majority are extremely poor with minimal utilities that we take for granted.

The issue of Health Screening and Monitoring is also a newcomer to priority status. This may be because of the incidents the Region experienced with the Swine Flu, Diabetes and others. Transportation has always been a top priority issue in the area because of the lack of transit system that is affordable and connects all the communities. Elderly in the smaller communities have a hard time making Doctor's appointments and trips to the pharmacies or grocery stores.

Although there were 125 responses from the three counties, the distribution was not evenly spread. Only two responses were received from Willacy County. The two responses were included in the Total column of the Needs Assessment Chart but there was not enough data for a county profile such as those included for Cameron and Hidalgo counties. The Total Column includes responses from all three counties and sets the standard for the rest. The other columns breakdown the results by three groups that included County, County/City Elected Officials, County/City Employees and Service Providers in the particular county. It is interesting to see how each particular group rated the same services and also how close they follow the same services.

The Area Agency feels confident in the methodology used and the results obtained by this methodology. A more structured needs assessment and more time to implement it would have ideal. Especially in identifying such targeted groups as seniors with limited English proficiency. Due to the characteristic of the region, the needs identified in the different sources address the needs of minority seniors, low-income, rural, disabled, and Alzheimer's victims.

## **Needs Assessment Methodology for Target Populations**

**Instructions:** Describe specific methods used to identify the service needs of the following special target populations, as described in the Older Americans Act.

### **1. Older individuals residing in rural areas**

Willacy County is the only rural county in the area with approximately 2% of the population of the region. Although the Lower Rio Grande Valley has urban areas, the majority of the region is considered rural. The recent needs assessment included responses from Willacy County and small communities. Information from the IR&A logs, staff interviews, community partners, and advisory council comments are used to identify the issues of rural elderly. Comments are also received from local promotora programs regarding the needs of the elderly in colonia areas.

### **2. Older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas)**

The region has a large low-income population. This also includes a significant number of low-income seniors. Current statistics indicate approximately 23% of the senior population is low-income. Considering low-income minorities, the Hispanic elderly population is 98.7% of the minority senior population. Information from the IR&A logs, staff interviews, and advisory council comments are used to determine if the needs remain constant or have changed. At this time, the needs seem to be constant. Comments are also received from local promotora programs regarding the needs of the elderly in colonia areas.

### **3. Older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas)**

The region has a significant low-income and minority population. This also includes a significant number of low-income and minority seniors. Current statistics indicate approximately 23% of the senior population is low-income. Hispanic elderly is 98.7% of the minority senior population. Information from the IR&A logs, staff interviews, community partners, promotora programs, and advisory council comments are used to identify the issues of low-income minority seniors and older individuals in rural areas.

### **4. Older individuals with severe disabilities**

With an estimated 45.84% of the 65+ population, the Area Agency has addressed the issue with the Independent Living Center in the Lower Rio Grande Valley. Nineteen percent of the IR&A inquiries are for assistance with home retrofits. These retrofits are for the installation of assisted devices such as ramps, grabs, and other accessibility needs. Some of the questions in the needs assessment included such services

as personal assistance, homemaker, and residential repairs. The information from the IR&A is being used to address the need of older persons with severe disabilities.

#### **5. Older individuals with limited English proficiency.**

The Lower Rio Grande Valley has a significant number of minority elderly and an estimated 50,000 seniors with limited English proficiency. Consideration for this population is always at the forefront of any planning. Statistics from the Adult Protective Services' Regional office in Edinburg provided its 2009 report that indicated a staggering 49.5% of seniors they served were limited English proficiency. All efforts are always made to obtain and distribute materials in Spanish. Ninety eight percent of the minority seniors are Hispanic.

#### **6. Older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and their caretakers of such individuals)**

Information from the IR&A logs, staff interviews, providers, community partners, and advisory council area used to identify the issues of older individuals with Alzheimer's disease and their caregivers. With a rough estimate of 14,000 victims (13% of 2010 65+ population or 107,992), the Area Agency has reached out to organizations serving this population in order to identify their immediate needs.

#### **Community Capacity to Address Needs**

**Instructions:** Briefly describe methodology for assessing community capacity to identify gaps in services, to identify community assets for addressing identified needs, and to identify opportunities to improve service delivery systems. Include:

- description of the involvement of community partners and their commitment to address the needs identified in the planning process
- description of how the results of the community assessment were used, which may include prioritizing needed services, opportunities for filling gaps in services, identifying other funding sources, and identifying any intended change in the local service delivery system

#### **Community Capacity to Address Needs**

The Area Agency on Aging utilizes its relationship with community partners to identify community assets to meet the needs of the elderly and identify gaps in services. These partners include but are not limited to: DADS Regional Local Services Regional office, Tropical Texas Behavioral Health (Mental Health Authority), Valley Association for Independent Living (Independent Living Center), Adult Protective Services, Coalition for Valley Families, and the Colonias Workgroup. The usual processes are the meetings held with the partners in whom discussions include current services and opportunities to collaborate on projects. The Area Agency also contacts some of the municipalities that have Community Development Block Grant (CDBG) departments to availability of funds.

Currently, the amount of support varies by municipality. The City of Harlingen provided no CDBG funds for elderly services and Edinburg provides 1% of the funds budgeted for Public Services to support senior services. However, no one applied for CDBG funds for seniors in Harlingen. The prior year, 15% of the funding did support a provider for seniors. In contrast, Mission, out the \$37,000 for Public Services, \$20,000 (54%) was awarded to senior services. San Benito awarded 33.7% out of \$74,000 to senior services. This amount of funding is not enough to meet the needs of growing senior population. Other resources include over 100 home health agencies and an equal number of adult day care centers.

An effort towards meeting the needs of the elderly has been through collaboration with partners. The Area Agency will need to change how the congregate meal setting as it currently structured in order to meet the needs of the baby boomers. Expand the caregiver resources to meet the needs of caregivers.

### Section C. Results of Needs Assessment Process

#### Service Needs Identified

**Instructions:** Describe the service needs identified through your needs assessment processes described above, including the target populations effected. Indicate the service priority (numeric) and services included in Area Plan *Work Plan* sections to address the needs, including those funded through Older Americans Act and those for which the area agency will collaborate and coordinate with other community organizations and leadership to address.

Insert additional rows as needed.

Service Need	Priority	Service included in Area Plan Work Plan
Transportation to provide access to senior centers/nutrition sites and medical purposes. Target seniors with the greatest social and economic need, specifically minority, low-income, rural, and limited English proficiency.	1	<u>Transportation - Demand/Response</u>
Nutrition services targeting seniors with the greatest social and economic need, specifically minority, low-income, rural, and limited English proficiency.	2	<u>Congregate Meal</u>
Nutrition services to homebound seniors targeting those with the greatest social and economic need, specifically minority, low-income, rural, and limited English proficiency.	3	<u>Home Delivered Meals</u>
Home modifications or retrofits to assist seniors to remain at home targeting seniors with the greatest social and economic need, specifically minority, low-income, rural, and limited English proficiency.	4	<u>Residential Repair</u>

Personal Assistance targeting seniors with the greatest social and economic need, specifically minority, low-income, rural, and limited English proficiency.	5	<u>Personal Assistance</u>
Homemaker assistance targeting seniors with the greatest social and economic need, specifically minority, low-income, rural, and limited English proficiency.	6	<u>Homemaker</u>
Assistance with medications, medical supplies and other health needs targeting seniors with the greatest social and economic need, specifically minority, low-income, rural, and limited English proficiency.	7	<u>Health Maintenance</u>
Long-Term Care Advocacy for nursing home residents targeting seniors with the greatest social and economic need, specifically minority, low-income, rural, and limited English proficiency.	8	<u>Ombudsman</u>
Health education and prevention targeting seniors with the greatest social and economic need, specifically minority, low-income, rural, and limited English proficiency.	9	<u>Health Screening/Monitoring</u>
Health education and prevention targeting seniors with the greatest social and economic need, specifically minority, low-income, rural, and limited English proficiency.	10	<u>Instruction and Training</u>
Health education and prevention targeting seniors with the greatest social and economic need, specifically minority, low-income, rural, and limited English proficiency.	11	<u>Nutrition consultation</u>
Health education and prevention targeting seniors with the greatest social and economic need, specifically minority, low-income, rural, and limited English proficiency.	12	<u>Nutrition Counseling</u>
Health education and prevention targeting seniors with the greatest social and economic need, specifically minority, low-income, rural, and limited English proficiency.	13	<u>Nutrition Education</u>
Health education and prevention targeting seniors with the greatest social and economic need, specifically minority, low-income, rural, and limited English proficiency.	14	<u>Evidence-based Prevention Programming</u>
Providing necessary, consistent and appropriate information on available resources targeting seniors with the greatest social and economic need, specifically minority, low-income, rural, and limited English proficiency.	15	<u>Information, Referral and Assistance</u>
Providing access and service coordination to seniors targeting seniors with the greatest social and economic need, specifically minority, low-income, rural, and limited English proficiency.	16	<u>Care Coordination</u>
Assisting seniors and eligible individuals obtain entitlement benefits targeting seniors with the greatest social and economic need, specifically minority, low-income, rural, and limited English proficiency.	17	<u>Legal Assistance - 60 and Over</u>
Assisting seniors and eligible individuals obtain entitlement benefits targeting seniors with the greatest social and economic need, specifically minority, low-income, rural, and limited English proficiency.	18	<u>Legal Awareness</u>

Assisting seniors and eligible individuals obtain entitlement benefits targeting seniors with the greatest social and economic need, specifically minority, low-income, rural, and limited English proficiency.	19	<u>Legal Assistance - Under 60</u>
Assist communities with making available local support to provide services to seniors targeting seniors with the greatest social and economic need, specifically minority, low-income, rural, and limited English proficiency.	20	<u>Senior Center Operations</u>
Assistance for Family Caregivers targeting seniors with the greatest social and economic need, specifically minority, low-income, rural, and limited English proficiency.	21	<u>Caregiver Support Coordination</u>
Assistance for Family Caregivers targeting seniors with the greatest social and economic need, specifically minority, low-income, rural, and limited English proficiency.	22	<u>Caregiver Respite Care - In-home</u>
Assistance for Family Caregivers targeting seniors with the greatest social and economic need, specifically minority, low-income, rural, and limited English proficiency.	23	<u>Caregiver Informaiton Services</u>
Assistance for Family Caregivers targeting seniors with the greatest social and economic need, specifically minority, low-income, rural, and limited English proficiency.	24	<u>Caregiver Education an dTraining</u>
Assistance for Family Caregivers targeting seniors with the greatest social and economic need, specifically minority, low-income, rural, and limited English proficiency.	25	<u>Caregiver Respite Care - Institutional</u>
Assistance for Family Caregivers targeting seniors with the greatest social and economic need, specifically minority, low-income, rural, and limited English proficiency.	26	<u>Adult Day Services</u>
Assistance with access to health monitoring targeting seniors with the greatest social and economic need, specifically minority, low-income, rural, and limited English proficiency.	27	<u>Emergency Response</u>
Addressing the needs of seniors with mental health needs targeting seniors with the greatest social and economic need, specifically minority, low-income, rural, and limited English proficiency.	28	<u>Mental Health Services</u>

## **Methods Used to Set Service Priorities**

**Instructions:** Describe the method(s) used to set service priorities for Older Americans Act resources used to provide services to address the needs identified through the area agency needs assessment process. Identify community resources, advocates, and consumers involved in setting these priorities.

<b>Methods Used to Set Service Priorities</b>
<p>Some of the service priorities are based on mandates set forth by the Old Americans Act (OAA) such as nutrition services, access services and caregiver support services. Maintenance of Effort requirements on some services are also taken into account. The balance is based on input from various sources such as input provided the Advisory Council in addressing service priorities for OAA services. IR&amp;A logs, Care Coordination records, and analysis of other services are also utilized in the setting of the priorities. Meetings</p>

with such groups as Coalition for Valley Families, DADS, Adult Protective Services, Valley Association for Independent Living, Colonias Border Initiative, Homeless Coalition, Mental Health Coalition Committee, Health Disparities Partnership, and OAA service providers to name a few. Results of the needs assessment were used also to identify OAA priority services.

## TEXAS DEPARTMENT OF AGING AND DISABILITY SERVICES

### Area Plan for 2011 - 2013

#### Work Plan for Regional Service Delivery System

#### Section A. Area Agency on Aging Administration

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

**State Goal:** Long-term Services and Supports

**State Objective:** Intake, Access and Eligibility

**State Strategy:** Intake and Access to Support Services - Provide a locally based system that connects people with the services and benefits they need through ombudsman services, care coordination, information, referral and assistance, and legal assistance.

#### Local Objective(s)

**Instructions:** Enter objective(s) for Area Agency on Aging Administration which are specific, measurable and time-based and indicate what will be accomplished at the end of the specified time period to provide Area Agency on Aging Administration. You must enter at least one local objective. Insert rows as needed for additional objectives.



For more information on writing objectives, click here . . .

#### Area Agency on Aging Administration Local Objective(s)

Insert rows as needed for additional objectives.

To maintain a management oversight component to ensure compliance with local, state, and federal requirements in relation to the Older Americans Act.

To provide Administrative support to ensure that a comprehensive and coordinated service delivery system is responsive to the needs of the elderly in the Lower Rio Grande Valley.

#### Measurable Outcome(s)

**Instructions:** Enter outcome(s) for Area Agency on Aging Administration local objective(s) included above. You must enter at least one outcome. Insert rows as needed for additional outcomes.



For more information on writing outcomes, click here . . .

## Area Agency on Aging Administration Measurable Outcome(s)

Insert rows as needed for additional outcomes.

Effectiveness of service delivery in meeting the needs of Seniors can be assessed by reviewing the following outcome measures:

1. Assess at least on an annual basis the effectiveness of contractors in meeting the needs of seniors and/or caregivers through PMT's, desk reviews, monitoring of program and fiscal activities
2. Conducting an annual client satisfaction survey to assess the level of client satisfaction towards services provided during the year.
3. Ensure that AAA Direct Services and Contractors comply with all the required DADS AI-AAA documentation and reporting procedures

## Local Strategies

**Instructions:** Enter the implementation strategies for the Area Agency on Aging Administration

objectives(s) and outcome(s) listed above.

- Strategies will describe those administrative items required by the Older Americans Act, and will include activities that implement the required standard assurances.
- Include strategy(ies) for *Data Management* if it is included in the budget.
- Include administrative strategies to develop and implement Older Americans Act initiatives for evidence-based disease prevention programs, such as Chronic Disease Self Management Program (CDSMP) and Diabetes Self Management Program (DSMP), and Aging and Disability Resource Centers (ADRC), or other DADS initiatives such as Community Roundtables or other HHSC initiatives such as Community Resource Coordination Groups (CRCG), as appropriate.
- Access and Assistance services will be entered in Section C, below.
- For each strategy, indicate the staff position for the AAA responsible for implementation. Please include any partners, providers, or other entities who will participate in implementation of the strategy.
- Include strategy(ies) to explore/test new service delivery options and/or procurement methodologies. such as client-directed services, if planned.
- **Be sure to include the following minimum area agency administrative activities in your strategies:**
  - planning activities, i.e., needs assessment, setting service delivery priorities, collecting and analyzing demographic data, and community asset mapping for the next area plan planning cycle
  - procurement of services and supports
  - monitoring contracts, provider agreements, and provider service delivery activities
  - support of advisory council activities
  - program development and innovation
  - community coordination
  - training for staff and community service providers
  - advocacy, including governmental entities and policy organizations
  - emergency preparedness
  - providing outreach activities for services for targeted populations
  - designation of community focal points
- Enter the number of the Older Americans Act section for each of the standard assurances that will be met by each local strategy for Area Agency on Aging Administration. Refer to complete list of Standard Assurances using the help button below.

 For more information on writing strategies, click here . . .

 For a list of Service Definitions, click here . . .

 Click here for a complete list of Standard Assurances . . .

**Area Agency on Aging Administration Local Strategies**

Insert rows as needed for additional strategies.

**Select Service** AAA Administration

**Local Strategy**

Develop and maintain non-financial agreements with local partners to address the needs of the elderly and improve access to services by seniors and/or their caregivers.

**Staff Position(s) responsible for strategy**

AAA Director and Assistant Director

**Time frame for strategy**

**Start date** 10/1/10 **End date** 13/09/30

**Standard Assurances** enter OAA section number for all that apply.

306(a)(4)(C)	<b>306(a)(6)(B)</b>	<b>306(a)(6)(E)</b>	

**Select Service** AAA Administration

**Local Strategy**

Provide opportunities to stakeholders such as seniors, caregivers, service providers, Citizens' Advisory Council, and elected officials to comment and provide input on local priorities.

**Staff Position(s) responsible for strategy**

Director and Assistant Director

**Time frame for strategy**

**Start date** 10/1/10 **End date** 13/09/30

**Standard Assurances** enter OAA section number for all that apply.

306(a)(1)	<b>306(a)(4)(C)</b>	<b>306(a)(5)</b>	<b>306(a)(6)(A)</b>
<b>306(a)(6)(B)</b>	<b>306(a)(6)(D)</b>	<b>306(a)(6)(E)</b>	

**Select Service** AAA Administration

**Local Strategy**

Maintain a citizens advisory council composed of Seniors, members of partnership agencies, local elected officials, family caregiver representatives, business community, general public to provide input and guidance on addressing the requirements under the Older Americans Act and Area Plan.

**Staff Position(s) responsible for strategy**

AAA Director, Assistant Director, and Technician IV

**Time frame for strategy**

**Start date** 10/1/10 **End date** 13/09/30

**Standard Assurances** enter OAA section number for all that apply.

306(a)(5)	306(a)(6)(A)	306(a)(6)(B)	306(a)(6)(D)

**Select Service** AAA Administration

**Local Strategy**

Maintain a Procurement Process in order to ensure needed services and support activities can be obtained for seniors as scheduled or requested

**Staff Position(s) responsible for strategy**

AAA Director, Asst. director, planner, contract monitor Tech, and Program Administrators

**Time frame for strategy**

**Start date** 10/1/10 **End date** 13/09/30

**Standard Assurances** enter OAA section number for all that apply.

306(a)(2)	306(a)(4)(A)	306(a)(4)(C)	306(a)(15)(A)

**Select Service** AAA Administration

**Local Strategy**

Maintain a monitoring component to ensure that contracts, provider agreements and provider service activities are meeting the needs of our clients and following the letter of the contracts and/ or provider agreements.

**Staff Position(s) responsible for strategy**

Contract Monitor Tech., Planner and Asst. Director

**Time frame for strategy**

**Start date** 10/1/10 **End date** 13/09/30

**Standard Assurances** enter OAA section number for all that apply.

306(a)(2)	<b>306(a)(2)(c)</b>	<b>306(a)(4)(A)</b>	

**Select Service** AAA Administration

**Local Strategy**

maintain a training component to ensure that AAA staff and affected community service provider staff are properly trained on the services this agency offers its clients through direct delivery contracted services.

**Staff Position(s) responsible for strategy**

AAA Director, Asst. director, planner, contract monitor Tech, Program Administrators, and Contracted trainers

**Time frame for strategy**

**Start date** 10/1/10 **End date** 13/09/30

**Standard Assurances** enter OAA section number for all that apply.

306(a)(1)	<b>306(a)(4)(A)</b>		

**Select Service** AAA Administration

**Local Strategy**

Maintain coordinated efforts with other governmental agencies and organizations to provide emergency preparedness plans for our clients

**Staff Position(s) responsible for strategy**

AAA Director, Asst. director, planner, and Program Administrators

**Time frame for strategy**

**Start date** 10/1/10 **End date** 13/09/30

**Standard Assurances** enter OAA section number for all that apply.

306(a)(1)	<b>306(a)(5)</b>		

**Select Service** AAA Administration

**Local Strategy**

Maintain an advocacy component to ensure that seniors have voice where they need it whether in private or public circumstances.

**Staff Position(s) responsible for strategy**

AAA Director, Asst. director, planner, Tech IV, Program Administrators and all AAA Staff

**Time frame for strategy**

**Start date** 10/1/10 **End date** 13/09/30

**Standard Assurances** enter OAA section number for all that apply.

306(a)(1)	<b>306(a)(4)(A)</b>	<b>306(a)(4)(C)</b>	<b>306(a)(6)(B)</b>

Select Service AAA Administration

**Local Strategy**

maintain efforts in reaching out to those seniors with the greatest need like those rural settings, of low English Proficiency, minority, and below the poverty level.

**Staff Position(s) responsible for strategy**

All AAA staff

**Time frame for strategy**

Start date 10/1/10 End date 13/09/30

**Standard Assurances** enter OAA section number for all that apply.

306(a)(1)	<b>306(a)(2)(A)</b>	<b>306(a)(4)(B)</b>	

Select Service AAA Administration

**Local Strategy**

Maintain the designation as the focal point in this area for the local Area Agency on Aging.

**Staff Position(s) responsible for strategy**

AAA Director and Assistant Director

**Time frame for strategy**

Start date 10/1/10 End date 13/09/30

**Standard Assurances** enter OAA section number for all that apply.

306(a)(3)(A)	<b>306(a)(3)(B)</b>		

**Select Service Data Management**

**Local Strategy**

Maintain an administrative component to ensure that appropriate and necessary data to meet NAPIS and other Requirements are obtained from local Contractors and AAA Direct Services Staff.

**Staff Position(s) responsible for strategy**

AAA Planner

**Time frame for strategy**

**Start date** 10/1/10 **End date** 13/09/30

**Standard Assurances** enter OAA section number for all that apply.

306(a)(1)			

**Select Service AAA Administration**

**Local Strategy**

Review Advisory Council membership and outreach for new representatives to meet the requirements of the Older Americans Act.

**Staff Position(s) responsible for strategy**

AAA Director and Assistant Director

**Time frame for strategy**

**Start date** 10/1/10 **End date** 11/09/30

**Standard Assurances** enter OAA section number for all that apply.

306(a)(6)(D)			

**Section B. Ombudsman Services**

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

**State Goal:** Long-term Services and Supports

**State Objective:** Intake, Access and Eligibility

**State Strategy:** Provide a locally based system that connects people with the services and benefits they need through ombudsman services.

## Local Objective(s)

**Instructions:** Enter objective(s) for Ombudsman Services which are specific, measurable and time-based and indicate what will be accomplished at the end of the specified time period to provide Ombudsman services. You must enter at least one local objective. Insert rows as needed for additional objectives.



[For more information on writing objectives, click here . . .](#)

### Ombudsman Services Local Objective(s)

Insert rows as needed for additional objectives.

Provide advocacy on behalf of nursing and/or assisted living facility residents and/or their families by AAA Ombudsman Program staff and/or volunteers who are recruited, trained, certified and retained.

## Measurable Outcome(s)

**Instructions:** Enter outcome(s) for Ombudsman Service local objectives included above. You must enter at least one outcome. Insert rows as needed for additional outcomes.



[For more information on writing outcomes, click here . . .](#)

### Ombudsman Services Measurable Outcome(s)

Insert rows as needed for additional outcomes.

Each nursing or assisted living facility will be visited at least once during the fiscal year by Ombudsman Program staff, who will also attend Family Council meetings, State Regulatory Monitoring visit and Facility or Resident Meeting as invited. Every complaint received will be investigated and at least 98% of them are to be resolved during each fiscal year.

## Local Strategies

**Instructions:** Enter the implementation strategies for the Ombudsman Services objectives(s) and outcome(s) listed above. Remember that the local ombudsman entity ensures well-trained and active certified ombudsmen: regularly visit nursing homes and assisted living facilities to help protect resident rights and resolve complaints; assist people living in assisted living facilities and nursing homes with resolving complaints; and promote systems change to address their quality of life and care.

- These strategies must address Ombudsman Services to:
  - individuals living in assisted living facilities and
  - individuals living in nursing facilities
- For each strategy, indicate the staff position for the AAA and/or partners responsible for implementation. Please include any partners, providers, or other entities who will participate in implementation of the strategy.
- Enter the number of the Older Americans Act section for each of the standard assurances that will be met by each local strategy for Ombudsman services. Refer to complete list of Standard Assurances using the help button below.



[For more information on writing strategies, click here . . .](#)



[Click here for a complete list of Standard Assurances . . .](#)

**Ombudsman Services Local Strategies**  
 Insert rows as needed for additional strategies.

**Local Strategy**

In order to meet the objective,

1. Staff will develop a facility visit schedule which is to be reviewed and reported on a monthly basis
2. Every Family Conference and Facility/Resident meeting will be fully documented and reported on a monthly basis
3. Every complaint received will be fully documented from start to resolution and reported on a monthly basis.

**Staff Position(s) responsible for strategy**

MLO and Technician IV Ombudsman

**Time frame for strategy**

**Start date** 10/01/10      **End date** 09/30/13

**Standard Assurances** enter OAA section number for all that apply.

306(a)(2)(A)	306(a)(2)(C)	306(a)(4)(A)	306(a)(4)(B)
306(a)(9)	306(a)(13)(A)	306(a)(13)(B)	

**Section C. Access and Assistance Services**

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

**State Goal:** Long-term Services and Supports

**State Objective:** Intake, Access and Eligibility

**State Strategy:** Intake and Access to Support Services - Provide a locally based system that connects people with the services and benefits they need through care coordination, information, referral and assistance, and legal assistance.

**Local Objective(s)**

**Instruction:** Enter objective(s) for Access and Assistance Services which are specific, measurable and time-based and indicate what will be accomplished at the end of the specified time period to provide Access and Assistance Services. You must enter at least one local objective. You are encouraged to be creative and to use service delivery models that will expand and/or improve long term services and supports in your region. Insert rows as needed for additional objectives.

 [For more information on writing objectives, click here . . .](#)

**Access and Assistance Services Local Objective(s)**  
 Insert rows as needed for additional objectives.

Provide Access and Assistance services to seniors, their representatives and/or caregivers that will allow them to connect and access the necessary information and assistance to obtain needed service/s.

## Measurable Outcome(s)

**Instructions:** Enter outcomes for local Access and Assistance Services objective(s) included above. You must enter at least one outcome.

 [For more information on writing outcomes, click here . . .](#)

### Access and Assistance Services Measurable Outcome(s)

Insert rows as needed for additional outcomes.

Provide a 3% increase in access to services each year from the Area Agency's access and assistance component consisting of care coordination, caregiver support coordination, information, referral and assistance, legal assistance, legal awareness, and ombudsman services.

## Local Strategies

**Instructions:** Enter the strategies for providing Access and Assistance Services for each service selected.

- You may also enter strategies to develop new Access and Assistance services, to update the service delivery system, and/or to strengthen the aging network in your region. As examples *only*, this could include
  - developing or strengthening Aging and Disability Resource Center (ADRC)
  - implementing expanded models of marketing and outreach for Older Americans Act services
  - adopting new models for care coordination and options counseling to improve access and assistance to long term services and supports
  - expanding services to a currently un- or under-served community within the service area
  - implementing client directed services for specific care coordination clients, or
  - implementing other service delivery models for target populations and communities within the area
- For each strategy, indicate the staff position for the AAA responsible for implementation.
- Please include any partners, providers, or other entities who will participate in implementation of the strategy.
- Enter the number of the Older Americans Act section for each of the standard assurances that will be met by each local strategy for Access and Assistance services. Refer to complete list of Standard Assurances using the help button below.

 [For more information on writing strategies, click here . . .](#)

 [For a list of Service Definitions, click here . . .](#)

 [Click here for a complete list of Standard Assurances . . .](#)

### Access and Assistance Services Local Strategies

Insert rows as needed for additional strategies.

**Select Service Care Coordination**

**Local Strategy**

Maintain an integrated access and assistance component within the Area Agency on Aging which guides older persons, their family members, and/or other caregiver through a provision of Care Coordination to appropriately and adequately broker or coordinate appropriate services and interventions needed to address specific needs.

**Staff Position(s) responsible for strategy**

Care Coordinators

**Time frame for strategy**

**Start date**  **End Date**

**Standard Assurances** enter OAA section number for all that apply.

<input type="text" value="306(a)(1)"/>	<input type="text" value="306(a)(2)(A)"/>	<input type="text" value="306(a)(4)(C)"/>	<input type="text" value="306(a)(5)"/>
<input type="text" value="306(a)(8)(A)"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Caregiver Information**

**Select Service Services**

**Local Strategy**

Maintain an integrated access and assistance component within the Area Agency on Aging which assists seniors, their family and/or caregivers in accessing Caregiver Information Services in an effort to help them in obtaining necessary information and resources that will allow them to remain in their home for as long as possible in safety, with dignity and respect.

**Staff Position(s) responsible for strategy**

Technician IV CIS

**Time frame for strategy**

**Start date**  **End Date**

**Standard Assurances** enter OAA section number for all that apply.

<input type="text" value="306(a)(1)"/>	<input type="text" value="306(a)(2)(A)"/>	<input type="text" value="306(a)(4)(C)"/>	<input type="text" value="306(a)(5)"/>
<input type="text" value="306(a)(7)(A)"/>	<input type="text" value="306(a)(7)(B)"/>	<input type="text" value="306(a)(7)(C)"/>	<input type="text" value="306(a)(7)(D)"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Caregiver Support**

**Select Service Coordination**

**Local Strategy**

Maintain an integrated access and assistance component within the Area Agency on Aging which guides family caregivers through a provision of Caregiver Support Coordination to appropriately and adequately broker or coordinate appropriate services and interventions needed to address specific needs.

**Staff Position(s) responsible for strategy**

Care Coordinators (Caregiver Services)

**Time frame for strategy**

**Start date**  **End Date**

**Standard Assurances** enter OAA section number for all that apply.

<input type="text" value="306(a)(1)"/>	<input type="text" value="306(a)(2)(A)"/>	<input type="text" value="306(a)(4)(C)"/>	<input type="text" value="306(a)(5)"/>
<input type="text" value="306(a)(7)(A)"/>	<input type="text" value="306(a)(7)(B)"/>	<input type="text" value="306(a)(7)(C)"/>	<input type="text" value="306(a)(7)(D)"/>
<input type="text" value="306(a)(8)(A)"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Legal Assistance, Age 60 &**

**Select Service Over**

**Local Strategy**

Maintain an integrated access and assistance component within the Area Agency on Aging which guides older persons, their family members, and/or other caregivers through a progression of service delivery options consisting of Legal Assistance under a Benefits Counseling Program to appropriately address specific needs regarding public benefits.

**Staff Position(s) responsible for strategy**

Technician III (Access and Assistance & Technician IV Public Benefits)

**Time frame for strategy**

**Start date**  **End Date**

**Standard Assurances** enter OAA section number for all that apply.

<input type="text" value="306(a)(1)"/>	<input type="text" value="306(a)(2)(A)"/>	<input type="text" value="306(a)(4)(C)"/>	<input type="text" value="306(a)(5)"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Select Service Legal Assistance Under Age 60**

**Local Strategy**

Maintain an integrated access and assistance component within the Area Agency on Aging which guides persons needing help, their family members, and/or other caregivers through a progression of service delivery options consisting of Legal Assistance under a Benefits Counseling Program to appropriately address specific needs regarding public benefits.

**Staff Position(s) responsible for strategy**

Technician III (Access and Assistance & Technician IV Public Benefits)

**Time frame for strategy**

**Start date**  **End Date**

**Standard Assurances** enter OAA section number for all that apply.

<input type="text" value="306(a)(1)"/>	<input type="text" value="306(a)(2)(A)"/>	<input type="text" value="306(a)(4)(C)"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Select Service Legal Awareness**

**Local Strategy**

Maintain an integrated access and assistance component within the Area Agency on Aging which guides older persons, their family members, and/or other caregivers through a progression of service delivery options consisting of Legal Awareness under a Benefits Counseling Program to appropriately address specific needs regarding public benefits.

**Staff Position(s) responsible for strategy**

Technician III (Access and Assistance & Technician IV Public Benefits)

**Time frame for strategy**

**Start date**  **End Date**

**Standard Assurances** enter OAA section number for all that apply.

<input type="text" value="306(a)(1)"/>	<input type="text" value="306(a)(2)(A)"/>	<input type="text" value="306(a)(4)(C)"/>	<input type="text" value="306(a)(5)"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Select Service Information, Referral & Assistance**

**Local Strategy**

Maintain an integrated access and assistance component within the Area Agency on Aging which guides older persons, their family members, and/or other caregiver through a provision of Information, Referral, and Assistance in order to provide appropriate and consistent information address each of the individual's specific needs.

**Staff Position(s) responsible for strategy**

Access and Assistance Technician III

**Time frame for strategy**

**Start date**  **End Date**

**Standard Assurances** enter OAA section number for all that apply.

<input type="text" value="306(a)(1)"/>	<input type="text" value="306(a)(2)(A)"/>	<input type="text" value="306(a)(4)(C)"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**D. Work Plan for Services to Assist Independent Living**

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

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

**State Goal:** Long-term Services and Supports

**State Objective:** Intake, Access and Eligibility

**State Strategy:** Intake and Access to Support Services - Provide a locally based system of services to maintain personal independence through provision of supportive services, transportation, and senior center activities, and provide opportunities for increased personal productivity through community service volunteering.

**Local Objective(s)**

**Instruction:** Enter objective(s) for Services to Assist Independent Living which are specific, measurable and time-based, and indicate what will be accomplished at the end of the specified time period to provide Services to Assist Independent Living. You must enter at least one local objective. You are encouraged to be creative and to use service delivery models that will expand and/or improve long term services and supports in your region.



**For more information on writing objectives, click here . . .**

**Services to Assist Independent Living Local Objective(s)**

Insert rows as needed for additional objectives.

To provide community support for seniors to assist them in living independently in the least restrictive environment possible with dignity and respect. Support to include such services but not limited to transportation, senior center operations, caregiver education and training, respite care (in-home & institutional), adult day care, health maintenance, homemaker, personal assistance, emergency response, instruction and training, and other support services which will enhance their opportunities to maintain personal productivity and community interaction.

### Measurable Outcome(s)

**Instruction:** Enter outcome(s) for Services to Assist Independent Living local objective (s) included above. You must enter at least one outcome.

 [For more information on writing outcomes, click here . . .](#)

#### Services to Assist Independent Living Measurable Outcome(s)

Insert rows as needed for additional outcomes.

It is expected that these opportunities will reflect a 3% increase in service delivery. Client satisfaction shall be maintained at 90% for services provided by this agency

### Local Strategies

**Instructions:** Enter the strategies for providing Services to Assist Independent Living.

- You may also enter strategies to develop new Services to Assist Independent Living, to update the service delivery system, and/or to strengthen the aging network in your region. As examples *only*, this could include developing evidence based services for targeted populations within the region, adopting models for reimbursement of transportation services in a metropolitan service area, developing capacity to provide alternatives to nursing home placement through early identification of at-risk populations and expanding service delivery options, or organizing/coordinating caregiver support activities in a rural area.
- Include strategy(ies) for Medication Management, Evidence Based Prevention, and/or Evidence-Based Intervention if these are included in the budget.
- For each strategy, indicate the staff position for the AAA responsible for implementation. Please include any partners, providers, or other entities who will participate in implementation of the strategy.
- Enter the number of the Older Americans Act section for each of the standard assurances that will be met by each local strategy for Services to Assist Independent Living. Refer to complete list of Standard Assurances using the help button below.

 [For more information on writing strategies, click here . . .](#)

 [For a list of Service Definitions, click here . . .](#)

 [Click here for a complete list of Standard Assurances . . .](#)

#### Services to Assist Independent Living Local Strategies

Insert rows as needed for additional strategies.

**Select Service Adult Day Care**

**Local Strategy**

Provide an opportunity for informal caregivers to receive respite from providing uncompensated care to an older person or individuals with Alzheimer's or related disorders through adult day care services.

**Staff Position(s) responsible for strategy**

Care Coordinators (Caregiver Support Coordination)/Vendors

**Time frame for strategy**

**Start date**  **End date**

**Standard Assurances** enter OAA section number for all that apply.

306(a)(4)(C)			

**Select Service Caregiver Education & Training**

**Local Strategy**

Provide Caregiver Education and Training services in order to help informal caregivers cope with the issues and concerns associated in maintaining the Care recipient at home the longest possible. Find out, don't burnout.

**Staff Position(s) responsible for strategy**

Care Coordinators (Caregiver Support Coordination)/Contractors

**Time frame for strategy**

**Start date**  **End date**

**Standard Assurances** enter OAA section number for all that apply.

306(a)(4)(C)	306(a)(6)(E)	306(a)(7)(A)	306(a)(7)(B)
306(a)(7)(D)			

**Select Service**    **Caregiver Respite Care - In-home**

**Local Strategy**

Provide an opportunity for informal caregivers to receive respite from providing uncompensated care to an older person or individuals with Alzheimer's or related disorders through respite care (in-home) services.

**Staff Position(s) responsible for strategy**

Care Coordinators (Caregiver Support Coordination)/Vendors

**Time frame for strategy**

**Start date**     **End date**

**Standard Assurances** enter OAA section number for all that apply.

<input type="text" value="306(a)(2)(B)"/>	<input type="text" value="306(a)(4)(C)"/>	<input type="text" value="306(a)(7)(B)"/>	<input type="text" value="306(a)(7)(D)"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Select Service**    **Caregiver Respite Care - Institutional**

**Local Strategy**

Provide an opportunity for informal caregivers to receive respite from providing uncompensated care to an older person or individuals with Alzheimer's or related disorders through respite care (institutional) services.

**Staff Position(s) responsible for strategy**

Care Coordinators (Caregiver Support Coordination)/Vendors

**Time frame for strategy**

**Start date**     **End date**

**Standard Assurances** enter OAA section number for all that apply.

<input type="text" value="306(a)(4)(C)"/>	<input type="text" value="306(a)(7)(B)"/>	<input type="text" value="306(a)(7)(D)"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Select Service**    **Health Maintenance**

**Local Strategy**

Maintain a Health Maintenance component by contracting with an agency that will provide education and training to seniors in their local communities on matters regarding their health choices and exploring alternatives in order for the maintain their personal independence as long as possible thru the provision of health preventive measures,

**Staff Position(s) responsible for strategy**

Care Coordinators/Vendors

**Time frame for strategy**

**Start date** 10/01/10      **End date** 09/30/13

**Standard Assurances** enter OAA section number for all that apply.

306(a)(2)(A)	306(a)(4)(C)		

**Select Service**    **Senior Center Operations**

**Local Strategy**

Provide coordination of supportive services at the community level to allow seniors an opportunity to maintain their personal independence as long as possible in the least restrictive environment.

**Staff Position(s) responsible for strategy**

Technician IV (Administration)/Contractors

**Time frame for strategy**

**Start date** 10/01/10      **End date** 09/30/13

**Standard Assurances** enter OAA section number for all that apply.

306(a)(4)(C)			

**Select Service**    Transportation - Demand Response

**Local Strategy**

Provide an avenue for seniors to access community and health services in order to allow them to remain in their homes as long as possible in the least restrictive environment.

**Staff Position(s) responsible for strategy**

Care Coordinators/Contractors/Vendors

**Time frame for strategy**

**Start date** 10/01/10      **End date** 09/30/13

**Standard Assurances** enter OAA section number for all that apply.

306(a)(2)(A)	306(a)(4)(C)		

**Select Service**    Homemaker

**Local Strategy**

Provide a support service to homebound seniors in order for them to maintain a clean environment in their home allowing them to remain independent and living with dignity and respect.

**Staff Position(s) responsible for strategy**

Care Coordinators/Vendors

**Time frame for strategy**

**Start date** 10/01/10      **End date** 09/30/13

**Standard Assurances** enter OAA section number for all that apply.

306(a)(2)(B)	306(a)(4)(C)		

**Select Service**    **Personal Assistance**

**Local Strategy**

Provide a support service to homebound seniors in order for them to care for their personal needs allowing them to remain independent and living in a safe and healthful condition with dignity and respect.

**Staff Position(s) responsible for strategy**

Care Coordinators/Vendors

**Time frame for strategy**

**Start date** 10/01/10      **End date** 09/30/13

**Standard Assurances** enter OAA section number for all that apply.

306(a)(2)(B)	306(a)(4)(C)	306(a)(13)(A)	306(a)(13)(B)

**Select Service**    **Residential Repair**

**Local Strategy**

Provide residential repair/modification service in order to allow seniors the opportunity to remain independent as long as possible in their home with dignity and respect. Work will be carried out by provider agreements and bid process. Client satisfaction to be the final step.

**Staff Position(s) responsible for strategy**

Care coordinators/Vendors

**Time frame for strategy**

**Start date** 10/01/10      **End date** 09/30/13

**Standard Assurances** enter OAA section number for all that apply.

306(a)(2)(B)	306(a)(4)(C)		

**Select Service**    **Instruction and Training**

**Local Strategy**

Provide instruction/training to older individuals to help them acquire skills for self-help including medication management to enhance health and promote independence in the least restrictive environment.

**Staff Position(s) responsible for strategy**

Technician IV (Administration)/Provider/s

**Time frame for strategy**

**Start date** 10/01/10      **End date** 09/30/13

**Standard Assurances** enter OAA section number for all that apply.

306(a)(4)(C)			

**Select Service**    **Emergency Response**

**Local Strategy**

Provide an opportunity to homebound seniors to live in a safe home environment by offering emergency response services as a possible option.

**Staff Position(s) responsible for strategy**

Care Coordinators/Vendors

**Time frame for strategy**

**Start date** 10/01/10      **End date** 09/30/13

**Standard Assurances** enter OAA section number for all that apply.

306(a)(2)(B)	306(a)(4)(C)		

**Select Service**    **Mental Health Services**

**Local Strategy**

Develop partnerships and opportunities to address mental health issues affecting seniors in order to provide an opportunity to live independently in the least restrictive environment.

**Staff Position(s) responsible for strategy**

Director/Program Planner/Local Partners

**Time frame for strategy**

**Start date** 10/01/10      **End date** 09/30/13

**Standard Assurances** enter OAA section number for all that apply.

306(a)(1)	306(a)(4)(C)		

**Select Service**    **Evidence-Based Intervention**

**Local Strategy**

Will continue with the Hispanic Elderly Health Disparities Project, Fall Prevention Project, other evidence based intervention opportunities to provide seniors with important information and training opportunities to maintain and improve their health status.

**Staff Position(s) responsible for strategy**

Director/Assistant Director/Partners

**Time frame for strategy**

**Start date** 10/01/10      **End date** 09/30/13

**Standard Assurances** enter OAA section number for all that apply.

306(a)(1)	306(a)(4)(C)	306(a)(7)(C)	

**Select Service**     **Evidence-Based Prevention Programming**

**Local Strategy**

Will continue pursuing new evidence based intervention programs in an effort to provide senior in the area with information and training on how to maintain and/or improve their health status in order for them to live healthy as possible.

**Staff Position(s) responsible for strategy**

Director/Assistant Director/Partners

**Time frame for strategy**

**Start date** 10/01/10     **End date** 09/30/13

**Standard Assurances** enter OAA section number for all that apply.

306(a)(1)	306(a)(4)(C)	306(a)(5)	306(a)(7)(C)

**Select Service**     **Recreation**

**Local Strategy**

Provide seniors in senior centers the opportunity to be healthy and active by providing recreational activities.

**Staff Position(s) responsible for strategy**

Technician IV (Administration)/ Senior Centers

**Time frame for strategy**

**Start date** 10/10/10     **End date** 09/30/13

**Standard Assurances** enter OAA section number for all that apply.

306(a)(4)(C)			

**E. Nutrition Services**

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

**State Goal:** Long-term Services and Supports

**State Objective:** Intake, Access and Eligibility

**State Strategy:** Provide a locally based system of nutrition services that includes meals, counseling and education designed to promote good health and to prevent illness.

**Local Objective(s)**

**Instruction:** Enter objectives for Nutrition Services which are specific, measurable and time-based and indicate what will be accomplished at the end of the specified time period to

provide area agency on aging administration. You must enter at least one local objective. You are encouraged to be creative and to use service delivery models that will expand and/or improve long term services and supports in your region.

 [For more information on writing objectives, click here . . .](#)

#### **Nutrition Services Local Objective(s)**

Insert rows as needed for additional outcomes.

Maintain a comprehensive system of nutrition services to promote healthy living by providing meals in a congregate setting and at home for homebound older individuals.

Establish a comprehensive system of nutrition support services to promote healthy life style and healthy eating choices thru nutrition education, nutrition consultation, and nutrition counseling.

#### **Measurable Outcome(s)**

**Instruction:** Enter outcome(s) for Nutrition Services local objective(s) included above. You must enter at least one outcome.

 [For more information on writing outcomes, click here . . .](#)

#### **Nutrition Services Measurable Outcome(s)**

Insert rows as needed for additional outcomes.

Provide 390,000 meals to eligible seniors at congregate meals sites and at home for the homebound seniors.

Provide nutrition support services to 1900 seniors in order to promote healthy eating choices.

#### **Local Strategies**

**Instructions:** Enter the strategies for providing Nutrition Services.

- You may also enter strategies to develop new nutrition services and activities that are new to the region, to update the service delivery system, and/or to strengthen the aging network in the region.
- For each strategy, indicate the staff position for the AAA responsible for implementation. Please include any partners, providers, or other entities who will participate in implementation of the strategy.
- Enter the number of the Older Americans Act section for each of the standard assurances that will be met by each local strategy for Nutrition services. Refer to complete list of Standard Assurances using the help button below.

 [For more information on writing strategies, click here . . .](#)

 [For full list of service definitions, click here . . .](#)

 [Click here for a complete list of Standard Assurances . . .](#)

**Nutrition Services Local Strategies**  
 Insert rows as needed for additional strategies.

**Select Service Contregate Meals**

**Local Strategy**

Contract with a local provider to provide hot meals in a Congregate Setting (Senior Center/ Nutrition Site) at least 5 days a week for a minimum of 250 days during the contract year. Meals shall comply with all of the requirements set forth by the AAA and supported by the Older Americans Act.

**Staff position(s) responsible for strategy**

Technician IV (Administration)/Provider

**Timeframe for strategy**

**Start date**  **End date**

**Standard Assurances** enter OAA section number for all that apply.

<input type="text" value="306(a)(4)(A)"/>	<input type="text" value="306(a)(4)(C)"/>	<input type="text" value="306(a)(15)(A)"/>	<input type="text" value="306(a)(15)(B)"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Select Service Home Delivered Meals**

**Local Strategy**

Contract with a local provider to provide home delivered meals at least 5 days a week for a minimum of 250 days during the contract year. Meals shall comply with all of the requirements set forth by the AAA and supported by the Older Americans Act.

**Staff position(s) responsible for strategy**

Technician IV (Administration)/Provider

**Timeframe for strategy**

**Start date**  **End date**

**Standard Assurances** enter OAA section number for all that apply.

<input type="text" value="306(a)(4)(A)"/>	<input type="text" value="306(a)(4)(C)"/>	<input type="text" value="306(a)(15)(A)"/>	<input type="text" value="306(a)(15)(B)"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Select Service Nutrition Education**

**Local Strategy**

Provide nutrition education in collaboration with the nutrition provider to promote nutrition well-being in order to delay the on set on adverse health issues with seniors.

**Staff position(s) responsible for strategy**

AAA Staff Dietician/Provider

**Timeframe for strategy**

**Start date**

**End date**

**Standard Assurances** enter OAA section number for all that apply.

**Select Service Nutrition Consultation**

**Local Strategy**

Provide nutrition consultation to promote healthy nutrition to seniors in order to help with weight problems, diabetes, heart problems and other such conditions through the implementation of DRI's.

**Staff position(s) responsible for strategy**

AAA Staff Dietician

**Timeframe for strategy**

**Start date**

**End date**

**Standard Assurances** enter OAA section number for all that apply.

**Select Service Nutrition Counseling**

**Local Strategy**

Provide advise and guidance about options and methods for improving nutritional choices thru a nutrition counseling program for seniors, especially those with weight problems and diabetic.

**Staff position(s) responsible for strategy**

AAA Staff Dietician

**Timeframe for strategy**

**Start date** 10/01/10

**End date** 09/30/13

**Standard Assurances** enter OAA section number for all that apply.

306(a)(4)(C)

306(a)(15)(A)

306(a)(15)(B)

**TEXAS DEPARTMENT OF AGING AND DISABILITY SERVICES  
Area Plan 2011-2013**

**Organizational Structure**

**Organizational Structure of Area Agency on Aging**

**Instructions:** Describe the organizational structure of the AAA including the

- relationship to the sponsoring organization
- role of the grantee governing board
- location of the AAA (include branch offices and resource center offices)

**Organization Structure of the Area Agency on Aging**

The Lower Rio Grande Valley Development Council (LRGVDC) is the parent Organization for the Lower Rio Grande Valley Area Agency on Aging. The Administrative office for the LRGVDC and the majority of the departments it oversees is located at 311 N. 15<sup>th</sup> Street in McAllen, Texas. The Area Agency on Aging as a department of the LRGVDC is located in the same building. The Regional Police Academy is located in Harlingen and Rio Transit, the LRGVDC's transit program, has its office in Weslaco. The Area Agency on Aging also has a full service office in the Treasure Hills Plaza in Harlingen located at 1514 S. 77 Sunshine Strip, Suite 16. Staff assigned to the Harlingen office cover all programs under the direct service component.

The LRGVDC was designated the Lower Rio Grande Valley Area Agency on Aging by the Governor's Committee on Aging and in 1982 by the Texas Department on Aging. The Area Agency on Aging Director answers to the LRGVDC Executive Director, who has authority for all LRGVDC management. The LRGVDC Board of Directors has the authority to act on all policy decisions, contract authorizations, and actions that will require the Executive Director's signature. The Advisory Council on Aging on the other hand, submits all recommendations to the LRGVDC Board for approval.

The Area Agency on Aging has two components. One component is the administrative component charged with the administration of the Area Plan. This includes but not limited to planning, monitoring, reporting, contracting, and overall management of the Area Agency. The second component includes what is considered direct services. These services include Care Coordination, Caregiver Support Coordination, Caregiver Information Services, Legal Assistance, Legal Awareness, LTC Ombudsman, Information, Referral and Assistance.

## **Organizational Structure and Role of the Advisory Council**

**Instructions:** Describe the structure and role of the advisory council, including types of organizations and advocacy groups represented on the council.

Indicate categories of representatives serving on the Area Agency on Aging Advisory Council. Check all that apply.

- |                                                  |                                                  |
|--------------------------------------------------|--------------------------------------------------|
| Minority older person                            | Representative of the business community         |
| Older person living in rural area, if applicable | Local elected officials                          |
| Participants/eligible to participate             | Providers of veterans health care, if applicable |
| Family caregivers                                | General public                                   |
| Representatives of older persons                 | Other _____                                      |
| Service providers                                |                                                  |

### Structure and Role of the Advisory Council

The Advisory Council is a component under the Area Agency on Aging structure as it provides advice continuously on all matters relating to: the development of the area plan, the administration of the plan, and operations conducted under the plan. On any items that will require Board approval, the Advisory Council will submit its recommendations to the Board. The term of office is for three years and the members can be appointed until a replacement is found for the particular county. The Advisory Council appoints members to special Ad-Hoc committees when the need arises and sets rules and functions. The officers consist of the Chairperson and Vice-Chair. Membership consist of 23 persons and the county breakdown is 50% Hidalgo, 40% Cameron, and 10% Willacy County.

The Advisory Council meets once a month for its regularly scheduled meeting on the second Tuesday of the month. Meetings are scheduled 2:00 PM to 4:00 PM and are usually on schedule. Special meetings are occasionally scheduled in Senior Centers. Twelve meeting are scheduled per fiscal year. Members are very active the things that pertain to seniors.

Representatives from DADS' RLS, Adult Protective Services, Business Community, Texas Silver Haired Legislature (one representing veterans) and the Mental Health Authority are on the Advisory Council. A staff member from State Senator Eddie Lucio's office is also on the Advisory Council (Chairperson). AAA administration will continue seeking new member to the Council to include representatives from family caregivers population, business community and local elected officials.

### **Allocation of AAA Staff Responsibilities**

**Instructions:** Enter all staff positions to provide administrative and support services in the area agency from all sources. Select the activity/service to be provided and enter the percentage of full time equivalent assigned to the activity/service. This information should support the activities included in the Work Plan. The total FTE below must match the total FTEs for the AAA listed on the grantee's Organizational Chart (attached).

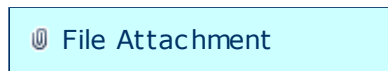
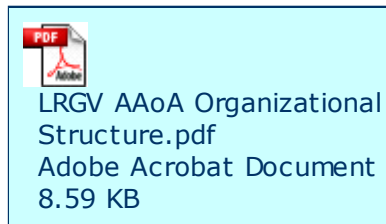
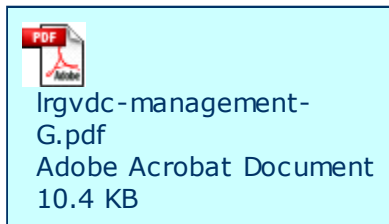
#### **Allocation of AAA Staff Responsibilities**

Insert additional rows as needed.

Position	Activity/Service	FTE
Director of Area Agency on Aging	<u>Area Agency Administration</u>	1
Assistant Director of Area Agency on Aging	<u>Area Agency Administration</u>	1
Administrative Assistant	<u>Area Agency Administration</u>	1
Program Planner I	<u>Area Agency Administration</u>	1
Technician IV	<u>Area Agency Administration</u>	1
Program Administrator	<u>Care Coordination</u>	1
Care Coordinator	<u>Care Coordination</u>	6
Care Coordinator	<u>Caregiver Support Coordination</u>	2
Technician III	<u>Care Coordination</u>	1
Technician III	<u>Information, Referral and Assistance</u>	2
Program Administrator	<u>Ombudsman</u>	1
Technician IV	<u>Ombudsman</u>	2
Technician IV	<u>Legal Assistance - 60 and Over</u>	1.5
Technician IV	<u>Legal Awareness</u>	1.5
Technician IV	<u>Caregiver Information Services</u>	1
Program Administrator (Dietitian)	<u>Nutritin Education</u>	.4
Program Administrator (Dietitian)	<u>Nutrition Counseling</u>	.3
Program Administrator(Dietitian)	<u>Nutrition Consultation</u>	.3
	<b>Total FTEs</b>	25.00

## Grantee's Organizational Chart

**Instructions:** Attach grantee's organizational chart which shows the position of the area agency on aging within its organizational structure as well as the AAA advisory council relationship to the grantee's governing board. Note that you will not be able to attach certain files which InfoPath blocks for security reasons. These include .exe, .bat, .com, .cmd, .url, .pst, .pif, and others.



## Grantee's Fiscal Management Processes and Administration

**Instructions:** Briefly describe grantee's method of fiscal management for funds received from DADS and other resources used to support this area plan, include at least the following:

- methods used to project budget
- track funding received
- track expenditures
- track performance

- monitoring contractors' fiscal performance
- review of audit reports for contractors

### **Grantee's Fiscal Administration**

Fiscal management is primarily the function of the LRGVDC's Finance Department. The department has the fiscal responsibility for maintaining all financial records and processing payments. The Assistant Director for the finance department is the staff assigned to work with the Director of the Area Agency on Aging (AAoA). The AAoA Director prepares the working budget for the department. The budgets for Area Plan Administration and direct services are based on prior year expenditures and availability of funds. Budgeting for contractual services and DPS services is also based on the availability of funds and funding approvals from the Board as recommended by the Advisory Council. The total amount budgeted is also based on the initial planning figures provided by DADS.

The working budget is submitted to the Finance Department. The Assistant Director for finance reviews the budget and compares the totals to the planning figures and/or NFAs on file and compares those figures with the AAoA Director. At the beginning of each fiscal year, the Finance department will issue all appropriate project codes according to program to be utilized by staff for their timesheets, travel, supplies, and all other activities according to their programs. These codes are also utilized to authorize DPS services and track expenditures and performance according to program. The AAoA Director also tracks the NFAs and assures that the budget submitted to DADS totals the NFAs.

A monthly expenditure report is provided to the AAoA Director by the fiscal office. The AAoA Director utilizes the monthly performance report developed by the AAoA Program Planner to the fiscal status report. The AAoA Director utilizes these two reports for the Budget Performance Payment Comparison Workbook review. A monthly report is also provided to the Advisory Council on fiscal and program performance. These documents are utilized to monitor performance measure projections. The Assistant Director and Administrative Tech IV conduct the PMT on all programs. The Administrative Tech IV also conducts the desk monitoring and onsite evaluations of programs. .

The majority of the funds that support Area Agency on Aging activities are Older Americans Act funds and State General Revenue funds. Membership fees, which are based on the latest population figures from local governments, are paid to the LRGVDC as membership is nominal and a fixed fee for special purpose entities such as school districts. These and other funds are then utilized as the local match contributions to secure federal and state funds from the Economic Development Administration,

Environmental Protection Agency, Texas Natural Resource Conservation Commission, State Office on Criminal Justice, Texas Department of Transportation, Federal Transit Administration, Texas Department of Commerce, and Texas Department on Aging and Disabilities Services. These local funds are not enough to match all programs.

The LRGVDC utilizes the State Planning Grant is utilized to match the Area Agency on Aging's Administrative requirements. Any loss of those funds will jeopardize the Area Agency's ability to maintain its current Administrative staffing. Provider over match is utilized to match Direct Service budgets, in addition to local in-kind acquired by each program.

The AAoA Director provides the Care Coordination Program Administrator an annual budget for all DPS services. This budget is broken down by service for health maintenance, transportation, residential repair, homemaker, and respite care. The Data Management amount is minimal.

The AAoA also utilizes State General Revenue funds provided by DADS to match Title III-E funds.

In relation to local support, senior center operation contractors use in-kind to match their Title III portions. Nutrition, Transportation and Caregiver Service contractors utilize a combination of in-kind and cash as match.

The funding available is contingent to the budgets developed by Congress and approved by the President. If additional funding is lost, this area will suffer the most because of the high number of seniors below the poverty level. Programs for seniors are based on availability of the appropriated funds.

The inability to transfer funds beyond the 40% between categories under Title III will not allow the area agency to focus on the services with the most need. Direct Purchase Service pool has been able to open new doors for services to seniors with the most need. In 2007, the Area Agency had over 90 providers on its vendor pool.

As invoices are received for the various providers the Billing Tech reviews them and compares the charges to the Service Authorization form which tells him what services were ordered for the client. The Billing Tech ensures that all items requested were included in the invoice before proceeding with payment request. Any discrepancies are resolved by the Billing Tech and Program staff before proceeding. Once the invoices match the request on the Service Authorization form the packet sent to the Finance Department for payment. Information is provided to us by Finance in order to keep track of program expenditures allowing us to determine how much is till available servcies.