

**City of San Antonio
Department of Human Services
Senior Services Strategic Plan**

Strategic Plan



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September 16, 2011

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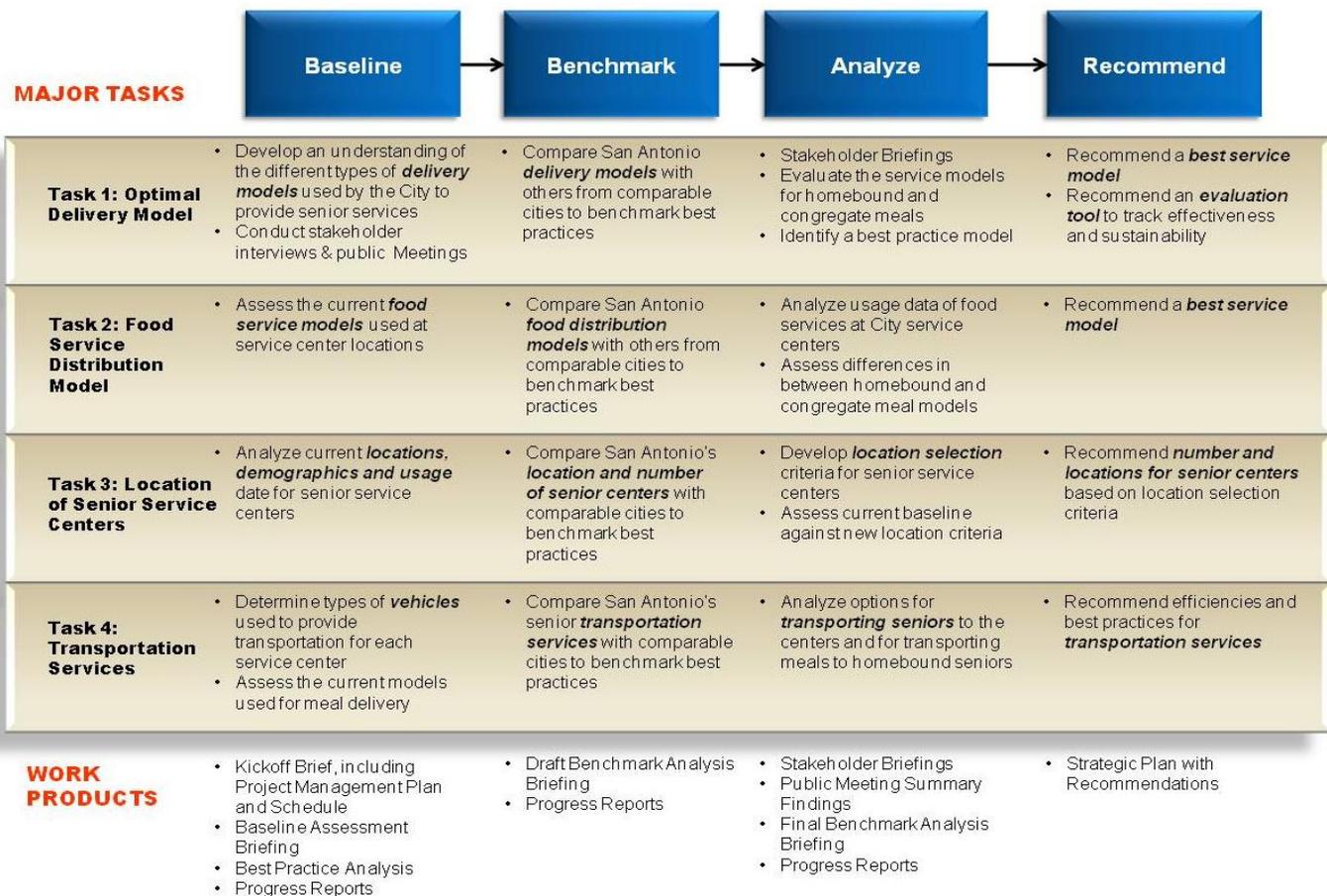
Table of Contents

Table of Contents	2
Executive Summary	3
1.0 Background and Understanding	5
2.0 Vision	5
3.0 Baseline Summary	6
Summary of Key Themes Aligned to Tasks 1-4	7
4.0 Benchmark and Analysis	8
Best Practices Continuum	8
Benchmark Analysis	9
Task 1: The Optimal Delivery Model	9
Task 2: Food Service Delivery Model Best Practice Standards	11
Task 3: Location of Senior Service Centers Best Practice Standards	14
Task 4: Transportation Services	14
5.0 Final Recommendations	16
Task 1—Optimal Delivery Model Recommendations	16
Task 2—Food Service Distribution Recommendations	24
Task 3—Location of Senior Centers	28
Task 4—Transportation	31
6.0 Conclusion.....	37
Appendices.....	38
A1 – Secondary Sources of Documentation	38
A2 –Federal and State Laws, Rules/Guidelines, Standards, etc.	39
A3 –KGBTexas Team Subject Matter Expert, Credentials	42
A4 –Notional Job Descriptions/Key Position Requirements.....	43
Attachments.....	48
1. Baseline Report	
2. Best Practices Presentation	
3. Benchmark Analysis Presentation	
4. Recommended Senior Services Organization Charts	
5. Senior Center Location Map and Quadrant Maps.....	
6. Senior Services Strategic Plan Implementation Schedule	
7. Senior Center Quad Chart: Roll-up of CNCs and Nutrition Centers.....	
8. Senior Centers Roll-Up Resources Funding Structures (e-file)	
9. Senior Center Recommendations and Best Practice Matrix (e-file)	
10. Stakeholders and Customers Contacts	

Executive Summary

The KGBTexas Team is pleased to provide this Strategic Plan to improve the Senior Services Program to the City of San Antonio’s Department of Human Services (DHS). The KGBTexas Team’s approach to developing the Senior Services Strategic Plan included four tasks that cross four phases of development—Baseline, Benchmark, Analyze, and Recommend (illustrated below):

Illustration: Strategic Planning and Analysis Approach



The development of this Plan was based on a vast amount of data and research already made available by the City during its Phase 1 Study. The Team’s goal was to build upon that study and improve the City’s understanding of the current state of the Senior Services Program. Additionally, the Team’s approach included a review of comparable cities, research of best practices, and consolidation of best practice standards to develop a benchmarking tool. This tool helped determine where along the continuum the City was compared to best practice standards. It also helped to determine areas of the program that require improvement leading to the best standards for operations and where the final recommendations should be focused.

The following table is a summary of the results and recommendations and should serve as a roadmap for the City to reach the best and optimal standards for its Senior Services Program. These can also be found in more detail in Section 6 of this Plan.

Summary of Recommendations	
TASK 1 Optimal Delivery Model	<ul style="list-style-type: none"> ▶ The primary recommendation for the best Optimal Delivery Model for senior services is to complete a reengineering of central office administration as indicated by the results of the initial phases of the analysis and organizational planning approach. This includes, but is not limited to, critical improvements in organizational planning, budgeting, and performance oversight; strategic communications, manpower management; process improvement and technology, and training. ▶ It is recommended for the City to: <ul style="list-style-type: none"> - Re-categorize the centers into three primary categories: Comprehensive Nutrition Centers, Nutrition Centers, and Recreation Senior Center sites. - Continue to provide senior services with the primary focus of nutrition at a combination of comprehensive and nutrition-focused center locations and settings. - Invest in and provide leadership, administration, program, and operational support to locations from a team of experts in the Central Office. The Central Office should be well supported by expert and mobile staff with expertise such as a Comprehensive Senior Center Manager to manage the larger comprehensive sites; Senior Nutrition Manager to manage the smaller nutrition sites; as well as Case Management, Mobility, and Nutrition Specialists. - Identify Nutrition Centers to a Comprehensive Nutrition Center.
TASK 2 Food Service Distribution	<ul style="list-style-type: none"> ▶ It is recommended that the distribution of homebound meals (i.e., approximately 120,000 meals per year) gradually transition to the local Meals on Wheels Program as capacity builds. Furthermore, it is recommended that the transition last no more than one budget year cycle. The City may consider transitioning grant funds received to support the program to the Meals on Wheels program for this purpose. ▶ It is recommended that the City maximize resources made available from transitioning the homebound meal program and reinvest savings into improving the nutrition program, using a targeted action plan and improved program and direct services standards — reissue RFPs, action planning; people and partnerships; process, technology and evaluation.
TASK 3 Location of Senior Centers	<ul style="list-style-type: none"> ▶ It is recommended that the City continue to provide senior services with the primary focus of nutrition at a combination of comprehensive and nutrition-focused center locations and settings. ▶ The City should provide expert-level leadership, administration, program, and operational support to the locations from Central Office. ▶ It is recommended that the City continue to access the most accurate and up-to-date data regarding seniors in collaboration with the Texas Data Center to plan and anticipate short and long-term senior population needs at least annually and collect demographic, metrics, and resource measurements around suggested geographic cluster areas. ▶ It is recommended that the Nutrition Centers be identified and informally aligned to a Comprehensive Nutrition Center using the geographic maps located in Appendix, A5—Senior Center Location Map and Quadrant Maps and A3—Recommended Organizational Charts. The maps, data sets, organizational charts, and quad charts describe the cluster of sites around a Comprehensive Service Center.
TASK 4 Transportation	<ul style="list-style-type: none"> ▶ It is recommended that the City gradually transition transportation city contribution and grant contribution funding targeted originally for medical purposes to expand transportation services to the nutrition program. ▶ It is recommended that the City play a major partner in the region-wide Strategic Transportation Plan (e.g., Alamo Area Regional Public Transportation Coordination Plan) for seniors consisting of other transportation providers, medical community, and stakeholders. ▶ It is recommended that the City continue to build and formalize community / provider partnerships (contractual / agreements). ▶ Develop targeted action plan for transportation aligned to Organizational Plan; complete the following: <ul style="list-style-type: none"> - It is recommended that the City hire a Mobility Manager with specific expert qualifications. - Develop Policies and Operating procedures aligned to Organizational Plan and Center Business Plan.

1.0 Background and Understanding

The City of San Antonio currently serves a growing population of senior citizens through a variety of business delivery models that have been established throughout the past 30 years. The Department of Human Services (DHS) foresees continuing growth in San Antonio's senior population and, with a dedication to improving quality of life within the community, the City is proactively determining models and strategies for coordinating resources and partnerships for current and future care of seniors. The complexity of senior services is a critical challenge that faces the City when it comes to its network of senior centers. The City currently provides senior services at 78+ senior center locations throughout San Antonio through a variety of delivery mechanisms. These sites are operated by the City, faith-based, nonprofit, volunteer, and other organizations and agencies. The cost models for nutrition, transportation, and other services and equity of services also vary greatly.

San Antonio is unique with diverse cultures and deeply rooted traditions. The evolution of the City's role in providing nutrition has grown out of social movements that began in the 1960s and the faith-based organizations' commitments to their community. The City continued to adopt services that focused on the needs of its senior population; however, these services were not always delivered optimally and the stability of available resources varied. The City of San Antonio's commitment to balance the challenges of maintaining appropriate settings for delivering services, meeting the needs of a growing senior population, and providing a robust selection of services while preserving the quality of programs and services to the active and yet, sometimes fragile, population is commendable.

The City engaged the KGBTexas Team to review its full spectrum of senior services to evaluate the current operating models and quality and equity of services delivered across the City, as well as to provide suggestions to help the City prepare for future demands.

This strategic roadmap incorporates data, best practice research, and most importantly, feedback from a broad cross-section of seniors, other constituents, and stakeholders. The Team also communicated the approach and recommendations with senior services customers, stakeholder groups, and City leadership at the City's request.

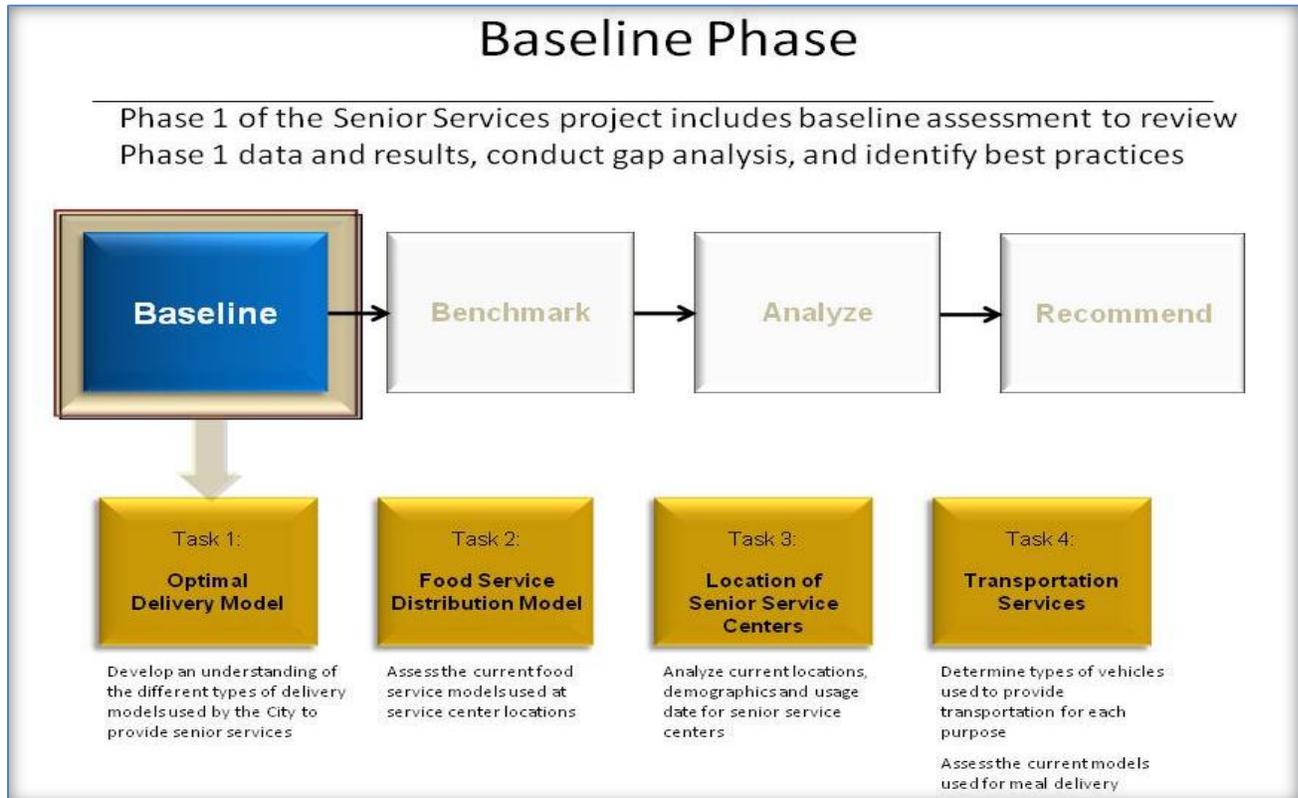
2.0 Vision

The City of San Antonio will continue its commitment to be a leader in providing a variety of senior-friendly settings for senior citizens to enjoy a healthy meal and will engage seniors and stakeholders as partners in planning for the near and long-term future.

3.0 Baseline Summary

The approach to developing the Senior Services Strategic Plan includes four tasks that cross four phases of development. As illustrated below, the first phase is the Baseline.

Illustration 3A: Baseline Phase



The *Baseline Report*, included as an Addendum to this Plan, builds upon the City of San Antonio's Phase 1 Study to improve senior services. It provides a high-level review of primary (e.g., interviews, focus groups, and surveys) and secondary data (e.g., existing data and cost analysis and studies) aligned to each of the four tasks: Optimal Delivery Model, Food Service Distribution Model, Location of Senior Service Centers, and Transportation Services.

The Baseline Report was used as a basis to benchmark best practices, thus leading to valid recommendations for improving senior services. The baseline included a compilation of primary and secondary data, a review of the data and information collected, a summary of customer and stakeholder feedback, identification of key themes and findings, and specific considerations that may lead to improvement opportunities.

During the baseline, the KGBTexas Team collected and analyzed data from multiple sources. Data included 2010 U.S. Census demographic information from Bexar County and the San Antonio region to assess and project any trends that need to be considered in planning for senior services.

Data also included financial, budget, and metric data (number served, frequency, number of trips, etc.) from the City specific to the senior centers. Input was also received from stakeholder interviews, meetings, focus groups, group presentations, and surveys. A summary of the key themes resulting from the Baseline are highlighted in the following table:

Summary of Key Themes Aligned to Tasks 1-4

Summary of Key Themes Aligned to Tasks 1-4	
Task 1: Optimal Delivery Model	<p>Senior services needs to validate and communicate the City’s mission, role, and responsibility for senior citizens.</p> <ul style="list-style-type: none"> ▶ Staff and contractors are overextended and carry overlapping responsibilities as a result of limited resources; should be aligned according to job function; seniors are greatest source for volunteer network. ▶ Need well-defined internal processes that meet federal and state mandates, requirements, rules, and guidelines. ▶ Electronic systems (e.g., rosters, meal reservations) are antiquated or non-existent, contributing to inefficient processes. ▶ Need to determine the best physical delivery model that meets the needs of multi-generational seniors.
Task 2: Food Service Distribution Model	<p>The City’s responsibility for providing meals in congregate settings, delivery locations and homebound, causes a strain in quality and available resources in each delivery stream.</p> <ul style="list-style-type: none"> ▶ Process for meal distribution is complex and time-intensive, specifically at vendor sites where resources vary. ▶ Staff carry overlapping responsibilities to meet the demands of direct services (driving seniors / serving meals) and administrative requirements. ▶ System for registering seniors and ordering meals is paper-based and error-prone; minimally, email is not an available option and phones are not available at all locations. ▶ Dining atmosphere of meal distribution locations are unequal and vary in aesthetic environment.
Task 3: Location of Senior Centers	<p>The City is under extreme pressure to provide a multitude of services, primarily nutrition, in various setting types in 78+ senior service centers throughout the City, resulting in a complex financial and qualitative burden.</p> <ul style="list-style-type: none"> ▶ Distance / demographics will drive necessity for center locations, limited or multi-use centers, and types of services. ▶ Geographic overlap of centers provides opportunities for improvement. ▶ Comprehensive center locations are not accessible by all seniors. ▶ Centers near outlying / rural areas serve county / small municipalities within the City, providing opportunities for improvement. ▶ Demographic shifts in short / long-term could create needs outside of central locations centers.
Task 4: Transportation	<p>There is a critical need for short / long-term comprehensive multi-agency transportation strategies for seniors in the San Antonio region where transportation resources for senior citizens are in high demand but resources are limited. Most of the burden comes from medical needs.</p> <ul style="list-style-type: none"> ▶ City-provided transportation is maximized to its fullest potential given static resources and scope of responsibility. ▶ Medical transportation provided by the City primarily for dialysis / cancer treatments impacts available funding on a greater scale for a small number of the senior population. ▶ Transportation for nutrition / medical purposes is operating at its highest efficiency with limited resources available and geographic challenges, but it is not at its most effective. ▶ Transportation for seniors is a priority among stakeholders. ▶ Most providers are trending toward using co-ops as a means to provide transportation services.

4.0 Benchmark and Analysis

Best Practices Continuum

Best Practice research was conducted to collect and review the best senior services program components that exist nationally as well as other important resources that guide best practices and promising programs. The *Best Practices Summary Results* is provided as an Addendum to this plan. Senior Service Standards were derived from the best practices and used to conduct the Benchmark Analysis. The *Benchmark Analysis Results*, included in detail as an Addendum to this plan, reviewed and compared the City's current status with Best Practice Standards by using the following steps:

- ▶ Validated baseline results and research, stakeholder input, and best practices.
- ▶ Researched and identified comparable senior services programs.
- ▶ Comprehended the City's current state and expectations for senior services (e.g., operating model(s), quality, quantity, and available resources and funding).
- ▶ Compared the City's current nutritional program with other comparable local organizations and programs serving similar demographics.

Comparison variables included, but were not limited to, the following:

- Similarity of city size and population (Ft. Worth, Phoenix, San Diego, Miami, etc.)
- Demographic makeup of other cities
- Cultural background
- Geographic location
- Methods for service delivery (homebound, congregate nutrition, transportation, and other services)
- Number / variety of service models (nutrition, transportation, health / well-being, etc.)
- Evaluation methods used to prove best practice.
- ▶ Based on the review of best practices, established a standard or point of reference for which senior services should be provided in San Antonio.
- ▶ Compared the City's current service models for each Task Area with the identified standards.

The *Best Practice Continuum* uses a tool to demonstrate the comparison and gaps between the identified best practice standards and the City's current service models for each Task Area. The best practice continuum included the following:

- ▶ Key functional requirements for each Task Area identified in best practices
- ▶ Optimal / best practice service standards.
- ▶ A scale of one to five (five being best standards), where best practice standards are exhibited by the City's current service model(s).

Benchmark Analysis

Below is a summary of results from the Benchmark and Analysis Phase of the Strategic Planning Approach.

Task 1: The Optimal Delivery Model

The Best Practice Continuum for Task 1 identifies the highest senior service delivery standards derived from best practices research. These standards were laid out and compared to the City's existing and multiple delivery mechanisms for senior services. Results for Central Office indicate that operations are average compared to best standards for operating a human services program such as Senior Services, leaving opportunities for short and long-term improvements.

Best Practice Continuum: Task 1A—Optimal Delivery Model, Central Office Administration

Function	Best Practice	Scale 1-5
Planning and Performance Management	<ul style="list-style-type: none"> ▶ Organizational plan and quarterly performance results widely disseminated ▶ Automated performance management system ▶ Extended public / private partnerships ▶ Address all compliance requirements for Federal, State, and Local statutes and / or ordinances, e.g., Older Americans Act ▶ Compliance monitoring system ▶ Grievance procedure 	2
Budget and Contractual Oversight and Management	<ul style="list-style-type: none"> ▶ Integrated budget management system used throughout the Department ▶ Leverage of funds and resources with partners 	3
Manpower Management	<ul style="list-style-type: none"> ▶ Comprehensive strategies for recruitment, selection, development, and retention ▶ Investment in volunteer recruitment, training, and recognition 	3
Process Improvement and Technology	<ul style="list-style-type: none"> ▶ Fully integrated Senior Services Program Policies and Procedures aligned to Organizational Plan with developed playbooks, formats, reference documents, etc., managed by governance team 	2
Strategic Communications	<ul style="list-style-type: none"> ▶ Strategic involvement at federal and state level advocacy ▶ Targeted messaging and branding; proactive media outreach ▶ Customer feedback ▶ Senior-friendly communication tools 	2
Training	<ul style="list-style-type: none"> ▶ Training provided in multiple channels including just-in-time, distance learning / computer-based learning for all staff / contractors 	3
Evaluation	<ul style="list-style-type: none"> ▶ Goals and performance measures periodically reviewed and revised ▶ Annual report 	2

The results summary shown below indicates that centers vary in meeting best practice standards. Note that although a category of centers may rank high or low on average, there are examples of individual centers that operate at a high standard and in some cases as model programs. Detailed charts can be found in Attachments: *Benchmark Analysis*, September 9, 2011.

Best Practice Continuum: Task 1B—Optimal Delivery Model, Best Practice Standards

Function	Best Practice
<p>Governance / Program Planning / Evaluation/ Accreditation</p>	<ul style="list-style-type: none"> ▶ Business Plan aligned to Senior Services Organizational Plan; Budget; Action Plans ▶ Best Practice / Promising Programs ▶ Meets all compliance requirements for Federal, State, and Local statutes or ordinances, e.g., OAA, Elder Laws ▶ Community / provider partnerships ▶ Center manager / leadership ▶ Performance management systems ▶ NCOA Self Assessment-9 Senior Center Standards for Accreditation ▶ Annual Report ▶ Internal Risk Assessment
<p>Administration / Contractual Obligations</p>	<ul style="list-style-type: none"> ▶ Internal Operating procedures aligned to Program Policies and Procedures ▶ Integrated Center budget management system aligned to Organizational / Business plans with delegated authority ▶ Records and Reports Management ▶ Internal monitoring function ▶ Grievance procedure for client complaints ▶ Leveraging Funds and Resources ▶ Investment in formal volunteer system
<p>Individual / Personal Needs</p>	<ul style="list-style-type: none"> ▶ Provides direct services; case management; and information and referral and follow up for: ▶ Participant-Directed Programs; Home-Delivered Nutrition; Congregate Nutrition; Alternative Nutrition setting; Physical / Mental health; Social; Spiritual; Financial; Legal ▶ Appeals to ethnicities and environment
<p>Interpersonal / Social Needs</p>	<ul style="list-style-type: none"> ▶ Provides direct services; case management; and information and referral and follow-up for: ▶ Participant-Directed Programs; Employment; Education; Volunteerism; Recreation; Housing; Community Support; Transportation; frequent Health Screenings/long-term care; Caregivers Support; Protection-personal safety/freedom from abuse; Art; and Intergenerational programs ▶ Alternative, non-traditional, variety services ▶ Caters/appeals to ethnic population, environment, special needs ▶ Senior-friendly communication resources: newsletters; websites; in-person; etc.

Best Practice Continuum: Task 1B—Optimal Delivery Model, Senior Center Types-Summary

Function	Senior Center Types					
	Park Senior Activity Centers	County-Owned/ City Operated	Lease-Only Centers & Lease-Site / City-Operated	Multi-Service & One-Stops	Vendor	Volunteer
Governance / Program Planning / Evaluation / Accreditation	2	2	2	3	2	1.5
Administration / Contractual Obligations	2	2	2	3	2	1
Individual / Personal Needs	2.5	2	1.5	4	2	1
Interpersonal / Social Needs	2	2	1	3.5	1.5	1
Total Average	2.1	2	1.6	3.4	1.9	1.1

Task 2: Food Service Delivery Model Best Practice Standards

The Best Practice Continuum for Task 2 identifies the highest senior service delivery standards derived from the best practices research. These standards were laid out and compared to the City's existing systems for meal / nutrition delivery for seniors. The benchmark review was conducted for both delivery mechanisms: Homebound Nutrition Program and Congregate Nutrition Program. The review consisted of an assessment of the two meal programs collectively, not only on an individual site basis.

The results summary for both models shown below indicates that both are operating just below average. Although they may rank below average, there are examples of individual nutrition programs that operate at high standards and in some cases as model programs. Additionally, any challenges that exist may not solely be the result of the individual program itself; there may be many contributing factors. Detailed charts can be found in Attachments: *Benchmark Analysis*, September 9, 2011.

Best Practice Continuum: Task 2—Food Distribution Model, Homebound Meals

Function	Best Practice	Scale 1-5
<p>Program Planning— Action Planning</p>	<ul style="list-style-type: none"> ▶ Operational plan and aligned to Strategic Plan ▶ Best Practice/Promising home-delivered nutrition Programs — focuses only on home delivery (unassociated with congregate) ▶ Meets all compliance requirements for Federal, State, and Local statutes and / or ordinances, e.g., OAA, Elder Protection ▶ Performance management systems ▶ Outcomes in Annual Report ▶ Internal Risk Assessment ▶ Budget supports staff to oversee program effectively at all sites / satellite ▶ Meal / Service providers selected by RFP ▶ Program sustained by many fund sources ▶ National average; <u>suggested</u> donation is \$1-\$2, according to AOA (2009) 	<p style="text-align: center;">1.5</p>
<p>People and Partnerships</p>	<ul style="list-style-type: none"> ▶ Manager / Leadership ▶ Dedicated Nutritionist ▶ Formal community / provider partnerships (contractual / agreements) ▶ Internal monitoring function ▶ Leveraging Funds, Partners and resources ▶ Investment in volunteer recruitment, training, and recognition 	<p style="text-align: center;">2.5</p>
<p>Process, Technology, and Evaluation</p>	<ul style="list-style-type: none"> ▶ Internal operating procedures aligned to Organizational Plan and Center Business Plan ▶ Electronic / GPS mapping for delivery ▶ Provides: nutrition case management; and information and referral and follow up for: participant-Directed Programs; Home-Delivered Nutrition; caters / appeals to ethnicities, environment, special needs ▶ Grievance procedure for client complaints ▶ Integrated proven volunteer program; builds capacity as needed and uses mobile seniors as volunteers ▶ Delivery at minimal time / distance ▶ Next-day ordering / reservation service ▶ Records and Reports Management ▶ Monitor “no show” patterns for efficiency ▶ Senior-friendly communication resources: menus; newsletters; websites; etc. ▶ Use electronic systems: computers, phones, email, online, swipe cards and instituted electronic records management ▶ Best Practice / Promising Programs ▶ Formal system for internal/external evaluation / customer satisfaction ▶ Report out progress to public 	<p style="text-align: center;">1.5</p>

Best Practice Continuum: Task 2—Food Distribution Model, Homebound Meals

Function	Best Practice	Scale 1-5
<p>Program Planning— Action Planning</p>	<ul style="list-style-type: none"> ▶ Center Business Plan in place and aligned to Organizational Plan with congregate-focused specific meal program plan ▶ Best Practice / Promising congregate nutrition programs ▶ Meets all compliance requirements for Federal, State, and Local statutes and ordinances, e.g., OAA, Elder Protection ▶ Performance management systems ▶ Outcomes in Annual Report ▶ Internal Risk Assessment specific ▶ Budget to support staff to oversee program effectively at all sites ▶ Meal/Service providers selected by RFP ▶ Program sustained by many fund sources ▶ National average; <u>suggested</u> donation is \$1-\$2, according to AOA (2009) 	<p style="text-align: center;">1.5</p>
<p>People and Partnerships</p>	<ul style="list-style-type: none"> ▶ Manager / Leadership ▶ Dedicated Dietician / Nutritionist ▶ Formal community / provider partnerships (contractual / agreements) ▶ Internal monitoring function ▶ Leveraging funds, partners and resources ▶ Investment in volunteer recruitment, training, and recognition 	<p style="text-align: center;">2.5</p>
<p>Process, Technology, and Evaluation</p>	<ul style="list-style-type: none"> ▶ Internal operating procedures aligned to Center Business Plan ▶ Electronic / GPS system for delivery ▶ Provides: nutrition case management; information and referral; and follow up (Participant-Directed Program); ▶ Appeals to ethnicities, environment, special needs ▶ Grievance procedure for client complaints ▶ Integrated proven volunteer program; builds capacity as needed and uses mobile seniors as volunteers ▶ Large Center sites for oversight ▶ Next-day ordering / reservation service and monitor “no show” patterns for efficiency ▶ Records and Reports Management ▶ Senior-friendly communication resources: menus; newsletters; websites; in-person ▶ Use electronic systems: computers, phones, email, online, swipe cards and instituted electronic records mgmt ▶ Formal system for internal / external evaluation / customer satisfaction and report out progress to public 	<p style="text-align: center;">1.5</p>

Task 3: Location of Senior Service Centers Best Practice Standards

The Best Practice Continuum for Task 3 identifies the highest senior service delivery standard for how or where senior centers should be located for delivery of services. The Benchmark review was conducted to determine the current state of senior service center locations and key elements necessary to achieve a best practice standard considering the variety of types of senior centers available. To determine optimal location of senior service centers, further analysis was conducted around the larger senior centers in comparison to the smaller sites, as well as looking for radius’ of one, three, and five miles.

Best Practice Continuum: Task 3—Location of Senior Services

Function	Best Practice	Scale 1-5
<p>Program Planning— Action Planning</p>	<ul style="list-style-type: none"> ▶ For City’s with multitude and variance of senior centers, best model includes anchor sites that support smaller / limited use senior center sites (regionalization) ▶ Smaller sites fall under anchor site umbrella and rely on anchor site operational standards and leadership ▶ Smaller sites provide location specific services, such as nutrition only or nutrition with quarterly wellness check ups, etc. ▶ Smaller sites are within 5-15 miles of an anchor site ▶ Ensure accessibility to those most in need, target locations to comply with OAA requirements: serve low income, greatest economic need areas 	<p style="text-align: center;">3.5</p>

Task 4: Transportation Services

The Best Practice Continuum for Task 4 identifies the highest senior service delivery standard for transportation services for senior centers. The Benchmark review was conducted for the following delivery mechanisms collectively: Transportation for seniors for medical needs, nutrition needs and other purposes. Functional Standards reviewed were: Program Planning-Action Planning; People and Partnerships; and Process, Technology, and Evaluation.

Best practices indicated that strategic planning at the regional / county / city level is a necessity and the best standard for services requires strong collaborations, pooling of resources, and solid network of volunteers and community support. Result summary for transportation shown below indicate that there is a significant need for strategic planning at these levels. However, the City operating at average is the best that can be achieved without a formal exercise in regional strategic and action-oriented planning. There are many opportunities for improvement and possible realignment. Detailed charts can be found in Appendix 2.

Best Practice Continuum: Task 4—Transportation for Medical, Nutrition, & Other Purposes

Function	Best Practice	Scale 1-5
Program Planning— Action Planning	<ul style="list-style-type: none"> ▶ Major partner in region-wide Strategic Transportation Plan for seniors consisting of other transportation providers, medical community, and stakeholders ▶ Meets all compliance requirements for Federal, State, and Local statutes and / or ordinances, e.g., OAA, Elder Protection ▶ Leveraged Funds and Resources among Strategic Partners ▶ Performance management systems ▶ Outcomes in Annual Report ▶ Internal Risk Assessment ▶ Budget supports sufficient transportation staff to oversee program effectively ▶ Transportation coordinated services with other providers 	1.5
People and Partnerships	<ul style="list-style-type: none"> ▶ Mobility Managers and agency managers ▶ Dedicated transportation team (manager, staff, volunteers) ▶ Strategic collaborations with all other transportation providers ▶ Coordination / leveraging partners and resources ▶ Senior-friendly communication resources ▶ Investment in volunteer formal program 	2
Process, Technology, and Evaluation	<ul style="list-style-type: none"> ▶ Integrated Policies and Procedures ▶ Participant-Directed Program and Individual. Case Mgmt. ▶ Sliding-Scale voucher / membership systems (city / county / region-wide) ▶ Integrated proven volunteer program; builds capacity as needed and uses mobile seniors as volunteers ▶ GPS mapping system for delivery ▶ Multiple providers offer diverse collaborated services ▶ Larger centers may serve as anchor sites ▶ Reservation and same-day service / meal time ▶ External / internal industry standards and passenger assist. training for all drivers ▶ Extensive metropolitan para-transit system or contracted services for ambulatory rides, wheel chair lift accommodations ▶ Internal monitoring function ▶ Formal system for internal/external evaluation / customer satisfaction ▶ Grievance process ▶ Report out progress to public 	2.5

5.0 Final Recommendations

The following section is a culmination of a strategic methodical approach to developing final recommendations to improve the City of San Antonio’s Senior Services Program. These should be considered as a roadmap for improving services. It is evident through the baseline, benchmarking, and analysis phases that providing nutrition for senior citizens is a priority for the City of San Antonio. Thus, the recommendations given along each of the Task Areas are aligned with the primary goal of providing all seniors, especially seniors in most need, with access to a healthy meal in a secure and senior-friendly setting.

Task 1—Optimal Delivery Model Recommendations

A. Central Office Administration

Recommendation (8-12 months)

The primary recommendation for the best Optimal Delivery Model for senior services is to complete a **reengineering of central office administration** as indicated by the results of the initial phases of the analysis and strategic planning approach. This includes, but is not limited to, critical improvements in the following functional areas:

A. Central Office Administration	
Strategic Planning, Budgeting, and Performance Oversight	<p>Organizational Planning:</p> <ul style="list-style-type: none"> ▶ Develop a Comprehensive Organizational Planning for the City of San Antonio’s Senior Services Program (6-8 months) ▶ Develop Business Plans for each of the City’s nine large senior centers (8-12 months) ▶ Develop Action Plans to support objectives of the Organizational and Business Plans (8-12 months) ▶ Expand public / private partnerships and partnerships with other organizations and municipalities (3-12 months) ▶ Establish Governance for the Senior Services Program — create fundamental principles that guide program (2-3 months) ▶ Develop Customer Services Plan, including the development of a Code of Ethics / Standards of Conduct (6-12 months)
	<p>Budgeting</p> <ul style="list-style-type: none"> ▶ Develop an integrated budget management system (8-12 months) ▶ Align Budget, to the extent possible, to the Organizational Plan (8-12 months) ▶ Leverage of funds and resources with partners (8-12 months) ▶ Seek suite of funding and service resources through partnerships and grants (8-12 months)

A. Central Office Administration, continued	
Performance Oversight	<p>Performance Management and Oversight</p> <ul style="list-style-type: none"> ▶ Produce a City of San Antonio, Senior Services Program Annual Report (annually) ▶ Institute grievance system and procedures; toll-free number; generic email; in addition to comment cards, which should be pulled daily (6-12 months) ▶ Reissue / Recompete RFPs for all senior services programs to ensure high standards and equitable competition for quality services; see Notional RFP Key Requirements for nutrition vendors in Appendix: A4 (6-12 months) ▶ Develop an automated / electronic performance management system, and phased approach (6-12 months) ▶ Collect and report quarterly performance results (3-6 months) ▶ Periodically review and revise goals and performance measures (annually) ▶ Institute a compliance monitoring/risk assessment system to ensure compliance with Federal, State, and Local statutes and / or DHS policies, e.g., OAA; Senior Program Policies and Procedures; Contractual Oversight and Management; and NCOA Accreditation standards (6-12 months)
Strategic Communications	<ul style="list-style-type: none"> ▶ Develop a strategic communications plan for Senior Services Program — aligns to Organizational Plan and targets stakeholders and internal and external customers (6-12 months) ▶ Strategically develop senior-friendly communications tools, e.g., program newsletter (electronic / paper); Center sites develop paper newsletters and other information resources (6-12 months) ▶ Conduct periodic customer feedback surveys (annually) ▶ Targeted messaging and branding proactive media outreach (8-12 months) ▶ Strategic involvement / advocacy at federal and state level (6-12 months) for senior services programs / initiative
Manpower Management	<ul style="list-style-type: none"> ▶ Ensure critical and key personnel positions exist to support the management and oversight of nine Comprehensive Senior Nutrition Centers, 60+ nutritional, and additional recreation sites (6-12 months) ▶ Comprehensive strategies for recruitment, selection, development, and retention (6-12 months) ▶ Hire and establish Volunteer Program: strategic hire, recruitment, training, and recognition (6-12 months) ▶ Recommend staffing the Central Office Organization Chart—see Appendix 4 (3-6 months) ▶ Develop standardized and appropriately aligned positions/ensure roles provided for contracted locations*: <ul style="list-style-type: none"> – Center Director—Comprehensive Senior Nutrition Center Sites, Center Manager—Nutrition Site, Center Manager—Recreation Site – Nutritionist / Dietitian Manager / Coordinators – Transportation Mobility Manager / Mobility Specialists – Volunteer Manager / Coordinators – Case Manager / Aging Specialist <p>*See Appendix 4 for Notional Job Descriptions / Key Position Requirements for Central Office Key positions (6-12 months)</p>

A. Central Office Administration, continued	
Process Improvement and Technology	<ul style="list-style-type: none"> ▶ Using Business Process Reengineering (BPR) techniques, develop and execute a process improvement plan aligned to Senior Service Organizational Plan and focused on improving operational efficiencies through effective policies, streamlined procedures, and improved technologies (6-18 months, ongoing) ▶ Institute a Governance Team to oversee development and execution of fully integrated Senior Services Program Policies and Procedures aligned to Organizational Plan, NCOA Accreditation standards; Code of Ethics, executed playbooks, formats / forms, reference documents, etc. (6-18 months, ongoing) ▶ Institute electronic information system to adequately collect, manage, and report critical senior services data and information (1-3 years) ▶ Use institute a fully functional Management Information System to adequately collect, manage, and report critical senior services data and information (5-10 years) ▶ Information and Referral Kiosks for meal reservations; transportation reservations; access to field information available in community, City, Area on Aging, etc. (3-6 months) ▶ Provide adequate electronic resources (e.g., phones at each senior center). (3-6 months) ▶ Provide computer access at each senior center with Internet access and / or access to a computer no more than 5 miles from the center. (2-6 months)
Training	<ul style="list-style-type: none"> ▶ Institute a knowledge management system where training is provided through multiple channels including just-in-time, distance learning / computer-based learning for all staff / contractors (12-18 months) ▶ Prioritize and align training to organizational plan objectives and job descriptions / professional development plans (12-18 months) ▶ Provide immediate training on Code of Ethics; Grievance Procedures; Federal, state, local, and departmental mandates / requirements (3-6 months)

B. Comprehensive Senior Nutrition Centers (CSNC), Senior Nutrition Centers, and Recreation Centers

The City is under extreme pressure to provide a multitude of services, primarily nutrition, in various setting types in 78+ senior service centers throughout the city, resulting in a complex financial and qualitative burden. Additionally, customer feedback informed that there was a divide among the different senior age groups in their willingness to travel more than five miles, and their preferred length of stay and frequency at a center per day / week. However, the purposes of attending centers were fairly consistent around meals / nutrition and social interaction. Further feedback informed the Team that there seems to be a trend in establishing larger multi-purpose centers; but conversely, there is still a need to provide nutritional services at smaller / neighborhood-centric locations. Beyond the historical and cultural value of these particular communities, accessibility and primary purpose is likely the only staple of nutrition that many older seniors have and while minimal, the only social interaction that may exist each day. General concerns about minimizing the value of the nutritional centers is that many older seniors may succumb to a reclusive life leading into the homebound systems too soon. There remains a need to develop a system that is comprehensive and multi-generational.

As stated previously and in the *Baseline Report*, the City of San Antonio is unique in having direct responsibility for more than 78 senior centers, regardless of how each center is resourced. At the same time, what is not unique and exists in other cities is the multitude of centers / locations available to senior citizens to access services. The difference is how these

centers / locations are resourced and funded. There are other communities with as many locations as San Antonio, but the organizations and resources that support them vary among cities, county, and nonprofits. Best practice indicates that for cities as large as San Antonio, the best model is to incorporate a regionalization approach to providing services.

Recommendation (8-12 months)

The second recommendation for the best Optimal Delivery Model for senior services is **to re-categorize the centers into three primary categories: Comprehensive Nutrition Centers; Nutrition Centers; and Recreation Senior Center sites**, understanding that the senior centers are supported and resourced through a variety of methods. For example, Comprehensive Senior Nutrition Sites are either funded through appropriates by the City or are established through a public / private partnership; whereas the small Senior Nutrition Centers are supported by the City but through contractual agreements with various providers.

While the following will be restated under Task 3—Location of Centers, it is recommended that the City continue to provide senior services with the primary focus of nutrition at a combination of comprehensive and nutrition-focused center locations and settings. The City must also plan and anticipate short and long-term senior population needs at least biannually to assess gaps and overlaps of services.

Additionally, the City should invest in and provide leadership, administration, program, and operational support to locations from a team of experts in Central Office. Central Office should be well supported by expert and mobile staff with expertise such as a Comprehensive Senior Center Manager to manage the larger comprehensive sites; Senior Nutrition Manager to manage the smaller nutrition sites; as well as Case Management, Mobility, and Nutrition Specialists. See Illustration 5A—Organizational Chart or Attachment A4 for reference.

In addition to this, it is recommended that the Nutrition Centers be identified to a Comprehensive Nutrition Center using geographic maps located in Attachment, A5. The maps, data sets, and organizational and quad charts, provided in Attachments 5-9, illustrate and describe the cluster of sites around a Comprehensive Senior Nutrition Center. This may serve the following purposes:

- ▶ City can convey to seniors the accessibility to the larger Comprehensive Nutrition Center and extended program services.
- ▶ Comprehensive Nutrition Centers may offer guidance, mentorship, and collaboration opportunities.
- ▶ City can assess equitability, overlap, and gaps in services within each geographic area / community.
- ▶ City can collect and assess value and resources going into a specific area of the city.
- ▶ City can assess the population volume and other metrics accessing services within each geographic area / community.
- ▶ City can create continuity and consistency for performance evaluation and other metrics for straight-forward analysis.

The charts provide a suggested alignment and are designated based on a distance of 1-3 miles from the larger Comprehensive Nutrition Centers. The chart shows a one, three, and five-mile radius around the Comprehensive Nutrition Centers to illustrate the Nutrition Centers nearby and the charts also shows a one-mile radius around the Nutrition Centers to illustrate possible opportunities for collaboration among the Nutrition Centers.

The needs and dynamics of the community may also drive the priorities and/or preferences of the communities they serve. For example, District 6, made up mostly of more mobile and younger seniors, continues to serve an ever-growing population of seniors and is nearing capacity. There are also few Nutrition Centers available in the surrounding area. It is possible that there is a need for more partnerships to sustain the growing population; whereas, the West End, Claude Black, and District 5 Senior Centers are surrounded by more Nutritional Centers. In some cases, sites are within blocks of each other, leading to an opportunity for collaboration and consolidation of resources. Either way, the community in collaboration with the city may help to drive the priorities of most senior centers.

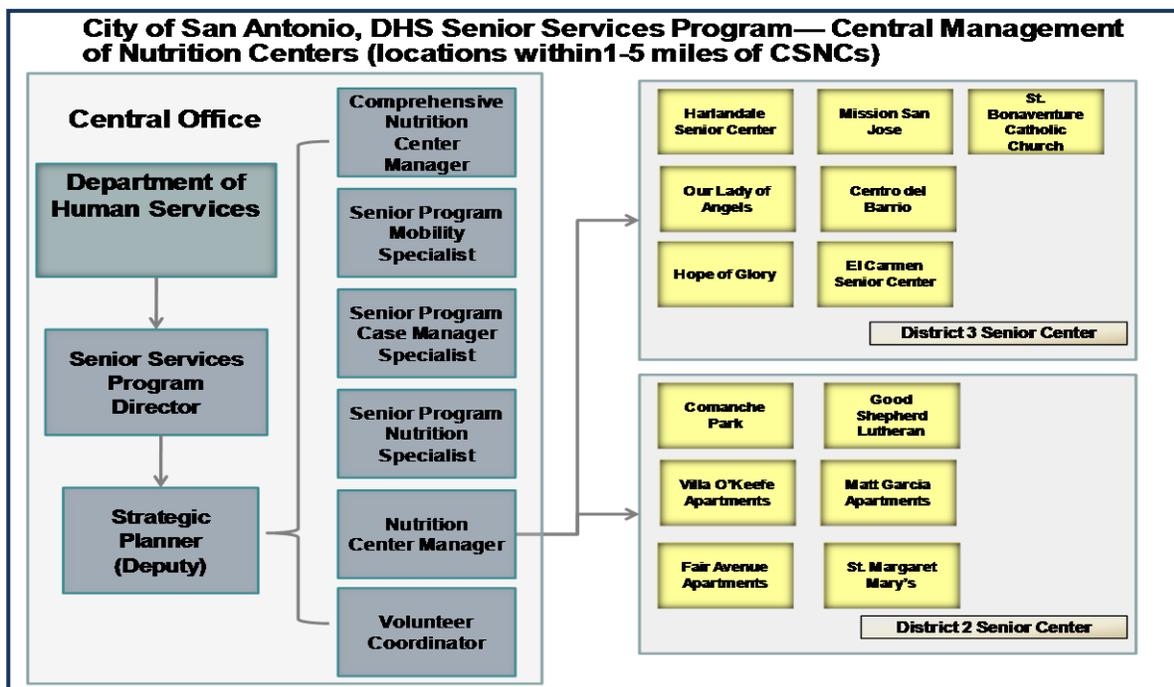
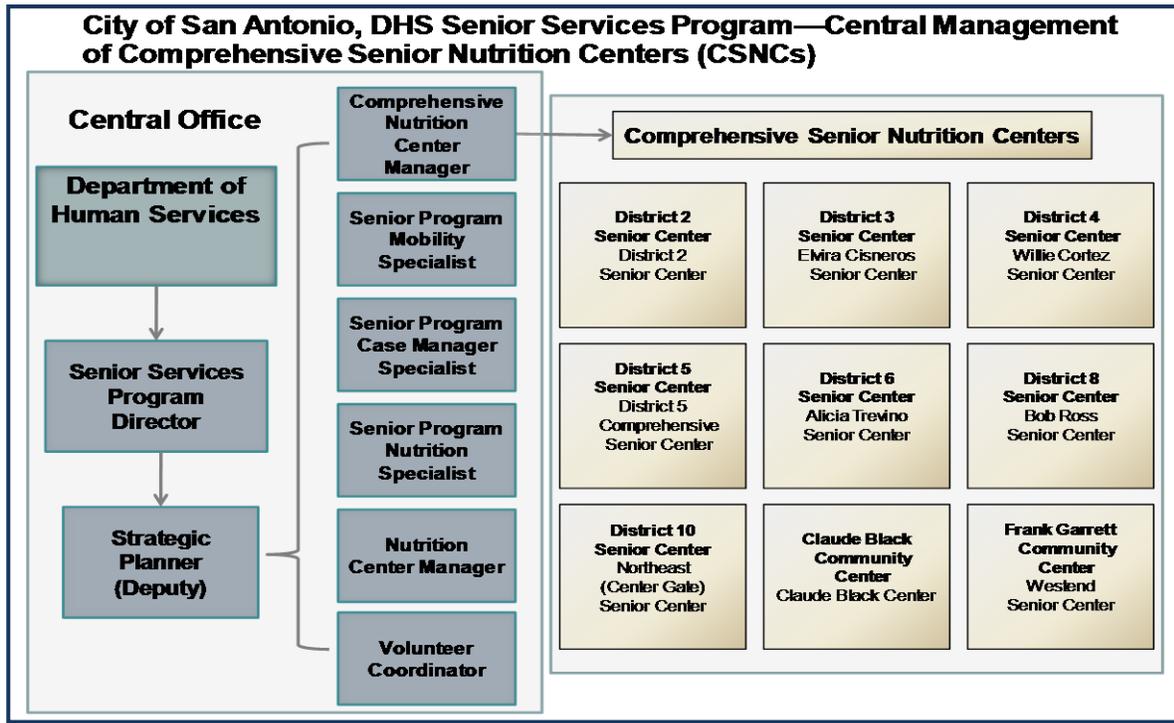
B. Comprehensive Senior Nutrition Centers	
Background and Primary Recommendations	<ul style="list-style-type: none"> ▶ Target Group—Includes, but not limited to, primarily serving more mobile and active new generation of seniors with high expectations for variety and quality of programming and services ▶ Comprehensive Senior Nutrition Centers administering cross-functional responsibilities including, but not limited to operational management; nutrition services; senior-friendly programming; health and wellness check-ups, and a combination of a various important services and services that may be unique to the community. (8-12 months) ▶ It is recommended for the City to: <ul style="list-style-type: none"> – Re-categorize the centers into three primary categories: Comprehensive Nutrition Centers; Nutrition Centers; and Recreation Senior Center sites (2-4 months) – Continue to provide senior services with the primary focus of nutrition at a combination of comprehensive and nutrition-focused center locations and settings (on-going) – Invest in and provide leadership, administration, program, and operational support to locations from a team of experts in Central Office. Central Office should be well supported by expert and mobile staff with expertise such as a Comprehensive Senior Center Manager to manage the larger comprehensive sites; Senior Nutrition Manager to manage the smaller nutrition sites; as well as Case Management, Mobility, and Nutrition Specialists (6-12 months) – Identify Nutrition Centers to a Comprehensive Nutrition Center (2-4 months) <ul style="list-style-type: none"> ○ Convey accessibility to Comprehensive Nutrition Centers ○ Offer guidance, mentorship and collaboration opportunities ○ Assess equitability, overlap, and gaps in services within each geographic area/community. ○ Collect and assess value and resources going into a specific area of the city. ○ Assess population volume and other metrics accessing services within each geographic area/community and create continuity & consistency for performance evaluation and other metrics for analysis.

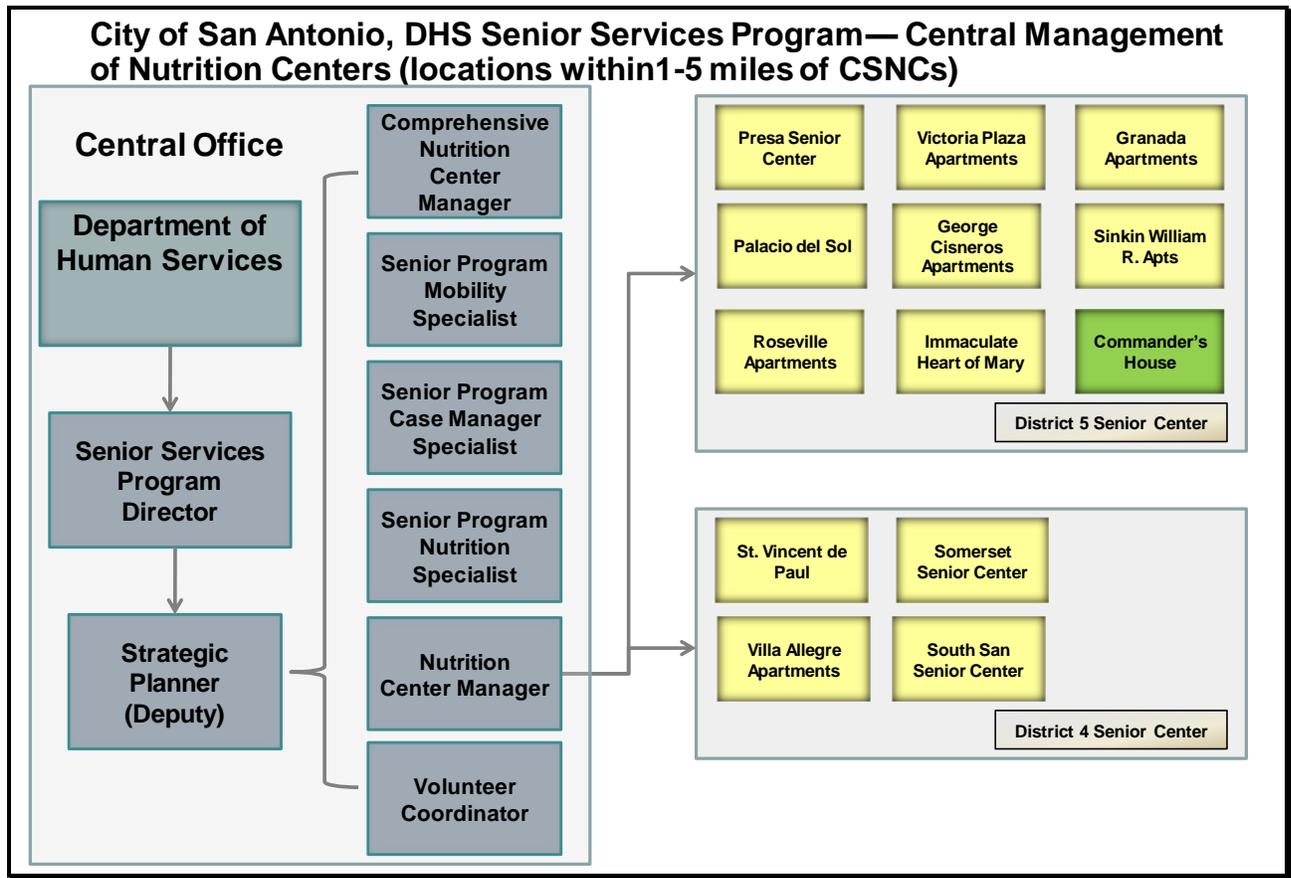
B. Comprehensive Senior Nutrition Centers	
Governance, Program Planning, Evaluation, and Accreditation (6-8 months)	<ul style="list-style-type: none"> ▶ Business Plan aligned to Senior Services Organizational Plan; Budget; Action Plans ▶ Best Practice/Promising Programs, both standardized and tailored to community ▶ Meets all compliance requirements for Federal, State & Local statutes and ordinances, e.g. OAA ▶ Community/provider partnerships/"Community-Owned" ▶ Center Administrator/Leadership ▶ Input into Performance management systems ▶ Objectives towards NCOA Self Assessment-9 Senior Center Standards for Accreditation ▶ Input into Senior Services Program Annual Report
Administration/ Contractual Obligations (6-12 months)	<ul style="list-style-type: none"> ▶ Integrated budget mgmt. system aligned to Organizational/Business plans with delegated authority ▶ Internal Operating procedures aligned to Program Policies and Procedures ▶ Internal Community Leveraging Funds & Resources ▶ Records and Reports Management ▶ Internal monitoring function/Internal Risk Assessment ▶ Grievance procedure for client complaints ▶ Formal Commitment/Investment in building volunteer network
Individual and Personal Program Services (6-12 months)	<ul style="list-style-type: none"> ▶ Individual/Personal Needs (6-12 months) <ul style="list-style-type: none"> - Provides direct services; case management; and information and referral and follow-up for: Participant-Directed Programs; Home Delivered Nutrition; Congregate Nutrition; Alternative Nutrition setting; Physical/Mental health; Social; Spiritual; Financial; Legal - Appeals to ethnicities & environment ▶ Interpersonal/Social Needs (6-12 months) <ul style="list-style-type: none"> - Provides direct services; case management; and information and referral and follow-up for: Participant-Directed Programs; Employment; Education; Volunteerism; Recreation; Housing; Community Support; Transportation; Health Screenings/long-term care; Caregivers Support; Protection-personal safety/freedom from abuse; Art; & Intergenerational programs - Alternative, non-traditional, variety services - Caters/appeals to ethnic population, environment, special needs - Senior-friendly communication resources: newsletters; websites; in-person; etc.

B. Nutrition Senior Centers and Recreation Senior Centers	
Background	<ul style="list-style-type: none"> ▶ Nutrition Target Group—Includes, but not limited to, primarily serving older generation of seniors, seniors as in most need of nutrition, in a congregate setting, and close to home with limited expectations of activities, but still a high standard for quality of service. ▶ Recreation Target Group—Includes, but not limited to, primarily serving more mobile and active new generation of seniors with high expectations for variety and quality of care ▶ Primary role is to provide nutrition in geographic areas made up of individuals in most need for accessible assistance. Other services may be received as necessary and/or coordinated, such as bingo, dancing, quarterly wellness assessments. (6-8 months) Services may include, but not limited to: <ul style="list-style-type: none"> – Nutrition/Meals in congregate setting – Low-impact physical activities (as space allows) ▶ Monthly/quarterly wellness check-ups or other organized informational session ▶ Recreation: There remains an obligation that standards of senior program requirements, resources, and responsiveness continue although; Recreational Sites operate independently from other senior center sites. (6-12 months)
Governance, Program Planning, Evaluation, and Accreditation (6-8 months)	<ul style="list-style-type: none"> ▶ Operational Plan (3-5 page) aligned to Senior Services Organizational Plan; Budget; Action Plans ▶ Best Practice/Promising Programs, both standardized and tailored to community ▶ Meets all compliance requirements for Federal, State and Local statutes and/or ordinances, e.g. OAA, Elder Protection ▶ Community/provider partnerships/"Community-Owned" ▶ Center Administrator/Leadership ▶ Input into Performance management systems ▶ Objectives towards NCOA Self Assessment-9 Senior Center Standards for Accreditation ▶ Input into Senior Services Program Annual Report ▶ Recreation: Explore other City Operated Recreation Centers for opportunities for collaboration/consolidation of resources particularly in areas where there are gaps in services
Administration and Contractual Obligations (6-8 months)	<ul style="list-style-type: none"> ▶ Integrated Center budget management system aligned to Organizational/Business plans with delegated authority ▶ Internal Operating procedures aligned to Program Policies and Procedures ▶ Internal Community Leveraging Funds &Resources ▶ Records and Reports Management ▶ Internal monitoring function/Internal Risk Assessment ▶ Grievance procedure for client complaints ▶ Formal Commitment/Investment in building volunteer network
Individual and Personal Program Services	<ul style="list-style-type: none"> ▶ Individual/Personal Needs (not exclusive) (6-12 months) <ul style="list-style-type: none"> – Provides limited direct services and information and referral for: Congregate Nutrition; Alternative Nutrition setting; limited Physical/Mental health; Social; Spiritual – Appeals to ethnicities & environment ▶ Interpersonal/Social Needs (not exclusive) (6-12 months) <ul style="list-style-type: none"> – Provides limited direct services information and referral for: Employment; Education; Volunteerism; Recreation; Community Support; Health Screenings/long-term care; Art; & Intergenerational programs – Alternative, non-traditional, variety services – Caters/appeals to ethnic population, environment, special needs – Senior-friendly communication resources: newsletters; websites; in-person; etc.

The following suggested organizational charts provide a visual of how the coordination with Central Office would occur and flow all Senior Centers and the critical subject matter expert (SME) needed at central office to facilitate policy development, coordination of operations, and other critical functions. See Attachment 4 for expanded charts.

Illustration 5A: Recommended Senior Services Program Organization





Task 2—Food Service Distribution Recommendations

A. Home-Delivered Meals

Extensive review was conducted from baseline data provided by the City, feedback provided by customer and stakeholder, senior survey, and best practice research. Funding provided to serve congregate meals is far greater than meals served through homebound delivery. The City's responsibility for delivery of meals to 78+ congregate settings and homebound recipients causes a strain in quality of the meal delivered in the end and available resources in each delivery stream.

According to the senior survey conducted, 9.9 percent of seniors surveyed use the homebound meal program from the City. The largest home delivered meal program provider in San Antonio is Meals on Wheels, with approximately 890,000 meals delivered through June 2011. Best practice research indicates that the Meals on Wheels program at the national and local level has a valuable mix of key resources to sustain its services and expand gradually as necessary. The program has strong partnerships, a combination of several funding resources, and a strong volunteer network.

Recommendation (3-12 months)

It is recommended that the approximately 120,000 home bound meals currently distributed by the City per year, gradually transition to the local Meals on Wheels Program as capacity builds. However, it is recommended that the transition last no more than one budget year cycle. It is also recommended that grant funds received to support the program be transferred to the Meals on Wheels program for this purpose.

A. Home Delivered Meals

- ▶ **Target Group**—includes primarily frail elderly whom qualify for home bound delivered meals. These seniors are also identified as most in need of nutrition assistance.
- ▶ Successful transition of the program requires the following **(3-12 months)**:
 - Formalized partnership between the provider and the City to extend beyond the program
 - Meals on Wheels program maintain key elements to its success—efficient meal reservation process, minimal delivery time, limited case management; volunteer network; commitment for quality meals; sharing of information and resources provided by the City of San Antonio's Senior Services Program, and accessibility to services provided at senior comprehensive nutrition centers and nutrition centers

B. Congregate Meal Distribution

Upon review of the baseline data, feedback provided by customer and stakeholder, senior survey, and best practice research, it is determined that nutrition is at the heart of all services provided by the City for the aging population. Nutrition is provided for a multigenerational group of seniors that is expected to grow significantly in the next 15 to 20 years. In addition to qualifying standards set by Office on Administration on Aging and Texas Department on Aging and Disability Services. There are no qualifications other than being 60 years of age. Only requirement is that reservations are required a week in advance of meals served. Current process for meal distribution is complex and time-intensive, specifically at vendor sites where resources vary.

Of registered seniors surveyed, almost 90 percent eat three or more meals a week at a senior center and nearly all were aware of the opportunity to provide a donation to the program. According to the U.S. Administration on Aging, 93 percent of Comprehensive Nutrition Program (CNP) organizations provide a suggested donation rate to seniors where the national average for senior donations was approximately \$1. However, the largest quantity of donations made by seniors was in the \$2 range. The City's current suggested donation is \$0.50.

The goal of the Comprehensive Nutrition Program is to provide nutrition first to those most in need; however, there are no conditions to providing meals to seniors above the age of 60. Assessing the population, geography, and location of current senior centers, it is evident that the CNP program is being used as intended. However, it is unknown how many senior citizens are not receiving appropriate nutrition and to what extent they are informed that this program is available. The feedback and survey results are very telling: seniors who know about the program are accessing it, but they are indifferent in terms of the quality of the meals provided with some feeling that for the "price," it is adequate and appreciated. If donations were suggested at a higher rate, seniors would expect the quality of food to increase as well. Recommendations noted below will improve the current state of services provided, as well as prepare the City to evolve throughout the next 20 years.

Recommendation (3-12 months)

It is recommended that the City maximize resources made available from transitioning homebound delivery program and reinvest this savings into improving the nutrition program through actions indicated on the following page:

B. Congregate Meals Recommendation	
Program Planning—Action Planning	<ul style="list-style-type: none"> ▶ Target Group—includes multiple generations of seniors whom access Comprehensive Nutrition Program meals at various senior centers and nutritional sites. ▶ Develop a targeted action plan that is aligned to the Organizational Plan to complete the following (3-6 months): <ul style="list-style-type: none"> – Reissue an RFP to select best value (quality and cost) meal provider(s) for the preparation and delivery of meals to senior centers with key selection criteria (3-12 months): <ul style="list-style-type: none"> ○ Efficient/electronic meal reservation process (1-3 days, preferred) ○ Quality of meals prepared ○ Variety of meals prepared; appeals to ethnicities, environment, special needs ○ Cost Reasonable ○ Efficient delivery/minimal delivery time between meal prep to table; minimal cooling/reheating repetitions ○ RFP process should include senior representatives as part of review team ○ Other qualities that allow for creative solutions – Reissue an RFP to select best value (quality and cost) for Nutrition Center/congregate meal dining providers at provider locations with key selection criteria and/or with services conducive to the following (3-12 months): <ul style="list-style-type: none"> ○ Meets local, state, and federal guidelines such as, OAA and TXDADs ○ Experienced Center Manager ○ Available staff/volunteer network to meet demands/capacity of seniors attending and/or solutions to meet requirement ○ Other resources and services provided at provider location ○ Implementation of interim process for meal reservations to include ONLY electronic submission by Center Administrators/Managers or designee on standard form with qualifying information for reporting purposes ○ Testing/instituting new processes for meal distribution using an Route Match TS mapping for delivery ○ Implementation of electronic meal reservations, e.g. Information and Referral Kiosks; key tag check in with reservation; etc. as directed by City ○ Implementation of electronic Records and Reports Management ○ Implementation of 1- 3 day ordering/reservation service ○ Implementation of grievance procedure for client complaints ○ Nutrition case management; information and referral; and follow-up as needed ○ Integrated volunteer program; build capacity and use mobile seniors as volunteers ○ Facilitate improved dining atmospheres of meal locations at centers ensuring, to the extent possible, that environment is aesthetically equal ○ RFP process should include senior representatives as part of review team ○ Other qualities that allow for creative solutions – Meal program should be sustained by variety of fund sources built through partnerships (1-5 years, ongoing) – Institute alternative meal settings where seniors may pay on a sliding scale or at low cost for a variety of small meals, e.g. a café/diner setting; may vary among sites and needs/expectations of community setting – Include seniors and/or members of the senior council in the menu planning and RFP process – Consider increasing suggested donation rate to national average; \$1-2, according to AOA (2009)

B. Congregate Meals Recommendation, continued	
People and Partnerships	<ul style="list-style-type: none"> ▶ It is recommended that the City hire a Nutritionist with the following minimum qualifications (2-4 months): <ul style="list-style-type: none"> - Bachelors Degree in dietetics, food, nutrition (approved by American Dietetic Association; Masters preferred) - Licensed by the State of Texas - At least 8-10 years experience working in community care/health facilities for the elderly (includes assisted-living facilities), individual and family services, home healthcare services - American Dietetic Association Registered Dietitian, preferred - At least 5 yrs working in leadership/administrator role, leading major nutrition systems for agencies/ organizations; ability to manage team, budget, planning, & to collaborate with stakeholders/customers - Proven excellent customer service skills ▶ It is recommended that the City continue to build and formalize community/provider partnerships (contractual/agreements) (3-12 months, ongoing) <ul style="list-style-type: none"> - Facilitate partnership and consolidation of Nutrition Center congregate meal services (volunteer, vendor, lease, etc.) that are located within 1-3 miles of each other (3-6 months) - Facilitate gradual transition of volunteer congregate services to a homebound delivery program, for volunteer sites not meeting standards and obligations and/or not feeding more than 75% of registrants in a social/congregate setting (3-6 months) - Establish volunteer recruitment, training, and recognition program (3-6 months) - Establish a council of seniors to have input into the nutrition program (2-4 months) - Leveraging Funds, Partners and resources, particularly with other municipalities benefiting for the City's services (3-12 months) - Leverage higher education institution resources: interns, volunteers, etc. (6-12 months, ongoing) - Institute learning opportunities for seniors on meal preparation/healthy options/ specialty needs, e.g. Chronic Disease Self Management Program (6-12 months, ongoing)
Process, Technology, and Evaluation	<ul style="list-style-type: none"> ▶ The following improvements should be instituted for congregate meal program (6-18 months): <ul style="list-style-type: none"> - Develop Policies /Operating procedures aligned to Organizational Plan & Business Plans (6-18, ongoing months) <ul style="list-style-type: none"> ○ Interim process for meal reservations to include ONLY email/electronic submission by Center Administrators/Managers and/or designee on standard form with qualifying information for reporting purposes (2-3 months) ○ Process for meal distribution using an electronic/GPS mapping (Route Match TS) for delivery; test by using Medical Transportation Mapping system for delivery at minimal time/distance (2-3 months) ○ Purchase and implement process for electronic meal reservations, e.g. Information and Referral Kiosks; key tag check in with reservation; etc. (6-12 months) ○ Electronic process for Records and Reports Management (6-12 months) ○ 1- 3 day ordering/reservation service (10- 18 months) ○ Grievance procedure for client complaints (2-4 months) - Develop nutrition case mgmt; information & referral; & follow-up program as needed (8-12 months, ongoing) - Institute volunteer program; build capacity and use mobile seniors as volunteers (3-12 months, ongoing) - Facilitate improved dining atmospheres of meal locations at all centers ensuring, to the extent possible, that environment is aesthetically equal; Ensuring that environment meets all statutory compliance, health, and meal preparation and delivery standards(2-4 months) ▶ Enforce the parameters, guidelines and contractual agreements for all providers of meals in congregate settings. Non-compliance should result in alternatives that may include but not limited to ending an agreement/contract, e.g. volunteer locations where seniors leave with their meals instead of remaining on site (3-6 months)

Task 3—Location of Senior Centers

Determining the recommendations for Optimal Delivery Model, Food Distribution Model, and Transportation required first to understand the current location of senior centers, gaps in locations being served, and how demographics will drive the need for change. The following were the driving factors that helped determine the best location for senior centers:

- ▶ Distance and demographics of seniors
- ▶ Demographic shifts in short / long-term
- ▶ Types of current centers and services provided at each
- ▶ Geographic overlap of centers
- ▶ Accessibility to one-stops / comprehensive centers and other center types
- ▶ Centers near outlying / rural areas serving county / small municipalities
- ▶ Customer / stakeholder feedback

One of the goals of the strategic analysis is to determine the appropriate models, sizes, and location of centers. As part of the baseline review, the team produced maps, data sets, and quad charts to help understand how the current geographic locations, senior population, communities, and level of resources currently come together. As indicated earlier in the Baseline section, geographic maps depicting current and future population growth were produced to show the movement and growth of the senior population to guide immediate and future recommendations. More detailed and estimated population data may also be found in the *Baseline Report* which is included as an Addendum to this Plan.

Senior Services Baseline Report: The 2010 map shows that persons “aging-in” the senior citizen population are much greater in population and more dispersed regionally than those ages 65 and up. Jumping 15-20 years ahead, the maps show the same individuals will make up the population of 65 and up and, as indicated by the maps in the *Report*, will show continued geographic distribution throughout the city and region.

It is evident that the City of San Antonio provides a fair amount of geographic coverage of senior services throughout the city using a variety of settings to offer meals, social activities, health and wellness, and other program management needs. This is above standard in most urban cities where the responsibility is spread among different providers. However, there is a natural strain of managing 78+ center locations in addition to any anticipated growth. Expected efficiencies through the implementation of Task 1 Optimal Delivery Model, should help to alleviate challenges.

In addition to understanding the demographic shift of the senior population in the near and distant future; planning and anticipating, to the extent possible, the need for future locations and existence of the comprehensive and nutrition centers is critical. Emphasis should be given to geographic areas of growth while continuing to serve the senior population that is most in need of nutrition and social interaction and in a variety of settings.

Recommendation (8-12 months)

It is recommended that the City continue to provide senior services with the primary focus of nutrition at a combination of comprehensive and nutrition-focused center locations and settings. It is also recommended that the City continue to access the most accurate and up-to-date data regarding seniors in collaboration with the Texas Data Center to plan and anticipate short and long-term senior population needs at least annually.

Additionally, the City should provide leadership, administration, program, and operational support to locations from a team of experts in Central Office. It is recommended that the Nutrition Centers be identified to a Comprehensive Nutrition Center using geographic maps located in Appendix A5 and A3. The maps, data sets, organizational and quad charts describe the cluster of sites around a comprehensive center. This may serve the following purposes:

- ▶ Convey to seniors the accessibility to the larger Comprehensive Nutrition Center and extended program services.
- ▶ Comprehensive Nutrition Centers may offer guidance, mentorship, and collaboration opportunities.
- ▶ City can assess equitability, overlap, and gaps in services within each geographic area / community.
- ▶ City can collect and assess value and resources going into a specific area of the city.
- ▶ City can assess the population volume and other metrics accessing services within each geographic area / community.
- ▶ Create continuity and consistency for performance evaluation and other metrics for straight-forward analysis.

The charts provide a suggested alignment and are designated based on a distance of 1-3 miles from the larger Comprehensive Nutrition Centers. The chart shows a one, three, and five-mile radius around the Comprehensive Nutrition Centers to illustrate the Nutrition Centers nearby and the charts also shows a one-mile radius around the Nutrition Centers to illustrate possible opportunities for collaboration among the Nutrition Centers.

Location of Senior Centers

The City is well positioned to providing maximum coverage for senior services throughout the city, specifically around nutrition. However, it is under extreme pressure to provide a multitude of services, nutrition, in various setting types in 78+ senior service centers throughout the City, resulting in a complex financial and qualitative burden. **(6-12 months)**

- ▶ The City should provide expert-level leadership, administration, program, and operational support to the locations from Central Office.
- ▶ It is recommended that the City continue to provide senior services with the primary focus of nutrition at a combination of comprehensive and nutrition-focused center locations and settings.
- ▶ It is recommended that the City continue to access the most accurate and up-to-date data regarding seniors in collaboration with the Texas Data Center to plan and anticipate short and long-term senior population needs at least annually.
- ▶ It is recommended that the Nutrition Centers be identified and informally aligned to a Comprehensive Nutrition Center using the geographic maps located in *Appendix, A5—Senior Center Location Map and Quadrant Maps and A3—Recommended Organizational Charts*. The maps, data sets, organizational charts, and quad charts describe the cluster of sites around a Comprehensive Service Center.
- ▶ Collect demographic, metrics, and resource measurements around the suggested geographic cluster areas

Task 4—Transportation

The common theme in addressing transportation is the overall need for transportation strategic planning for seniors throughout the Bexar County / San Antonio region that is both collaborative and institutionalized. Federal funding for transportation for seniors has remained consistent for the last 10 years with relatively the same organizations being funded. There are also varying levels of transportation needed among seniors ranging from “gas is expensive ... I prefer not to use my car” to seniors with disabilities and / or multiple factors that prevent them from being independently mobile.

As described in the Baseline Report, the City’s transportation program is a demand-response program and is expensive given the return on investment and quality. The city staff continues to do the best with what is available. The end result is that limited resources are stretched too thin among several objectives. For example, for medical transportation, approximately 13,000 one-way trips are made per year for approximately 400 individuals, of which 50 percent are for dialysis / cancer treatment appointments. Wait times are roughly 2-4 hours and often senior not being returned home until hours after their appointments. City-provided transportation for nutritional and meal delivery and medical transportation for seniors is running as efficiently as possible within its current structure and resources; however, transportation processes require significant adjustments to maximize the limited resources for either those who are in most need or those who can be served in greater quantity.

There is a critical need for short / long-term comprehensive multi-agency transportation strategies for seniors in the San Antonio region where transportation resources for senior citizens are in high demand but resources are limited and spread throughout a variety of agencies and organizations. Much of the funding for transportation is provided to various organizations throughout the region, providing an opportunity to pool resources and maximize return. This requires further review to determine final impact; however, it is anticipated that a transition plan could allow for services to be expanded in the short and long-term. Aside from the challenges, transportation for seniors is a priority among stakeholders and seniors. Most providers are trending toward using co-ops as a means to provide transportation services.

Recommendations for Transportation for seniors are provided based on best practice research and reported on in the *Senior Services Benchmark Analysis*. The continuum indicates best practice is beyond the full scope of the City’s responsibility. However, in terms of what transportation services the City does provide, it can continue to do the best it can by maximizing resources through strategic and targeted methods. Improving and growing partnerships will have a growing and positive impact in meeting senior transportation needs in the future.

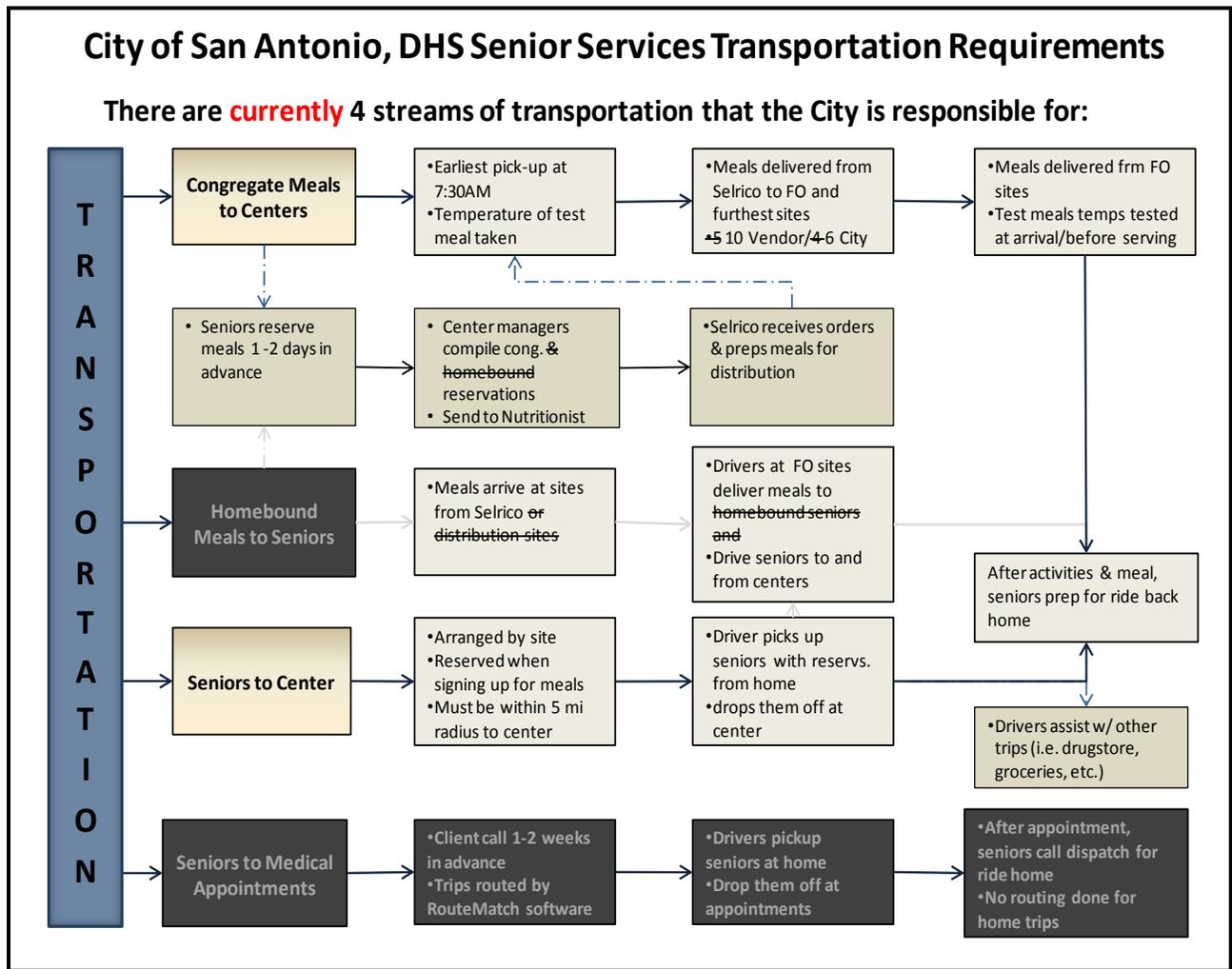
Recommendation

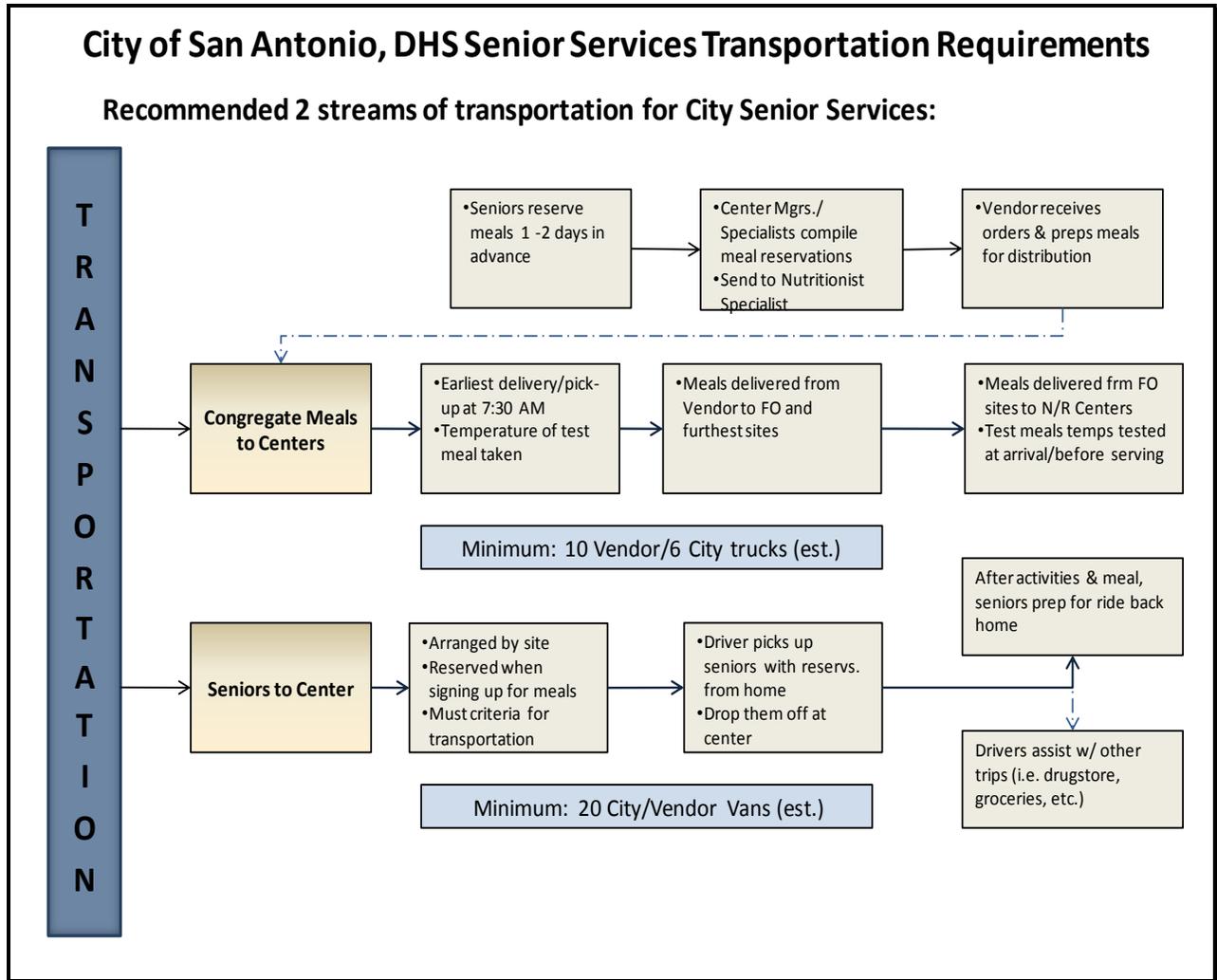
Nutrition is at the heart of the City’s services for seniors. To fully support this primary focus, it is recommended that the City gradually transition transportation funding targeted for medical

purposes to expand transportation services for the nutrition program. See Illustration 5B below showing the shift from four transportation streams to two.

Additionally, the City should institute a Sliding-Scale voucher / membership system (city / county / region-wide) with specific criteria for eligibility and allowing for 1- 3 day reservation service while ensuring that standards of OAA and other state and local guidelines are met. General feedback and according to best practices, seniors are amenable to accessing transportation using a sliding-scale system.

Illustration 5A: Baseline Phase





Transportation	
Program Planning—Action Planning	<ul style="list-style-type: none"> ▶ Target Group—includes primarily older generation of seniors, most in need of nutrition assistance and seniors whom meet specific criteria as determined by City policy. Policy should be developed through a governance team and in collaboration with senior council members. ▶ It is recommended that the City gradually transition transportation city contribution and grant contribution funding targeted for originally for medical purposes to expand transportation services for the nutrition program ▶ Play a major partner in the region-wide Strategic Transportation Plan (e.g. Alamo Area Regional Public Transportation coordination Plan) for seniors consisting of other transportation providers, medical community, and stakeholders ▶ Develop targeted action plan for Transportation aligned to Organizational Plan; complete the following (3-6 months): <ul style="list-style-type: none"> – Establish budget and equitable distribution support team of transportation staff to oversee program effectively – Establish priorities and criteria for transportation services and to whom services are provided – Establish a Sliding-Scale voucher/membership system with specific criteria for eligibility – Funding continues to be focused to those most in need – Leverage funds and resources among strategic partners – Performance management system – Outcomes in Annual Report – Transportation coordinated services with other providers – Efficient/electronic ride reservation process (1-3 days, preferred)

Transportation, continued	
People and Partnerships	<ul style="list-style-type: none"> ▶ It is recommended that the City hire a Mobility Manager with the following minimum qualifications (2-4 months): <ul style="list-style-type: none"> - Bachelor's Degree in public administration, transportation planning, or a related field - Minimum of two years of progressively responsible experience - Thorough knowledge of principles and practices of urban transportation planning, technical analysis methods, and excellent written and oral communication skills - A high degree of computer literacy, including competency in standard spreadsheet, database and word processing software, and geographic information system software. - Proven excellent customer service skills - Mobility Manager/Specialist are responsible for serving in a "case manager" capacity coordinating a transportation program; at minimum city's resources and referral to other available transportation resources when necessary ▶ It is recommended that the City continue to build and formalize community/provider partnerships (contractual/agreements) (3-12 months, ongoing) <ul style="list-style-type: none"> - For partially-sponsored vendor site locations(vehicle provided by city); City must reexamine agreements to ensure alignment with overall transportation program and sufficient resources are available; ultimately there should be equity of coverage for transportation - Facilitate partnerships with primary transportation providers/funders (AACOG, MPO, Co-Ops, etc.) (3-6 months) - Establish volunteer recruitment, training, & recognition program as part of larger Program (3-6 months) <ul style="list-style-type: none"> - Establish a council of seniors to have input into the transportation program (2-4 months) - Leverage Funds, Partners & resources; with other municipalities benefiting for the City's services; seek out grants for services and equipment, e.g. Dept of Agriculture (3-12 months) - Leverage higher education institution resources: interns, volunteers, etc. (6-12 months, ongoing) ▶ It is recommended that the City build (6-12 months, ongoing): <ul style="list-style-type: none"> - a dedicated transportation team (manager, specialists/drivers, network of volunteers) - Strategic collaborations with all other transportation providers - Coordination/Leveraging partners & resources - Senior-friendly communication resources - Investment in volunteer formal program ▶ It is recommended that current team (4 FT/3PT positions) of transportation positions be transitioned to provide transportation of seniors to centers (6-12 months, ongoing)

Transportation, continued	
Process, Technology, and Evaluation	<ul style="list-style-type: none"> ▶ Develop Policies and Operating procedures aligned to Organizational Plan & Center Business Plan (6-18, ongoing months) <ul style="list-style-type: none"> - Interim process for transportation reservations by Center Administrators/Managers and/or Mobility Specialist on standard form with qualifying information for reporting purposes (2-3 months) - Long-term process for transportation system using an electronic/GPS mapping (Route Match TS) for delivery; test by using Medical Transportation Mapping system for delivery at minimal time/distance (2-3 months) - Purchase and implement process for electronic reservations system, e.g. Information and Referral Kiosks; key tag check in with reservation; etc. (6-12 months) - 1- 3 day reservation service (10- 18 months) - Sliding-Scale voucher/membership system (city/county/region-wide); availability by distance; example: <ul style="list-style-type: none"> ○ 3 miles—transportation available on a priority basis and based on special needs criteria ○ 2 miles—transportation available as needed and based on special needs criteria ○ 1 mile—limited transportation available as needed and based on special needs criteria - Electronic process for Records and Reports Management (6-12 months) - Grievance procedure for client complaints (2-4 months) - Develop transportation case management; information and referral; and follow-up program as needed (8-12 months, ongoing) - Institute volunteer program; build capacity and use mobile seniors as volunteers (3-12 months, ongoing) ▶ It is recommended that the City build Policies/Processes to support (6-12 months, ongoing): <ul style="list-style-type: none"> - Integrated Policies and Procedures - a dedicated transportation team (manager, specialists/drivers, network of volunteers) - Coordination/Leveraging partners & resources and strategic collaborations with all other transportation providers; especially Co-Ops, AACOG, etc. - Senior-friendly communication resources - Instituting a volunteer formal program - Participant-Directed Program/Individual Case Mgmt. - Door-to-door (not only curbside) pick up, as required and in accordance with appropriate regulations - Sliding-Scale voucher/membership systems (city/county/region-wide) - Customer Service satisfaction quarterly survey/assessment - Develop transportation case management; information and referral; and follow-up program as needed Institute volunteer program; build capacity and use mobile seniors as volunteers - Evaluate current fleet of vehicles to ensure meets new criteria for transportation—serving those most in need and with greatest difficulty in accessing meals at centers - Facilitate improved <ul style="list-style-type: none"> ○ Ensuring that environment meets all statutory compliance, health, and meal preparation and delivery standards

6.0 Conclusion

The development of this Plan was based a strategic approach that included the review and analysis of baseline data and best practices and technical resources research, best practice and benchmarking analysis, and recommendations development. In addition to the technical approach, input was provided through senior services program senior survey, stakeholder meetings, senior focus groups and task force meetings, public town hall meetings, as well as staff. The feedback provided was married into the Baseline Report and the recommendations put forth in this document. While the recommendations are driven by the data and best practices, stakeholder, customer, and internal feedback played an important role in contributing to the recommendations around the Four Task Areas: Optimal Delivery Model, Food Service Distribution, Location of Senior Centers, and Transportation. The input provided through the seven town hall meetings, with more than 600 in attendance, were important in better understanding each geographic area of San Antonio and the specific needs and expectations for seniors in those communities. A list of most stakeholder and customer contacts made is included as Attachment 9 to this document.

The primary themes that come out of these recommendations focus on strategic and organizational planning; customer service; administration, operational, and technological improvements; evidence-based or promising senior programs; and performance metrics, accountability, compliance and protection. In addition to these themes, the reality of some barriers and challenges, such as limited budgets and respect for community needs, also played a role in the final recommendations.

It is critical to begin taking action and instituting action plans for improvement, especially in areas of organizational planning; employment of subject matter experts in the areas of strategic planning, senior nutrition, mobility management and case management; policy and process improvement; improved center location support; and collaborations and partnerships with the goal of continuous improvement of senior services centered on nutrition. The benefits and improvements should be seen within the next 12 months, with gradual adjustments and definitive organizational structure to support the current, growing, and geographically expanding senior populations.

Above all, the “take-away” from this strategic planning road map is that high expectations and standards should be in place and are achievable as demonstrated in the review of best practices from around the country.

From the KGBTexas Team, the most valuable part of this strategic planning effort is helping the City of San Antonio to continue its commitment to be a leader in providing a variety of senior-friendly settings for citizens to enjoy a healthy meal and engage seniors, stakeholders, and staff as partners in planning for the near and long-term future.

Appendices

A1 – Secondary Sources of Documentation

Sequence	Name/Title	Filename
1	Older American's Act	http://www.aoa.gov/aoaroot/aoa_programs/oa/index.aspx
2	Texas Department on Aging and Disabilities (TXDADs)	http://www.dads.state.tx.us/
3	City of San Antonio, OMB, Innovation and Reform Report and datasets	Department of Community Initiatives, Baseline Notebook
4	City of San Antonio / Bexar County Joint Commission on Elderly Affairs, Senior Survey 2010; Final Report Feb. 22, 2011	Sources\Senior Survey 2010 Rpt Feb 22 2011.pdf
5	Oct. 1, 2010 - April 8, 2011 Senior Service Center statistics / budgets	Sources\Oct - Apr Senior Service Stats.xlsx
6	SA2020 Final Report	
7	Older Americans Act of 1965 and Subsequent Amendments, Title III C, Section 331	http://history.nih.gov/research/downloads/PL106-501.pdf
8	State of Texas / DADS, Aging Texas Well, Community Guidance and Best Practices	http://www.dads.state.tx.us/services/agingtexaswell/initiatives/catoolkit/community-assessment-toolkit.pdf
9	U.S. Department of Health and Human Services, Administration on Aging	http://www.aoa.gov/
10	Aging Texas Well Indicators Survey Report 2009	http://www.dads.state.tx.us/news_info/publications/studies/ATWIndicators2009.pdf
11	2000-2010 U.S. Census Data for San Antonio	Sources\Population by Census Tract.xlsx
12	MyPyramid.gov/AoA	
13	Meals on Wheels America Association	http://www.mowaa.org/
14	Administration on Aging (AoA); National Resource Center on Nutrition, Physical Activity and Aging	http://nutritionandaging.fiu.edu/
15	"Dramatic Changes in U.S. Aging Highlighted in New Census," Impact of Baby Boomers Anticipated NIH Report, 2006	http://www.nia.nih.gov/NewsAndEvents/PressReleases/PR2006030965PlusReport.htm
16	"Aging in Place, Stuck without Options," Fixing the Mobility Crisis Threatening the Baby Boom Generation, Transportation for America (see graphic below)	Sources\SeniorsMobilityCrisis.pdf
17	U.S. Today	http://www.usatoday.com/money/economy/2011-06-20-state-gdp-growth_n.htm#
18	MPO Transportation Plan	Sources\MPO Strat Plan Dec2008.pdf
19	Senior Service Task Force Recommendations	Sources\BRierson_Sr Services City of SA.docx
20	Best Practice References: see List....	
21	Bexar County Transportation Assessment	Sources\SABC Senior Survey Exec Sum Final.pdf
22	Salvation Army Survey Results	Sources\Salvation Army Senior Survey Results.pdf
23	AoA Donation Contributions	Sources\AOA donation contributions.docx
24	AARP Remarks	Sources\AARP Remarks frm Julia Castellan-Hoyt.pdf
25	CNP Policy Handbook	Sources\CNP Policy Handbook - Part I (2).pdf Sources\CNP Policy Handbook - Part II.pdf
26	Alamo Area Regional Public Transportation Coordination Plan	Sources\SA-BexarMPO_AAREgPubTransCoordPln-11-30-06.pdf
27	Senior Center Cost Capture: Comprehensive Nutrition Centers and Nutrition Centers	Sources\ Senior Centers Sites Cost Info 09082011.pdf

*Limitations of findings may be impacted by unavailable sources of data and/or information.

A2 –Federal and State Laws, Rules/Guidelines, Standards, etc.

Services Description	Federal and State Laws, Rules/Guidelines, Standards, etc.	Source
Nutrition	<p>Older American Act of 1965 and its Subsequent Amendments, Title III, Section 330 The purpose of the Nutrition Program is threefold: 1. Reduce Hunger 2. Promote socialization among older Americans 3. Promote the health and well being of older individuals and delay adverse health conditions through access to nutrition and other disease prevention and health promotion programs OAA, Title III, Sec 337 Criteria OAA, Title III, Section 339 Nutrition</p>	<p>US Department of Health and Human Services, Administration on Aging www.aoa.gov</p>
	<p>Most Adults need five or more serving of fruits and vegetable daily</p>	<p>www.MyPyramid.gov/AoA</p>
	<p>Dietary Guidelines for Americans 2005, Nutrition Service Providers Guide: Dietary Guidelines for Americans(DGAs)In the Older American Act Nutrition Program, Older Adults Dietary Guidelines: Adequate Nutrients Within Calorie Needs</p>	<p>AoA National Resource Center on Nutrition, Physical Activity and Aging www.nutritionandaging.fiu.edu</p>
	<p>Texas Administrative Code 40.TAC85. Nutrition Services</p>	<p>State of Texas/DADS</p>
Interpersonal/ Independent Services	<p>Texas Administrative Code 85.302 Ageing Texas Well Indicators Survey Report 2009 Benchmark Domains: 1. General 2. Physical Health 3. Mental Health 4. Spirituality 5. Social Engagement 6. Legal Preparedness 7. Caregiving 8. Recreation 9. Education Volunteerism 10. Employment 11. Health Services 12. Community Support 13. Transportation 14. Housing Demographics 8ATW Domains ranged from demographic characteristics , life satisfaction, prevalence of chronic health conditions, participation in physical activity to preparation for future financial needs, to volunteerism</p>	<p>State of Texas/DADS</p>
	<p>OAA , Title III Nutrition Projects, Section 331 Requirements that: 1. 5 or more days a week (except in a rural area where such frequency is not feasible(as defined by the Assistant Secretary by regulation) and a lesser frequency is approved by the State agency), provide at least one hot or other appropriate meal per day and any additional meals which the recipient of the grant or contract under this subpart may elect to provide; 2. Shall be provided in congregate setting, including adult day care facilities and multigenerational meals sites; and provide nutrition education , nutrition counseling and other nutrition services as appropriate , based on the needs of meal participants</p>	<p>Older Americans Act of 1965 and Subsequent Amendments, Title III C, Section 331</p>
Congregate Meals	<p>Applicable State and Local Public Health and Safety Codes</p>	<p>State of Texas City of San Antonio</p>
Home Delivered Meals	<p>Older Americans Act, Title IIIC Section 336. Program Authorized The Assistant Secretary shall establish and carry out a program to make grants to States under State under section 307 for the establishment and operation of nutrition projects for older individuals that provide: 1. On 5 or more days a week(except in a rural area where such frequency is not feasible(as defined by the Assistant Secretary by rule) and a lesser frequency is approved by the State agency) at least 1 home delivered meal per day, which may consist of hot, cold, frozen, dried, canned, fresh or supplemental foods and any additional meals that the recipient of a grant or contract under this subpart elects to provide and 2. Nutrition education, nutrition counseling and other nutrition services, as appropriate, based on the needs of meal recipients.</p>	<p>US Department of Health and Human Services , Administration on Aging, Older Americans Act and its Subsequent Amendments www.aoa.gov</p>
	<p>MAGNET Accreditation of Senior Nutrition Program Performance Senior Nutrition Program's performance in seven key areas: 1. Resource Development and Management 2. Staffing and Human Resource Management 3. Meal and Nutrition Services 4. Operations Management 5. Fiscal Management 6. Governance and Long Range Planning Emergency Preparedness</p>	<p>Meals on Wheels America Association www.mowa.gov</p>
Compliances	<p>Texas Administrative Code 85.302</p>	<p>State of Texas /DADS</p>

	<p>Older Americans Act, Title III B Section. 321(a) (2). (a) The Assistant Secretary shall carry out a program for making grants to States under State plans approved under section 307 for any of the following supportive services:..... (2) transportation services to facilitate access to supportive services or nutrition services, and services provided by an area agency on aging, in conjunction with local transportation service providers, public transportation agencies, and other local government agencies, that result in increased provision of such transportation services for older individuals;..... United We Ride (UWR) is a federal interagency initiative aimed at improving the availability, quality, and efficient delivery of transportation services for older adults, people with disabilities, and individuals with lower incomes. Transportation plays a critical role in providing access to employment, health care, education, community services, and activities necessary for daily living. The importance is underscored by the variety of transportation programs that have been created in conjunction with health and human services programs and by the significant federal investment in accessible public transportation systems throughout the Nation. Ironically, for most people who need transportation help, the creation of more programs has resulted in several unintended consequences. Transportation services are often fragmented, underutilized, or difficult to navigate, and can be costly because of inconsistent, duplicative, and often restrictive federal and state program rules and regulations. And, in some cases, narrowly focused programs leave service gaps, and transportation services are simply not available to meet certain needs.</p>	<p>National Center on Transportation</p>
<p>Transportation</p>	<p>40TAC85 D Transportation Purpose. This section establishes the requirements for transportation services, a service provided under the Older Americans Act and funded, in whole or in part, by DADS. (b) Eligibility. A AAA must ensure a program participant who receives transportation services is: (1) 60 years of age and older; or (2) an informal caregiver authorized to receive transportation services in accordance with the Older Americans Act, §373(b)(5). (c) Operations. (1) A AAA must ensure a service provider provides transportation services that: (A) are for nonemergency purposes; (B) consist of transporting a program participant to and from activities as specified in the contract or vendor agreement; and (C) are, as defined in the Service Definitions for Area Agencies on Aging available at www.dads.state.tx.us, "demand response," "fixed route," or a combination of both. (2) A AAA must ensure that in providing transportation services, a service provider: (A) complies with applicable federal and state laws, rules, and regulations including the Americans with Disabilities Act; (B) employs or contracts with staff persons who are trained and have current certification in, as applicable, scheduling and dispatching, defensive driving, passenger handling and assistance, first aid and cardiopulmonary resuscitation and operating an automatic external defibrillator, if one is available; and (C) coordinates efforts to eliminate duplication and maximize resources.</p>	<p>Texas Administrative Code Source Note: The provisions of this §85.301 adopted to be effective September 1, 2008, 33 TexReg 7293</p>
	<p>Aging Americans: Stranded Without Options Executive Summary The demographics of the United States will change dramatically during the next 25 years as more baby boomers reach their 60s, 70s and beyond. The U.S. Census Bureau projects that the number of Americans age 65 or older will swell from 35 million today to more than 62 million by 2025 - nearly an 80 percent increase. As people grow older, they often become less willing or able to drive, making it necessary to depend on alternative methods of transportation. Unfortunately, the United States is currently ill prepared to provide adequate transportation choices for our rapidly aging population. Alternatives to driving are sparse, particularly in some regions and in rural and small town communities. As the number of older people increases, so too will their mobility needs. How the nation addresses this issue will have significant social and economic ramifications. This report presents new findings based on the National Household Transportation Survey of 2001 and places them in the context of other research on mobility in the aging population.</p>	<p>Surface Transportation Policy Partnership www.transact.org</p>
<p>Senior Centers</p>	<p>National Institute on Senior Centers Accreditation Self-Assessment Guidelines NISC's Accreditation Self-Assessment Guidelines ask whether you are making the most of your strengths. Assessment questions are designed to help you measure your center against national standards and to strengthen your operations and program. Once the self-assessment process steps have been completed, you'll be prepared for a peer review and National Accreditation determination. There are nine standards: Standard 1: Purpose Standard 2: Community Standard 3: Governance Standard 4: Administration Standard 5: Program Planning Standard 6: Evaluation Standard 7: Fiscal Management Standard 8: Records & Reports Standard 9: Facility</p>	<p>National Council on Aging www.ncoa.org</p>

<p>Compliances</p>	<p>Texas Administrative Code TITLE 40 - SOCIAL SERVICES AND ASSISTANCE PART 1 - DEPARTMENT OF AGING AND DISABILITY SERVICES CHAPTER 85 - IMPLEMENTATION OF THE OLDER AMERICANS ACT SUBCHAPTER D - OLDER AMERICANS ACT SERVICES RULE §85.309 Senior Centers</p> <p>A. Purpose. This section establishes the requirements for senior centers, a service provided under the Older Americans Act and funded, in whole or in part, by DADS.</p> <p>B. Senior center services. As provided in the Older Americans Act, §102(36), a senior center is a community facility used for the organization and provision of a broad spectrum of services for persons 60 years of age or older, which may include provision of health (including mental health); social, nutritional, and educational services; and the provision of facilities for recreational activities.</p> <p>C. Operations. A AAA must ensure that a service provider of a senior center:</p> <ol style="list-style-type: none"> 1. complies with applicable local building codes and ordinances and applicable state and federal laws, rules, and regulations including the Americans with Disabilities Act and the Rehabilitation Act of 1973, Section 504; 2. establishes the senior center in an area central to and easily accessible by program participants; 3. conducts fire prevention inspections on a monthly basis using a trained senior staff person or volunteer of the service provider; 4. posts a copy of the latest fire prevention inspection report in a conspicuous place in the senior center and files the report at the senior center for review by the AAA; 5. keeps doors, outside stairs, and fire escapes free from obstruction and in proper condition; 6. has basic first aid supplies at the senior center available and maintained, clearly marked, and accessible to all senior center staff persons and program participants; 7. has an adequate number of service center staff persons available at the center, during the time the center is open to the public, who are certified in: <ol style="list-style-type: none"> a. first aid; b. cardiopulmonary resuscitation; and c. operating an automatic external defibrillator, if one is available; and 8. develops written policies and procedures regarding senior center operations and makes them available to senior center staff persons and program participants. <p>D. Political activity. A AAA must ensure that a service provider does not:</p> <ol style="list-style-type: none"> 1. use a senior center for political campaigning except in those instances where a representative from each political party running in the campaign is given an equal opportunity to participate; or 2. distribute political materials at a senior center. <p>E. Religious activities and prayer. A AAA must ensure that a service provider does not:</p> <ol style="list-style-type: none"> 1. allow a prayer or other religious activity to be officially sponsored, led, or organized by a senior center staff person or volunteer; or 2. prohibit a program participant from praying silently or audibly at a senior center if the program participant so chooses. <p>F. Inventory. A AAA must maintain an accurate inventory of senior centers that were renovated, acquired, or constructed, in whole or in part, with funds provided by DADS.</p> <p>G. Change in ownership or purpose of a senior center.</p> <ol style="list-style-type: none"> 1. A AAA must ensure that: <ol style="list-style-type: none"> a. a grantee of funds from DADS to purchase or construct a senior center notifies the AAA, in writing, of the purchase or construction of the center within 30 days after such purchase or completion; and b. a grantee of funds described in subparagraph (A) of this paragraph and any successor owner of the senior center: <ol style="list-style-type: none"> i. notifies the AAA, in writing, of: <ol style="list-style-type: none"> I. a change in the ownership of the senior center; or II. a change in the purpose of the senior center from the purpose for which it was purchased or constructed; <p>and</p> <ol style="list-style-type: none"> III. makes such notification 30 days before the change described in clause (i) of this subparagraph. <ol style="list-style-type: none"> 2. A AAA must notify DADS if, within 10 years after purchase of or 20 years after completion of construction of a senior center, either of the following occurs: <ol style="list-style-type: none"> a. the owner of a senior center ceases to be a public or nonprofit private agency or organization; or b. there is a change in the purpose of the senior center from the purpose for which it was purchased or constructed. 3. The notice required by paragraph (2) of this subsection must be in writing and be given to DADS within 10 days after a AAA is notified of the occurrence. 4. If, within 10 years after the purchase of a senior center or 20 years after the completion of construction of a senior center, either of the conditions described in paragraph (2) of this subsection occurs, the United States Government is entitled to recover from the owner of the senior center an amount to be determined by the Older Americans Act, §312. <p>H. Insurance. A AAA must ensure that the owner or operator of a senior center maintains insurance coverage for total replacement cost of the center and for the contents of a center funded by DADS.</p>	<p>State of Texas</p>
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A3 –KGBTexas Team Subject Matter Expert, Credentials

Senior Services Subject Matter Expert Credentials

Ms. Charlene Hunter James

- Bachelor of Arts Degree, Sociology from Fisk University, Master of Public Health Degree in Health Planning and Administration from University of Texas, School of Public Health
- Former director of the Harris County Area Agency on Aging (AAA) in Houston, Texas
- Thirty-one years of experience in services to the City of Houston Department of Health and Human Services ranging from Health Planner, Health Center Administration, and Division Administrator to the AAA Director
- Served as a delegate to the National Council on Aging, National Institute of Senior Centers, served on the National Council on Aging/American Society on Aging Joint Program Planning Committee and was active with the Texas Association of Area Agencies on Aging. Served on the Governing Council of the Robert Wood Johnson. Supported Care for Elders Community Partnership for Long Term Care and the Baylor College of Medicine, Harris County Hospital District, Elderly Fatality Review Team Advisory Council
- Served as the Special Needs Housing Coordinator for the Joint Housing Task Force. Served on the advisory council for the Grantmakers in Aging, Hurricane Katrina Fund. Served as a delegate to the White House Conference on Aging
- Serves on the Texas Executive Council of AARP, the board of Harris County Protective Services for Children and Adults, University of Texas Center on Aging, Valley Fund Advisory Council and the Auxiliary to Texas Children's Hospital. Served as a Track Reviewer for the Joint Program Planning Committee of the American Society on Aging and the National Council on Aging
- Led AAA in partnering with the National Asian Pacific Center on Aging to sponsor a Capacity Building Workshop in Houston and supported the Annual Bajo El Mismo Conference sponsored by the National Hispanic Council on Aging

Dr. Kevin Vigilante

- Physician, spend approximately 20 years in academic medical environment, at Yale and Brown University
- Director of the Medical Emergency Department and served as the first director of the Primary Care Practice at Yale. Held an appointment at the Brown University School of Medicine for approximately 16 years, where he was director of Emergency and Ambulatory Services at the Miriam Hospital and a member of the Division of Immunology and Infectious Diseases. In these roles he was engaged in patient care, teaching, research and hospital management
- Focused on developing health services delivery and risk reduction programs for the addicted, frequently incarcerated, intermittently homeless and hard-to-reach female populations
- Served many federal clients with a focus on the Department of Veterans Affairs, the Military Health System, then National Institutes of Health and the Centers for Disease Control, leveraging his expertise in health care transpiration strategies, process improvement, program evaluation, health system planning, hospital operations, health information technologies and emergency preparedness
- Received a Bachelor of Arts in philosophy from Johns Hopkins University, an MD from Cornell and a master's degree in public health from Harvard
- Trained in internal medicine at Yale-New Haven Hospital and has been board certified in Emergency Medicine and Internal Medicine
- Member of the National Committee on Vital and Health Statistics

Dr. Jose Betancourt

- Retired U.S. Army Medical Service Corps Officer with more than 24 years of leadership experience in the public health arena
- Currently serves as primary program manager responsible for the design, development and implementation of a comprehensive Behavioral Health program utilizing tele-medicine and tele-health technology for use by soldiers and family members across the Army serving as the strategic plan and design office for systems that uses unique technology to increase access to soldiers and family member suffering from Post Traumatic Stress Disorder; Traumatic brain injury and other behavioral health challenges
- Assisted in coordinating and designing multiyear budget estimates for implementation of tele-behavior health system from implementation in FY 2010 through FY 2017.
- Designed and coordinated a comprehensive strategic communications plan for tele-medicine / tele-health applications to behavioral health issues of soldiers and families and served as primary developer for this system providing input to the Army Task Force on Suicide Prevention
- Coordinated and authored current draft of comprehensive Concept of Operations for the Army Tele-Behavioral Program depicting in detail how this technology will be used by Active Duty, USAR, NGB, family members, family advocacy programs and substance abuse programs

A4 –Notional Job Descriptions/Key Position Requirements

Senior Services Program Administrator (Central Office)

- ▶ Under direction, manages operations of a City's Senior Services Program and performs related duties
- ▶ Directs implementation of City's programs and delivery of services including nutrition, life enrichment, and information and referral assistance
- ▶ Develops and administers operating budget, approving expenditures for services, programs, special events, equipment, and supplies
- ▶ Supervises / directs Key Staff and Directors assigned to Field Offices by assigning work, setting performance standards, and evaluating performance
- ▶ Coordinates and supervises staff training and development
- ▶ Implements quality assessment reviews of the center's programs and services and implements changes
- ▶ Coordinates the planning of special events and activities for seniors
- ▶ Oversees maintenance and safety of the center
- ▶ Oversees volunteer program to assist seniors at the center
- ▶ Performs community outreach: attending meetings with senior groups, retirement clubs, and church groups to promote the services and programs of the center
- ▶ Networks and provides information and assistance to public and private organizations that provide services to senior citizens
- ▶ Prepares management reports on the center's programs and services

MINIMUM QUALIFICATIONS

- ▶ Graduation from an accredited college or university with a Master's degree in Gerontology, Psychology, Public Health, or a directly related field, plus 4 years of experience in the planning, implementation, and administration of social service programs; OR a Bachelor's degree in the above listed fields plus 8 years of experience in the planning, implementation, and administration of social service programs

KNOWLEDGE

- ▶ Significant knowledge of: social services programs and resources; case management methods and procedures; specialty program planning, development, coordination, and evaluation; particular needs, issues, and concerns of the elderly; social, developmental, cultural, economic, and legislative issues and trends impacting senior citizens
- ▶ Significant knowledge of: management and supervisory methods and procedures; principles of human behavior and socialization; budget preparation and management methods and procedures
- ▶ Considerable knowledge of applicable City/local/department policies, procedures, rules, regulations, and ordinances

SKILLS

STRATEGIC PLANNING/BUSINESS PLANNING-Understands development/execution of strategic/business planning requirements; ACTIVE LEARNING - Understand the implications of new information for both current and future problem-solving and decision-making; ACTIVE LISTENING - Give full attention to what other people are saying, taking time to understand the points being made, ask questions as appropriate, and not interrupt at inappropriate times; CRITICAL THINKING - Use logic and reasoning to identify the strengths and weaknesses of alternative solutions, conclusions, or approaches to problems; MONITORING - Monitor and assess performance of one's self, other individuals, or organizations to make improvements or take corrective action; MANAGEMENT OF PERSONNEL RESOURCES - Motivate, develop, and direct people as they work and identify the best people for the job ; TIME MANAGEMENT - Manage one's own time and the time of others; COORDINATION WITH OTHERS - Adjust actions in relation to others' actions ; INSTRUCTING - Teach others how to do something *SERVICE ORIENTATION - Actively look for ways to help people; SOCIAL PERCEPTIVENESS - Demonstrate awareness of others' reactions and understand why they react as they do; JUDGEMENT AND DECISION MAKING - Consider the relative costs and benefits of potential actions to choose the most appropriate one

ABILITIES

COMPREHEND ORAL INFORMATION - Listen to and understand information and ideas presented through spoken words and sentences; SPEAK - Communicate information and ideas in speaking so others will understand;

COMPREHEND WRITTEN INFORMATION - Read and understand information and ideas presented in writing; WRITE - Communicate information and ideas in writing so others will understand REASON TO SOLVE PROBLEMS - Apply general rules to specific problems to produce answers that make sense; DEMONSTRATE ORIGINALITY - Come up with unusual or clever ideas about a given topic or situation, or to develop creative ways to solve a problem; MAKE SENSE OF INFORMATION - Quickly make sense of, combine, and organize information into meaningful patterns

OTHER WORK REQUIREMENTS

INITIATIVE - Demonstrate willingness to take on job challenges; LEADERSHIP - Demonstrate willingness to lead, take charge, and offer opinions and direction; COOPERATION - Be pleasant with others on the job and display a good-natured, cooperative attitude; CONCERN FOR OTHERS - Demonstrate sensitivity to others' needs and feelings and be understanding and helpful on the job; DEPENDABILITY - Demonstrate reliability, responsibility, and dependability and fulfill obligations ;INDEPENDENCE - Develop own ways of doing things, guide oneself with little or no supervision, and depend mainly on oneself to get things done

WORKING CONDITIONS

- ▶ General office environment
- ▶ Medical facilities environment (e.g., senior citizens center)

EQUIPMENT

- ▶ Standard office equipment (e.g., telephone, printer, photocopier, fax machine, calculator)
- ▶ Computers and peripheral equipment (e.g., personal computer, computer terminals, hand-held computer, modems)

Director for Comprehensive Senior Nutrition Center (CSNC)

- ▶ Under direction, manages operations of a senior citizens center and field office located at same location in an assigned region, and performs related duties
- ▶ Directs the implementation of programs and the delivery of services at an assigned center including nutrition, life enrichment, and information and referral assistance
- ▶ Develops and administers the center's operating budget, approving expenditures for services, programs, special events, equipment, and supplies
- ▶ Supervises / directs staff assigned to the center by assigning work, setting performance standards, and evaluating performance
- ▶ Coordinates and supervises staff training and development
- ▶ Implements quality assessment reviews of the center's programs and services and implements changes
- ▶ Coordinates the planning of special events and activities for seniors
- ▶ Oversees the maintenance and safety of the center
- ▶ Oversees volunteer program to assist seniors at the center
- ▶ Performs community outreach: attending meetings with senior groups, retirement clubs, and church groups to promote the services and programs of the center
- ▶ Networks and provides information and assistance to public and private organizations that provide services to senior citizens
- ▶ Prepares management reports on the center's programs and services

MINIMUM QUALIFICATIONS

- ▶ Graduation from an accredited college or university with a Master's degree in Gerontology, Psychology, Public Health, or a directly related field, plus two years of experience in the planning, implementation, and administration of social service programs; OR a Bachelor's degree in the above listed fields plus three years of experience in the planning, implementation, and administration of social service programs

KNOWLEDGE

- ▶ Considerable knowledge of: social services programs and resources; case management methods and procedures; specialty program planning, development, coordination, and evaluation; particular needs, issues, and concerns of the elderly; social, developmental, cultural, economic, and legislative issues and trends impacting senior citizens
- ▶ Some knowledge of: management and supervisory methods and procedures; principles of human behavior and socialization; budget preparation and management methods and procedures
- ▶ Knowledge of applicable City/local/department policies, procedures, rules, regulations, and ordinances

SKILLS

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WORKING CONDITIONS

- ▶ General office environment
- ▶ Medical facilities environment (e.g., senior citizens center)

EQUIPMENT

- ▶ Standard office equipment (e.g., telephone, printer, photocopier, fax machine, calculator)
- ▶ Computers and peripheral equipment (e.g., personal computer, computer terminals, hand-held computer, modems)

Center Manager—Nutrition Site

CHARACTERISTICS OF THE CLASS

- ▶ Under immediate supervision, assists Field Director in providing direct services at a City sponsored nutrition program, and performs related duties as required

ESSENTIAL DUTIES

- ▶ Registers new participants for the nutrition program at a City sponsored nutrition program site
- ▶ Maintains daily attendance records and collects clients' contributions
- ▶ Completes weekly financial forms to maintain statistics on food ordered and served
- ▶ Receives and verifies food deliveries and reports food service problems
- ▶ Maintains sufficient inventories of nutrition site supplies
- ▶ Prepares and serves simple foods such as salads
- ▶ Performs light housekeeping in dining area and kitchen
- ▶ Assists in providing information and facilitating nutrition program activities and services

MINIMUM QUALIFICATIONS

Education, Training, and Experience

- ▶ Willingness and ability to perform the duties of the job

Licensure, Certification, or Other Qualifications

- ▶ Persons offered employment must attend classes and obtain appropriate health department certifications within six months of employment

WORKING CONDITIONS

- ▶ General office environment

EQUIPMENT

- ▶ Standard office equipment (e.g., telephone, printer, photocopier, fax machine, calculator)

KNOWLEDGE, SKILLS, ABILITIES, AND OTHER WORK REQUIREMENTS

Knowledge

- ▶ Some knowledge of: Food service and sanitary food handling methods; social services programs and resources; particular needs, issues, and concerns of the elderly; record keeping practices and procedures; Knowledge of applicable City and department policies, procedures, rules, regulations, and ordinances

Skills

- ▶ ACTIVE LISTENING - Give full attention to what other people are saying, take time to understand the points being made, ask questions as appropriate, and not interrupt at inappropriate times
- ▶ SERVICE ORIENTATION - Actively look for ways to help people
- ▶ SOCIAL PERCEPTIVENESS - Demonstrate awareness of others' reactions and understand why they react as they do

Abilities

- ▶ COMPREHEND ORAL INFORMATION - Listen to and understand information and ideas presented through spoken words and sentences; SPEAK - Communicate information and ideas in speaking so others will understand; COMPREHEND WRITTEN INFORMATION - Read and understand information and ideas presented in writing;

Other Requirements

- ▶ COOPERATION - Be pleasant with others on the job and display a good-natured, cooperative attitude; CONCERN FOR OTHERS - Demonstrate sensitivity to others' needs and feelings and be understanding and helpful on the job; DEPENDABILITY - Demonstrate reliability, responsibility, and dependability and fulfill obligations

Attachments

- 1. Baseline Report**
- 2. Best Practices Presentation**
- 3. Benchmark Analysis Presentation**
- 4. Recommended Senior Services Organization Charts**
- 5. Senior Center Location Map and Quadrant Maps**
- 6. Senior Services Strategic Plan Implementation Schedule**
- 7. Senior Center Quad Chart: Roll-up of CNCs and Nutrition Centers**
- 8. Senior Centers Roll-Up Resources Funding Structures (e-file)**
- 9. Senior Center Recommendations and Best Practice Matrix (e-file)**
- 10. Stakeholders and Customers Contacts**