

**City of San Antonio
Department of Community Initiatives
Senior Services Strategic Plan**

Baseline Report



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Revised Final Deliverable: September 16, 2011

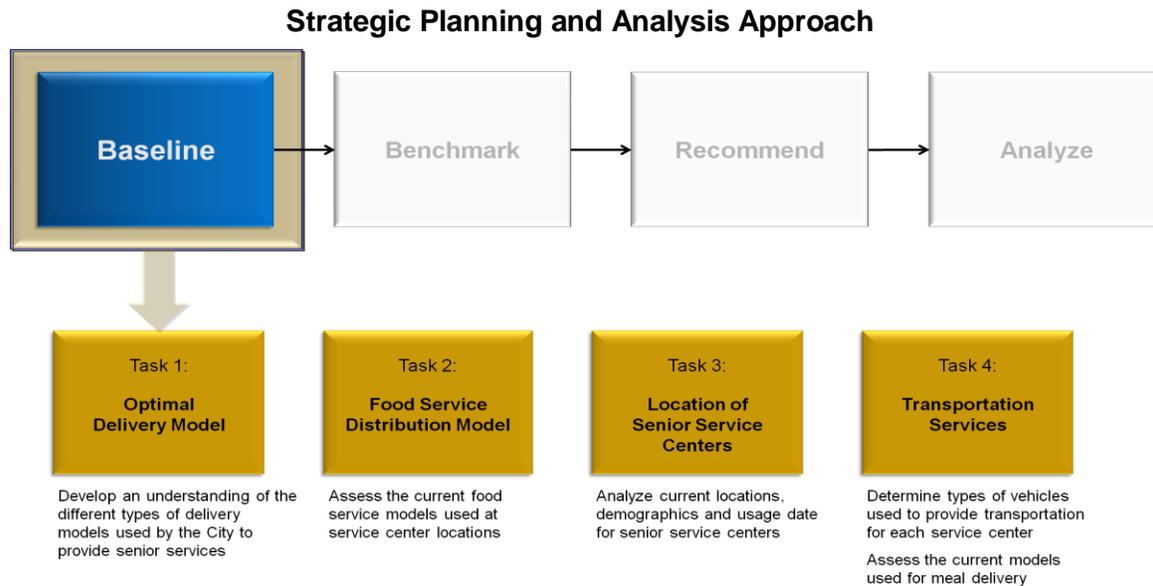
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Executive Summary

The KGBTexas Team is pleased to provide this baseline report to the City of San Antonio’s Department of Community Initiatives (DCI) as part of the broader initiative to develop a Senior Services Strategic Plan. The KGBTexas Team’s 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.



This Baseline Report will be used as a basis to benchmark best practices, leading to validated recommendations for improving senior services. This report includes 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 will lead to improvement opportunities.

During this phase, the KGBTexas Team collected and analyzed data from multiple sources. Data included 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. Additionally, input was received from stakeholder interviews, meetings, focus groups, group presentations, and surveys. A summary of the key themes resulting from the analysis are highlighted in the following table.

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, sign-in, 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 and 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.

This initial collection of baseline information provides early considerations for improvement. During the Benchmark phase, these considerations will be validated against identified best practices in senior services.

1.0 Background and Understanding

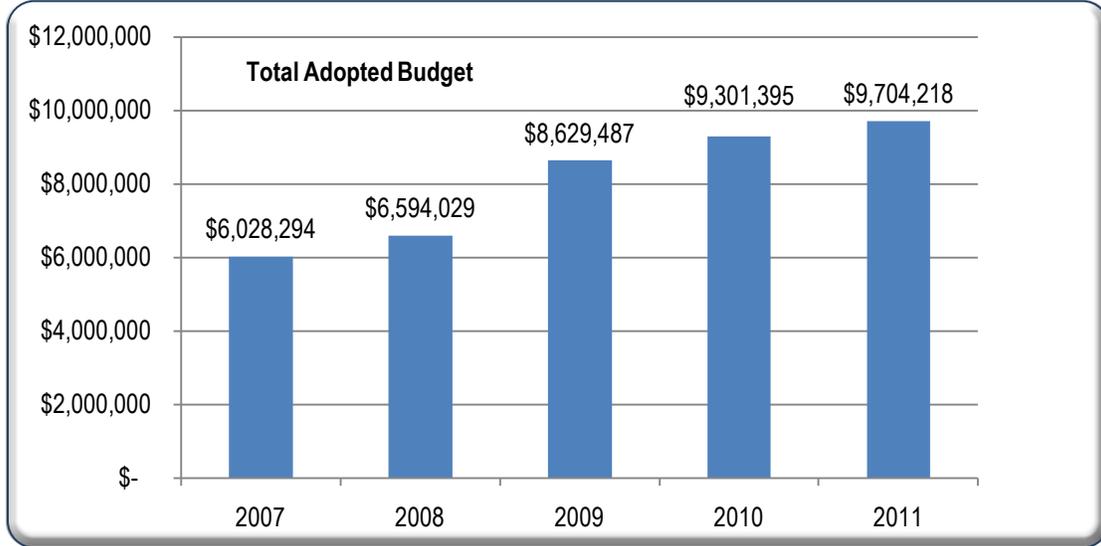
The City of San Antonio serves a growing population of senior citizens through a variety of business models that have been instituted during the past 30 years. The Department of Community Initiatives (DCI) foresees continuing growth in San Antonio's senior population and, with a dedication to improving 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+ sites throughout San Antonio through a variety of delivery mechanisms. Sites are operated by the City and faith-based, nonprofit organizations, volunteer organizations, and/or other organizations and agencies. There are varieties in cost models for nutrition, transportation, and other services and equity of services.

San Antonio is unique with diverse cultures and deeply rooted traditions. The evolution of the City's role in providing senior services has grown out of social movements that began in the 1960s and the faith-based organizations' commitments to their community. To embrace San Antonio seniors, 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 care to the most active and yet, sometimes fragile, population is commendable.

The City engaged the KGBTexas Team to review its full spectrum of senior services to evaluate whether high-quality services are delivered consistently across the City, as well as to help it prepare for future demands. The strategy includes obtaining feedback from a broad cross-section of seniors and other constituents, and communicating the approach and recommendations with Senior Services customers, stakeholder groups, and City leadership.

Funding and Costs

Based on population projections and with the aging of Baby Boomers, the City and other service providers can expect to see increasing demands and expectations for services and the costs for supplying those services to increase. Primary sources of funding for the City of San Antonio’s senior services are through grants, the City’s General Fund, and limited program income. In documentation provided by the DCI, the total budget obligated for senior services has seen a steady increase throughout the last several years.



Source: City of San Antonio, DCI, Baseline Notebook

Funds are appropriated primarily for nutrition, transportation, and comprehensive senior centers. The tables below and on the following page provide a quick reference of funding and cost structure for senior services programs. The City allocates a larger percentage of total program funding; however, the City’s allocated funding is used as match to the federal grants.

Total federal grant funding is approximately 30 percent of total funding for the City’s Senior Services program, and is primarily directed for nutrition and transportation services.

The funding appropriated by the City for CNP is approximately 59 percent of the City’s Senior Services program; it serves as cash match to the grants and may, therefore, be subject to federal grant requirements. However, this cost structure still offers the City flexibility for how funds are allocated and opportunities for improvement to maximize funding resources.

City of San Antonio Senior Program Funding FY 2011 Adopted Budget — Revenue		
Delegate Agency General Fund—City	\$ 960,131	10%
DCI General Fund—City	\$ 5,904,456	61%
Community Development Block Grant (CDBG)—Federal Grant	\$ 405,004	4%
Other Federal Grants	\$ 2,237,070	23%
Program Income	\$ 197,557	2%
	\$ 9,704,218	100%

City of San Antonio Senior Program Funding FY 2011 Adopted Budget — Appropriations		
Comprehensive Senior Centers	\$ 2,618,963	27%
Delegate Agencies – Seniors	\$ 1,365,135	14%
Comprehensive Nutrition Program	\$ 5,298,883	55%
Elderly Transportation Program for Medical Appointments	\$ 421,237	4%
	\$ 9,704,218	100%

Comprehensive Senior Centers (Senior One-Stops) are dedicated senior centers that offer a variety of senior services at a single location such as nutrition, health and wellness, social activities, education and training, and other services and activities. Funding for these centers is directly appropriated as a program. Costs for utilities, leases, and other expenses are rolled up into this allocation.

Delegate Agencies-Seniors funds are provided to the following organizations for a variety of services at mostly **senior one-stop** locations and /or at other non-senior center locations throughout the community: Antioch CTN; Barshop Jewish Community Center; Catholic Charities; Christian Senior Services; El Centro del Barrio / Centro Med; Family Services Association; San Antonio Food Bank; San Antonio OASIS; Urban 15 Group; YMCA of Greater San Antonio; YWCA of San Antonio.

Comprehensive Nutrition Program is a focal point for the City’s senior services. The table on the following page provides an overview of funding to support this effort. The nutrition program represents about 55 percent of the 2011 Appropriation Budget. Nearly 48 percent of the nutrition program costs are comprised of salaries and other operating expenses, while approximately 52 percent of the program costs are allocated to nutrition. The program also offers transportation services to those who make reservations and wish to access meals at a senior center site.

2011 Senior Nutrition Program — Revenue (Oct. 1, 2010 – Sept. 30, 2011)		
Grants Federal- AACOG / Title III	\$ 1,968,241	37%
Grants Program Income - Congregate Meals	\$ 157,057	3%
Grants Program Income - Homebound Meals	\$ 35,500	1%
Interfund Transfer In (city general fund)	\$ 3,144,506	59%
TOTAL REVENUES	\$ 5,305,304	100%

2011 Senior Nutrition Program — Appropriations (Oct. 1, 2010 – Sept. 30, 2011)				
	Grant	Grant Match	Total	%
Salaries & Personnel Expenses	\$ 1,179,918	\$ 363,364	\$ 1,543,282	29%
Other Operating Expenses	\$ 78,080	\$ 946,626	\$ 1,024,706	19%
Nutrition	\$ 902,800	\$ 1,834,516	\$ 2,737,316	52%
TOTAL APPROPRIATIONS:	\$ 2,160,798	\$ 3,144,506	\$ 5,305,304	100%

Elderly Transportation Program for Medical Appointments, while limited, has long played an important role in the City’s senior services offerings, specifically providing seniors a way to get to and from medical appointments.

2011 Senior Transportation Program — Revenue (Oct. 1, 2010 – Sept. 30, 2011)		
Grants Federal-Open-AACOG / Title III	\$ 275,250	65%
Grants Program Income	\$ 5,000	1%
Interfund Transfer In (city general funds)	\$ 140,987	33%
TOTAL REVENUES	\$ 421,237	100%

As previously noted, funding for senior services is provided through the City’s General Fund, federal grants through the Alamo Area Councils of Government (AACOG), and program income through donations. Further review of this baseline helps to provide a better understanding of how the transportation funding is being applied and the level and quality of services seniors are receiving in return, specifically within the current infrastructure of senior services. For example, the majority of medical transportation customers are primarily for dialysis and cancer treatment appointments, and there are no prioritization standards. Reservations are made on a first-come, first-served basis, and will generally take seniors to locations as far as they need to go to make their appointments.

While the current medical transportation system is efficiently executing transportation needs, leadership from Transportation Services noted that general ridership remains low among the total senior service members as a result of high demand and limited resources—staffing and funding. Nearly 75 percent of seniors who use the City’s senior transportation service live within three miles of a facility. There may be opportunities to maximize this resource to meet critical service areas and/or to address the needs of a larger population of seniors while continuing to achieve the City’s senior services mission.

Senior Center types and costs vary depending on the senior center, location, funding structure, and primary function. The chart below indicates types of costs applicable to each type of center to which the City appropriates resources and/or funds. The analysis will determine the most cost effective means to deliver meals: congregate setting and/or homebound and other services. The largest categories of senior centers are known as vendors, exist through contracts, and are primarily recognized as nutrition centers. Staffing and other expenses, such as the comprehensive nutrition program (CNP), are reflected separately.

8 Center Type and Applicable Costs (excluding staffing and other operating costs and *Selrico provided meals)							
Center Type	Monthly Lease	Annual Custodial Costs	Annual Maintenance Costs	Annual Security Costs	Annual Utility Costs	Additional Costs for Congregate/ Homebound Meals (\$1.74/\$1.38)	Total Estimated Costs per Center Type
Park City Activity Center	√				√		\$242,904
County-Owned City Operated		√				*	\$3,748
Lease-Only Site	√					*	\$6,000
Lease Site-City Operated	√	√				*	\$21,888
Multi-Service Center		√	√	√	√	*	185,045
Senior One-Stops	√	√	√	√	√	*	\$967,044
Vendor						√	\$506,062
Volunteer						*	\$0
**Annualized Total Costs:	\$847,668	\$178,036	\$ 45,460	\$ 47,665	\$307,800	\$506,062	\$1,932,690

** Annualized estimates based on (10/1/10-04/8/11) actual costs expended
Source: City of San Antonio, DCI, Baseline Notebook

Nutrition Centers exist through more than a thirty-year partnership between the City of San Antonio and mostly faith-based organizations. Both have worked together to provide nutrition for senior citizens. As the demographics of seniors and their environments shift, it is critical to further understand the benefits and challenges to the more than 30 existing agreements. The chart below provides the City’s costs and level of services provided in the last fiscal year.

City Summary of Vendor and Lease Sites Senior Centers (FY10)								
Council District	Site Type	Center	Congregate Meals-Amount Pd. YTD	Homebound Meals-Amount Pd. YTD	Total Lease Amount Paid YTD	Total Est. Amount Paid YTD	Homebound Meals Served YTD	Daily Homebound Meals Served
1	Vendor (3 sites)	**Kenwood	41,328	2,122		43,451	1538	6
		Our Lady of Sorrows Church	3,786	7,584		11,371	5496	21
		Sacred Heart Church	26,949	7,507		34,456	5440	21
		Salvation Army- Hope Center	22,550			22,550		
2	Vendor (2 sites)	Ella Austin Community Center	17,035	7,270		24,304	5268	20
		Salvation Army – Dave Coy	8,208			8,208		
3	Lease-only	Bethany United Methodist			6,000	6,000		
	Lease	Hope of Glory			6,000	6,000		
	Vendor (5 sites)	*Fair Avenue FC	21,456			21,456		
		*Good Shepherd Lutheran Church	9,923			9,923		
		Mission San Jose	16,224			16,224		
		Presa Senior Center	21,459	42,911		64,371	32035	123
	*St. Margaret Mary’s Church	27,177			27,177			
4	Lease	St. Bonaventure Catholic Church			6,600	6,600		
4	Vendor (2 Sites)	Our Lady of Angels Catholic Church	29,594	22,638		52,231	16404	63
		St. Vincent de Paul	8,731			18,731		
5	Vendor (6 sites)	Christ the King Church	15,115			15,115		
		Our Lady of Guadalupe Catholic Church	14,813	3,083		17,896	2234	9
		Palacio del Sol	27,483	3,500		30,983	2536	10
		San Juan De Los Lagos Church	12,907	5,320		18,227	3855	15
		St. Alphonsus Church	10,445	3,707		14,152	2686	10
	St. Timothy Catholic Church	16,953	4,140		21,093	3000	11	
6	Vendor (3 sites)	Bethel Senior Center	19,638	4,794		24,432	3474	13
		St. Jude’s Catholic Church	31,080	8,890		39,970	6442	25
		Villa Allegre Apartments	10,146			10,146		
7	Vendor (2 sites)	Holy Family Catholic Church	29,865	25,338		55,204	18361	70
		Salvation Army- Peacock Center	22,267	381		22,648	276	1
8	Vendor	St. Matthews Catholic Church	12,441	1,860		14,301	1348	5
10	Lease (2 sites)	Rolling Oaks Baptist Church			6,000	6,000		
		St. Andrew’s United Methodist			6,000	6,000		
County	Vendor (3 sites)	El Carmen Senior Center	23,600			23,600		
		Somerset Senior Center	6,475	3,650		10,125	2645	10
		St. Anthony Catholic Church	20,461	13,095		33,555	9489	36
Estimated Totals:			\$538,109	\$167,790	\$30,600	\$736,499	22,527	469

*Run by St. Margaret Mary’s Church

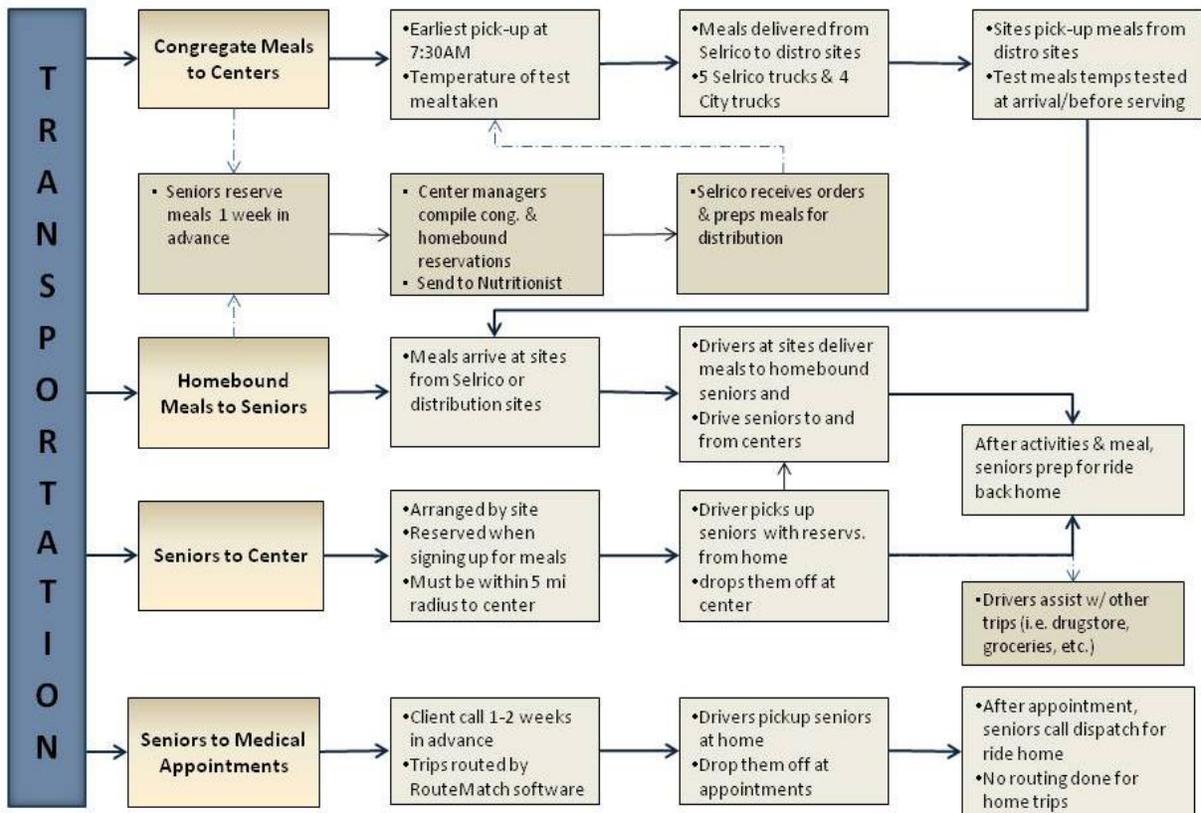
** Began Fiscal Year as a Vendor. Converted to City site during the FY.

Distribution and Transportation Processes

During project kick-off and follow-up meetings with DCI, the KGBTexas Team discussed senior services nutrition and transportation in detail. Currently, institutional processes are limited in these areas. Transportation is strained and the demand is a challenge.

- ▶ Transportation services include transportation of seniors to and from senior centers for meals, transportation for the delivery of meals, and transportation of seniors for medical appointments.
- ▶ Transportation personnel currently have four full-time and three part-time chauffeurs, as well as one supervisor, one administrative assistant, and one dispatcher.
- ▶ Travel times, accessibility for disabled seniors, and availability of transportation are primary challenges.
- ▶ 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.

Improvements in transportation efficiencies are contingent on the improvements built on the other task areas, such as Task 2: Food Distribution Model and Task 3: Location of Service Centers. The following graphic shows the multiple transportation requirements for which the City is responsible, and depicts the demand under each transportation “stream.”



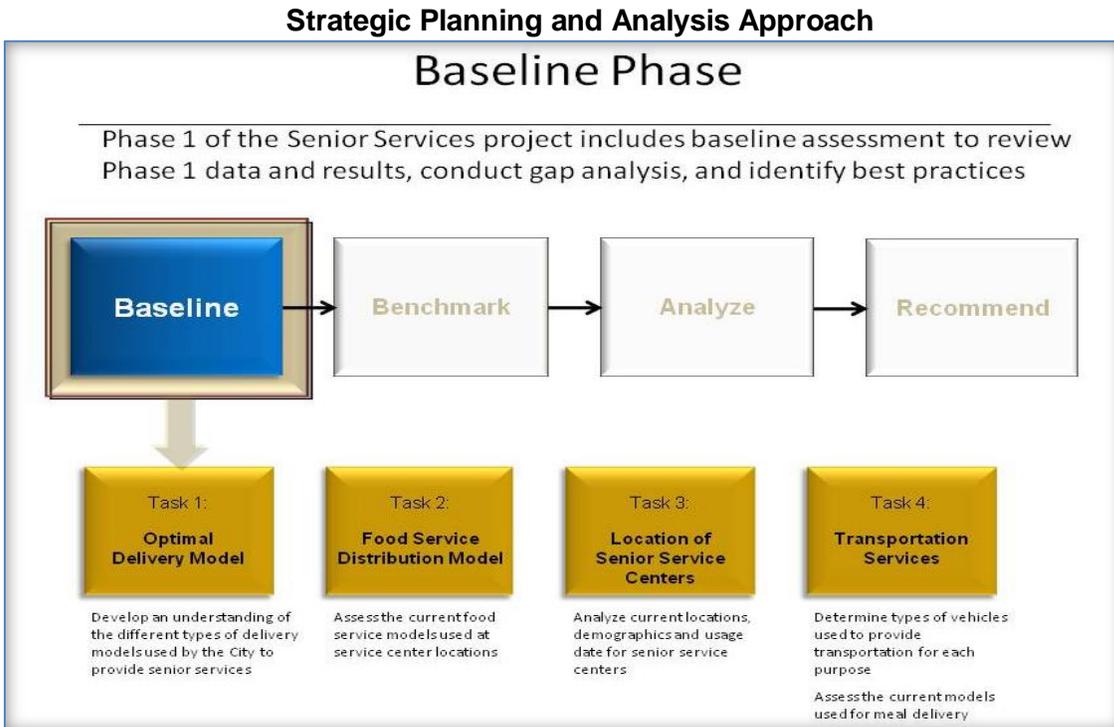
Organization Structure and Manpower Assessment

The Senior Services program within the DCI is one of many other program areas that DCI is responsible for related to child care and family welfare. Senior Services, mapped out in the appendices, are led by a social services manager, who is assisted by several supervisors overseeing transportation, nutrition, and the senior service centers. Some manpower data is highlighted below and in Appendix A3.

- ▶ 69 staff (34 full-time, 35 part-time) support the senior services.
- ▶ Senior Nutrition Program (SNP) Grant Acceptance and Budget authorizes 50 personnel for the Nutrition Program.
- ▶ SNP: One DCI staff member is responsible for 16 senior center sites (quality assurance for meals, meal ordering, transportation coordination, supervision, and facility maintenance coordination).
- ▶ SNP transportation area currently has no positions proposed to be added or deleted in 2010-2011, and currently has four full-time and three part-time chauffeurs, as well as one supervisor, administrative assistant, and dispatcher.

2.0 Approach

The KGBTexas Team’s 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.



This Baseline Report 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.

To begin the baseline process, the KGBTexas Team reviewed available data and sought out similar, but more recent, data from the City and its stakeholders to supplement the City’s initial review. The team also pulled together and analyzed current, 2015, 2020, and 2030 U.S. Census demographic information related to Americans ages 50-64 and 65+ in Bexar County and the San Antonio region to assess and project trends that senior services needs to consider in planning.

The team also collected financial, budget, and metric data (number of meals served, homebound meals, number of seniors, number of services, etc.) from the City specific to the senior centers. Additionally, the team conducted a series of stakeholder interviews, meetings, focus groups, and group presentations. Approximately 7,650 paper surveys were distributed to service centers and homebound seniors across San Antonio; 2,017 were completed.

3.0 Data Gathering

Data gathering provides a better understanding of the senior services’ operating environment and opportunities for improvement within the scope of each Task Area. Additionally, assessment of the City’s core senior services programs and key interviews of customers, and stakeholders provide a clear picture of where the decision makers and stakeholders should focus their planning efforts. The end result of data gathering is to complete documentation of the current state baseline to be used in benchmarking against best practices.

Data Collection

The City’s DCI provided the KGBTexas Team with a binder of data, reports, and studies. To determine the current baseline, the team augmented the data collected during an earlier effort by the City. The detailed cost data was further studied for **Optimal Service Delivery**: nutrition sites, multi-service centers, vendor and volunteer sites, parks and recreation sites, site-lease model, and others; **Food Service Distribution**: models for congregate, homebound meals, and others; **Locations**: current demographics and senior population at each senior service center location and compared against best practices; and **Transportation**: processes, inventory, and usage. Primary and secondary sources are listed below.

Primary Sources. Stakeholders provided primary data through interviews, surveys, and focus groups. Interviews included stakeholders from organizations with a vested interest, responsibility, and concern for older citizens. Interviewees and surveyed individuals provided candid feedback under the condition of non-attribution. Interviews were also conducted with the stakeholder organizations listed in the table below.

Stakeholder Organizations

Internal Stakeholder Organizations	External Stakeholder Organizations
▶ Office of the Mayor	▶ Alamo Area Council of Government (AACOG)
▶ City Council, Quality of Life Subcommittee	▶ Selrico
▶ Senior Center / Nutrition Center Vendors	▶ WellMed
▶ Senior Service Center Managers and Staff	▶ Archdioceses of San Antonio
▶ Senior Service Center Councils	▶ Christian Senior Services
▶ Senior Services Task Force	▶ Senior Center populations, through surveys
▶ Senior Center network of volunteers	▶ Citizens of San Antonio / Bexar County, through community input

Secondary Sources. In addition to primary data, secondary data provided evidence of the operating environment. The following is a sample listing of secondary documentation that was reviewed. Appendix 2 includes a full listing of the source and location of data collected (e.g., filenames, publication dates, and other information on the sources of information).

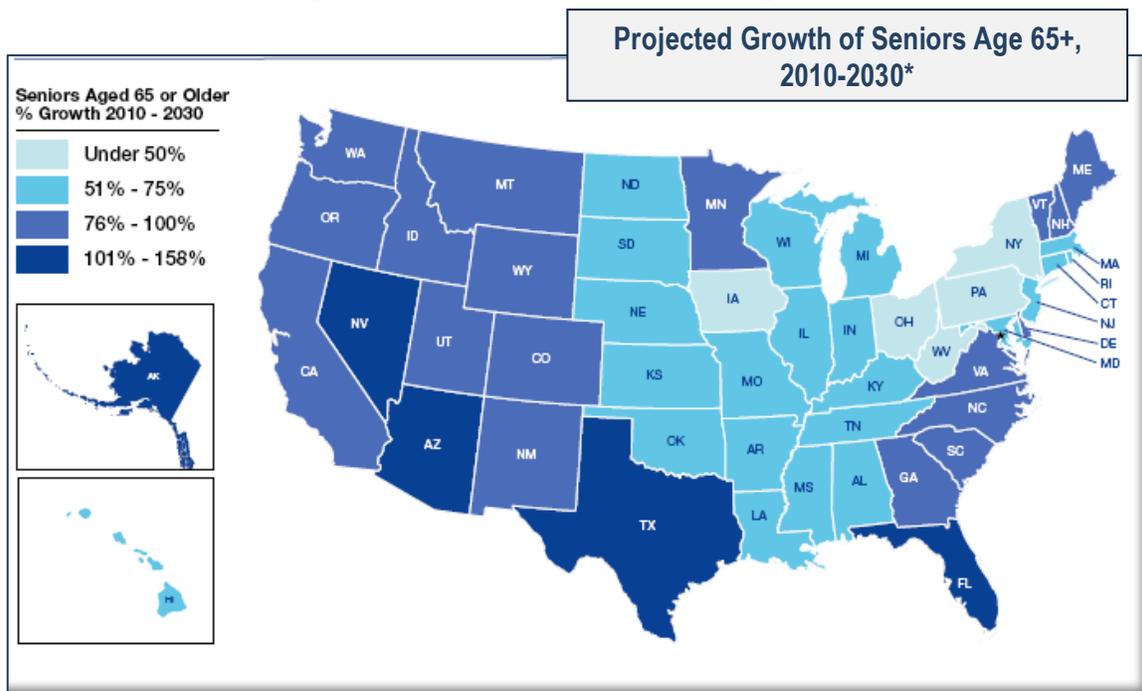
- ▶ City of San Antonio, Office of Management and Budget (OMB), Innovation and Reform Report and datasets
- ▶ City of San Antonio / Bexar County Joint Commission on Elderly Affairs, Senior Survey 2010; Final Report Feb. 22, 2011
- ▶ October 1, 2010 - April 8, 2011 Senior Service Center statistics / Budgets
- ▶ SA2020 Final Report
- ▶ Older Americans Act of 1965 and Subsequent Amendments, Title III C, Section 331
- ▶ State of Texas / DADS, Aging Texas Well, Community Guidance and Best Practices
- ▶ U.S. Department of Health and Human Services, Administration on Aging; aoa.gov
- ▶ Aging Texas Well Indicators Survey Report 2009
- ▶ 2000-2010 U.S. Census Data
- ▶ MyPyramid.gov/AoA
- ▶ Meals on Wheels America Association, mowa.gov
- ▶ Administration on Aging (AoA); National Resource Center on Nutrition, Physical Activity and Aging, nutritionandaging.fiu.edu
- ▶ “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>
- ▶ USA Today, http://www.usatoday.com/money/economy/2011-06-20-state-gdp-growth_n.htm#
- ▶ “Aging in Place, Stuck without Options,” Fixing the Mobility Crisis Threatening the Baby Boom Generation, Transportation for America

Census and Trend Data Collection

A 2006 report on aging from the National Institute on Aging (NIA) highlights shifts in the aging population and describes changes and impact on families, and at the community level. Some results from this study summarized below identify trends.

- ▶ Population 65 and older is expected to double in size within the next 25 years.
- ▶ Health of older Americans is improving, but there continues to be a need for disability assistance.
- ▶ Financial circumstances of older Americans continue to improve.
- ▶ By 2030, an estimated 72 percent of older Americans will be non-Hispanic White, 11 percent Hispanic, 10 percent Black, and 5 percent Asian.

*Transportation for America’s latest release, “Aging in Place, Stuck without Options,” identifies Texas as one in five states that will see significant growth in senior population and, therefore, increasing demands and alternatives on transportation.



The KGBTexas Team limited demographic review to the most recent and available 2010 data to provide current demographics and population of San Antonio citizens ages 50-64 and 65 and older. More detailed 2010 U.S. Census data, specific to Texas and the region, will not be available until later this year by the Texas Data Center. However, the team generated estimated projections, all factors remaining constant, for years 2015, 2020, and 2030 to help provide a better understanding of the growth, geographic location, and demands of seniors (see page 17).

For the purposes of this study and short- and long-term planning, census maps demonstrate the size and shifting of senior citizen populations for Bexar County for the following age groups and years (see Appendix 1):

- ▶ Age 50-64: 2010, 2015, 2020, and 2030
- ▶ Age 65 +: 2010, 2015, 2020, and 2030

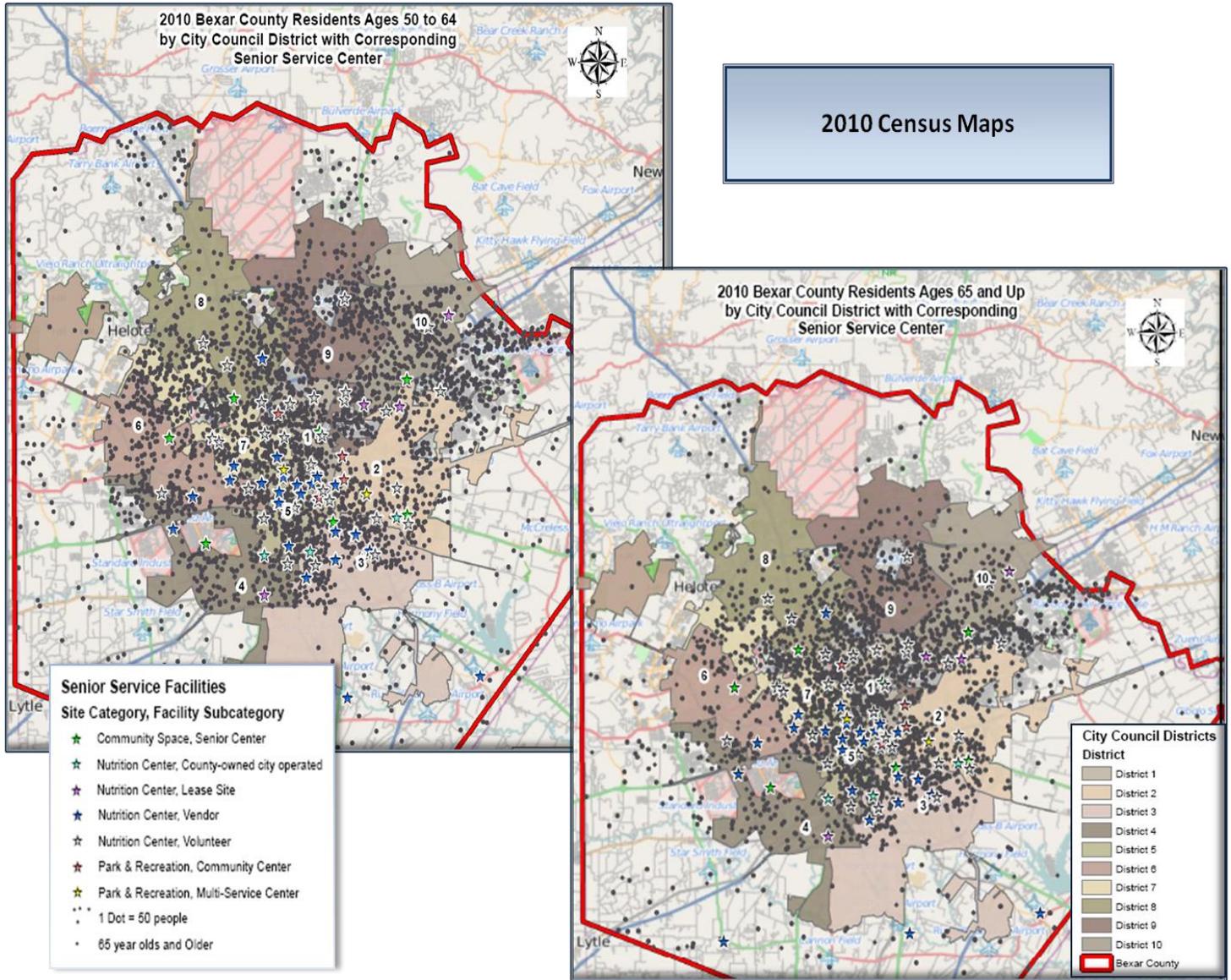
The chart below shows the trend for total Bexar County senior population growing by more than 100,000 persons; more specifically, the age group between 50-64 is consistently the larger age group of the two. Individuals “aging in” to becoming seniors continue to grow throughout the next 20 years.

Year	2010		2015		2020		2030	
Total Senior Pop. 50+	332,400		367,631		389,545		433,369	
Age Group	50-64	65+	50-64	65+	50-64	65+	50-64	65+
Total Population	186,718	145,682	210,211	157,420	224,649	164,896	253,541	179,828

**Estimated projections based on 2010 U.S. Census data*

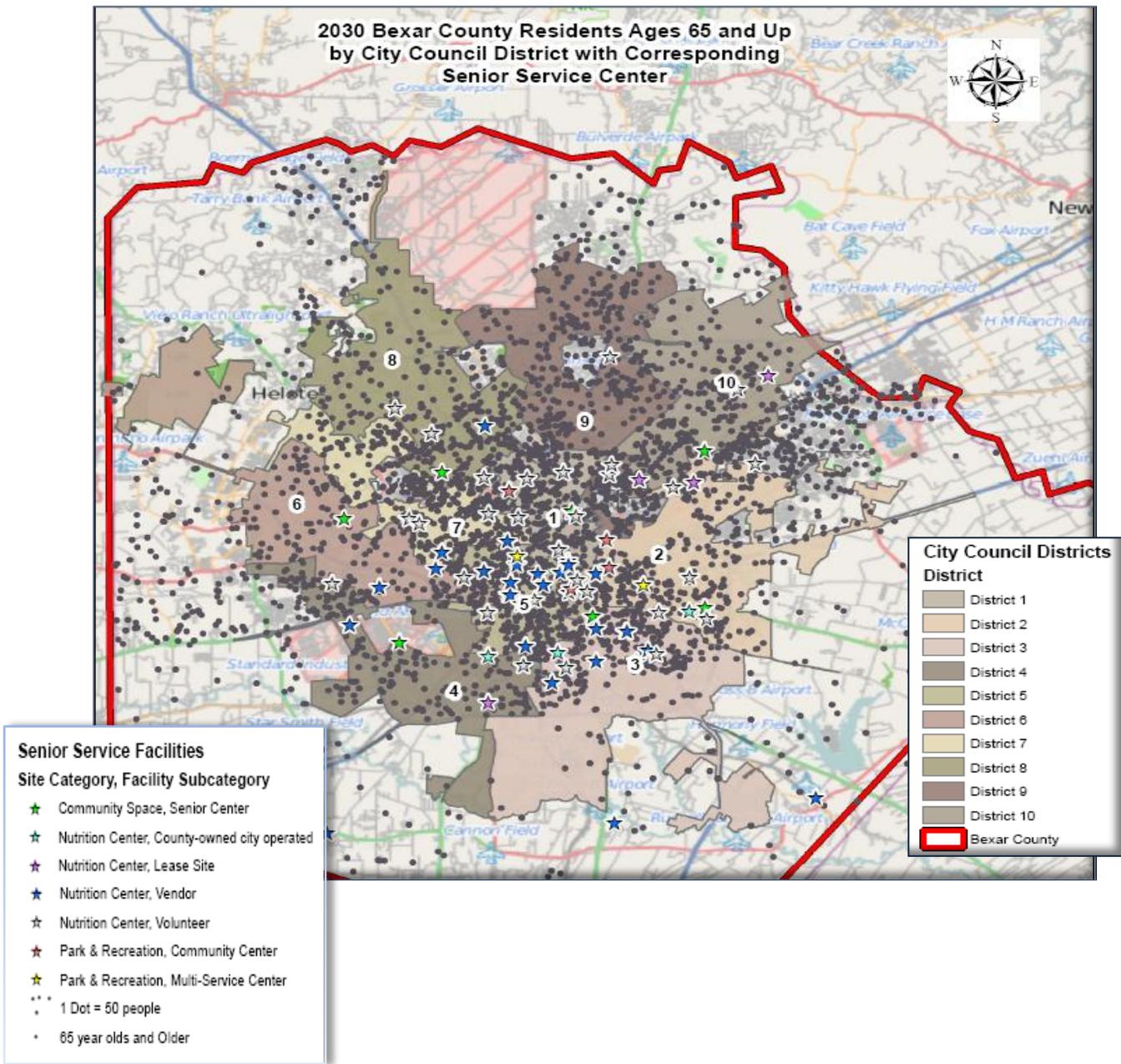
The maps on pages 18 and 19 demonstrate that there is significant difference in the population density between the two age groups, and it progressively shifts from 2010 through 2030. This indicates that the 50-64 age group has a larger populous and that the growth is more sporadic than the 65 and older age group throughout the San Antonio region. It is critical for the City to predict, to the greatest extent possible, how the population movement occurs to better plan for and allocate resources such as center locations, quantity, types of services, etc.

As addressed in the Funding and Costs section, the City provides significant resources and funding to support senior services, with a large portion of these funds dedicated to infrastructure, such as senior one-stop centers. The challenge and/or opportunity for the City is to determine planning priorities based on the demands of the emerging “younger” age group and the geographic shifting of the population.



The 2010 maps show that persons “aging-in” the senior citizen population are much greater in population and more dispersed regionally than those ages 65 and up.¹

¹ Appendix 9 includes a series of maps that documents growth of the senior population in San Antonio.

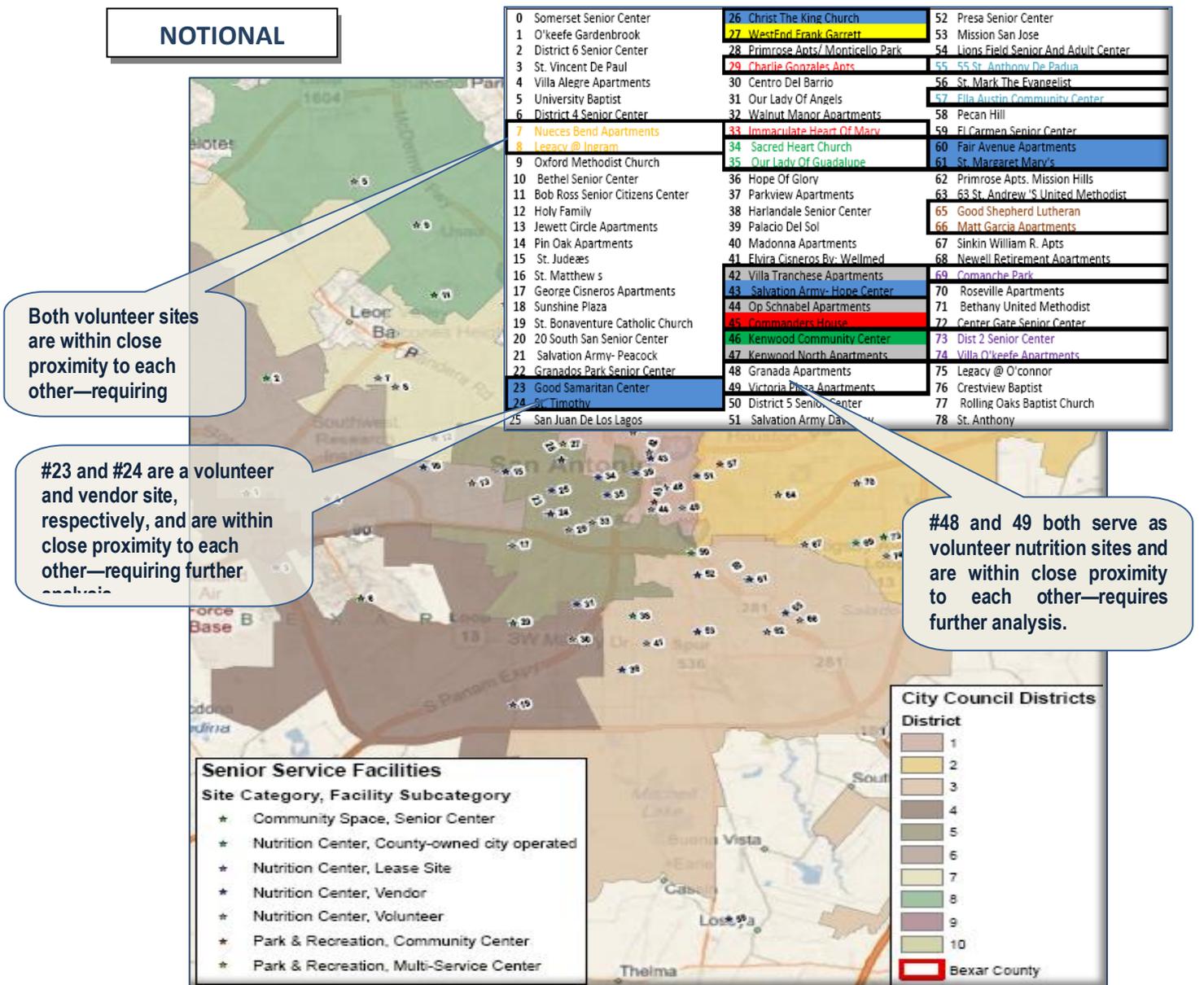


Jump 15-20 years ahead, and the same individuals will make up the population of 65 and up and, as indicated by this map, and will show continued geographic distribution throughout the region.

Senior Center Sites and Location

An initial review of the senior center sites and locations provides a better understanding of the types of centers, location of centers, and proximity of centers to each other. The KGBTexas Team generated a map identifying each sites' location that will be used as a part of further analysis to determine if there are options for shared resources. Using shared services could help maximize the availability and standardize the quality of services for seniors, as well as find areas to improve how those services are delivered. See Appendix 9 for maps of sites and locations.

Senior center sites within close proximity to each other require further review/study to determine if resources could be shared. This is a notional sample identifying possible opportunities for shared resources. However, much further analysis is required factoring in stakeholder feedback, costs/expenses, staffing model, and other obligations. The shaded colors reflect the type of facility category and subcategory. If two centers are "boxed" in, this indicates that further review may be necessary.



Customer and Stakeholder Input

To develop widespread involvement and community buy-in for the strategic planning process and new strategic initiatives, the KGBTexas Team developed a comprehensive communications strategy in coordination with the City to inform and gain customer and stakeholder input. This assessment is critical not only to get buy-in for the development of the plan and recommendations but also seek input from individuals and groups that are most impacted by the current state of operations and potential change. The *Communication Strategy* included:

- ▶ Identification of target audiences and key stakeholder groups.
- ▶ Development of a message platform that serves as the foundation for all communications about the Strategic Plan. The platform includes three key messages and proof points to support the key messages.
- ▶ Preparation of scripts for communicating with stakeholders and arranging meetings with the KGBTexas Team.
- ▶ Establishment of communications vehicles, including website, e-blasts, posters, grassroots outreach, etc., for communicating with all stakeholders.
- ▶ Identification of community “champions” that can help advocate for the plan within their respective spheres of influence.
- ▶ Implementation of a communications timeline / calendar designed to maintain a drumbeat of positive information about the project at strategic milestones in the process.

Site Visits

Based on the timeline, all 78+ senior centers could not be visited. The KGBTexas Team has conducted several site visits that are representative of the various types of senior centers throughout the City, and will continue to capture valuable information and insight through observation and input by seniors and staff at each of the centers. Initial sites visited include Harlandale Center, San Jose Mission, Frank Garrett Senior Center, and the District 5 and Willie Cortez comprehensive service centers. The KGBTexas Team will continue to conduct on-site visits to as many centers as possible throughout the strategic planning process to obtain the best review and understanding of various models.

Interviews and Surveys

During our data gathering and analysis, interviews, focus groups, and stakeholder meetings with leaders, customers, and partners were conducted. Presentations were made to the Joint Commission on Elderly Affairs, Senior Services Task Force, and Senior Center Councils. Partner meetings included the Archdiocese of San Antonio, Alamo Area Council of Governments (AACOG), Bexar County, Christian Senior Services (Meals on Wheels), and Selrico Food Services. In preparation for the interviews, an interview guide was created identifying the key stakeholders to be interviewed, schedules, and questions most pertaining to the specific audience. The main purpose of the meetings was to provide participants an opportunity to gather thoughts about their responses and future direction for the City’s senior services. The approach with

customers was informal so as to establish a sense of comfort for the seniors and senior center staff to speak freely. Additionally, surveys went out to participants of the senior service centers, seniors in the community that frequent the senior service centers, and seniors who are recipients of homebound meals.

The results from the interviews and surveys were analyzed, classified into themes (e.g., requirements, people, process, services, funding and costs, distance and demographics, and comparison models) around each of the four Task Areas, and used to clearly illustrate the City’s current operations in anticipation that additional input will be gathered around those areas. After achieving a clear understanding of senior services operations, San Antonio’s services can be compared to best practices, and an optimal delivery model can be more effectively determined.

Stakeholders are the people, groups, or organizations with an interest or role in the quality, pace, or cost of the services provided. For example, these could include peer organizations (e.g., Bexar County or fiduciary stakeholders such as City Council). Customers are the people, groups, or organizations that pay for and/or dictate the services needed. Often times, these include parent organizations and the users or beneficiaries of the services. All customers are also stakeholders.

Input from the City of San Antonio’s DCI stakeholders and customers help explain the strategic direction for the City’s senior services. Additionally, the feedback received from the interviews, focus groups, and surveys helps determine the kinds of services that will meet the needs of the City’s seniors. The following table lists the stakeholders and customers.

Senior Services Customers and Stakeholders

Customers	Stakeholders
<p><i>The people, groups, or organizations that pay for and/or dictate the services needed.</i></p> <p><i>These are the users or beneficiaries of senior services and capabilities.</i></p>	<p><i>The people, groups, or organizations with an interest or role in the quality, pace, or cost of the service provided.</i></p>
<ul style="list-style-type: none"> ▶ Senior Citizens ▶ City Council, Quality of Life Subcommittee ▶ Department of Community Initiatives (DCI) 	<ul style="list-style-type: none"> ▶ Peer Organizations ▶ Senior Services Task Force ▶ Christian Senior Services (CSS) ▶ Bexar County's Department of Community Resources ▶ Selrico Food Services ▶ WellMed ▶ Archdiocese of San Antonio ▶ Communities Organized for Public Service (COPS) Metro ▶ Alamo Area Councils of Government (AACOG)

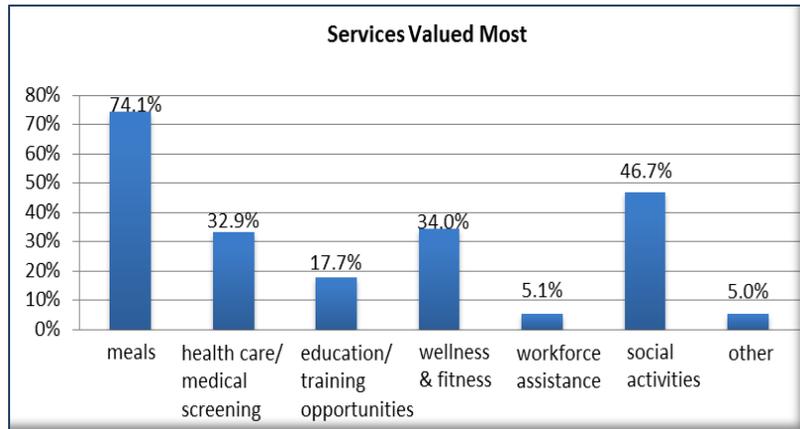
The assessment began with the collection of primary data from interviews and secondary data from the City of San Antonio’s documentation. The KGBTexas Team interviewed several internal and external stakeholders (see the table below).

Sources of Primary Data Collection: Stakeholder/Customer Interviews

Customer/Stakeholder	Interview/Focus Group/Survey/Other	Date
Interviews		
Senior Services Task Force	Three Interviews	6/7/11
CSS	Interview	6/10/11
Bexar County	Interview	6/8/11
Selrico	Interview	6/10/11
WellMed	Interview	6/9/11
Archdiocese of San Antonio	Interview	6/23/11
AACOG	Interview	7/1/11
Focus Groups		
Comprehensive Service Center	Focus Group	6/8/11
Volunteer / Vendor Site	Focus Group	6/8/11
City Site	Focus Group	6/8/11
Senior Services Task Force	One Meeting	6/8/11
Town Halls		
Senior Citizens	Town Hall Meeting; Quadrant 1	7/20/11
Senior Citizens	Town Hall Meeting; Quadrant 2	7/23/11
Senior Citizens	Town Hall Meeting; Quadrant 3	7/26/11
Senior Citizens	Town Hall Meeting; Quadrant 4	7/29/11
Senior Citizens	Town Hall Meeting; West/Inner City	7/30/11
Other Meetings		
Senior Services Task Force	One Standing Meeting	6/29/11
Joint Commission representing City / County Stakeholders	Standing Meeting	6/20/11
Senior Center Councils	Meeting	6/15/11
Assistant Director of DCI	Interview/Meeting	Ongoing
Senior Services Program Manager	Interview/Meeting	Ongoing
Interim Asst. Director of DCI	Interview/Meeting	Ongoing
Senior Services Program Manager	Interview/Meeting	Ongoing
City Council, Quality of Life Subcommittee	Standing Meeting	6/13/11
Survey		
Senior Citizens	Survey Cards	6/29/11

Surveys Results

From June 29, 2011 to July 01, 2011, the KGBTexas Team administered a paper survey to 7,646 customers of the senior service centers. Managers of the centers distributed paper surveys to seniors during meals. Additionally, homebound seniors were provided the survey during meal distribution.



The survey was provided in both English and Spanish (see survey in Appendix 5). 2,110 customers responded (27.6% response rate, 60.3% sample response rate). The purpose of the survey was to collect data directly from the customers of the centers to inform baseline findings as they align to each of the four tasks. Specifically, the survey provided the following types of data:

- ▶ Customer demographics (e.g., zip code, gender, center most frequently visited)
- ▶ Task 1: Overall rating of the senior centers (service delivery model) and the services most preferred
- ▶ Task 2: Several aspects of food and nutrition
- ▶ Task 3: Location of senior services and distance willing to travel to the centers
- ▶ Task 4: Most frequent method of transportation to and from the center

Key Themes from Surveys

Results of the surveys can be categorized into five areas, focused on customer demographics, the optimal delivery model, food service distribution model, location of senior service centers, and transportation services. Note that quotes are representative of the majority of the stakeholder feedback and do not include outliers.

Customer Demographics from Survey

- ▶ Currently 7,646 seniors are registered with the meal program
- ▶ Of the 79 zip codes in Bexar county², respondents reside in 65 of them; more respondents live in zip code 78207 (11%) than any other
- ▶ Majority of seniors accessing services are female at 64.6%; and male at 31.1%
- ▶ 66.8% seniors identified that they live on their own
- ▶ 91.5% of seniors are between the ages of 61 and 90 years old

² 2000 U.S. Census Data

Task 1: The Optimal Delivery Model

- ▶ Seniors value meals (74.1%) and social activities (46.6%) the most
- ▶ “Other” services valued most include activities, food bank, trips, music, etc.
- ▶ 88.3% of seniors rate the centers as either good (38.8%) or excellent (49.6%), and are appreciative of current services
 - “Everything is good.” – St. Andrew’s United Methodist Church
 - “As far as I’m concerned, everything is great. I am learning a lot in the classes. I know that the exercise that I do daily is helping me very much, the only thing I think needs improvement is the food, to make it more healthy” – Elvira Cisneros Center
- ▶ Some seniors commented that they want to be treated with respect and as equals
 - “Don’t treat seniors like children.” – Alicia Trevino Lopez Senior Center
 - “Better treatment for equality.” – Good Samaritan Center
 - “Treat all seniors equal.” – Elvira Cisneros Senior Center
- ▶ Some seniors commented that they think centers are short staffed and need better management
 - “More staff.” – Good Samaritan Center
 - “Have more paid hours for our managers and drivers. Let the center be opened more hours!” – South San Senior Center
- ▶ A representative sample of senior suggestions is below:
 - “Communication with manager. Decision should be made with manager and planning community. Voting should take place by all seniors to decide what, when, and where!” – Westend Frank Garrett
 - “More activities, arts and crafts, movies at the center, nutritional speakers, need better prepared meals.” – Christ the King Church

Task 2: Food Service Delivery Model

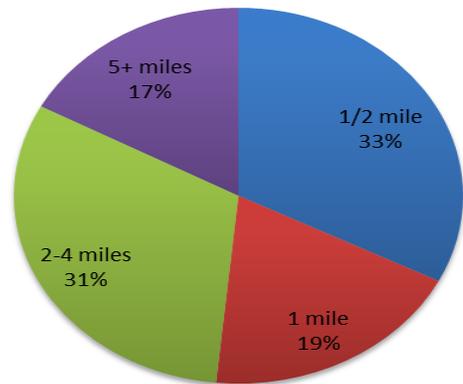
- ▶ 86.5% of seniors eat congregate meals three or more times a week
- ▶ Very few seniors (9.8%) use the homebound meal program from the City
- ▶ 94.7% of seniors know about meal donations
- ▶ 47% of the comments received about the food were positive
 - “Good nutrition and balanced” – Victoria Plaza Apartments
 - “I like everything” – Palacio del Sol
 - “It is a proper meal” – Presa Senior Center
- ▶ 50% of the comments received about the food were negative
 - “Too dry and tasteless” – Northeast Comprehensive Senior Center
 - “Meals are dry and overcooked” – Primrose Apts Mission Hills
 - “You need a different cook. Meals are not good. Not seasoned enough” – Bob Ross Senior Center

- ▶ 3% of the comments received about the food were indifferent
 - “It depends on the food” – St. Vincent de Paul
 - “Sometimes good, sometimes not” – Our Lady of Guadalupe
- ▶ Alternate access for meals is from family/friends or self-prepared; many seniors eat out for other meals

Task 3: Location of Senior Service Centers

- ▶ Seniors are divided in their response to “distance willing to travel” with 17.1% willing to travel in excess of 5 miles. Results do not show a preferred distance that seniors are willing to travel to the center (see graphic to the right).
- ▶ Majority of the seniors visit the centers for most of week (61.4% visit from 4-7 days per week)
- ▶ 45.3% remain at the center for 2-3 hours and 33.2% remain for 4-5 hours
- ▶ Some seniors commented that they would like longer operating hours
 - “I wish the center would stay open longer” – Claude W Black Center
 - “Need more activities. The center needs to be open more hours.” – Kenwood

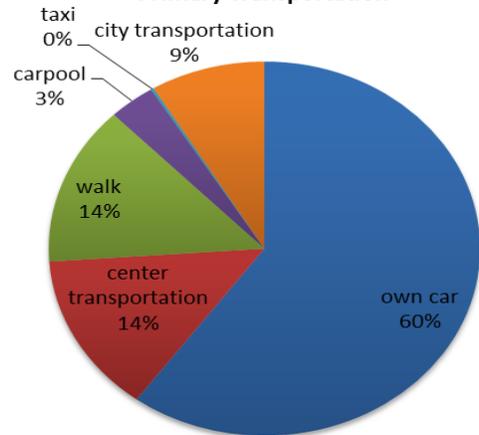
Distance Willing to Travel



Task 4: Transportation Services

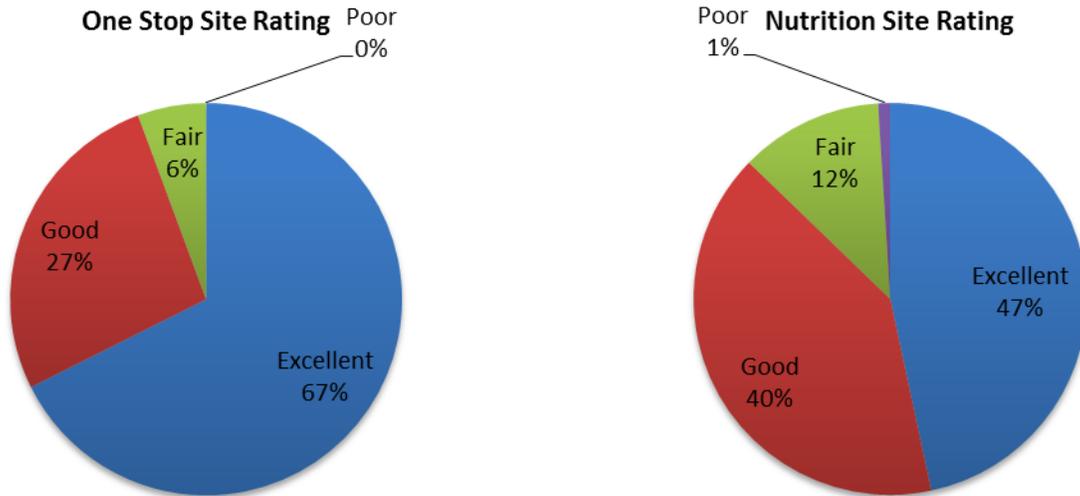
- ▶ 59.3% of seniors drive themselves to centers; survey indicated that few to none use taxi services
- ▶ The alternate access to centers are City transportation, family, and center transportation
- ▶ Seniors commented that they want center transportation provided to those outside the 5+ mile radius
 - “Transportation pick up more than 5 miles” – Holy Family
 - “Transportation should be able to pick us up further than 5 miles” – Alicia Treviño López Senior Center
- ▶ Seniors commented on the need for wheel chair accessible vans
 - “Having wheel chair access on van to center” – Westend Frank Garrett
 - “Get a bigger van with wheel chair access” – Westend Frank Garrett

Primary Transportation



- ▶ Seniors commented that they want more transportation to activities
 - “Need transportation for trips” – Virginia Gill Center
 - “Field trips and shopping trips” – Bethel Senior Center

One Stop vs. Nutrition Site



- ▶ 94% of one stop sites were rated good (27%) or excellent (67%), with more weight of the ratings as excellent. No one stop sites were rated poor
- ▶ 87% of nutrition sites were rated good (40%) or excellent (47%). Nutrition sites had more ratings in fair and poor
- ▶ Repeated suggestions from one stop sites:
 - More parking
 - More afternoon activities
- ▶ Repeated suggestions from nutrition sites:
 - More exercise and activities
 - Longer hours

4.0 Baseline Findings

A summary of our baseline findings are in the table below.

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. <ul style="list-style-type: none"> ○ Electronic systems (e.g., rosters, sign-in, 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"> ▶ Personnel: Staff carry overlapping responsibilities to meet the demands of direct services (driving seniors / serving meals) and administrative requirements. ▶ Process: Process for meal distribution is complex and time-intensive, specifically at vendor sites where resources vary. ▶ Technology: 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. ▶ Infrastructure: 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 and 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. SA2020 calls on partnerships from elder transportation, faith-based, social clubs, and civic organizations.</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 most efficiency with limited resources available and geographic challenges, but it is not at its most effective. ▶ Transportation for seniors is a priority among stakeholders; limited resources. ▶ A variety of partner and stakeholder agencies receive similar funding but apply resources similarly / differently. ▶ Most providers trend toward using co-ops as a means to provide transportation services.

Strengths, Weaknesses, Opportunities and Threats (SWOT)

After data gathering, the data was analyzed and summarized through a strengths, weaknesses, opportunities, and threats (SWOT) analysis. The SWOT, in combination with an assessment of key processes, protocols, and the City’s organization structure, provides a baseline for the Senior Services program and its current operating models.

Throughout the interview process, key internal and external theme results were categorized as strengths, weaknesses, opportunities, and threats. Opportunities and threats focus on themes identified external to Senior Services. The purpose of identifying these themes in this context is to define a strategic plan based on leveraging strengths, improving weaknesses, capitalizing on opportunities, and mitigating threats.

Additionally, the SWOT elements are categorized according to identified themes: people, process, technology, and physical infrastructure. Each theme was mapped to a comprehensive task area: Task 1 (T1), Task 2 (T2), Task 3 (T3), and Task 4 (T4). Typically, these dimensions of change are focused areas for developing a vision and building and aligning goals and objectives during strategic planning.

The following results of the SWOT analysis reveal critical focus areas for senior services for strategic plan development. The following tables include high-level summaries of strengths, weaknesses, opportunities, and threats for the City of San Antonio’s senior services program.

Strengths of Senior Services	
People	Process
<ul style="list-style-type: none"> ▶ Staff, seniors, partners, and other stakeholders are committed to the mission. (T1) ▶ Stakeholders are going above and beyond in providing as much as they can with limited resources, time, and money. (T1) ▶ Workforce is experienced in providing direct services to senior citizens and seems to be genuinely committed to providing good quality services. (T1) 	<ul style="list-style-type: none"> ▶ Common understanding among teams where improvements could be made. (T1) ▶ Medical screenings are regularly available at comprehensive centers. (T1)
Technology	Physical Infrastructure
<ul style="list-style-type: none"> ▶ City is using a GPS-routing system to facilitate medical transportation. (T4) 	<ul style="list-style-type: none"> ▶ Comprehensive service center locations seem to meet and exceed infrastructure standards, providing senior-friendly meeting and service-delivery spaces. (T1)

Weaknesses of Senior Services	
People	Process
<ul style="list-style-type: none"> ▶ While communication with centers and leadership seems to be open, issues may not be addressed in a timely and effective manner nor is communication consistent. (T1) ▶ Insufficient staff to meet the current direct service demands of 78+ service centers and administrative requirements. (T1) 	<ul style="list-style-type: none"> ▶ Medical screenings are only provided on a quarterly basis at nutrition sites. (T1) ▶ Lack of portfolio management processes results in subjective, arbitrary, and personal funding and project decisions. (T1) ▶ Lack of standardized roadmaps for distribution of meals, transportation for seniors for meals, and medical transportation for seniors. (T4) ▶ Inadequate resources (funding and staff) to meet the demand. (T1)
Technology	Physical Infrastructure
<ul style="list-style-type: none"> ▶ Phone and computer systems are inadequate and/or non-existent. (T1) 	<ul style="list-style-type: none"> ▶ Varying costs for vendors, city sites, and comprehensive service centers. (T1,T2) ▶ Some centers are not conducive to seniors traveling on their own, specifically those using public transportation (e.g., sidewalks are not safe). (T1)

Opportunities of Senior Services	
People	Process
<ul style="list-style-type: none"> ▶ Provide regular training for standard operating procedures. (T1) ▶ Revise infrastructure, and realign staff, roles, and responsibilities. (T1, T2, T4) ▶ Implement staff requirements that are conducive to the environment (e.g., set up staff meetings around the nutrition times not during them). ▶ Seek input from staff on improving working environments. (T1, T2, T4) 	<ul style="list-style-type: none"> ▶ Institutionalize operating standards for all senior centers and adjust according to type of senior center (e.g., nutrition center versus multi-service center). (T1, T2, T4) ▶ Explore opportunities for redirecting homebound meals, where appropriate, allowing resources to follow. (T1, T2, T4)
Technology	Physical Infrastructure
<ul style="list-style-type: none"> ▶ Research automated systems for meal registrants and record keeping (e.g., badge-in system similar to the YMCA). (T1, T2, T4) ▶ Experiment using GPS-routing system used for medical transportation for nutrition distribution. (T2, T4) ▶ Allow for electronic submission of reports, records, and other documents in lieu of faxing and hand-deliveries. (T1, T2, T4) ▶ Implement new / updated phone system. (T1, T2,) 	<ul style="list-style-type: none"> ▶ Explore opportunities for consolidation of centers and/or specialty centers and centers of excellence with close proximity to each other without sacrificing direct services. (T3) ▶ Explore opportunities for reducing / eliminating transportation for medical purposes through attrition and/or transition to other service providers. (T1, T4) ▶ Explore opportunity to redirect transportation resources to seniors in most need for nutrition and center accessibility purposes. (T1, T3, T4).

Threats of Senior Services	
People	Process
<ul style="list-style-type: none"> ▶ If improvements are not made, staff will be overextended resulting in overtime, inaccurate time reporting, and/or resignations. (T1, T2, T4) ▶ Quality of senior services may be inconsistent and/or inefficient. (T1, T2, T4) 	<ul style="list-style-type: none"> ▶ Not improving / institutionalizing standard operating procedures will contribute to safety and other costly risks to the centers and the City. (T1, T2, T4) ▶ Not improving on nutrition delivery will result in errors, unsatisfied customers, and potential health risks. (T1, T2, T4)
Technology	Physical Infrastructure
<ul style="list-style-type: none"> ▶ Lack of improved technology will result in continued loss in funding, specifically for nutrition and transportation. (T1, T2, T4) ▶ Lack of adequate phone systems could result in significant health, safety, and financial risks to the City. (T1, T2, T4) 	<ul style="list-style-type: none"> ▶ Not addressing geographic issues and center proximity issues may not allow for improved / efficient services. (T3, T4)

5.0 Baseline Considerations

This analysis identified several improvement opportunities that the City should consider. During the Benchmarking Phase, we will validate these considerations against best practices. During the Recommend Phase, we will submit the validated considerations as recommendations.

Baseline Considerations

	Consideration	Rationale	Impact	Quick Win ³
Task 1: Optimal Delivery Model	1.a. Hire additional temporary staff to provide transactional administrative support: submitting reservations; preparing/submitted reports; setting up for meals; etc.	<ul style="list-style-type: none"> ▶ Senior center managers at most sites, including vendor and volunteer sites, are overextended and are required to conduct significant levels of internal administrative, direct customer service, and leadership duties. ▶ Centers are short staffed and center managers are unavailable to seniors or to handle last minute emergency situations because they are too busy driving, ordering meals, preparing reports, delivering reports, etc. ▶ Seniors want to be treated with respect, valued, and treated as equals. 	<ul style="list-style-type: none"> ▶ The nutrition program has benefited with the hiring of temporary staff by lowering the meal “throw-away” rate; additional staff may alleviate overextended staff, improving morale, welfare, and customer service. ▶ Will allow center managers to be responsive administratively to internal and external customers. ▶ Will improve morale and impact on customers. 	Yes
	1.b. Develop and execute a process improvement plan focused on improving operational efficiencies through technology insertion, and streamlining processes.	<ul style="list-style-type: none"> ▶ There is limited information and guidance on how centers should operate and the standards that should be met. Most centers have internal operating manuals; however, there are no overarching DCI developed policies and procedures. ▶ Vendor locations rely on contracts to provide requirements; however, contracts are not necessarily adhered to. ▶ Monitoring of compliance is limited and infrequent. 	<ul style="list-style-type: none"> ▶ There will be immediate guidance and standards set for operations limiting risks and opportunities for errors. ▶ There will be effective use of metrics to measure performance. ▶ Will eliminate or mitigate uncertainties in decisions and leadership by senior center managers. ▶ Operating requirements could be publicized for better customer expectation management. 	No

³ Quick win opportunities include the considerations that may be implemented in a short timeframe or with minimal effort

<p>1.c. Provide adequate electronic resources (e.g., telephones and/or cell phones at each senior center).</p>	<ul style="list-style-type: none"> ▶ Consistent feedback from both seniors and staff is that center managers are “not around”; upon further review, center managers are carrying multiple duties such as driving, delivering reports, or away ordering/submitted meals reservations. ▶ It was observed that meal reservations were not allowed to be submitted electronically, requiring either phone call or fax submission. ▶ Managers had to drive to locations where there were phones and/or fax machines available and sometimes downtown to deliver reports. ▶ If managers were away making these deliveries, they were usually unreachable by phone to address issues at centers. 	<ul style="list-style-type: none"> ▶ Supplying landline phones at each of the centers, and issuing closely monitored cell phones for center managers will improve their efficiency and availability. 	<p>Yes</p>
<p>1.d. Provide computer access at each senior center with Internet access and/or access to a computer no more than 5 miles from the center.</p>	<ul style="list-style-type: none"> ▶ If computers are not available at a center, the manager must leave the center in order to respond to emails, submit reports, etc. 	<ul style="list-style-type: none"> ▶ New procedures could allow for electronic submission of reports, allowing managers to be more available to address issues and be responsive to customers. 	<p>Yes</p>
<p>1.e. Provide a program specialist with skill in instituting adult programs to work with centers and supervisors to generate best practice solutions for adult programs.</p>	<ul style="list-style-type: none"> ▶ A common thread throughout the interviews, stakeholder meetings, and surveys is the inequality of available activities. This is identified in the survey as the second most important issue for seniors . 	<ul style="list-style-type: none"> ▶ While this will not create an equitable distribution of activities, it will help in the coordination of best solutions for those center locations where there is a demand and institute best practices. 	<p>No</p>
<p>1.f. Begin plans for leading a collaborative regional senior services strategy (e.g., develop long-term goals, objectives, action plans).</p>	<ul style="list-style-type: none"> ▶ The common theme in addressing Task 1 is the overall need for collaborative and institutionalized strategic planning for senior services throughout the Bexar County/San Antonio region. 	<ul style="list-style-type: none"> ▶ The impact of the level and quality of services and the ability to meet the demand effectively will be significant with the City leading the charge to develop a collaborative strategic effort. 	<p>No</p>
<p>1.g Improve internal and external communications through development and execution of a strategic communication plan. Tactics may include standardized internal reporting and Senior Services website and newsletters.</p>	<ul style="list-style-type: none"> ▶ Internal communications within the Senior Services Program and its peer organizations could be more effective. ▶ Not all seniors are aware of all the resources and services (health screenings, food bank, etc.) offered at centers. ▶ Seniors need up to date information on events/activities going on at the center. 	<ul style="list-style-type: none"> ▶ Improved communications within the senior services program will strengthen morale, commitment, and services among the internal team and allow for improved sharing of information. ▶ Seniors have better access to information regarding preventative care and other services they need. ▶ Communications will build advocacy for the efforts being accomplished by Senior Services. 	<p>Yes</p>

Task 2: Food Service Distribution Model	2.a. Potential cost savings to test distribution of meals using transportation GIS system.	<ul style="list-style-type: none"> ▶ Currently the transportation system for medical purposes is operating at its optimum; it is possible using the same routing software for providing all other transportation services may be useful. 	<ul style="list-style-type: none"> ▶ Improving the efficiency of providing transportation services could impact the level and quality of services currently provided in the interim of building a long-term strategy to address these needs. 	Yes
	2.b. Allow for electronic submissions of meal orders and reports; eliminate phone call submissions.	<ul style="list-style-type: none"> ▶ Currently requiring that meal orders be submitted through a central location and/or by phone is a pivotal point of strain on staffing resources. 	<ul style="list-style-type: none"> ▶ New procedures could allow for electronic submission of reports, allowing managers to be more available to address issues and be responsive to customers. 	Yes
	2.c. Begin exploring options for the distribution of homebound meals .	<ul style="list-style-type: none"> ▶ The revenue generated to provide this service is minimal. ▶ Overhead costs to manage a homebound delivery are high and include other “hidden” impact on resources. 	<ul style="list-style-type: none"> ▶ This requires further review to determine final impact; however, it is anticipated that a transition plan could allow for services to be continued in the short- and long-term. 	Yes
Task 3: Location of Senior Centers	3.a. Begin exploring options for centers that exist within 2-5 miles of each other by considering creation of specialty centers.	<ul style="list-style-type: none"> ▶ In both the customer feedback and analysis of data, it is evident that there may be opportunities to consolidate and/or share resources within key locations where senior services are provided within short distances from each other. 	<ul style="list-style-type: none"> ▶ Resources are consolidated and maximized potentially resulting in positive impact when services could be maintained and quality improved. 	No
	3.b. Explore other City-owned community centers or recreational centers for possible collocation .	<ul style="list-style-type: none"> ▶ Customer feedback provided was positive in the possibility of exploring other locations that could be conducive to providing collocated services. 	<ul style="list-style-type: none"> ▶ Resources are consolidated and maximized potentially resulting in positive impact when services could be maintained and quality improved. 	No
Task 4: Transportation	4.a. Explore transition of medical transportation to vendor.	<ul style="list-style-type: none"> ▶ The revenue generated through the AACOG grant to provide this service is minimal. ▶ Overhead costs to manage the transportation system is high, and quality of service is low. 	<ul style="list-style-type: none"> ▶ This requires further review to determine final impact; however, it is anticipated that a transition plan could allow for services to be continued in the short- and long-term. 	Yes
	4.b. Begin plans for a collaborative regional senior services transportation plan.	<ul style="list-style-type: none"> ▶ The common theme in addressing Task 4 is the overall need for collaborative and institutionalized strategic planning for transportation for seniors throughout the Bexar County/San Antonio region. ▶ Much of the funding for this purpose is provided to various organizations throughout the region, providing an opportunity to pool resources and maximize return. 	<ul style="list-style-type: none"> ▶ The impact of the level and quality of services and the ability to meet the demand effectively will be significantly improved as the City leads the charge to develop a collaborative strategy. 	No

6.0 Conclusion

As a result of the data gathering and validation, and stakeholder assessment, additional feedback on the City's operating environment was received, and the findings were summarized in the Baseline Report. The analysis behind the report provided an understanding of stakeholders and customers and potential future protocols that the detachment should pursue. It is also easy to understand many of the strengths, weaknesses, opportunities and threats that are facing the detachment, including its organization structure.

This report provides a baseline understanding of the City's budget revenue, appropriations, and cost allocations to each of the service centers. These findings will serve as the foundation for the Benchmark phase of the Strategic Plan's development, and will act as a significant reference while developing the City of San Antonio's Strategic Plan for its Senior Services program.

Appendices

A1 – Bexar County Populations by Census Tract (attached by e-file)

SAMPLE:

Census	2000	2010	2015	2020	2030	Proj2015	Proj2020	Proj2030	2010	2015	2020	2030
TRACT	Population	Population	Population	Population	Population				AGE_50_64	50_64	50_64	50_64
110100	3316	3724	3966	4182	4615	1.06498	1.1230	1.23926	530	564	595	657
110200	1081	1107	1121	1134	1160	1.01265	1.0244	1.04788	155	157	159	162
110300	2588	3108	3446	3732	4304	1.10875	1.2008	1.38481	430	477	516	595
110400	897	915	924	933	951	1.00984	1.0197	1.03934	175	177	178	182
110500	2073	2387	2580	2749	3087	1.08085	1.1517	1.29326	180	195	207	233
110600	7088	7279	7378	7475	7668	1.01360	1.0269	1.05344	693	702	712	730
110700	1836	1750	1710	1668	1584	0.97714	0.9531	0.90514	278	272	265	252
110800	2577	2462	2408	2352	2240	0.97807	0.9553	0.90983	333	326	318	303
110900	750	738	732	726	714	0.99187	0.9837	0.96748	99	98	97	96
111000	2549	2621	2658	2695	2768	1.01412	1.0282	1.05609	333	338	342	352
120100	5508	5401	5349	5296	5190	0.99037	0.9806	0.96093	104	103	102	100
120200	6275	6070	5973	5872	5670	0.98402	0.9674	0.93410	619	609	599	578
120300	7319	7344	7356	7369	7394	1.00163	1.0034	1.00681	1172	1174	1176	1180
120400	5019	5032	5038	5045	5058	1.00119	1.0026	1.00517	830	831	832	834
120501	7805	7563	7448	7329	7091	0.98479	0.9691	0.93759	1120	1103	1085	1050
120502	5411	5294	5238	5180	5064	0.98942	0.9785	0.95655	567	561	555	542
120600		11%	10%	9%	9%	9%	7%	7%	6%			
120701		2010	2015	2020	2030	2010	2015	2020	2030			
120702		AGE_50_64	50_64	50_64	50_64	AGE_65_UP	65UP	65UP	65UP			
120800												
120901												

Year	Bexar Co. Pop	Total Senior Pop 50+	% of Total Population
2010	1,690,868	332,400	20%
2015	2,135,793	367,631	17%
2020	2,379,807	389,545	16%
2030	2,867,834	433,369	15%

A2 – Secondary Sources of Documentation

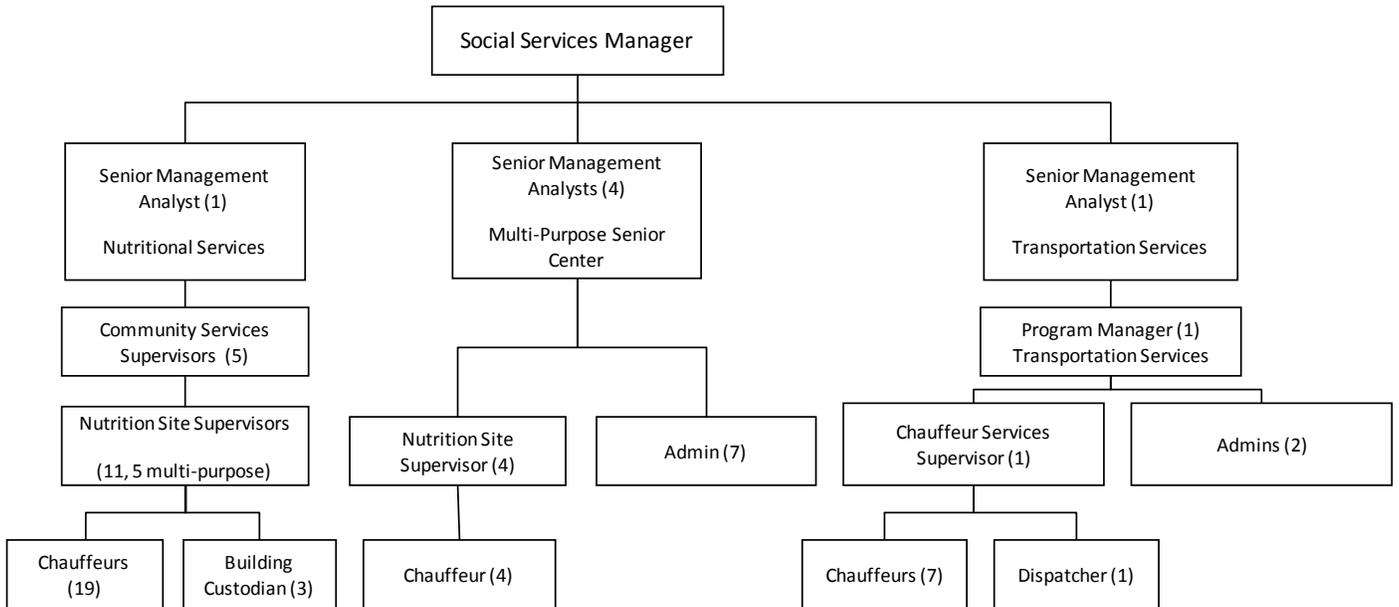
Table 1: Secondary Sources of Documentation

Sequence	Name/Title	Filename
1	Older American's Act	http://www.aoa.gov/aoaroot/aoa_program/s/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. (San Antonio?) Census Data	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

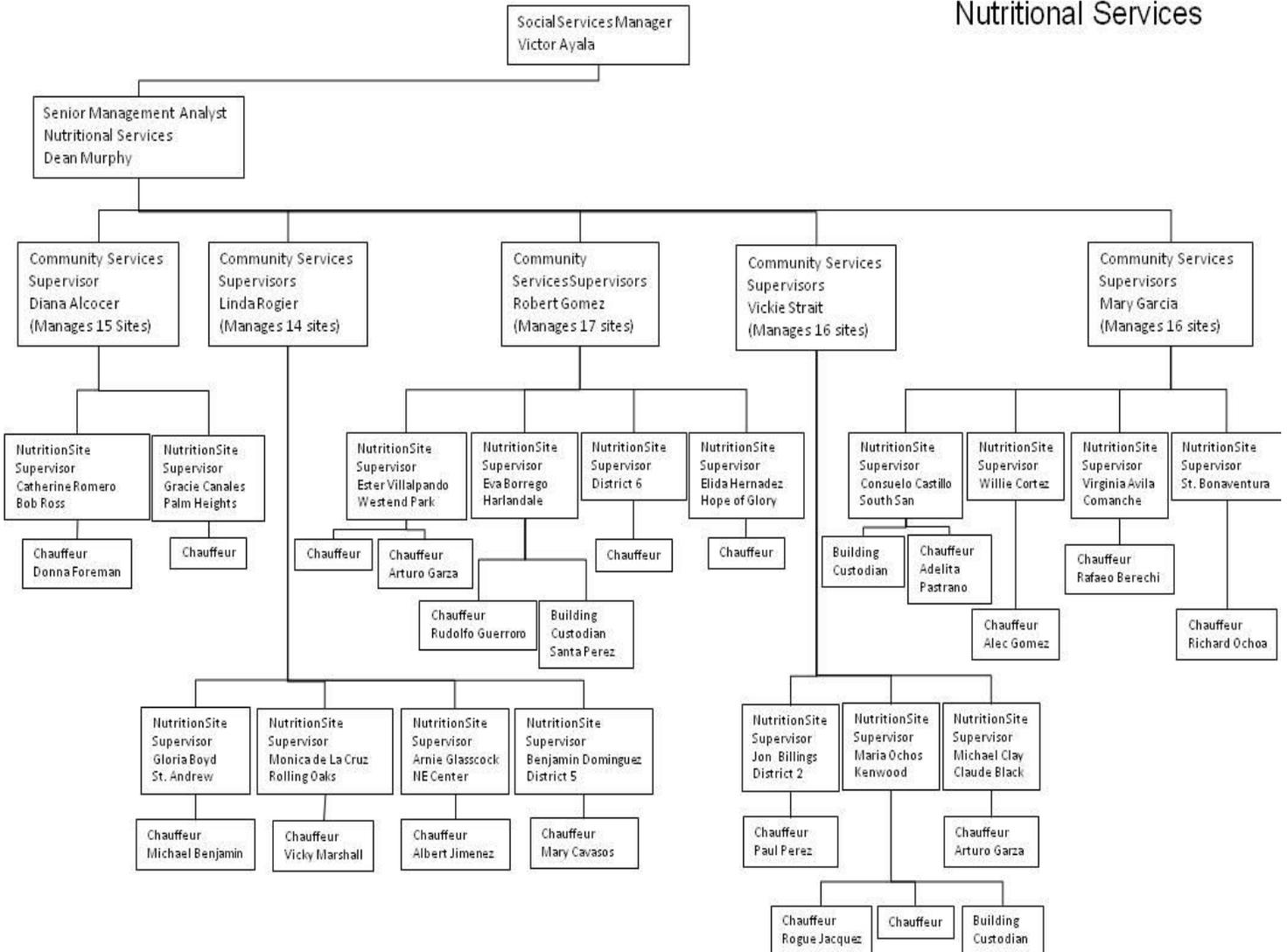
*Limitations of findings may be impacted by unavailable sources of data and/or information.

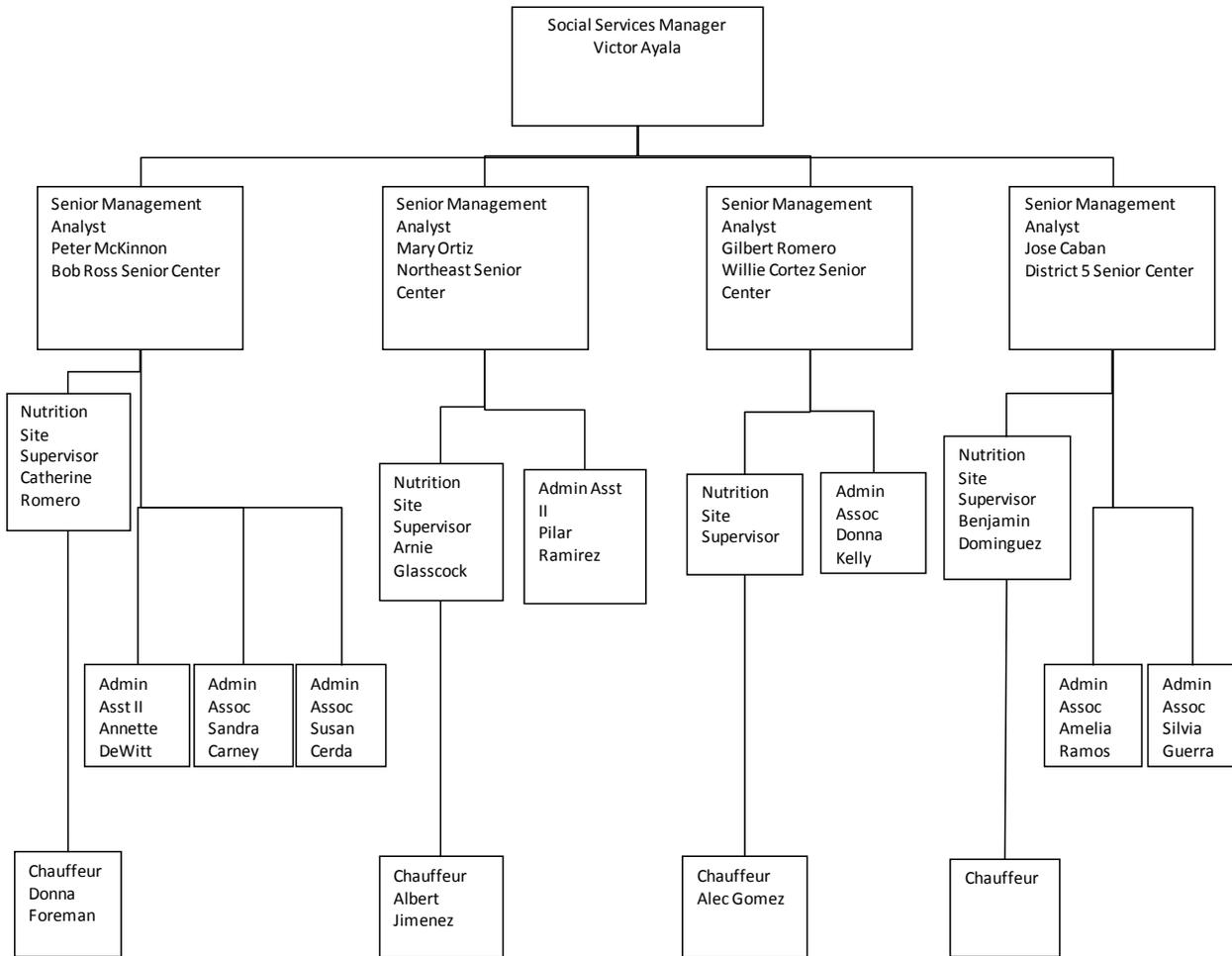
A3 – Organization Chart—Attached

Senior Services Division

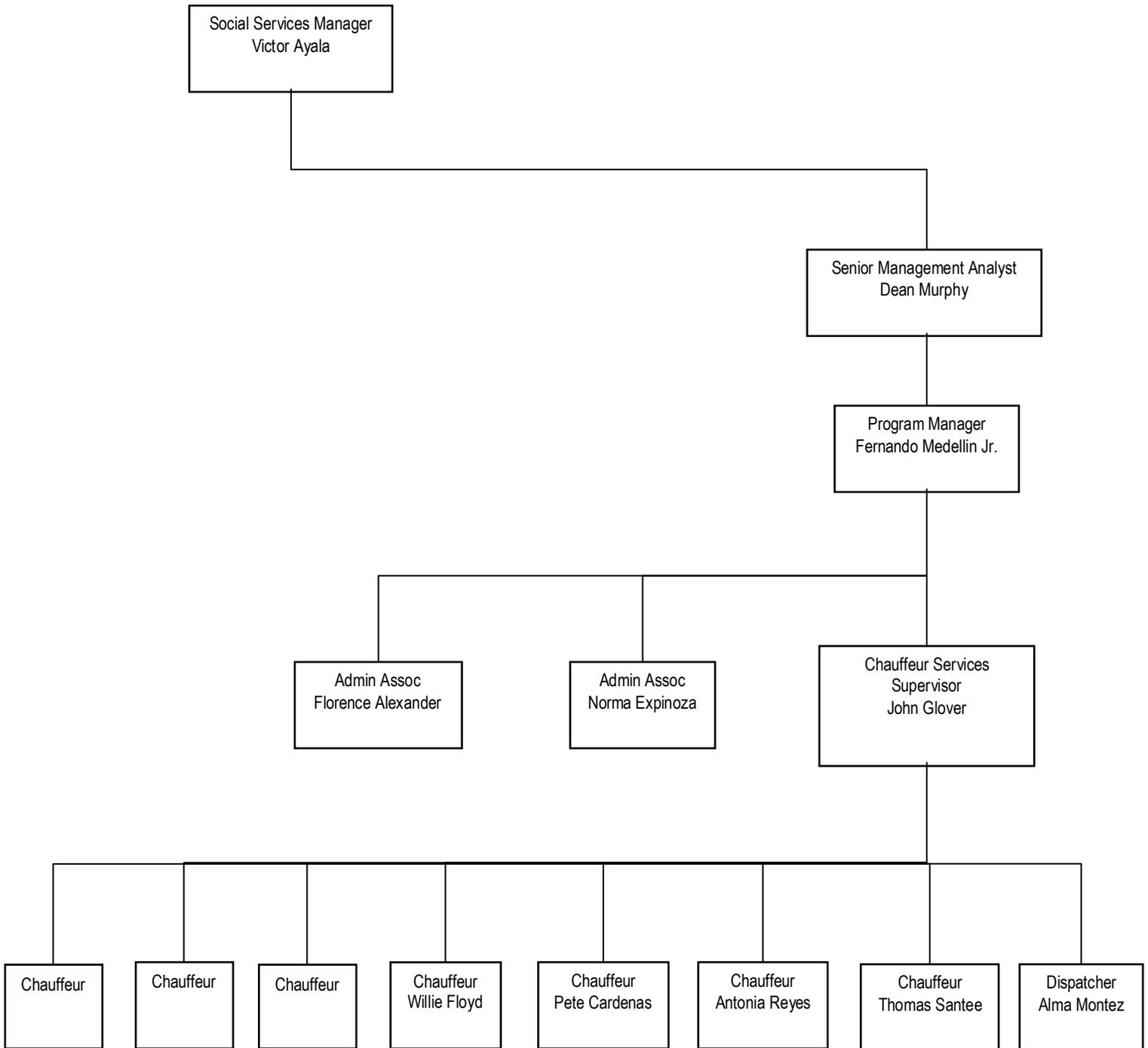


Senior Services Division Nutritional Services





Senior Services Division
Transportation Services



A4 – Interview Guide—Attached Excel Workbook

Meeting Details	
Title	See Attached Stakeholder List_Guide
Date	
Time	TBD
Location	TBD
Dial-In	TBD

Name	Office	Role
Melanie Thompson, Megan Mutschler, Chuck Liefeste	KGBTexas	Strategic Communications
Greg Long, Leticia Martinez, Sara Jih	Booz Allen Hamilton	Strategic Planning and Analysis

Senior Services Task Force
What is preferred services provided at Centers
What are barriers to accessing Centers
What do you understand to be the most services accessed
What are personal benefits going to a Center
What mode of transportation do you use to get to Center
How would you rate the quality of nutrition services?
How close are you to the nearest Center
What is your alternate access to meals
What solutions would you suggest for better senior services
How well does the current transportation system meet needs?
What types of City services do you access
Would you recommend the City's Senior Services Program to others
What is your perception of the Senior Services Program? (Probe reputation, relationship, processes, etc.)
How would you describe SENIOR SERVICES PROGRAM? Probe what the respondent knows about this agency? (Probe for what the organization stands for, the value of the SENIOR SERVICES PROGRAM reputation, etc.)
What do you like best about SENIOR SERVICES PROGRAM
What do you think SENIOR SERVICES PROGRAM needs to do better?
How should SENIOR SERVICES PROGRAM communicate with you

Vendor, Volunteer, City Senior Center Managers
Provide background/history of your partnership with the City?
What specifically does your organization offer to the City for Senior Services
Is there a formal and/or informal agreement for exchange of services and/or resources?
What do you understand to be any challenges for the Seniors Program in the areas of transportation, nutrition, location
What are your recommendations
What is your general sense of the City's role for providing Senior Services Programs
What is your role in Senior Services Program?
How would you describe SENIOR SERVICES PROGRAM? Probe what the respondent knows about this agency? (Probe for what the organization stands for, the value of the SENIOR SERVICES PROGRAM reputation, etc.)
How often does your organization communicate with the city

What is your role at the center
What does your typical day look like at your center
What are you most difficult challenges
What are you successes
What areas of senior services are in need for improvement
what are your suggestions for improvement
What is your perception of the Senior Services Program? (Probe reputation, relationship, processes, etc.)
How would you rate the quality of nutrition services?
What solutions would you suggest for better senior services
What do you like best about SENIOR SERVICES PROGRAM
What do you think SENIOR SERVICES PROGRAM needs to do better?

Senior Center Councils

What is preferred services provided at Centers
What are barriers to accessing Centers
What do you understand to be the most services accessed
What are personal benefits going to a Center
What mode of transportation do you use to get to Center
How would you rate the quality of nutrition services?
How close are you to the nearest Center
What is your alternate access to meals
What solutions would you suggest for better senior services
How well does the current transportation system meet needs?
What types of City services do you access
Would you recommend the City's Senior Services Program to others
What is your perception of the Senior Services Program? (Probe reputation, relationship, processes, etc.)
How would you describe SENIOR SERVICES PROGRAM? Probe what the respondent knows about this agency? (Probe for what the organization stands for, the value of the SENIOR SERVICES PROGRAM reputation, etc.)
What do you like best about SENIOR SERVICES PROGRAM
What do you think SENIOR SERVICES PROGRAM needs to do better?
How should SENIOR SERVICES PROGRAM communicate with you
Visit Frequency by Seniors:
Length of each visit

A5 – Survey

Limitations of the survey are included the table below.

Stakeholder Survey Limitations

Limitation	Implications
Nonresponse: Errors due to nonresponse may exist.	Results of the customers who respond on the survey may be different from those who do not respond, biasing the results. With a 26.38% response rate, this is not a signification limitation. However, should be noted.
Reach: Difficult to reach entire senior population; may be a challenge for homebound and/or disabled seniors to respond and return the survey.	May not be statistically relevant of the entire population. Specific input may not be reflected in the results.
Timeframe: Distribution is limited to a two to three-day time period.	Not all seniors attend daily and may miss opportunity to provide input by survey.
Motivation: Survey results depend on the motivation of the customers to respond. Results depend on the customers’ honesty, memory, and ability to respond. Customers may not have incentive to give correct answers but be motivated to provide feedback that presents them in a favorable light.	If the manager of the service center is administering the survey, the results may be biased in advantage of the center.
Strength of Choice: Answers to survey questions could lead to error because of how customers define the words available.	In the survey, the choice of "excellent, good, fair, poor" may mean different things to different customers and to anyone interpreting the data.

Senior Services Strategic Plan
Listening. Collaborating. Evolving. Together.

We want your input!

About You

Are you (please circle): male female married single

What is your zip code: _____

Do you live (please circle): on your own assisted living with family other _____

What is your current age group: 50-60 years 61-70 years 71-80 years 81-90 years 90+ years

Senior Service Center and Location

Which senior site do you prefer to visit: _____

What services do you value the most at the centers:

meals health care / medical screening education / training opportunities
wellness and fitness workforce assistance social activities other: _____

How do you rate your senior center: Excellent Good Fair Poor

How far are you willing to travel for your meal: ½ mile 1 mile 2-3 miles 5+ miles

How frequent do you visit your preferred center: 1 day / week 2-3 days / week 4-7 days / week

How long do you usually stay at the center: 1 hours 2-3 hours 4-5 hours All day

How would you like to receive news about the City's senior services?

by mail newspaper email Facebook posters at senior centers Internet Other _____

Meals/Nutrition

How often do you have a meal at a senior service center: 1-2 times per week 2-3 times per week 3-5 times per week

How often do you have a meal delivered home: Never 1-2 times per week 2-3 times per week 3-5 times per week

Did you know that you can provide a small donation toward the cost of a meal: yes no

What is your alternate access for breakfast, dinner and weekend meals?

family / friends home bound / delivered congregate or at a senior service center Other: _____

What do you like and what don't you like about the meal? _____

How do you rate your meal services: Excellent Good Fair Poor

Center Transportation

What is your primary transportation to the center:

own car center transportation walk carpool taxi city transportation

What other transportation services do you have access to: _____

What solutions would you suggest for better senior services:

Plan Estratégico para Servicios para Personas Mayores
Escuchando. Colaborando. Desarrollando. Juntos.

¡Queremos su opinión!

Acerca de Usted

Es usted (circule) hombre mujer casado soltero

¿Cuál es su código postal? _____

Vive usted (circule) solo residencia asistida con familia otro _____

¿Cuál es su edad actual? 50–60 años 61–70 años 71–80 años 81–90 años 90+ años

Centro de Recursos para Personas Mayores y Ubicación

¿Cuál centro prefiere visitar? _____

¿Cuáles son los servicios que ofrecen los centros que más le gustan?

comidas cuidado / evaluaciones médicas oportunidades educativas / entrenamiento
actividades para la salud física asistencia vocacional actividades sociales otro _____

¿Cómo evalúa a su centro? excelente bueno aceptable malo

¿Cuántas millas viaja para obtener su comida? 1/2 milla 1 milla 2-4 millas 5+ millas

¿Cuántas veces visita su centro favorito? 1 día por semana 2-3 días por semana 4-7 días por semana

¿Cuánto tiempo se queda en el centro? 1 hora 2-3 horas 4-5 horas Todo el día

¿Cómo le gustaría recibir noticias de la Ciudad sobre los servicios para las personas mayores?

correo periódico email Facebook pósters en los centros Internet otro _____

Comidas/ Nutrición

¿Cuántas veces come en un centro para personas mayores?

1-2 veces por semana 3-4 veces por semana 5 veces por semana

¿Cuántas veces le entregan comida a su casa? Nunca 1-2 veces por semana 3-4 veces por semana 5 veces por semana

¿Sabía usted que puede hacer una pequeña donación hacia el costo de una comida? sí no

¿Cuál alternativa utiliza para desayuno, cena y las comidas durante los fines de semana?

familia / amigos servicio de entrega con un grupo o en un centro de servicios para personas mayores otro _____

¿Qué es lo que más le gusta de las comidas? ¿Lo que menos le gusta? _____

¿Cómo evalúa los servicios de comida? excelente bueno aceptable malo

Transportación al Centro

¿Cuál es su transporte primario al centro?

su carro transporte del centro caminando transporte compartido taxi transporte público

¿Tiene acceso a servicios de transporte adicionales? ¿Cuáles? _____

¿Tiene algún consejo para mejorar los servicios que se ofrecen a las personas mayores?

A6 – Federal and State Laws, Rules/Guidelines, Standards, etc.

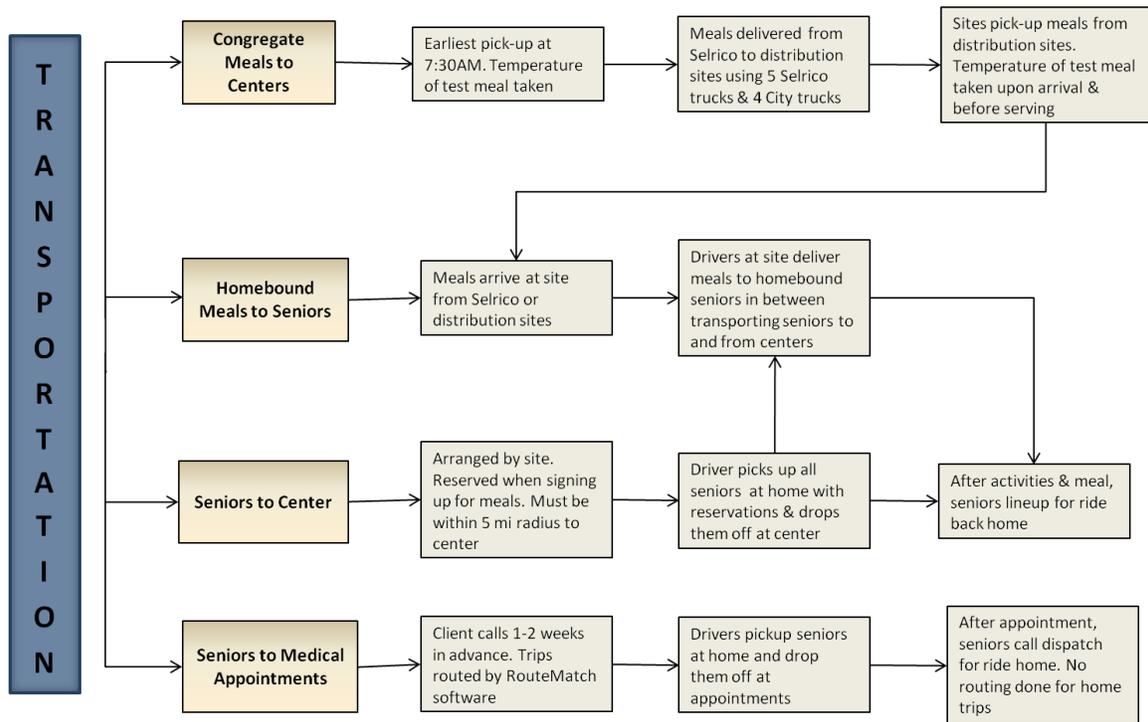
Federal and State Laws, Rules/Guidelines, Standards, etc.		
Services Description	Benchmark/Standards	Source
Nutrition	<p>Older American Act of 1965 and its Subsequent Amendments, Title III, Section 330 The purpose of the Nutrition Program is threefold: 1. Reduce Hunger 2. Promote socialization among 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>	www.MyPyramid.gov/AoA
	<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>	State of Texas/DADS
Congregate Meals	<p>Texas Administrative Code 85.302 Aging 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>	State of Texas/DADS
	<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>	Older Americans Act of 1965 and Subsequent Amendments, Title III C, Section 331
	<p>Applicable State and Local Public Health and Safety Codes</p>	State of Texas City of San Antonio
Home Delivered Meals	<p>Older Americans Act, Title IIC 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>
	<p>Texas Administrative Code 85.302</p>	State of Texas /DADS

	<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>

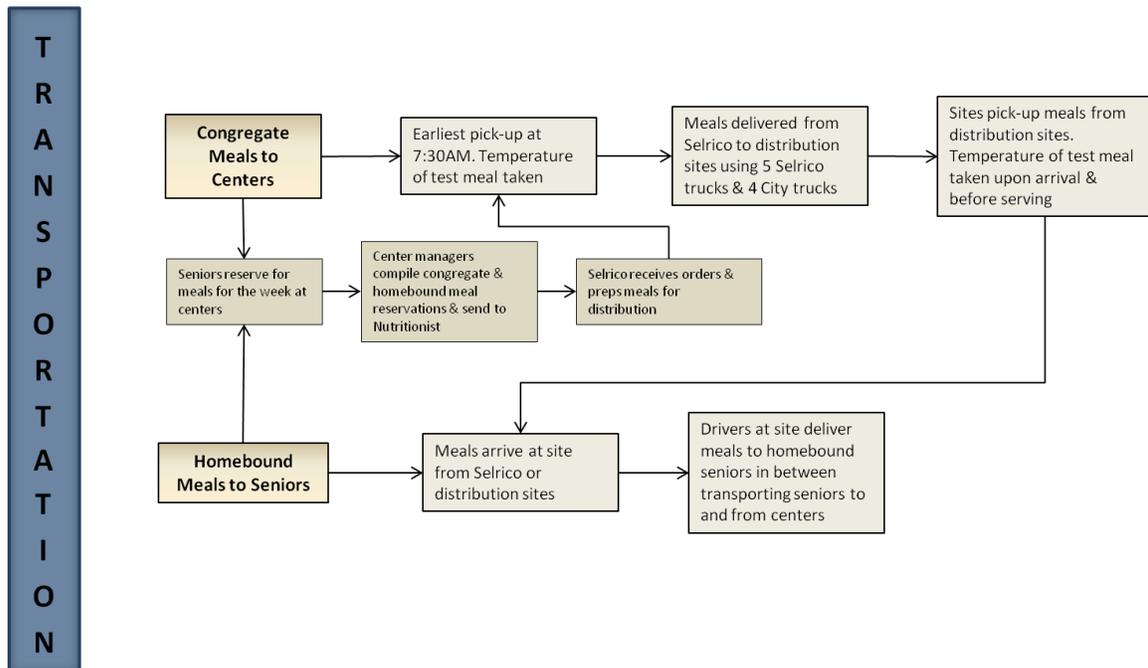
	<p>Texas Administrative Code TITLE 40 - SOCIAL SERVICES AND ASSISTANCE PART 1 - DEPARTMENT OF AGING AND DISABILITY SERVICES CHAPTER 85 - IMPLEMENTATION OF THE OLDER AMERICANS ACT SUBCHAPTER D - OLDER AMERICANS ACT SERVICES RULE §85.309 Senior Centers</p> <p>A. Purpose. This section establishes the requirements 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; and III. makes such notification 30 days before the change described in clause (i) of this subparagraph. 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>
	<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; and III. makes such notification 30 days before the change described in clause (i) of this subparagraph. 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> 	

A7 – Transportation Requirements

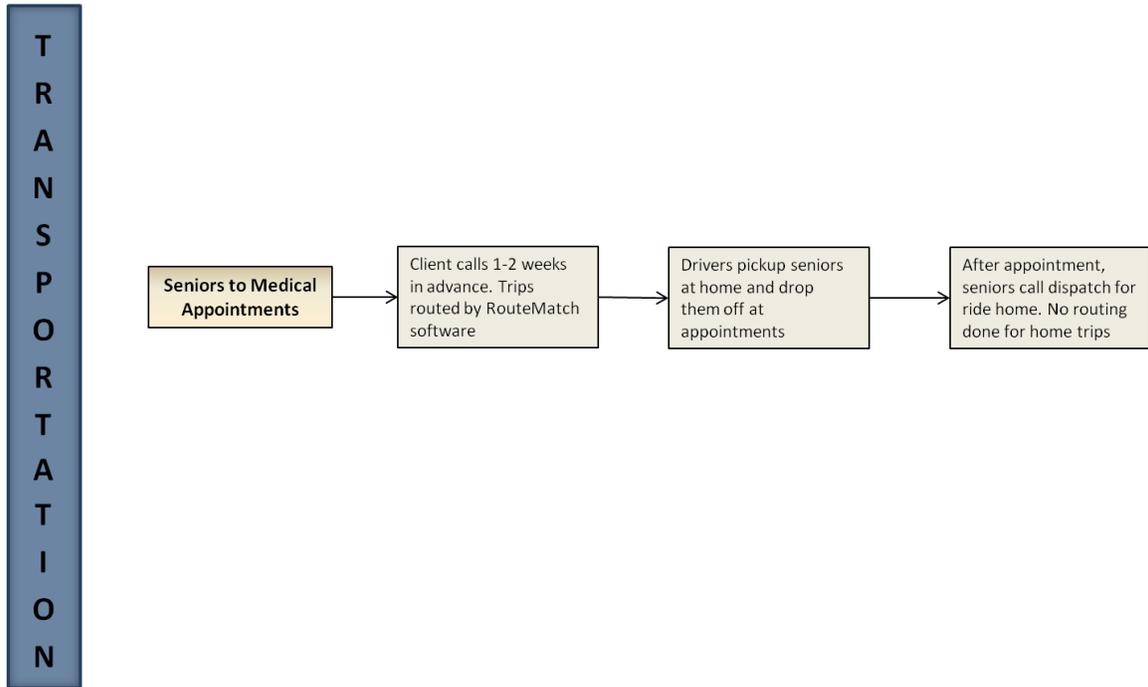
There are 4 streams of transportation that the City is responsible for:



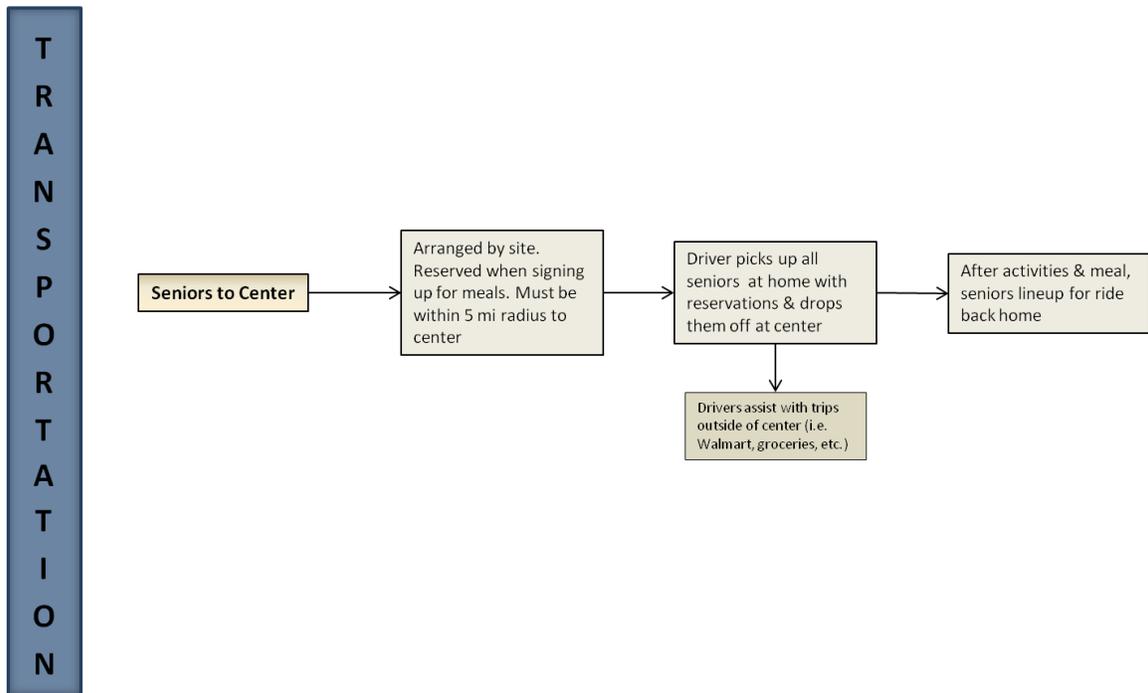
Focus on the congregate and homebound meal deliveries:



Focus on transportation for seniors to medical appointments:

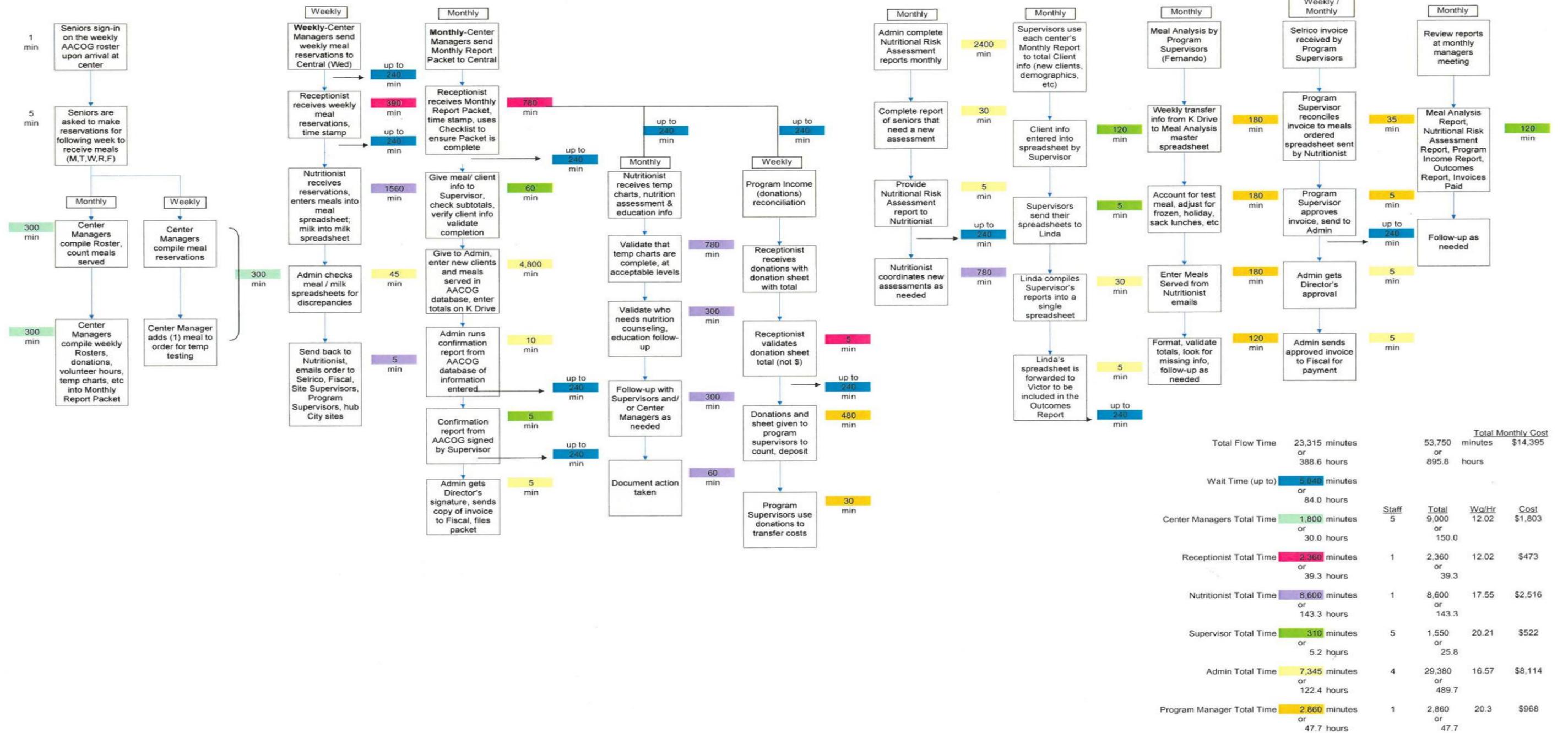


Focus on transportation for seniors to centers:



A8 – Comprehensive Nutrition Program Meal Process

Comprehensive Nutrition Program (CNP) Meals Process



	Total Flow Time	Staff	Total	Wg/Hr	Cost
	23,315 minutes or 388.6 hours		53,750 minutes or 895.8 hours		\$14,395
	Wait Time (up to) 5,040 minutes or 84.0 hours				
Center Managers Total Time	1,800 minutes or 30.0 hours	5	9,000	12.02	\$1,803
Receptionist Total Time	2,360 minutes or 39.3 hours	1	2,360	12.02	\$473
Nutritionist Total Time	8,600 minutes or 143.3 hours	1	8,600	17.55	\$2,516
Supervisor Total Time	310 minutes or 5.2 hours	5	1,550	20.21	\$522
Admin Total Time	7,345 minutes or 122.4 hours	4	29,380	16.57	\$8,114
Program Manager Total Time	2,860 minutes or 47.7 hours	1	2,860	20.3	\$968

Total Monthly
\$1,008

Comprehensive Nutrition Program (CNP) Meals Process

Future State

Total Flow Time 3,509 minutes
or
58.5 hours

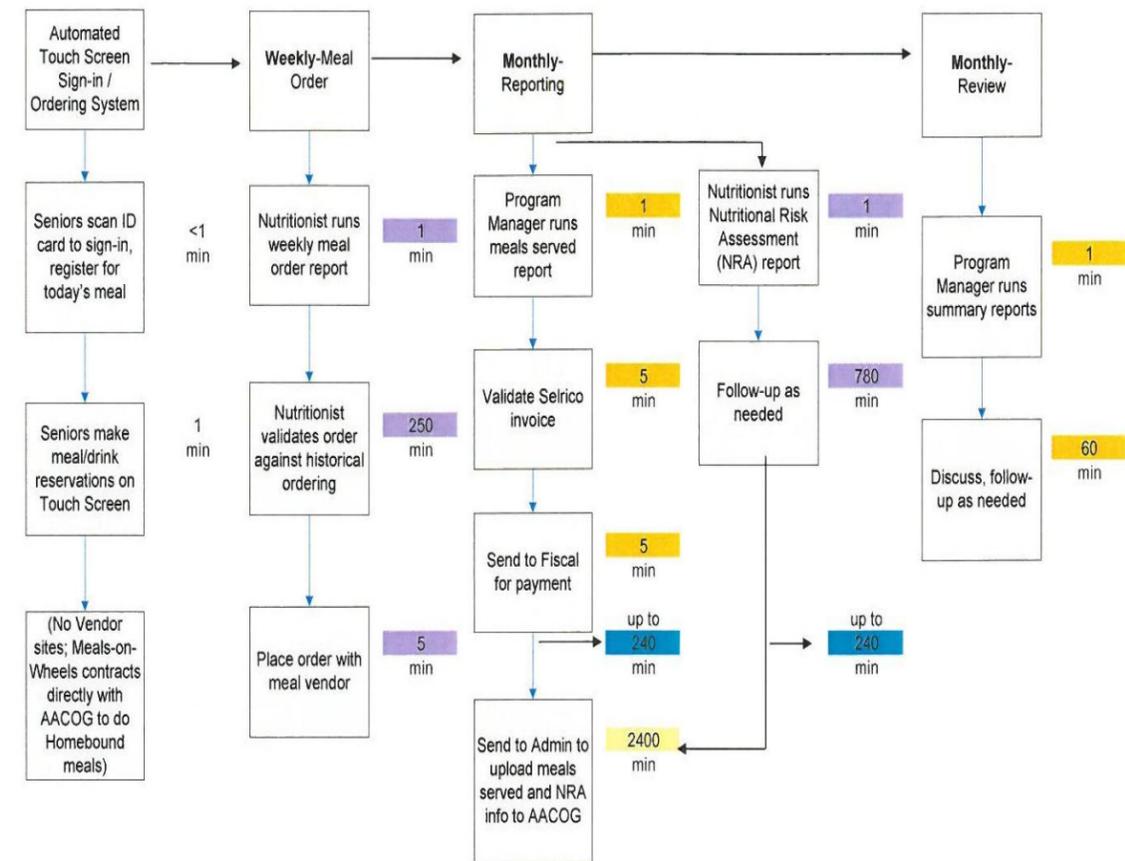
Wait Time (up to) 480 minutes
or
8.0 hours

Nutritionist Total Time 1,097 minutes
or
18.3 hours

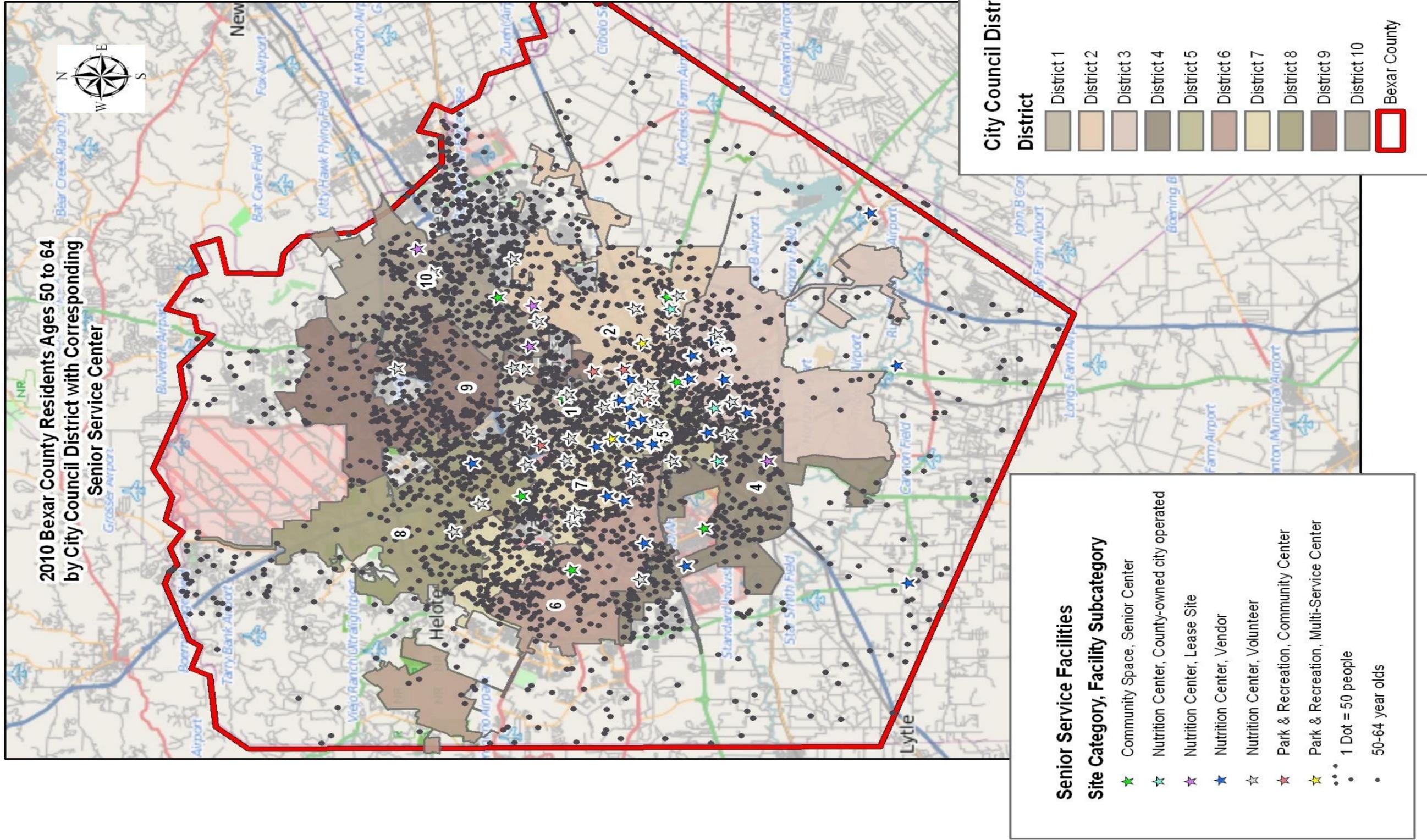
Admin Total Time 2,400 minutes
or
40.0 hours

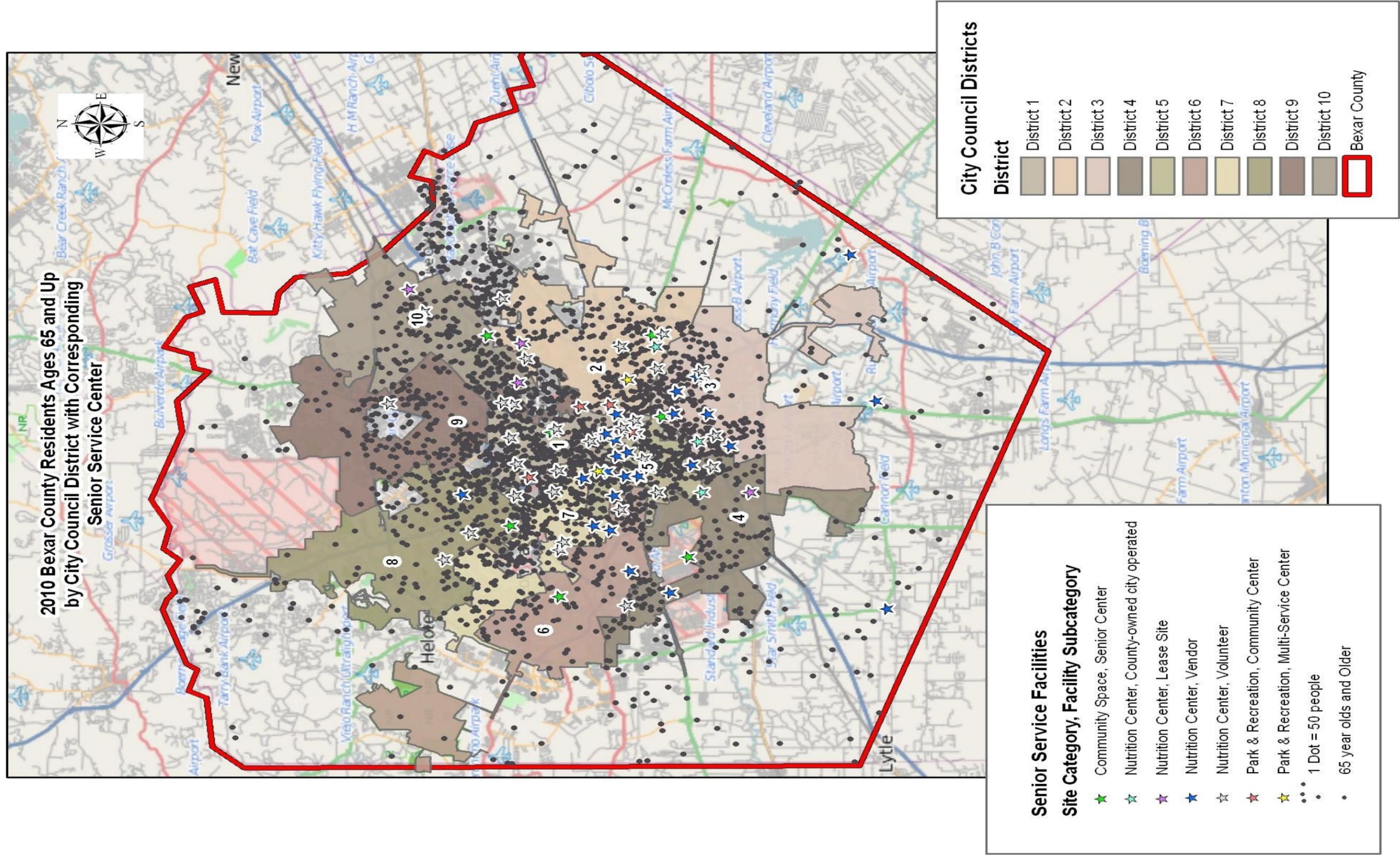
Program Manager Total Time 72 minutes
or
1.2 hours

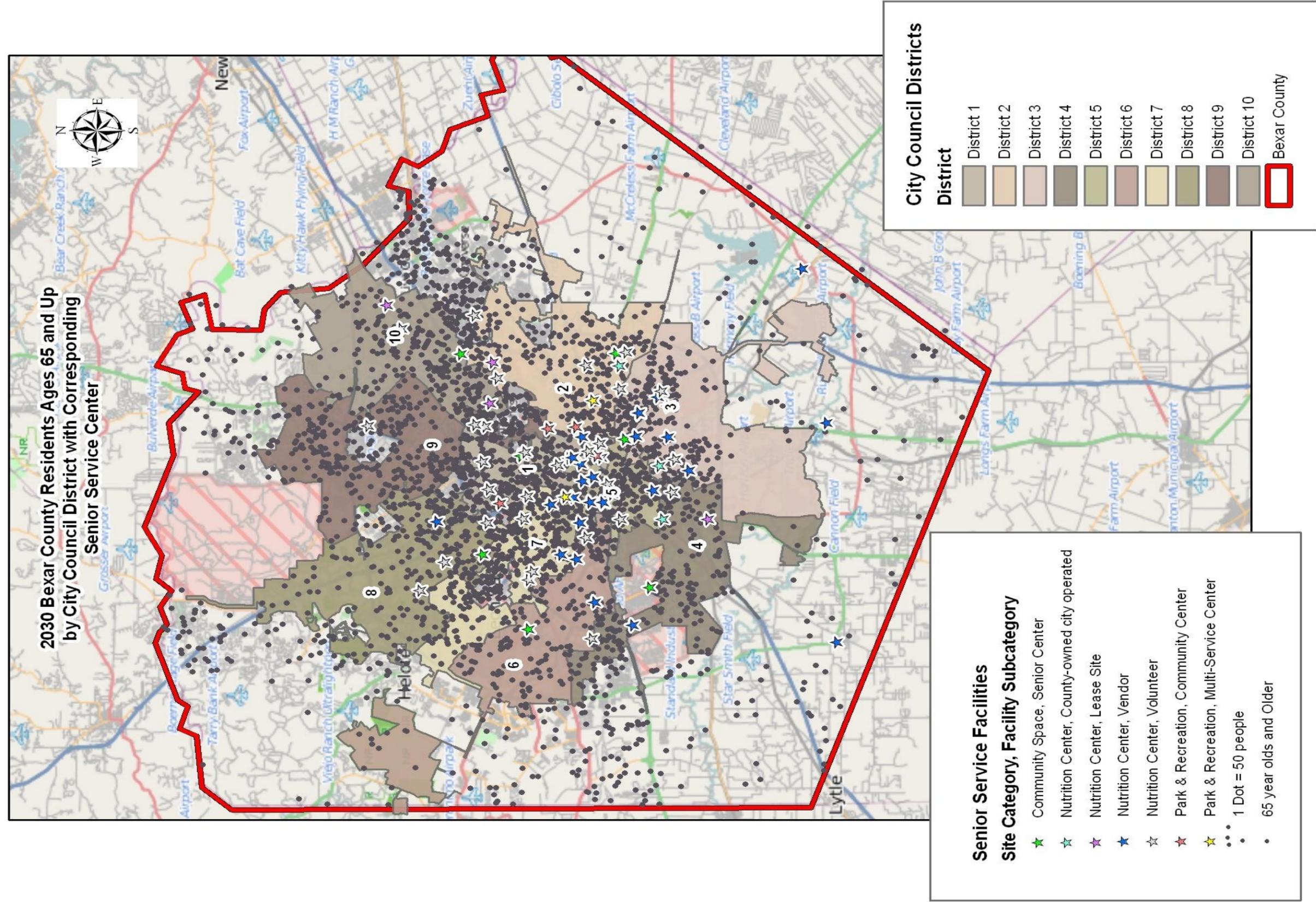
Staff	Total	Wg/Hr	Cost
1	1,097 or 18.3	17.55	\$321
1	2,400 or 40.0	16.57	\$663
1	72 or 1.2	20.3	\$24



A9 – Bexar County Senior Center and Demographic Maps







Notional

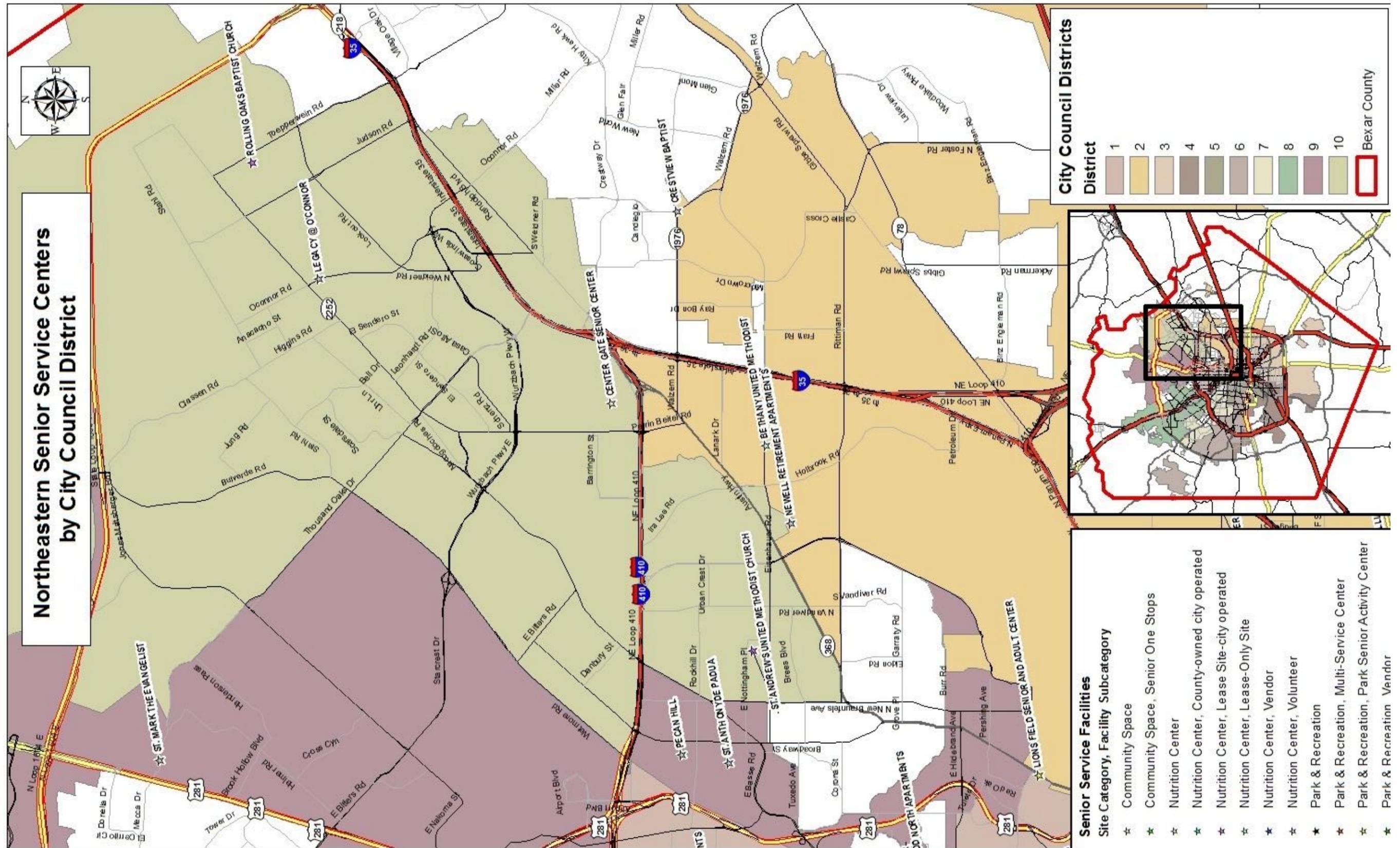
Senior center sites within close proximity to each other requiring further review/study to determine if resources could be shared.

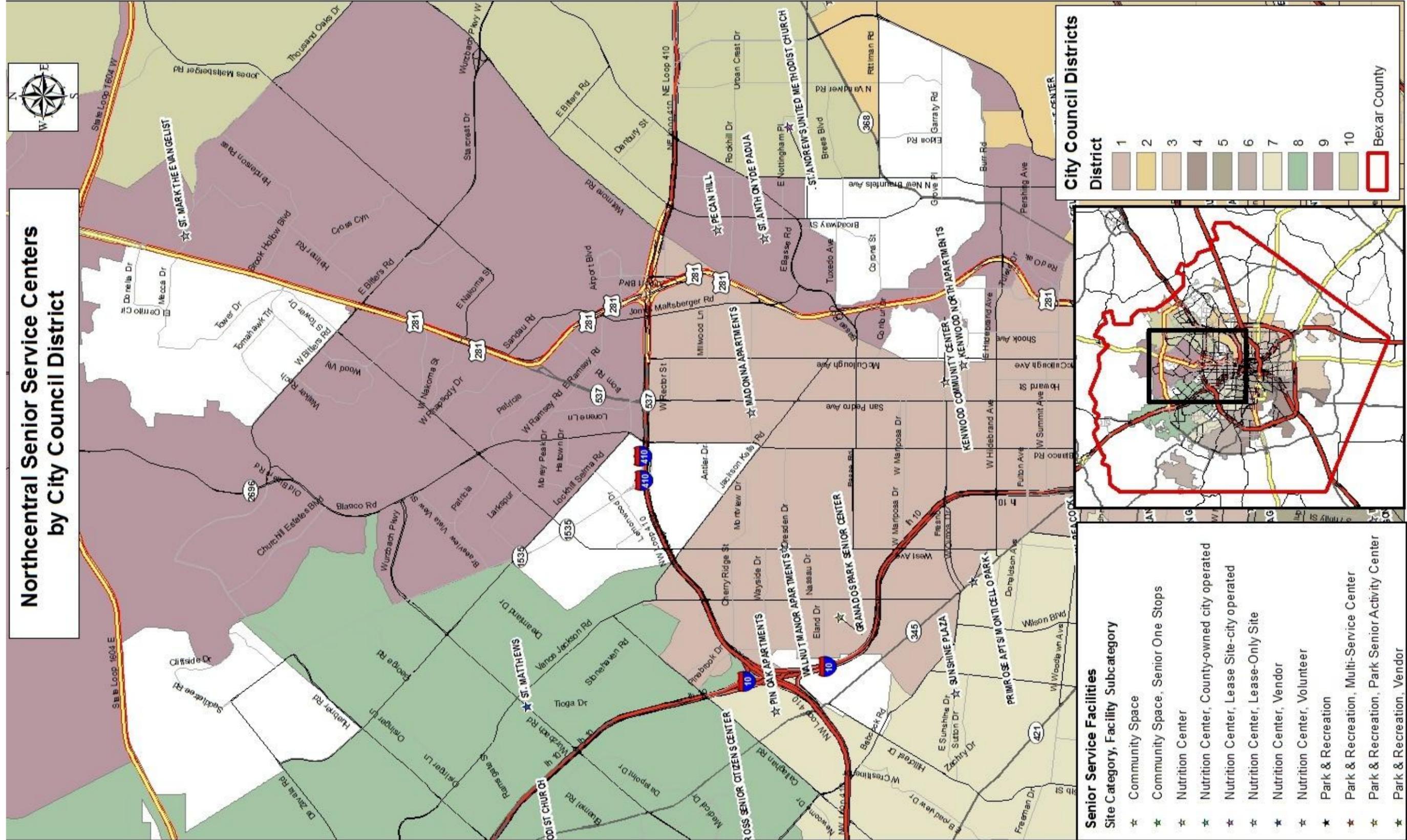
0 Somerset Senior Center	26 Christ The King Church	52 Presa Senior Center
1 O'keefe Gardenbrook	27 WestEnd Frank Garrett	53 Mission San Jose
2 District 6 Senior Center	28 Primrose Apts/ Monticello Park	54 Lions Field Senior And Adult Center
3 St. Vincent De Paul	29 Charlie Gonzales Apts	55 55 St. Anthony De Padua
4 Villa Alegre Apartments	30 Centro Del Barrio	56 St. Mark The Evangelist
5 University Baptist	31 Our Lady Of Angels	57 Ella Austin Community Center
6 District 4 Senior Center	32 Walnut Manor Apartments	58 Pecan Hill
7 Nueces Bend Apartments	33 Immaculate Heart Of Mary	59 El Carmen Senior Center
8 Legacy @ Ingram	34 Sacred Heart Church	60 Fair Avenue Apartments
9 Oxford Methodist Church	35 Our Lady Of Guadalupe	61 St. Margaret Mary's
10 Bethel Senior Center	36 Hope Of Glory	62 Primrose Apts. Mission Hills
11 Bob Ross Senior Citizens Center	37 Parkview Apartments	63 63 St. Andrew 'S United Methodist
12 Holy Family	38 Harlandale Senior Center	65 Good Shepherd Lutheran
13 Jewett Circle Apartments	39 Palacio Del Sol	66 Matt Garcia Apartments
14 Pin Oak Apartments	40 Madonna Apartments	67 Sinkin William R. Apts
15 St. Judeæs	41 Elvira Cisneros By. Wellmed	68 Newell Retirement Apartments
16 St. Matthew s	42 Villa Tranchese Apartments	69 Comanche Park
17 George Cisneros Apartments	43 Salvation Army- Hope Center	70 Roseville Apartments
18 Sunshine Plaza	44 Op Schnabel Apartments	71 Bethany United Methodist
19 St. Bonaventure Catholic Church	45 Commanders House	72 Center Gate Senior Center
20 20 South San Senior Center	46 Kenwood Community Center	73 Dist 2 Senior Center
21 Salvation Army- Peacock	47 Kenwood North Apartments	74 Villa O'keefe Apartments
22 Granados Park Senior Center	48 Granada Apartments	75 Legacy @ O'connor
23 Good Samaritan Center	49 Victoria Plaza Apartm	Baptist
24 St. Timothy	50 District 5 Senior Cen	ks Baptist Church
25 San Juan De Los Lagos	51 Salvation Army Dav	

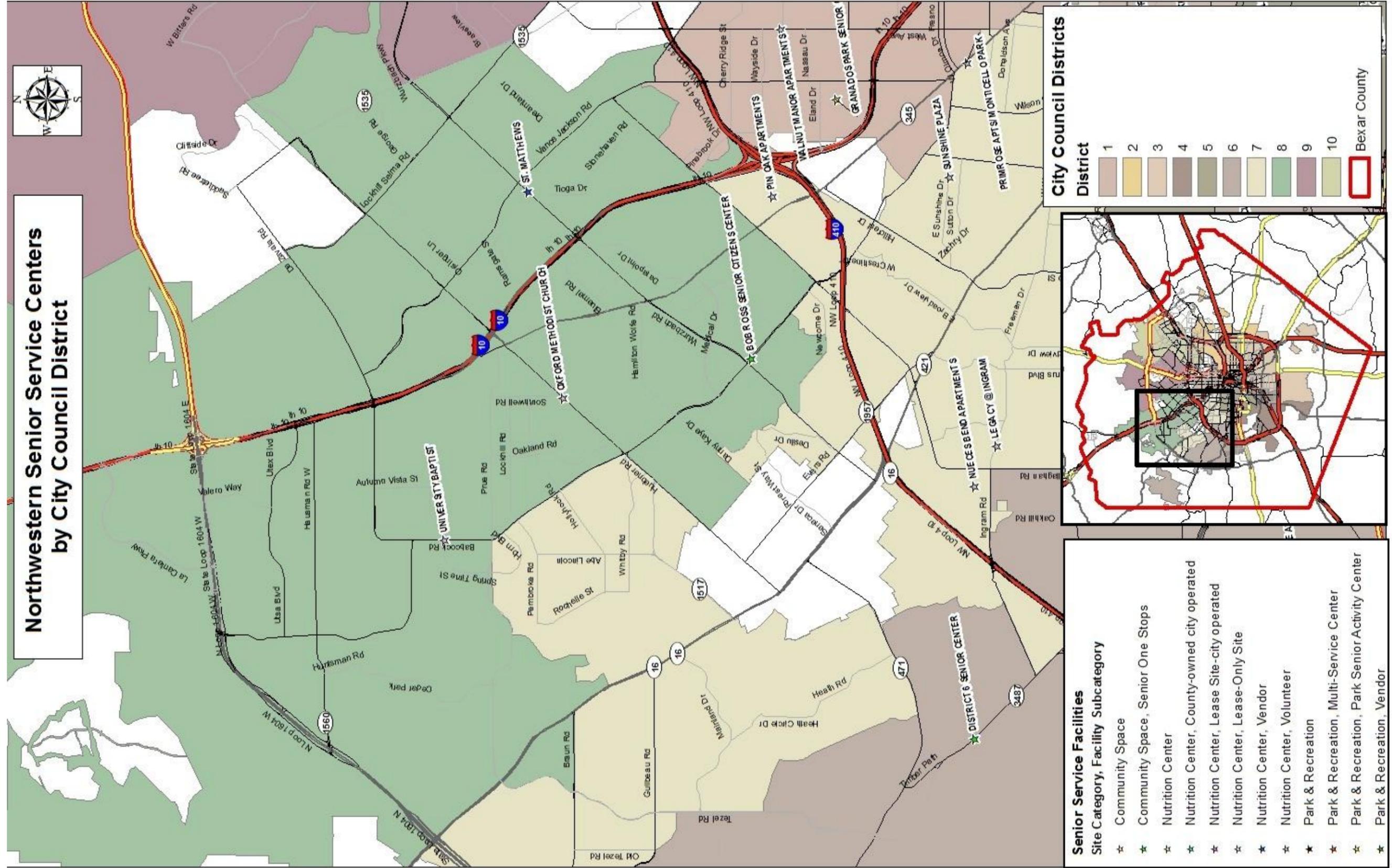
Both volunteer sites are within close proximity to each other—requiring further review.

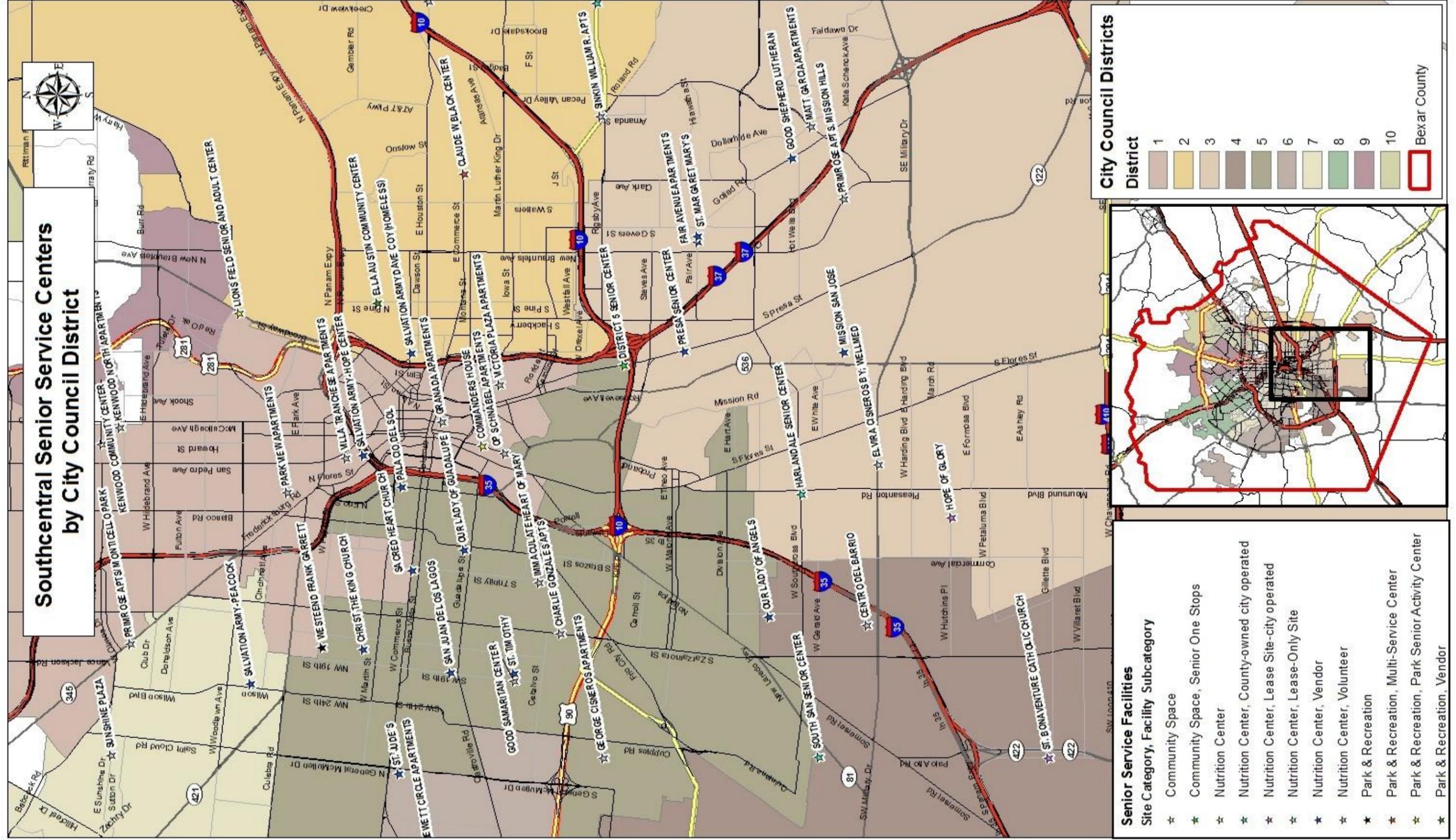
#23 and #24 are a volunteer and vendor site, respectively, and are within close proximity to each other—requiring further analysis

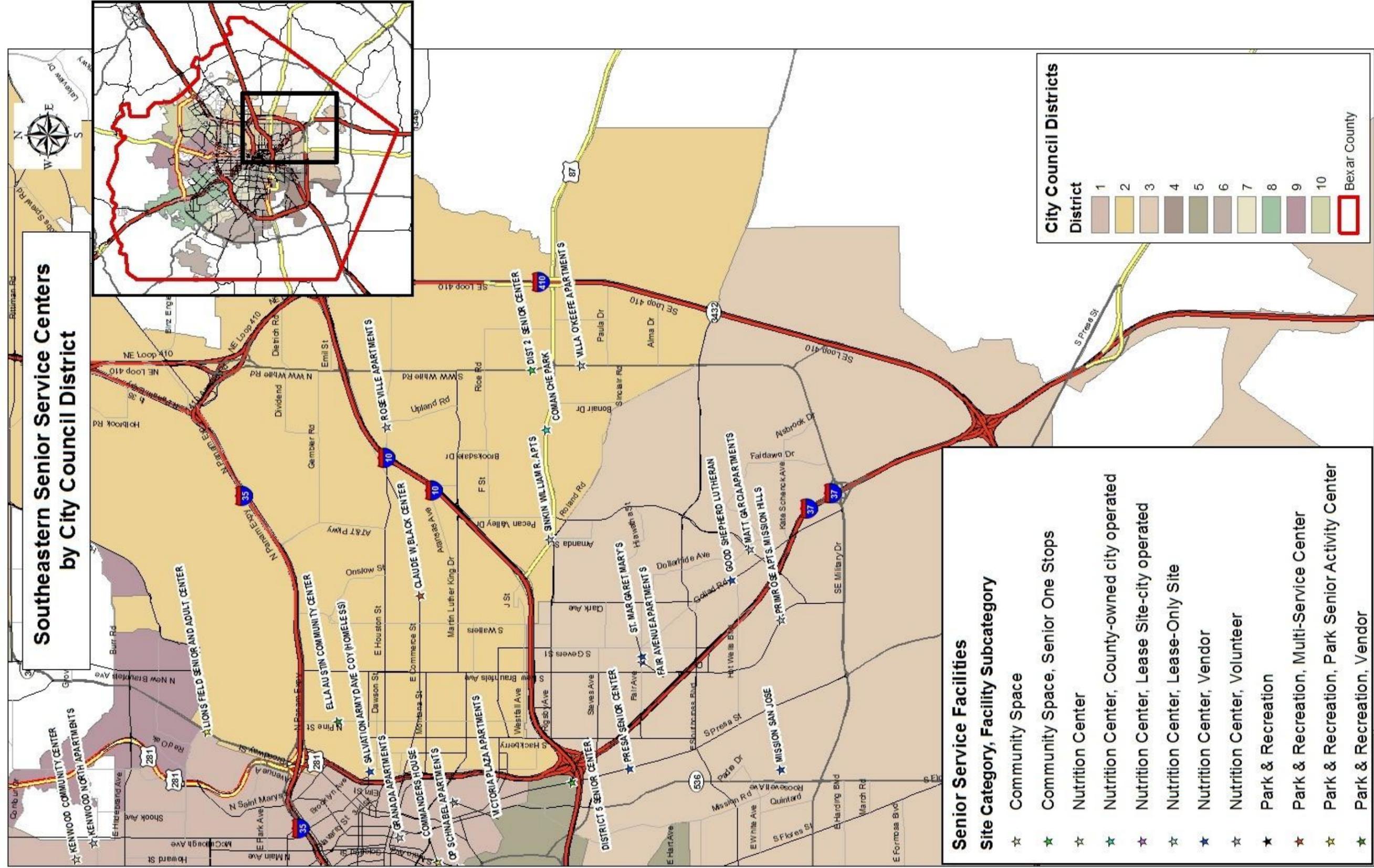
#48 and 49 both serve as volunteer nutrition sites and are within close proximity to each other—requires further analysis.

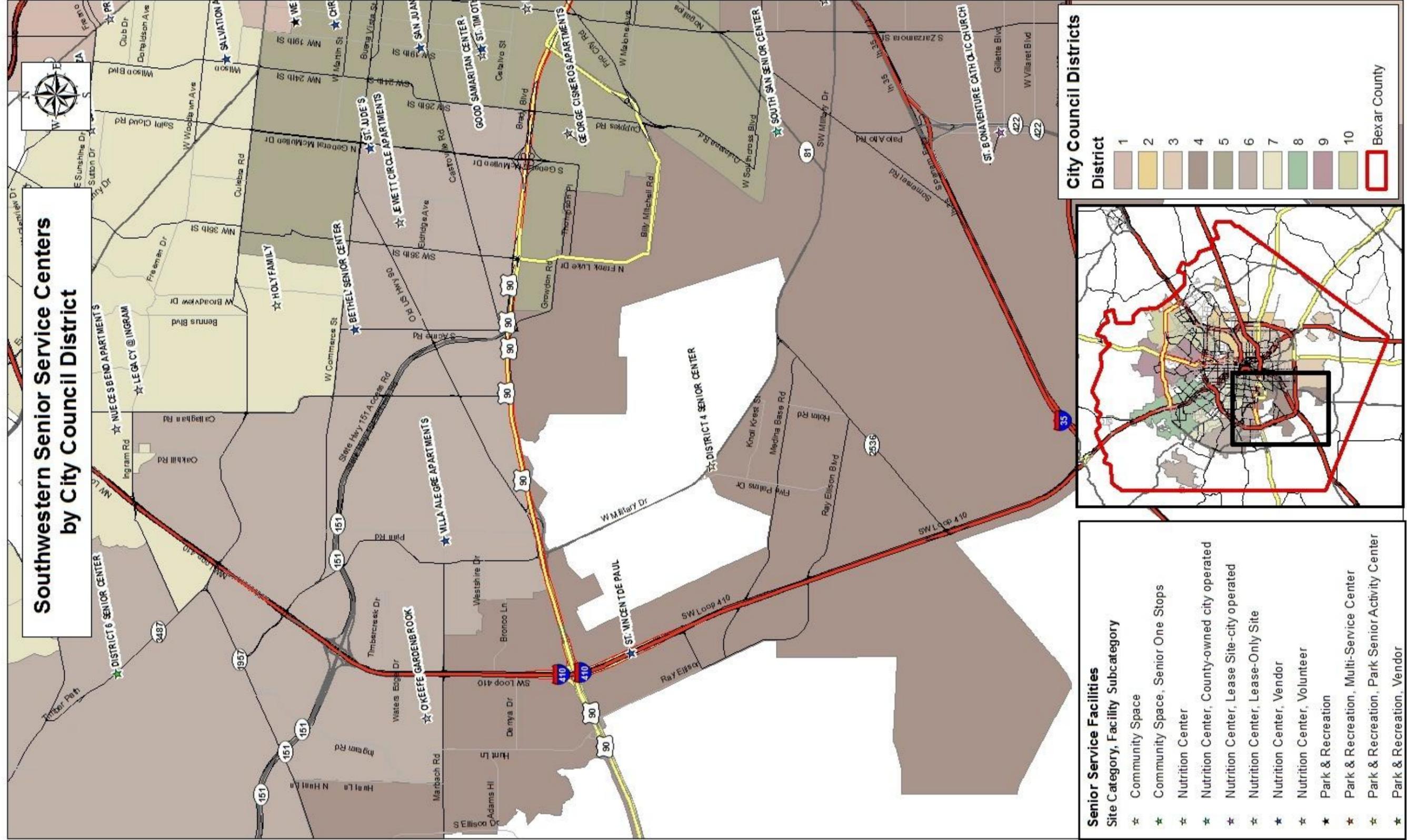


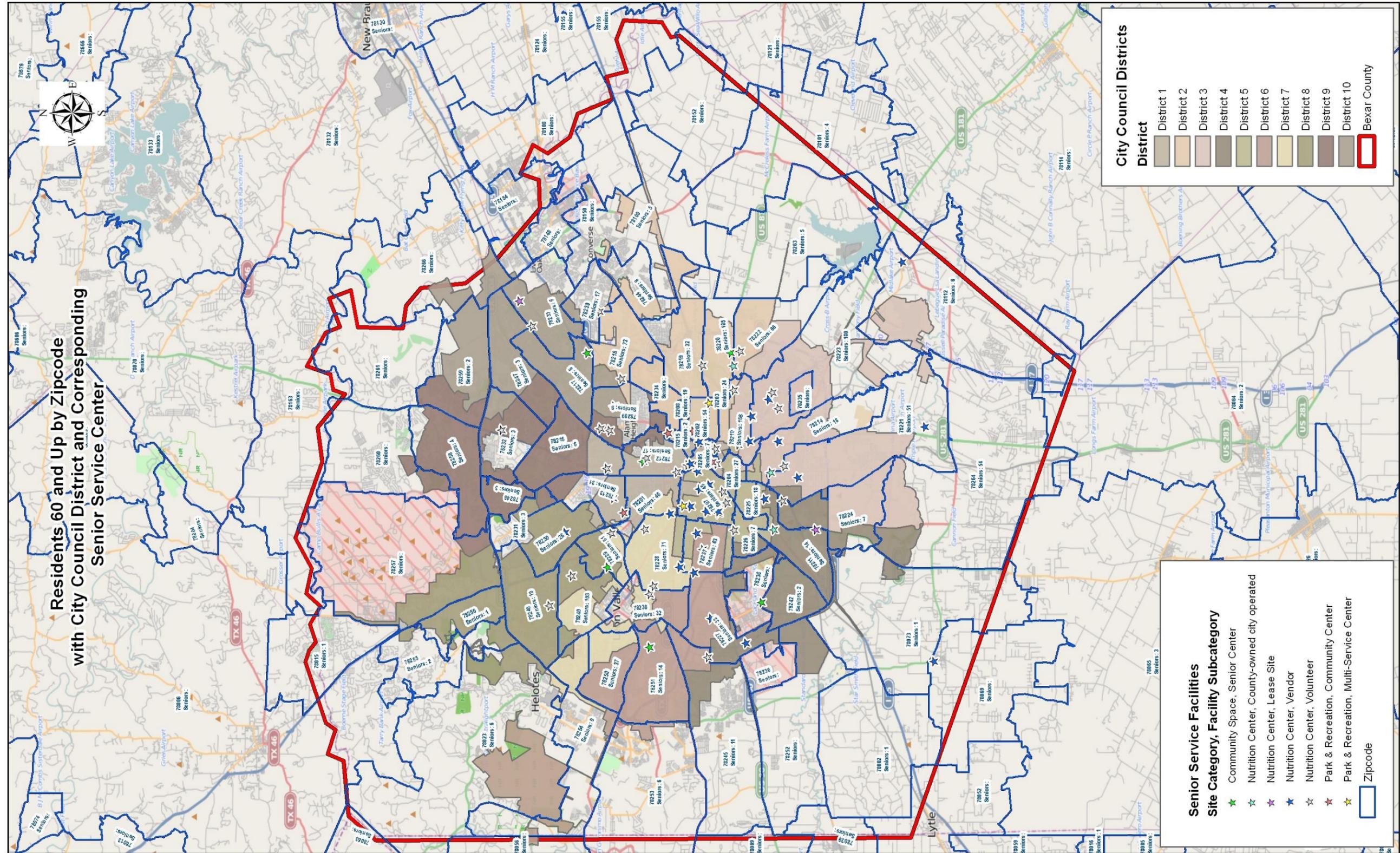












Best Practice Analysis

for the City of San Antonio, Department of Human Resources, Senior Services



Booz | Allen | Hamilton
delivering results that endure

Revised: September 13, 2011

This document is confidential and is intended solely for the use and information of the entity to whom it is addressed.

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▶ Approach

▶ Comparable Analysis of Senior Nutrition Programs

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Purpose

The purpose of the Best Practices Analysis is to build a framework for pursuing a senior services program model for the City

- Research best practices, technical resources and federal standards for benchmarking analysis
- Help further define the vision, scope and high standards from which the City wishes to operate
- Conduct a high level comparative analysis of the City to other senior nutrition programs in the United States
- Align identified models to each of the major task areas, where possible: Optimal Delivery Model, Food Service Distribution Model, Location of Senior Services and Transportation Services Model.
- Some of the critical factors used to determine best practices include, but not limited to:
 - Long-term economic viability
 - Efficient processes and delivery of services
 - Cost effectiveness
 - Stakeholder readiness
 - Partner involvement
 - Quality of services — measuring successes of best models and feedback from stakeholders

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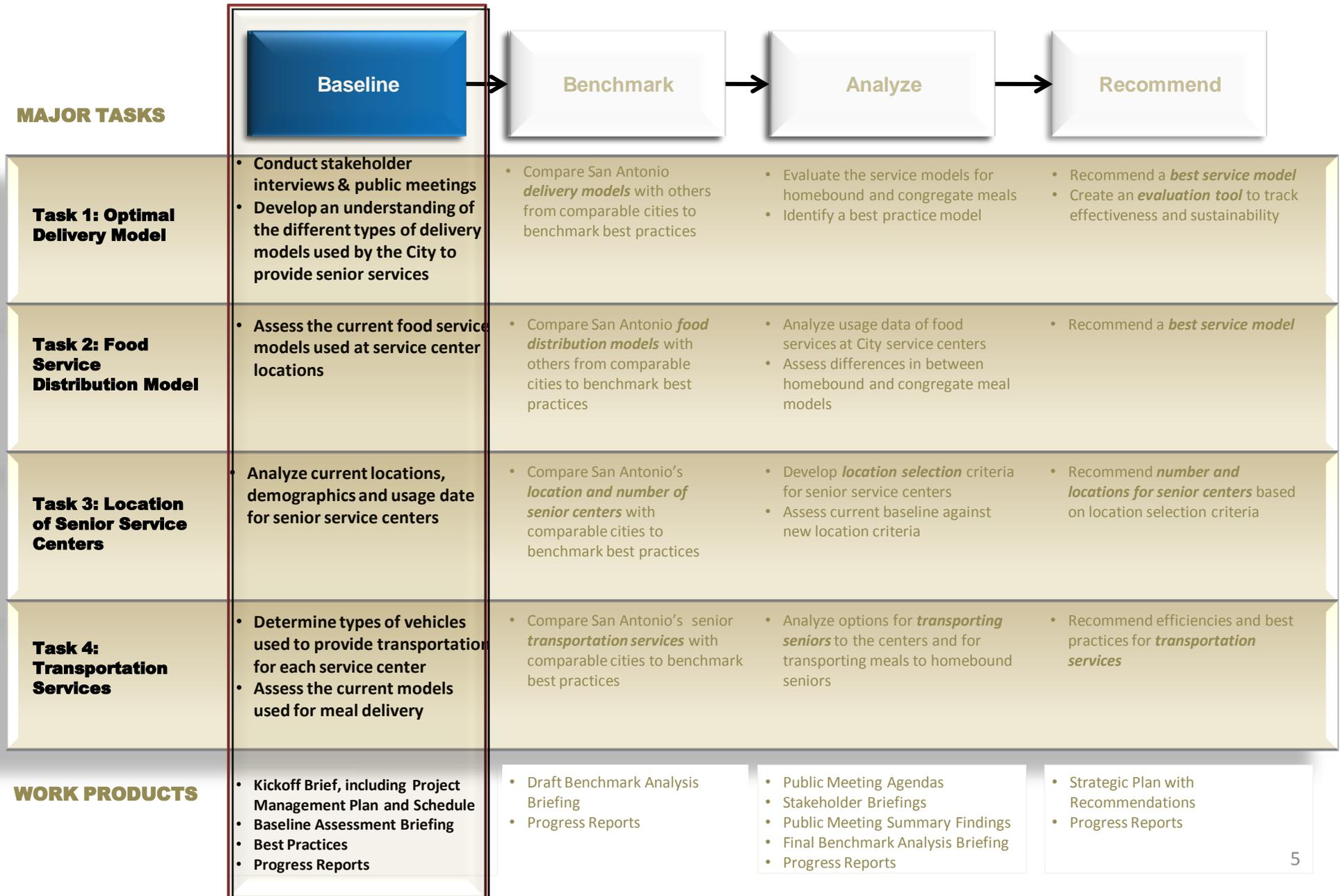
- ▶ Best Practices

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Strategic Planning Approach

Phase 1 of the Senior Services project includes baseline assessment to review City's initial data collection and results, conduct gap analysis, and research best practices



Best Practice Approach

Step 1: Determine Best Practice Program

- The KGBTexas Team ***identified cities, counties, and organizations*** who provided senior services in the areas of congregate meals, home delivered meals, senior centers, and transportation
 - Interaction with these sources was either by direct contact, referral, or research
 - All geographic areas in which organizations and cities were located were not necessarily comparable demographically and/or in program structure, but included elements of service delivery and management which yielded information of value
- ***Selected best practice programs*** based on Partnering to Promote Healthy Aging¹ criteria:
 1. Programs that facilitate healthy aging through risk factor modification and behavior change
 2. Measurement of outcomes to demonstrate program effectiveness and incorporate feedback into program revisions
 3. Variety of planned program activities to facilitate behavior change and promote self-efficacy
 4. Facilitation of social engagement opportunities to facilitate peer interaction among participants
 5. Appropriate level and variety of programming to bridge the spectrum of older adult participants from frail to very active
 6. Promotion of active networking activities and outreach to other services and organizations
 7. Creative use of available resources
 8. Utilization of well trained staff, or volunteers and mentors, and provides ongoing training opportunities

Best Practice Approach

Step 2: Collect Data

- During data collection, we researched the ***services, policies, and procedures*** that made the administrative and programmatic components of an organization noteworthy in enhancing the efficiency and effectiveness of service provision and program management
- We focused on those services, policies, and procedures that are ***repeatable***; i.e., that Senior Services could emulate
- Research was determined by online access to service information, availability of relevant forms for the purpose of service delivery and evaluation, ease of consumer access to information regarding services available, established links to other pertinent resources, specific information regarding menus, weather warnings (specific to coastal regions), special events, etc.
- Other ***technical resources and federal standards*** were researched and included in the study
- We heavily ***leveraged our gerontologist*** for conducting the best practice research

Best Practice Approach

Step 3: Develop Report Summary

- The KGBTexas Team developed ***summary sheets*** including an overview of the best practice and background information on organizations and programs
- Details were given on ***what makes each organization or program a best practice*** and what senior services task areas it aligns to
- ***Sources for the program data and best practices*** were tracked
- ***Senior census data*** for each county and city was provided as a foundation to compare the range of services offered to the clientele

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Comparative Review of Nutrition Services (1 of 2)

High-level review of nutrition in comparable geographic areas with some locations also identified as best practices

SENIOR NUTRITION PROGRAM	NUMBER OF SITES	MEAL SERVICE		ADDITIONAL INFO
		CONGREGATE	HOME DELIVERED	
City of San Antonio, TX	78+	✓	✓	<ul style="list-style-type: none"> Homebound meals provided by Meals on Wheels and City of San Antonio
Alliance of Aging Miami, FL	88	✓	✓	<ul style="list-style-type: none"> 88 sites in the Miami-Dade County and Florida Keys area, including Little Havana Meal providers selected through a competitive process
Chicago Senior Program City of Chicago, IL	62	✓	✓	<ul style="list-style-type: none"> Has a model congregate center with an arrangement with a restaurant to use a banquet hall for congregate meal One contract provider for home delivered meals Two meals delivered per day to each home delivered meal participant Regional and Satellite comprehensive centers
City of Corpus Christi, TX	8	✓	✓	<ul style="list-style-type: none"> Due to budget restrictions, center hours of operation have been reduced Meals are prepared by the City, but will contracting out in the future
Life Care Alliance Columbus, OH	26	✓	✓	<ul style="list-style-type: none"> Carrie's Café is a model dining center program among its network of congregate meal sites
Madison Senior Center Madison, WS	1	✓		<ul style="list-style-type: none"> City funds staff for program coordinator, volunteer coordinator, office manager, and custodian
Meals on Wheels and More Austin, TX	12	✓	✓	<ul style="list-style-type: none"> Austin contracts with Meals on Wheels and More (MOWAM) to provide meal preparation and delivery for its sites MOWAM staffs the sites
Meals on Wheels PLUS of Manatee Bradenton, FL	4+	✓	✓	<ul style="list-style-type: none"> Services include pureed meals for special needs seniors One center only opens during the fall through winter season

Comparative Review of Nutrition Services (2 of 2)

High-level review of nutrition in comparable geographic areas with some locations also identified as best practices

SENIOR NUTRITION PROGRAM	NUMBER of SITES	MEAL SERVICE		ADDITIONAL INFO
		CONGREGATE	HOME DELIVERED	
Neighborhood Centers, Inc. <i>Houston, TX</i>	22	✓	✓	<ul style="list-style-type: none"> • NCI is subcontracted to organizations to manage the nutrition program at the centers, they do not run the centers • Interfaith Ministries for Greater Houston provides majority of homebound meal services in Harris County • Evidenced based health programs and partnerships with health programs • Health entities are an integral part of NCI's senior program
Philadelphia Corporation on Aging <i>Philadelphia, PA</i>	37	✓	✓	<ul style="list-style-type: none"> • Approximately 4,500 seniors are served per week through Philadelphia Corporation on Aging's (PCA) Home Delivery Program
Detroit Area Agency on Aging <i>Detroit, MI</i>	37	✓	✓	<ul style="list-style-type: none"> • AAA supports congregate and home delivered meal programs • Serves as a practicum for dietetic students from Wayne County Community College • Offers Chronic Disease Self Management Program at congregate centers
Senior Citizens Services of Greater Tarrant County <i>Fort Worth, TX</i>	29	✓	✓	<ul style="list-style-type: none"> • Senior Citizens Services of Greater Tarrant County is the major congregate meal provider • Actively supports a number of evidenced based health programs for its senior centers • Meals on Wheels, Inc. of Tarrant County provides home delivered meal service and works with Senior Citizens Services of Greater Tarrant County
Department of Aging & Adult Services <i>Santa Clara, CA</i>	32	✓	✓	<ul style="list-style-type: none"> • Santa Clara County provides a variety of menus available to serve the diversity of seniors in the area at congregate sites
<i>Phoenix, AZ</i>	15	✓	✓	<ul style="list-style-type: none"> • City of Phoenix Human Services Department operates five commercial kitchens that prepare meals for congregate and homebound meals • Meals cater to diverse community • Menu includes two entrees per day participants choose from

Comparative Analysis (1 of 2)

Municipal Support & Health Partnerships

SENIOR NUTRITION PROGRAM	PROVIDES SERVICES / RECEIVES FUNDING	ADDITIONAL INFO
City of San Antonio	✓	<ul style="list-style-type: none"> • Unique with its partnership with WellMed and senior centers; our research has not found any similar partnership that exists elsewhere
City of Austin		<ul style="list-style-type: none"> • Formerly managed senior centers, but turned them over to MOWAM
City of Corpus Christi	✓	<ul style="list-style-type: none"> • Funds from General Revenue, City General Revenue Title III, Community Development Block Grant • City supports more than 50% of the entire budget • Fundraiser for respite services
City of Dallas		<ul style="list-style-type: none"> • Does not fund nutrition programs • Senior nutrition programs are managed and supported by Dallas County
Detroit AAA ¹	✓	<ul style="list-style-type: none"> • In 2009, received \$25.9 M in federal and state funds; \$630 K in local funds • Funds congregate and homebound meal programs

¹<http://www.daaa1a.org/DAAA/media/DAAA%20FY%202009%20Annual%20Report.pdf>

²http://www.pccares.org/Files/SOA_2011.pdf

³<http://www.sccgov.org/SCC/docs%2FSocial%20Services%20Agency%20%28DEP%29%2FDAAS%2FSNP%2FSNP%20FY%2009.10%20Annual%20Report.pdf>

Comparative Analysis (2 of 2)

Municipal Support & Health Partnerships

SENIOR NUTRITION PROGRAM	PROVIDES SERVICES / RECEIVES FUNDING	ADDITIONAL INFO
Tarrant County, Fort Worth		<ul style="list-style-type: none"> • No formal agreement with a health entity for overall support of senior services • Each center has its own arrangement, such as using home health agencies to visit centers; e.g., one center works very closely with a local hospital that is very supportive of the center in conducting health programs on-site
City of Miami	✓	<ul style="list-style-type: none"> • Does not provide senior center nutrition programs directly, but provides some funding to local non-profits for some senior services
Philadelphia Corporation on Aging ²	✓	<ul style="list-style-type: none"> • Funding for a number of senior programs inclusive of meal programs, volunteer programs, and employment • In 2010, received \$93.5 M in federal , state and city grants; \$121 K in local contributions • Grants provided by Pennsylvania Department of Aging, Pennsylvania Department of Public Welfare, Corporation for National and Community Service, U.S. Department of Agriculture, U.S. Department of Health & Human Services, U.S. Department of Housing & Urban Development, U.S. Department of Labor
City of Phoenix	✓	<ul style="list-style-type: none"> • City of Phoenix provides funding through General Purpose Funds (GPF), Arizona Area Agency on Aging, Region One • Area Agency on Aging, Region One contract is funded through multiple federal and state grant programs • No partnerships, but allow health related presenters come visit
Santa Clara County ³		<ul style="list-style-type: none"> • In 2009, received \$1.4 M in federal and state funds; \$3 M in local funds • City contributions received from San Jose, Santa Clara, and Milpitas

¹<http://www.daaa1a.org/DAAA/media/DAAA%20FY%202009%20Annual%20Report.pdf>

²http://www.pcacares.org/Files/SOA_2011.pdf

³<http://www.sccgov.org/SCC/docs%2FSocial%20Services%20Agency%20%28DEP%29%2FDAAS%2FSNP%2FSNP%20FY%2009.10%20Annual%20Report.pdf>

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Best Practices Summary (1 of 3)

Program	Source	Best Practice
<p>1. Alliance of Aging Miami, FL</p>	<p>Martha McMullen Lead Contract Manager MCMullen@elderaffairs.org</p>	<ul style="list-style-type: none"> • Training: Annual in-service training for all drivers, consisting of van safety and elderly transportation, operation of vehicles and equipment, record keeping, accident and emergency procedures, defensive driving and passenger assistance techniques • Evaluation: Nutrition Program Review Form by the Department of Elder Affairs is used for evaluating the program. Administered quarterly by staff, administrators, and the project's registered dietician. Monthly checks are also used. All referenced forms are part of a larger report with additional evaluation and monitoring instruments <ul style="list-style-type: none"> ○ Internal Compliance/Evaluation – service / program requirements based on the Older American's Act and local and state requirements
<p>2. Chicago Senior Program, Department on Aging Chicago, IL</p>	<p>Nikki Proutsos Assistant Commissioner Area on Aging Phone: (312)743-0178</p>	<ul style="list-style-type: none"> • Transportation: Public transit systems utilized. Discontinued senior shuttle program due to low utilization to redirect funds to support other senior services • Services: Has arrangement with local family owned restaurant that allows the use of its banquet hall as one of their dining centers. Participants attending the site have a fixed menu that has been negotiated with the restaurant. Seniors enjoy the banquet room décor for eating and socialization • Partnership: Partners with Chicago Public Housing Authority. Able to better leverage available funds and serve more seniors through onsite placement of nutrition sites within housing complexes • Communication: Consumer friendly website design • Evaluation: <ul style="list-style-type: none"> ○ Reviews attendance data. Threshold of thirty participants is used to maintain a viable center. When site attendance is below fifteen, the consideration is given to possible closure ○ Customer satisfaction surveys ○ Utilization metrics
<p>3. City of Phoenix, Department of Human Services Phoenix, AZ</p>	<p>Deanna Jonovich, Deputy Human Services Director</p>	<ul style="list-style-type: none"> • Evidenced Based Program: A Matter of Balance evidence based program provided once a year. Bone Builders program for osteoporosis prevention and education • Partnership: A Matter of Balance program offered through partnership with A.T. Still University • Service: congregate menu includes two main entrees for participants to choose from . Special cultural events and menus planned by staff to promote diversity. Caseworkers and resources are allocated to provide assistance to participants • Communication: Monthly newsletters produced and made available electronically. Information is pulled from multiple sources and compiled in an easy to read format with websites listed

Best Practices Summary (2 of 3)

Program	Source	Best Practice
4. Department of Aging & Adult Services <i>Santa Clara, CA</i>	www.sccgov.org	<ul style="list-style-type: none"> • Service: Variety of menus available to serve the diversity of seniors in the area. Showcased as a model program by the Administration on Aging because of the diverse assortment of cuisines offered at its various congregate sites. Showcases as a model congregate meal program
5. Life Care Alliance <i>Columbus, OH</i>	Jennifer Fralic Director of Nutrition Program (614) 278-3130 lifecarealliance.org	<ul style="list-style-type: none"> • Service: Offers a different dining experience (Carrie's Café) for seniors with modern designs. More than "just a meal" – full-service Wellness Center on site , offers various programming (i.e. Seniors Farmer's Market) • Communication: Consumer friendly website, particularly for menus , programs, and senior center locations
6. Little Havana Activities and Nutrition Centers of Dade County, Inc. <i>Miami, FL</i>	Sarah Andrews, Communications Manager (512) 476-6325 ext. 131 sandrews@mealsonwheelsandmore.org	<p>Services: Catered to appeal to Hispanic population and environment</p>
7. Madison Senior Center <i>Madison, WS</i>	Christine Beatty Senior Center Director Phone: (608)267-8652 www.cityofmadison.com/seniorcenter	<ul style="list-style-type: none"> • Transportation: Seniors have access to Metropolitan Para-transit System and/or utilize private vehicles. Transportation to nutrition centers is provided by the County • Partnership: Partners with University of Wisconsin to provide nutrition education. Partners with the County (Dane County) who administer Older Americans Act (OAA) programs • Evaluation: Established benchmarks utilizing participant feedback. Tracks benefits of seniors' quality of life, physical, mental, and social health from participant surveys
8. Meals on Wheels and More <i>Austin, Texas</i>	Sarah Andrews, Communications Manager (512) 476-6325 ext. 131 sandrews@mealsonwheelsandmore.org	<ul style="list-style-type: none"> • Partnership: Partner with University of Texas School of Social Work in the implementation of evidence based depression intervention program funded by the National Institute of Mental Health. Program is able to prioritize those most at risk for malnourishment and intervene with support of hot meals and complementary supportive programs • Process: Home delivery program has: 246 routes per day established using mapping software. All routes are designed to be completed within an hour to preserve safe food temperatures • Evaluation: Interview clients using semi-annual food insecurity/wellness survey and food preference survey. Funding requires quarterly reviews and evaluations based on the ability of the agency to meet our projected goals • Volunteers: Heavy reliance on volunteers. Volunteers deliver 90% of homebound meals

Best Practices Summary (3 of 3)

Program	Source	Best Practice
9. Meals on Wheels, Inc. of Tarrant County <i>Fort Worth, TX</i>	Carla Juston Executive Director (817) 336-0912	<ul style="list-style-type: none"> • Service: Clients visited quarterly by trained case workers who conduct assessment and documents client conditions requiring any other intervention • Process: 202 delivery routes, with each route under 16 stops. This allows MOW to meet the requirement of delivering meals within an hour of less from the pickup site • Evaluation: Nutrition and client satisfaction surveys are administered • Volunteer: Investment in volunteer recruitment, training, and recognition
10. Meals on Wheels PLUS of Manatee <i>Bradenton, FL</i>	Ellen Campbell President/CEO (941) 749-0100 Mealsonwheelsplus.org	<ul style="list-style-type: none"> • Transportation: (Door-to-door) Transportation program for homebound clients. Most transportation programs are for center clients • Service: Pureed meals offered for special need clients • Communication: Consumer friendly website, provides menus and newsletters
11. Senior Citizens Services of Greater Tarrant County <i>Fort Worth, TX</i>	Don Louis, Center Operations Manager (817) 413-4949 www.scstc.org	<ul style="list-style-type: none"> • Evidence Based Program: Centers that serve as focal points have the evidenced-based program, A Matter of Balance: Evidence-Base Falls Management Program for Older Adults which has been in place for three years. Program is still too new to evaluate outcomes. • Partnership: Working relationship with Meals on Wheels. Established communication to help bring seniors to and from congregate meal program • Health Promotion Programs: (subjective) <ul style="list-style-type: none"> ○ The Texas Healthy Lifestyles Grant provides information about the risk associated with disease and the benefits of a healthy lifestyle ○ Through a partnership with a pharmacy consultant and contractor, the Medication Management Program has proven to be very valuable for seniors to bring in their medications and have the opportunity and receive consultation on their various medications.
12. Seniors' Resource Center – Transportation <i>Denver, CO</i>	Hank Braaksma, Transportation Services Manager (303) 235-6980	<ul style="list-style-type: none"> • Coordination & Leveraging Funds: Blending of funding sources to better leverage dollars - Center saw the need for community service agencies and other transportation providers to pool their resources so that they could expand service and have more cost-effective use of resources • Training: Trained according to industry standard with additional training in passenger assistance. Perform criminal and motor vehicle background checks. Two weeks of training required • Evaluation: Annual satisfaction surveys conducted (95%-98% excellent service)

1. Alliance of Aging

Dade County, Miami, FL

Program Information

Mission

The Alliance is a private not-for-profit, agency part of a nationwide network of more than 650 Area Agencies on Aging. A volunteer Board of Directors governs the Alliance. Operating funds are received through federal, state and local grants, as well as private donations from individuals, corporations and special initiatives. A wide range of services valued in excess of \$60 million is provided locally to older people through a network of local agencies. The Alliance operates the Aging Resource Center, an important new initiative providing elders and their caregivers with information and referral, and linkages to services through state and federally funded programs and other community resources.

Description of the Program

- Some services provided include: congregate/home delivered meals, recreation, adult day care, personal care, legal assistance & transportation, support, training, education, counseling & respite for caregivers, & grandparents raising grandchildren
- 88 congregate meal varying in size – from 200 to 20 served
- Meal providers selected through a competitive process
- Catered to appeal to Hispanic population and environment. Purchase hurricane shelf staple meals and hurricane kits
- Multiple funding streams for meals – AoA, Older Americans Act, and Local Services Provider (LSP) by Florida Legislature
- 65+ make up 14.4% of Dade Co. population (2009 U.S. Census)
- Minorities make up 77% of senior (2009 AAA Plan)
- Funded partly from Title III

Best Practice Components

- **Training:** Annual in-service training for all drivers, consisting of van safety and elderly transportation, operation of vehicles and equipment, record keeping, accident and emergency procedures, defensive driving and passenger assistance techniques
- **Evaluation:** Nutrition Program Review Form by the Department of Elder Affairs is used for evaluating the program. Administered quarterly by staff, administrators, and the project's registered dietician. Monthly checks are also used. All referenced forms are part of a larger report with additional evaluation and monitoring instruments
 - Internal Compliance/Evaluation – Older American's Act service /program requirements, applicable local and state requirements

Senior Services Task 1-4

- Task 1: Optimal Delivery Model
- Task 2: Food Service Distribution
- Task 4: Transportation Services

Sources

- Martha McMullen, Lead Contract Manager
- MCMullen@elderaffairs.org

2. Chicago Senior Program, Department on Aging Chicago, IL

Program Information

Mission

The department's Senior Services Area Agency on Aging administers a variety of programs designed to address the diverse needs and interests of older Chicagoans, from those who are healthy and active, to those who are frail and homebound.

Description of the Program

- Five Regional Senior Centers considered to be anchor sites with an array of services: health and fitness promotion, information and referral, and other supportive services
- The agency operates Regional Senior Centers that act as community focal points for information and assessment, and provide senior services in health and fitness, education and recreation.
- Department of Aging helps staff many of the sites
- Thirteen Senior Satellite Centers are mini version of the regional centers and include: nutrition services and fitness programs
- One center focuses on the Arts
- One contract provider for home delivered meals except for ethnic meals. Two meals are delivered per day to each home delivered meal participant using Hot Shot Trucks
- 65+ make up 10.3% of Chicago's population (2009 U.S. Census)

Best Practice Components

- **Transportation:** Public transit systems utilized. Discontinued senior shuttle program due to low utilization to redirect funds to support other senior services
- **Services:** Has arrangement with local family owned restaurant that allows the use of its banquet hall as one of their dining centers. Participants attending the site have a fixed menu which has been negotiated with the restaurant. Seniors enjoy the banquet room décor for eating and socialization
- **Partnership:** Partners with Chicago Public Housing Authority. Able to better leverage available funds and serve more seniors through onsite placement of nutrition sites within housing complexes
- **Communication:** Consumer friendly website design
- **Evaluation:**
 - Reviews attendance data. Threshold of thirty participants is used to maintain a viable center. When site attendance is below fifteen, the consideration is given to possible closure
 - Customer satisfaction surveys
 - Utilization metrics

Senior Services Task 1-4

- Task 1: Optimal Delivery Model
- Task 2: Food Service Distribution
- Task 3: Location of Centers
- Task 4: Transportation Services

Sources

- Nikki Proutsos,
Assistant Commissioner
- Phone: (312)743-0178

3. City of Phoenix, Department of Human Services

Phoenix, AZ



City of Phoenix

Program Information	Description of the Program	
<p>Mission Provide valuable service to city residents, many of whom are low income, frail, disabled, and in need of meals. Focus on preventative services and other social services that help seniors maintain their health and independence, support their well-being and quality of life, and keep them living independently in their own homes as long as possible</p>	<ul style="list-style-type: none"> Operates 15 centers, 7 of which are considered “stand alone”, remaining 8 housed in multi-generational community centers operated by Parks and Recreation City operates five commercial kitchens to prepare congregate and homebound meals. Provides home delivered meals four days a week Ethnic meals reflecting the diversity of the community are scheduled on the monthly menu Centers opened Monday through Friday 8 AM – 5 PM Transportation to and from centers is provided by Reserve A Ride operated by the city of Phoenix Public Transit Department. Other modes include Dial A Ride – a shared ride origin to destination service for people who meet ADA eligibility requirements 29% of population over age 60 (2010 U.S. Census) 	
Best Practice Components	Senior Services Task 1-4	Sources
<ul style="list-style-type: none"> Evidenced Based Program: A Matter of Balance evidence based program provided once a year. Bone Builders program for osteoporosis prevention and education Partnership: A Matter of Balance program offered through partnership with A.T. Still University Service: congregate menu includes two main entrees for participants to choose from . Special cultural events and menus planned by staff to promote diversity. Caseworkers and resources are allocated to provide assistance to participants Communication: Monthly newsletters produced and made available electronically. Information is pulled from multiple sources and compiled in an easy to read format with websites listed 	<ul style="list-style-type: none"> Task 1: Optimal Delivery Model Task 2: Food Service Distribution 	<ul style="list-style-type: none"> Deanna Jonovich, Deputy Human Services Director

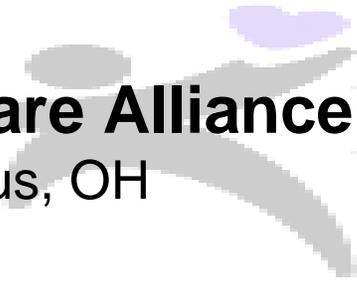
4. Department of Aging & Adult Services

Santa Clara County, Santa Clara CA

Program Information	Description of the Program	
<p>Mission Senior Nutrition Program provides high quality, cost efficient, nutritious meals to seniors and promotes the role of nutrition in preventative health and long term care.</p>	<ul style="list-style-type: none"> • Home delivered meals provided by Santa Clara County Meals on Wheels Program • Nutrition education is provided to seniors participating in the Senior Nutrition Program • All meals are planned to meet a third of the daily recommended dietary allowances for adults • Meal plans are approved and monitored by a staff of Registered Dietitians • Offers hot lunches cooked on site or catered by local restaurants and local food service vendors • \$2.50 suggested donation • 65+ make up 10.9 of Santa Clara's population (2009 U.S. Census) 	
Best Practice Components	Senior Services Task 1-4	Sources
<ul style="list-style-type: none"> • Service: Variety of menus available to serve the diversity of seniors in the area. Showcased as a model program by the Administration on Aging because of the diverse assortment of cuisines offered at its various congregate sites. Showcases as a model congregate meal program 	<ul style="list-style-type: none"> • Task 1: Optimal Delivery Model • Task 2: Food Distribution Service 	<ul style="list-style-type: none"> • www.sccgov.org

5. Life Care Alliance

Columbus, OH



LIFECARE ALLIANCE

Program Information	Description of the Program	
<p>Mission LifeCare Alliance programs assist older adults or chronically ill residents in Franklin and Madison Counties through eight signature programs. These programs include Meals-on-Wheels, Columbus Cancer Clinic, Project OpenHand-Columbus, Visiting Nurse Association, Senior Dining Centers, Senior Wellness Centers, Help-at-Home and Groceries-to-Go. The overarching goal of the agency is to assist clients in remaining independent and in the comfort of their own homes or the community with dignity, where they want to be. For each older adult or chronically ill person LifeCare Alliance helps keeps in their own home, it saves Ohio taxpayers \$55,000 per year.</p>	<ul style="list-style-type: none"> • Offers wide array of delicious and affordable menu items ranging from homemade soups and fresh salads to delicious desserts. • Those over 60 qualify for a nutritious “Carrie’s Combo” for the suggested contribution of \$1.50 • Café offers wireless computer access • Wellness Center on site offers: chair yoga, tai chi, Wii, line dancing, and exercise classes • Seniors Farmer’s Market available to low income seniors for produce from local farmers • Transportation available to those who qualify • Carrie’s Café also rents out rooms for events • 65+ make up 8.9% of Columbus’ population (2009 U.S. Census) 	
Best Practice Components	Senior Services Task 1-4	Sources
<ul style="list-style-type: none"> • Service: Offers a different dining experience (Carrie’s Café)for seniors with modern designs. More than “just a meal” – full-service Wellness Center on site , offers various programming (i.e. Seniors Farmer’s Market) • Communication: Consumer friendly website, particularly for menus , programs, and senior center locations 	<ul style="list-style-type: none"> • Task 2: Food Service Distribution 	<ul style="list-style-type: none"> • Jennifer Fralic, Director of Nutrition Program • (614) 278-3130 • lifecarealliance.org

6. Little Havana Activities and Nutrition Centers of Dade County, Inc.

Dade County, Miami, FL

Program Information

Mission

Little Havana Activities and Nutrition Centers of Dade County, Inc. (LHANC) provides a wide range of social services to socially isolated and economically disadvantaged seniors in the South Florida area.

Our services are all provided free of charge to aid the rapidly increasing elderly population of Miami-Dade County by providing them with essential services in a loving and sensitive manner.

The services provided by the Centers' bilingual staff and volunteers are numerous and diverse. Furthermore, the Little Havana Activities and Nutrition Centers work in collaboration with local municipalities to provide more efficient services to the elderly of South Florida.

Description of the Program

- Little Havana Nutrition and Senior Activity Program is part of the Alliance provider network. Details on the program:
 - 14 sites and transportation is provided to the sites
 - Several sites located in public housing
 - Programming in Spanish/English classes
 - Information and referral, benefits counseling and immigration matters provided/addressed
 - Menus created to appeal to Hispanic population
- Other services: Adult day care counseling reaction, screening & assessment, transportation, health promotion, health risk assessment and screening, home injury control, medicine management, physical fitness, in-home respite
- 65+ make up 14.4% of Miami's population (2009 U.S. Census)

Best Practice Components

- **Services:** Catered to appeal to Hispanic population and environment

Senior Services Task 1-4

- Task 1: Optimal Delivery Model

Sources

- Martha McMullen, Lead Contract Manager
- MCMullen@elderaffairs.org
- www.lhanc.org



7. Madison Senior Center

Madison, WS

Program Information

Mission

Madison Senior Center, a City of Madison agency, involves older adults in their community and the Senior Center, as leaders, teachers and learners; provides a balance, diverse and coordinated program; and promotes the Senior Center as a model for the aging and aged.

The Madison Senior Center Foundation, Inc., a 501(c)(3) entity, is organized exclusively for the benefit of the Madison Senior Center, an agency of the City of Madison, Wisconsin, to improve the recreational, intellectual, social, physical and mental well being of older adults; to carry out such purposes the corporation shall solicit and accept funds and other gifts for; and to provide grants for older adults in the Madison, Wisconsin metropolitan area.

Description of the Program

- The City of Madison provides local funding to operate the senior center and awards \$650,000 in contracts to local non-profits to provide services in the areas of service management, home chore, and volunteerism
- Administers the Retired Senior Volunteer Program
- Funds staffing for: program coordinator, volunteer coordinator, office manager, custodian
- Services at Centers: dance/exercise, lifelong learning, computer classes, support groups, health promotion programs, service maintenance, leadership opportunities
- Ages 65+ make up 13.5% of the city of Madison's population (2009 U.S. Census)

Best Practice Components

- **Transportation:** Seniors have access to Metropolitan Para-transit System and/or utilize private vehicles. Transportation to nutrition centers is provided by the County
- **Partnership:** Partners with University of Wisconsin to provide nutrition education. Partners with the County (Dane County) who administer Older Americans Act (OAA) programs
- **Evaluation:** Established benchmarks utilizing participant feedback. Tracks benefits of seniors' quality of life, physical, mental, and social health from participant surveys

Senior Services Task 1-4

- Task 1: Optimal Delivery Model
- Task 4: Transportation

Sources

- Christine Beatty, Senior Center Director
- Phone: (608)267-8652
- www.cityofmadison.com/seniorcenter

8. Meals on Wheels and More

Austin, TX

Meals on Wheels and More

Program Information

Mission

Meals on Wheels and More seeks to nourish and enrich the lives of the homebound and other people in need through programs that promote dignity and independent living.

Description of the Program

- Twelve senior centers – five county sites and seven city sites
- Each center staffed by a site manager employed by MOWAM. Site managers at county sites plan and lead activities and manage food delivery. Site managers at city sites manage food delivery only
- Congregate meals are prepared at central headquarters and distributed to each senior center by paid driver. Sixteen paid drivers responsible for transporting meals from headquarters to pick-up sites
- 6,000 active volunteers assist with delivering meals
- Transportation is not provided to senior center sites
- Ages 65+ make up 6.7% of the city of Austin's population (2009 U.S. Census)

Best Practice Components

- **Partnership:** Partner with University of Texas School of Social Work to implement evidence-based depression intervention program ; funded by National Institute of Mental Health. Program is able to prioritize those most at risk for malnourishment and intervene with support of hot meals and complementary supportive programs
- **Process:** Home delivery program has: 246 routes per day established using mapping software. All routes are designed to be completed within an hour to preserve safe food temperatures
- **Evaluation:** Interview clients using semi-annual food insecurity/wellness survey and food preference survey. Funding requires quarterly reviews and evaluations based on the ability of the agency to meet our projected goals
- **Volunteers:** Heavy reliance on volunteers. Volunteers deliver 90% of homebound meals

Senior Services Task 1-4

- Task 1: Optimal Delivery
- Task 2: Food Service Distribution

Sources

- Sarah Andrews, Communications Manager
- (512) 476-6325 ext. 131
- sandrews@mealsonwheelsandmore.org

9. Meals on Wheels, Inc. of Tarrant County

Tarrant County, Fort Worth, TX

Program Information

Mission

To promote the dignity and independence of older adults, persons with disabilities, and other homebound persons by delivering nutritious meals and providing or coordinating needed services.

Meals On Wheels, Inc. of Tarrant County has operated independently in Tarrant County since 1973. Provide hot, nourishing meals to homebound elderly and disabled persons in Tarrant County who are unable to prepare meals for themselves and who have no one to do so for them. Also provide professional *case management* to every client. The meals, daily contact by caring volunteers, and professional case management allow frail, homebound persons to remain in their own home... where they want to be.

Description of the Program

- All meals prepared in a central kitchen, owned by the organization. A contract provider prepares the meals and delivers them to distribution sites
- 44 distribution sites, 42 of which have site volunteer monitors.
- 202 volunteer delivery trucks
- 1 Hot Shot Truck (paid driver) delivers only frozen meals to clients approved by a case management assessment
- Special volunteers also deliver blankets, fans, supplemental groceries, medical equipment, pet food, and other items essential to help clients maintain their independence
- Volunteers and financial contributors have always been the backbone of our programs
- 65+ make up 8.7% of Tarrant Co. pop. (2009 U.S. Census Data)

Best Practice Components

- **Service:** Clients visited quarterly by trained case workers who conduct assessment and documents client conditions requiring any other intervention
- **Process:** 202 delivery routes, with each route under 16 stops. This allows MOW to meet the requirement of delivering meals within an hour of less from the pickup site
- **Evaluation:** Nutrition and client satisfaction surveys are administered
- **Volunteer:** Investment in volunteer recruitment, training, and recognition

Senior Services Task 1-4

- Task 2: Food Service Distribution

Sources

- Carla Juston, Executive Director
- (817) 336-0912

10. Meals on Wheels PLUS of Manatee

Bradenton, FL

Program Information

Mission

The mission of Meals on Wheels PLUS of Manatee is to assist individuals to live independently by providing nutrition and caring supportive services. Over the years Meals on Wheels PLUS has responded with the necessary services to support this growth. Meals on Wheels PLUS supports national, state and local organizations including Florida Council on Aging, Florida Association of Service Providers, Second Harvest, Florida Association of Senior Nutrition Programs, Florida Association of Food Banks, Florida Adult Day Care Association, National Association of Nutrition for Aging Service Providers, and Meals on Wheels Association of America.

Description of the Program

- Services : nutrition, transportation, health monitoring, outreach, volunteer program, emergency aid assistance, adult day care
- 3 dieticians help plan meals and ensure nutrition needs are met
- Pureed meals available for individuals with special needs
- The “PLUS” – senior enrichment center, senior wheels (door-to-door transportation) provides membership transportation service that provides seniors a way to get to medical, personal, or recreational appointments
- Ages 65+ make up 25.4% of the city of Bradenton’s population (2009 U.S. Census)
- Although receiving partial operating funds from local and Federal governing bodies, over 60 percent of the Meals on Wheels PLUS funds needed raised through local donations, grants and fund raising projects.

Best Practice Components

- **Transportation:** (Door-to-door) Transportation program for homebound clients. Most transportation programs are for center clients
- **Service:** Pureed meals offered for special need clients
- **Communication:** Consumer friendly website, provides menus and newsletters

Senior Services Task 1-4

- Task 2: Food Service Distribution
- Task 4: Transportation

Sources

- Ellen Campbell, President/CEO
- (941) 749-0100
- Mealsonwheelsplus.org

11. Senior Citizens Services of Greater Tarrant County

Tarrant County, Fort Worth, TX



Program Information	Description of the Program	
<p>Mission Empower older adults to live with purpose, independence, and dignity by providing social, health, and nutritional support, and promoting volunteer opportunities</p> <p>Senior Citizen Services of Greater Tarrant County, Inc., is a non-profit organization that provides a wide range of programs and services that enable senior adults to live independently with dignity. Founded in 1967 with one senior center on Hemphill Street, the agency has grown to thirty (30) centers located throughout the county. One of the major programs of SCS is the Congregate Meal Program which has provided 235,500 delicious, nutritious hot meals to 6,000 seniors at the area senior centers throughout the year.</p>	<ul style="list-style-type: none"> • Currently works with 29 senior centers. 15 of the centers are managed by Senior Citizens Services of Greater Tarrant County; the remaining 14 are in partnership with other organizations. • Contracts with Valley Services for meal preparation and delivery • Grant provides limited transportation to some centers • Excellent partnership with Meals on Wheels of Tarrant County to refer clients for home delivered meal program when clients are no longer able to attend congregate program and vice versa • Improved success in ordering meals by the site directors by reserving meals by calling in daily to the central office (for the next day). Office works closely with center directors in monitoring of “no show” patterns of center participants. After a pattern of five days of “no shows”, participant is placed on a “standby list” 	
Best Practice Components	Senior Services Task 1-4	Sources
<ul style="list-style-type: none"> • Evidence Based Program: Centers which serve as focal points have the evidenced based program, A Matter of Balance: Evidence-Base Falls Management Program for Older Adults which has been in place for three years. Program is still too new to evaluate outcomes. • Partnership: Working relationship with Meals on Wheels. Established communication to help bring seniors to and from congregate meal program • Health Promotion Programs: (subjective) <ul style="list-style-type: none"> ○ Texas Healthy Lifestyles Grant provides information on risk associated with disease and benefits of a healthy lifestyle ○ In partnership with pharmacy consultant /contractor, Medication Management Program has proven valuable for seniors to bring in medications and receive consultation 	<ul style="list-style-type: none"> • Task 1: Optimal Delivery Model • Task 2: Food Distribution Service 	<ul style="list-style-type: none"> • Don Louis, Center Operations Manager • (817) 413-4949 • www.scstc.org

12. Seniors' Resource Center - Transportation

Denver, CO

Program Information

Mission

Seniors' Resource Center is a non-profit, multi-service senior organization serving the metropolitan Denver area. It was created in 1978 when the Jefferson County Commissioners and the Jefferson County Council on Aging saw a need to integrate programs and services for older persons in their county. By creating the Seniors' Resource Center, the founders brought together existing senior services in the community and formed a continuum of service delivery. Older adults and their caregivers could access all services for seniors by calling one number. Seniors' Resource Center became a One-Stop Center.

Description of the Program

- Goal of transportation program is to provide accessible, affordable mobility options to the community
- Transportation program has three components: brokerage, direct service, and program development
- Works with senior center managers to arrange transportation to respective sites. Seniors reserve rides at meal time
- Transportation brokerage is with smaller transportation providers and human service organization which provide transportation
- Negotiate rates, based on days, times, areas and availability
- Contracts for ambulatory rides, wheel chair lift accommodations
- Primary service to clients not be eligibility for other programs.
- Grievance procedure for client complaints
- 65+ make up 11.3% of Denver's population (2009 U.S. Census)

Best Practice Components

- **Coordination & Leveraging Funds:** Blending of funding sources to better leverage dollars - Center saw the need for community service agencies and other transportation providers to pool their resources so that they could expand service and more cost-effective use of those resources
- **Training:** Trained according to industry standard with additional training in passenger assistance. Perform criminal and motor vehicle background checks. Two weeks of training required
- **Evaluation:** Annual satisfaction surveys conducted (95%-98% excellent service)

Senior Services Task 1-4

- Task 4: Transportation Services

Sources

- Hank Braaksma, Transportation Services Manager
- (303) 235-6980

Other Best Practices and Technical Resources

Model Nutrition Programs and Standards

- **California National Resource Center on Nutrition, Physical Activity & Aging's Older Americans Act Nutrition Programs Toolkit¹** – assists with revising and updating nutrition-related regulations, policies, procedures, and guidelines
- **California Department on Aging Best Practices Title IIIC²** – Elderly Nutrition Program
 - Millennium Meals (2006) – PSA 25 – The City of Los Angeles Department of Aging's Millennium Meals pilot project is an outstanding model that is an effective tool to improve meal quality and increase program participation. This project is a restaurant or banquet style model in which local chefs develop restaurant quality menus and recipes.
 - Restaurant Meal Program (2007) – PSA 12 – The restaurant program is designed to provide services to seniors in areas where it would not be cost effective to operate a traditional site.
 - Recruitment of the Younger Senior (2008) – PSA 23 – The “Food for Thought” program is a collaborative effort with the San Diego County Library, the City of Vista, and the County of San Diego Aging and Independence Services to provide physical activity through a gentle yoga class, socialization through a catered congregate meal lunch, and encourages use of resources within the library
 - Recruitment of the Minority Senior (2008) – PSA 23 – The senior center provides a welcoming atmosphere to Hispanic Seniors by inviting the community to come, sit, and enjoy lunch within the club

¹http://nutritionandaging.fiu.edu/OANP_Toolkit/toolkit%20update%202.7.06.pdf

²<http://www.aging.ca.gov/aaa/docs/bestPracticesENP.pdf>

Other Best Practices and Technical Resources

Model Senior Centers

- **Senior Center Evaluation Toolkit Feedback Form¹** by the Florida Department of Elder Affairs – helps senior centers measure service delivery effectiveness
- **National Council on Aging² Senior Center Standards & Accreditation** – advances the quality of senior centers nationwide, National Institute of Senior Centers (NISC) has developed nine standards of excellence for senior center operations
- **Meals on Wheels Association of America³ Accreditation** – uses criteria designed to measure program performance according to a set of universal performance standards
- **National Minority Aging Technical Assistance Centers⁴** has two grantees:
 - National Caucus and Center on the Black Aged⁴
 - Associations Pro Personas Mayores⁵

¹<http://elderaffairs.state.fl.us/english/seniorcenter/toolkit.pdf>

²<http://www.ncoa.org/strengthening-community-organizations/senior-centers/nisc/NISC-accreditation.html>

³<http://www.mowaa.org/page.aspx?pid=427>

⁴<http://www.ncba-aged.org>

⁵<http://www.anppm.org>

Other Best Practices and Technical Resources

Model Transportation Programs

- **FriendshipWorks, Inc.**¹ – a network of trained volunteers “to decrease the social isolation, enhance the quality of life, and preserve the dignity of elders and adults with disabilities in Boston and Brookline.” Recognized in 2011 STAR Awards for Excellence by the Beverly Foundation to promote and provide transportation services to older adults
- **National Center on Senior Transportation**² – mission is to increase transportation options for older adults and enhance their ability to live more independently within their communities throughout the United States
- **Beverly Foundation**³ – fosters new ideas and options to enhance mobility and transportation for today’s and tomorrow’s older adults
 - Volunteer Driver Turnkey Kit – “how to” technical assistance tool
 - Giving Up the Keys – technical assistance for independent senior drivers
- **Salvation Army Senior Programs** – conducted survey on senior program participants at three sites
 - Gained additional knowledge on senior transportation, participation and interests

¹http://seniortransportation.easterseals.com/site/PageServer?pagename=NCST2_success_story_friendshipworks

²http://seniortransportation.easterseals.com/site/PageServer?pagename=NCST2_homepage

³<http://www.beverlyfoundation.org>

Other Best Practices and Technical Resources

Model Social Service Programs

- **National Resource Center for Participant-Directed Services (NRCPDS)** ¹ – The Cash & Counseling grant program has introduced *participant-directed programs* into the Medicaid programs of 15 states. The National Resource Center for Participant-Directed Services (NRCPDS) served as the national program office for this successful effort from 1998 to 2009
 - Also known as consumer-directed or self-directed services
 - Cash & Counseling gives people with disabilities, including older adults, the option to manage a flexible budget and decide what mix of goods and services best meet their personal care needs
 - Participants may use their budget to hire personal care workers, purchase items and make home modifications that help them live independently
 - Those participants who don't feel confident making decisions on their own may appoint a representative to make decisions with or for them

¹ http://www.bc.edu/schools/gssw/nrcpds/cash_and_counseling.html

Other Best Practices and Technical Resources

City of San Antonio Stakeholder Input

- **Metropolitan Planning Office (MPO)** – Conducts cooperative, continuous and comprehensive transportation planning processes. Developed senior transportation plan includes:
 - Taxi voucher system allows independent transportation for seniors
 - Improved sidewalks allows seniors to be more mobile and walk to centers, stores, etc.
- **Senior Task Force** – appointed by elected officials to be involved in improving the senior services program
 - Senior Services main goal should be to focus on food, senior socialization, and communicating program information to seniors
 - City should coordinate with churches and other groups to provide more people food
 - Senior services program should set up senior volunteer program that allow seniors to assist center services

Other Best Practices and Technical Resources

Stakeholder Input

- **AARP Texas Executive Council**

- Need to make it more convenient and safer for residents to access senior centers. The City has a unique opportunity to make it easier to reach senior centers by foot or bicycle through MPO's "Complete Streets" (movement for safe and convenient access for all road users)
- "Safe Routes to Senior Centers" idea will improve senior services in San Antonio

- **City/County Joint Commission on Elderly Affairs, Senior Survey 2010, Final Report February 22, 2011** – community and education subcommittee took on the challenge of putting together a senior survey to get more information on senior priorities and concerns

Other Best Practices and Technical Resources

Valuable Resources for Seniors in San Antonio

- **Bexar Area Agency on Aging, Alamo Area Council of Governments**¹ – dedicated to building a community that supports older residents and allows them to age in place with dignity, security, and enhanced quality of life
- **Christian Senior Services**² – nonprofit organization serving senior residents of Bexar County over 30 years. Programs include: Meals on Wheels of San Antonio, Grace Place and Senior Companion Program
- **Alamo Service Connection**³ – has an extensive database with information about Medicare, Social Security, legal aid, housing assistance, home repairs, residential support services, assistance with household expenses and access to transportation services
- **Seniors Guide**⁴ – resource on new businesses that have evolved to meet the need of seniors in areas such as, transportation, assisted living communities, healthcare practices, retirement, etc.
- **Senior Resource Guide**⁵ – comprehensive guide to senior resources in the area
- **San Antonio OASIS Catalog** – national educational org dedicated to enriching lives of adults age 50 and older through lifelong learning and service and offers programs in the arts, humanities, health, technology and volunteer service

- **YWCA, Senior Connection**⁶ – offers health education, fitness programs and computer training

¹ www.bexaraging.org

² www.christianseniorservices.org

³ www.askasc.org

⁴ <http://www.seniorsguide.net/wp-content/uploads/2010/09/SASG2011.pdf>

⁵ <http://www.seniorsresourceguide.com/directories/SanAntonio/index.html>

⁶ <http://www.ywca.org/site/pp.asp?c=hkLUK4MJIpG&b=2125085>

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Summary

- The Best Practices of other organizations and programs may be applied to Senior Services in the City of San Antonio
- Common themes in the best practices were in areas of:
 - Partnerships with local health / social entities and university programs to better leverage services and funds
 - Meals catering to the diverse needs and culture of seniors
 - Training workers and volunteers according to industry standards
 - Regular evaluation of senior service program

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Next Steps

- Develop benchmarking matrix using researched best practices and standards
- Analyze City of San Antonio's senior services baseline data against best practices
- Develop a strategic plan to apply and execute best practices to San Antonio's senior services

Backup Slides

- Credentials of the KGBTexas Team, Subject Matter Experts

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

Credentials

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, the National Institutes of Health and the Centers for Disease Control, leveraging his expertise in health care transition 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

Credentials

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

Benchmark Analysis for the City of San Antonio, Department of Human Services Senior Services Strategic Plan



Booz | Allen | Hamilton

delivering results that endure

September 9, 2011
Revised

*This document is confidential and is intended solely for the use and
information of the entity to whom it is addressed.*

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Purpose

The Benchmark Analysis is used to build framework for pursuing a best practice model for the City of San Antonio's senior services.

- Used to build framework for pursuing a best practice model for the City.
- Conduct a comparative analysis of the City to other senior nutrition programs in the United States.
- Help further define the vision, scope and high standards from which the City wishes to operate.
- Define best practices and standards for benchmarking analysis.

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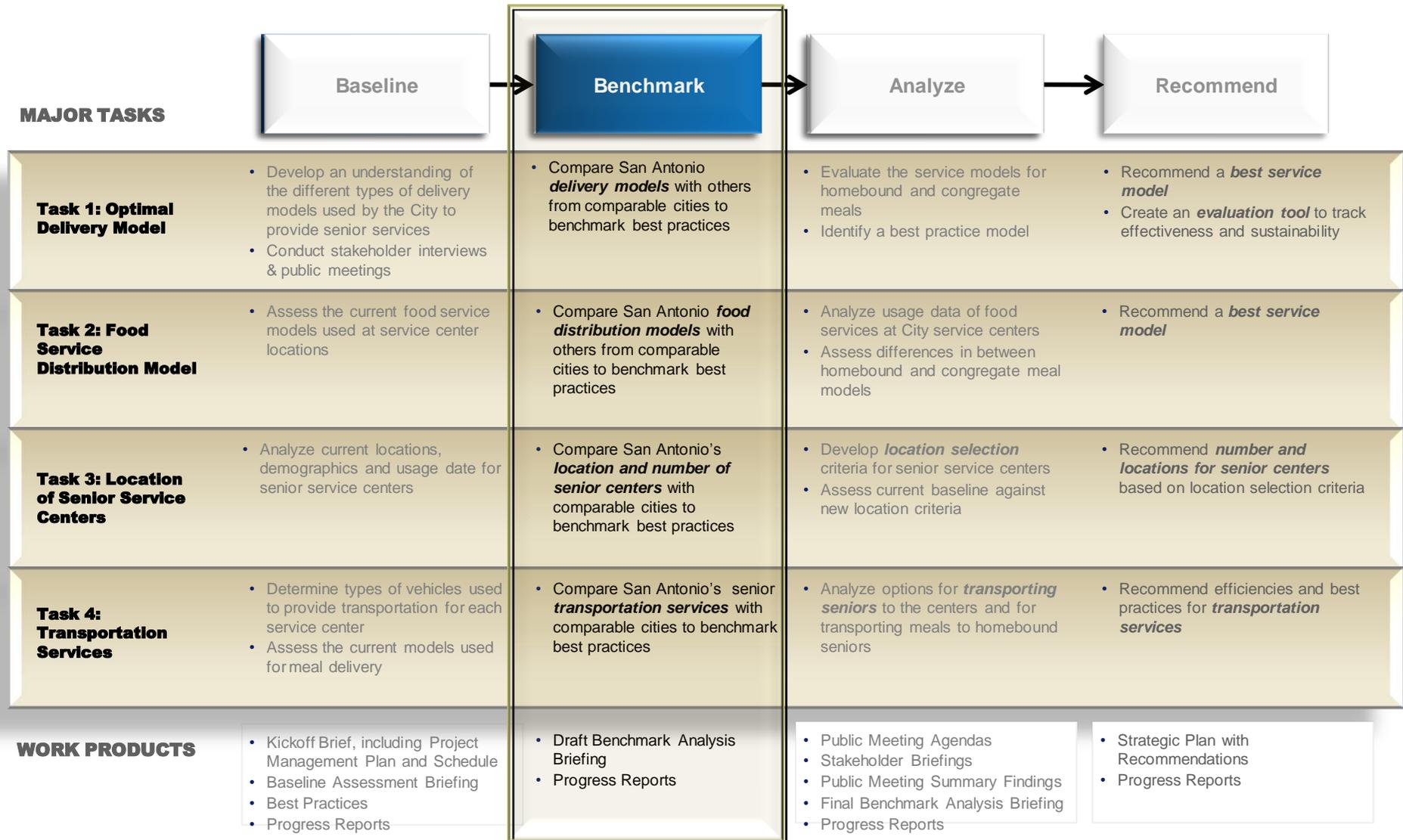
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Strategic Planning and Analysis Approach

Phase 2 of the Strategic Planning Approach is the Benchmark Analysis which is the process of comparing current delivery models with best practice standards.



Benchmark Analysis

The Benchmark Analysis reviews and compares the City's current state with Best Practice standards by using the following steps.

- Validate full spectrum of data and research of baseline data, stakeholder input and best practices.
- Research and identify comparable senior services for each Task requirement and as a whole.
- Understand the City's current state / expectations for senior services (quality, quantity and available resources and funding).
- Compare the City's current nutritional program with other comparable local organizations and programs serving similar demographics.
- Comparison variables may include, but not limited to:
 - ▶ 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 or congregate nutrition and other services and transportation)
 - ▶ Number / variety of service models (nutrition, transportation, health and well-being, etc.)
 - ▶ Evaluation methods used to prove best practice
- Based on the analysis of best practices, establish a standard or point of reference for which senior services should be provided in San Antonio.
- Compare the City's current delivery models for each Task Area with the identified standards.

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Best Practice Continuum

The Best Practice Continuum uses a tool to demonstrate the comparison and gaps between the identified best practice standards and the City's current delivery models for each of the Task Areas.

- The best practice continuum includes:
 - Key functional requirements identified in best practices
 - Column 1-2: Identifies absent and or limited best practice standards exhibited
 - Column 3: Identifies at least half of the identified best practice standards exhibited
 - Columns 4-5: Identifies best practice standards exhibited
- As identified through baseline research and stakeholder input, the chart is shaded along each row to indicate where the current City's senior services models exists along the continuum. Half shaded cells imply that only partial criteria is met.

Function	Does Not Exhibit				Best Practice
	1	2	3	4	5
1 Planning and Performance Management	<ul style="list-style-type: none"> No strategic or annual plan No performance measures No program-specific plans No Center Business Plans No reference to Federal, State and Local statutes or ordinances 	<ul style="list-style-type: none"> Department plan in place but not implemented Some measures in place No program-specific plans No Senior Center Business Plans Limited Partnerships 	<ul style="list-style-type: none"> Strategic Plan in place, aligned to business and action plans Quarterly plan reviews Performance targets for most program functions Informal Partnership 	<ul style="list-style-type: none"> Strategic, operational plans linked to budget process Comprehensive measures and targets Links to staff assessments Formalize partnerships 	<ul style="list-style-type: none"> Strategic plan and quarterly performance results widely disseminated Automated performance management system Extended public/private partnerships
2 Budget and Contractual Oversight and Management	<ul style="list-style-type: none"> Budget provided to Senior Centers/Contractors with no input requested No or minimal financial management oversight 	<ul style="list-style-type: none"> Budget inputs developed in headquarters with minimal involvement of senior centers/contractors Revenues and expenses tracked monthly by HQ with limited senior center input 	<ul style="list-style-type: none"> Inclusive budget formulation process provides senior center input Standardized budgeting process 	<ul style="list-style-type: none"> Budget tied to strategic plan and Senior Center Business Plans Spending authorities delegated to senior centers Internal audit /monitoring function provides oversight 	<ul style="list-style-type: none"> Integrated budget management system used throughout the Department Leverage of funds and resources with partners

EXAMPLE

Best Practice Continuum Summary : Task 1—Optimal Delivery Model

The Best Practice Continuum for Task 1 identifies the minimum to highest senior service delivery standards derived from the best practices research. These standards were laid out and compared to the City's existing and multiple delivery mechanisms for senior services.

- The Benchmark review was conducted for the each of the nine delivery mechanisms:
 - ▶ Central Office Administration
 - ▶ Park Senior Activity Centers
 - ▶ County-Owned/City-Operated Centers
 - ▶ Lease-Only Sites
 - ▶ Lease Site-City Operated
 - ▶ Community Center Senior Sites
 - ▶ Senior One-Stops
 - ▶ Vendor Senior Centers
 - ▶ Volunteer Sites
- Different models reviewed collectively, not on an individual site basis.
- The eight larger centers will be reviewed further during the Analyze Phase of study.
 - ▶ Bob Ross Senior Service Center, District 8 — Senior One-Stop
 - ▶ Northeast Comprehensive (Center Gate) Senior Center — Senior One-Stop
 - ▶ District 5 Senior Center — Senior One-Stop
 - ▶ Willie Cortez Senior Center — Senior One-Stop
 - ▶ District 6 (Alicia Trevino) — Senior Center, Senior One-Stop
 - ▶ District 2 Senior Center — Senior One-Stop (In Development)
 - ▶ Claude Black Center — Community Center
 - ▶ Westend (Frank Garrett) Senior Center — Community Center
 - ▶ Elvira Cisneros Senior Center, District 3 — Volunteer (One-Stop Center)

Best Practice Standards: Task 1—Optimal Delivery Model

Central Office Administration Summary

Function	Best Practice	Scale 1-5
Planning and Performance Management	<ul style="list-style-type: none"> ▶ Strategic 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. OAA ▶ 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 Strategic 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 & branding Proactive media outreach ▶ Customer Feedback ▶ Senior-Friendly Comm 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

Best Practice Standards: Task 1—Optimal Delivery Model

Senior Centers

Function	Best Practice
Governance/ Program Planning/ Evaluation/ Accreditation	<ul style="list-style-type: none"> ▶ Business Plan aligned to Senior Services Strategic Plan; Budget; Action Plans ▶ Best Practice/Promising Programs ▶ Meets all compliance requirements for Federal, State & 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
Administration / Contractual Obligations	<ul style="list-style-type: none"> ▶ Internal Operating procedures aligned to Program Policies and Procedures ▶ Integrated Center budget management system aligned to Strategic/Business plans with delegated authority ▶ Records and Reports Management ▶ Internal monitoring function ▶ Grievance procedure for client complaints ▶ Leveraging Funds & Resources ▶ Investment in formal volunteer system
Individual/ Personal Needs	<p>Provides direct services; case management; and information and referral and follow-up for:</p> <ul style="list-style-type: none"> ▶ 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	<p>Provides direct services; case management; and information and referral <u>and</u> follow-up for:</p> <ul style="list-style-type: none"> ▶ 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; & 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 Standards: Task 1—Optimal Delivery Model

Senior Center Types Summary

Function	Senior Center Types					
	Park Senior Activity	County-Owned/ City Operated	Lease-Only Centers & Lease-Site/ City-Operated	Multi-Service Centers & 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

Best Practice Standards: Task 1—Optimal Delivery Model

Park Senior Activity Centers Summary

Function	Best Practice	Scale 1-5
Governance/ Program Planning/ Evaluation/ Accreditation	<ul style="list-style-type: none"> ▶ Business Plan aligned to Senior Services Strategic Plan; Budget; Action Plans ▶ Best Practice/Promising Programs ▶ Meets all compliance requirements for Federal, State & 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 	2
Administration / Contractual Obligations	<ul style="list-style-type: none"> ▶ Internal Operating procedures aligned to Program Policies and Procedures ▶ Integrated Center budget management system aligned to Strategic/Business plans with delegated authority ▶ Records and Reports Management ▶ Internal monitoring function ▶ Grievance procedure for client complaints ▶ Leveraging Funds & Resources ▶ Investment in formal volunteer system 	2
Individual/ Personal Needs	<p>Provides direct services; case management; and information and referral and follow-up for:</p> <ul style="list-style-type: none"> ▶ Participant-Directed Programs; Home Delivered Nutrition; Congregate Nutrition; Alternative Nutrition setting; Physical/Mental health; Social; Spiritual; Financial; Legal ▶ Appeals to ethnicities & environment 	2.5
Interpersonal/ Social Needs	<p>Provides direct services; case management; and information and referral <u>and</u> follow-up for:</p> <ul style="list-style-type: none"> ▶ 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; & Intergenerational programs ▶ Alternative, non-traditional, variety services ▶ Caters/appeals to ethnic population, environment, special needs ▶ Senior-friendly communication resources: newsletters; websites; in-person; etc. 	2.5

Best Practice Standards: Task 1—Optimal Delivery Model

County-Owned/City Operated Centers Summary

Function	Best Practice	Scale 1-5
Governance/ Program Planning/ Evaluation/ Accreditation	<ul style="list-style-type: none"> ▶ Business Plan aligned to Senior Services Strategic Plan; Budget; Action Plans ▶ Best Practice/Promising Programs ▶ Meets all compliance requirements for Federal, State & 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 	2
Administration / Contractual Obligations	<ul style="list-style-type: none"> ▶ Internal Operating procedures aligned to Program Policies and Procedures ▶ Integrated Center budget management system aligned to Strategic/Business plans with delegated authority ▶ Records and Reports Management ▶ Internal monitoring function ▶ Grievance procedure for client complaints ▶ Leveraging Funds & Resources ▶ Investment in formal volunteer system 	2
Individual/ Personal Needs	<p>Provides direct services; case management; and information and referral and follow-up for:</p> <ul style="list-style-type: none"> ▶ Participant-Directed Programs; Home Delivered Nutrition; Congregate Nutrition; Alternative Nutrition setting; Physical/Mental health; Social; Spiritual; Financial; Legal ▶ Appeals to ethnicities & environment 	2
Interpersonal/ Social Needs	<p>Provides direct services; case management; and information and referral <u>and</u> follow-up for:</p> <ul style="list-style-type: none"> ▶ 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; & Intergenerational programs ▶ Alternative, non-traditional, variety services ▶ Caters/appeals to ethnic population, environment, special needs ▶ Senior-friendly communication resources: newsletters; websites; in-person; etc. 	2

Best Practice Standards: Task 1—Optimal Delivery Model

Lease-Only Centers & Lease-Site/City-Operated Centers Summary

Function	Best Practice	Scale 1-5
Governance/ Program Planning/ Evaluation/ Accreditation	<ul style="list-style-type: none"> ▶ Business Plan aligned to Senior Services Strategic Plan; Budget; Action Plans ▶ Best Practice/Promising Programs ▶ Meets all compliance requirements for Federal, State & 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 	2
Administration / Contractual Obligations	<ul style="list-style-type: none"> ▶ Internal Operating procedures aligned to Program Policies and Procedures ▶ Integrated Center budget management system aligned to Strategic/Business plans with delegated authority ▶ Records and Reports Management ▶ Internal monitoring function ▶ Grievance procedure for client complaints ▶ Leveraging Funds & Resources ▶ Investment in formal volunteer system 	2
Individual/ Personal Needs	<p>Provides direct services; case management; and information and referral and follow-up for:</p> <ul style="list-style-type: none"> ▶ Participant-Directed Programs; Home Delivered Nutrition; Congregate Nutrition; Alternative Nutrition setting; Physical/Mental health; Social; Spiritual; Financial; Legal ▶ Appeals to ethnicities & environment 	1.5
Interpersonal/ Social Needs	<p>Provides direct services; case management; and information and referral <u>and</u> follow-up for:</p> <ul style="list-style-type: none"> ▶ 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; & Intergenerational programs ▶ Alternative, non-traditional, variety services ▶ Caters/appeals to ethnic population, environment, special needs ▶ Senior-friendly communication resources: newsletters; websites; in-person; etc. 	1

Best Practice Standards: Task 1—Optimal Delivery Model

Multi-Service Centers & One-Stop Centers Summary

Function	Best Practice	Scale 1-5
Governance/ Program Planning/ Evaluation/ Accreditation	<ul style="list-style-type: none"> ▶ Business Plan aligned to Senior Services Strategic Plan; Budget; Action Plans ▶ Best Practice/Promising Programs ▶ Meets all compliance requirements for Federal, State & 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 	3
Administration / Contractual Obligations	<ul style="list-style-type: none"> ▶ Internal Operating procedures aligned to Program Policies and Procedures ▶ Integrated Center budget management system aligned to Strategic/Business plans with delegated authority ▶ Records and Reports Management ▶ Internal monitoring function ▶ Grievance procedure for client complaints ▶ Leveraging Funds & Resources ▶ Investment in formal volunteer system 	3
Individual/ Personal Needs	<p>Provides direct services; case management; and information and referral and follow-up for:</p> <ul style="list-style-type: none"> ▶ Participant-Directed Programs; Home Delivered Nutrition; Congregate Nutrition; Alternative Nutrition setting; Physical/Mental health; Social; Spiritual; Financial; Legal ▶ Appeals to ethnicities & environment 	4
Interpersonal/ Social Needs	<p>Provides direct services; case management; and information and referral <u>and</u> follow-up for:</p> <ul style="list-style-type: none"> ▶ 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; & Intergenerational programs ▶ Alternative, non-traditional, variety services ▶ Caters/appeals to ethnic population, environment, special needs ▶ Senior-friendly communication resources: newsletters; websites; in-person; etc. 	3.5

Best Practice Standards: Task 1—Optimal Delivery Model

Vendor Site Centers Summary

Function	Best Practice	Scale 1-5
Governance/ Program Planning/ Evaluation/ Accreditation	<ul style="list-style-type: none"> ▶ Business Plan aligned to Senior Services Strategic Plan; Budget; Action Plans ▶ Best Practice/Promising Programs ▶ Meets all compliance requirements for Federal, State & 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 	2
Administration / Contractual Obligations	<ul style="list-style-type: none"> ▶ Internal Operating procedures aligned to Program Policies and Procedures ▶ Integrated Center budget management system aligned to Strategic/Business plans with delegated authority ▶ Records and Reports Management ▶ Internal monitoring function ▶ Grievance procedure for client complaints ▶ Leveraging Funds & Resources ▶ Investment in formal volunteer system 	2
Individual/ Personal Needs	<p>Provides direct services; case management; and information and referral and follow-up for:</p> <ul style="list-style-type: none"> ▶ Participant-Directed Programs; Home Delivered Nutrition; Congregate Nutrition; Alternative Nutrition setting; Physical/Mental health; Social; Spiritual; Financial; Legal ▶ Appeals to ethnicities & environment 	2
Interpersonal/ Social Needs	<p>Provides direct services; case management; and information and referral <u>and</u> follow-up for:</p> <ul style="list-style-type: none"> ▶ 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; & Intergenerational programs ▶ Alternative, non-traditional, variety services ▶ Caters/appeals to ethnic population, environment, special needs ▶ Senior-friendly communication resources: newsletters; websites; in-person; etc. 	1.5

Best Practice Standards: Task 1—Optimal Delivery Model

Volunteer Site Centers Summary

Function	Best Practice	Scale 1-5
Governance/ Program Planning/ Evaluation/ Accreditation	<ul style="list-style-type: none"> ▶ Business Plan aligned to Senior Services Strategic Plan; Budget; Action Plans ▶ Best Practice/Promising Programs ▶ Meets all compliance requirements for Federal, State & 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 	1.5
Administration / Contractual Obligations	<ul style="list-style-type: none"> ▶ Internal Operating procedures aligned to Program Policies and Procedures ▶ Integrated Center budget management system aligned to Strategic/Business plans with delegated authority ▶ Records and Reports Management ▶ Internal monitoring function ▶ Grievance procedure for client complaints ▶ Leveraging Funds & Resources ▶ Investment in formal volunteer system 	1
Individual/ Personal Needs	<p>Provides direct services; case management; and information and referral and follow-up for:</p> <ul style="list-style-type: none"> ▶ Participant-Directed Programs; Home Delivered Nutrition; Congregate Nutrition; Alternative Nutrition setting; Physical/Mental health; Social; Spiritual; Financial; Legal ▶ Appeals to ethnicities & environment 	1
Interpersonal/ Social Needs	<p>Provides direct services; case management; and information and referral <u>and</u> follow-up for:</p> <ul style="list-style-type: none"> ▶ 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; & Intergenerational programs ▶ Alternative, non-traditional, variety services ▶ Caters/appeals to ethnic population, environment, special needs ▶ Senior-friendly communication resources: newsletters; websites; in-person; etc. 	1

Best Practice Continuum: Task 2—Food Distribution Model

The Best Practice Continuum for Task 2 identifies the minimum to 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
 - ▶ Congregate Nutrition Program
- Review consisted of assessment of the two meal programs collectively, not on a individual site basis.

Best Practice Standards: Task 2—Food Distribution Model

Home-Bound Meals Summary

Function	Best Practice	Scale 1-5
Program Planning— Action Planning	<ul style="list-style-type: none"> ▶ Operational plan and aligned to Strat. 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 sites ▶ Meal/Service providers selected by RFP ▶ Program sustained by many fund sources ▶ National average; suggested donation is \$1-2, according to AOA (2009) 	1.5
People and Partnerships	<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 	2.5
Process, Technology, and Evaluation	<ul style="list-style-type: none"> ▶ Internal operating procedures aligned to Strategic 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; in-person; ▶ Use electronic systems: computers, phones, email, online, swipe cards & Instituted electronic records management ▶ Best Practice/Promising Programs ▶ Formal system for internal/external evaluation/customer satisfaction ▶ Report out progress to public 	1.5

Best Practice Standards: Task 2—Food Distribution Model

Congregate Meals Summary

Function	Best Practice	Scale 1-5
Program Planning— Action Planning	<ul style="list-style-type: none"> ▶ Center Business Plan in place & aligned to Strategic Plan with congregate-focused specific meal program plan ▶ Best Practice/Promising congregate nutrition programs ▶ Meets all compliance requirements for Federal/State/Local statutes and ordinances, e.g., OAA, Elder Protection ▶ Performance management systems and 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; suggested donation is \$1-2, according to AOA (2009) 	1.5
People and Partnerships	<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 	2.5
Process, Technology, and Evaluation	<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 Centers/anchor sites for oversight ▶ Next-day ordering/reservation service & 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 & Instituted electronic records mgmt ▶ Formal system for internal/external evaluation/customer satisfaction & Report out progress to public 	1.5

Best Practice Continuum: Task 3—Location of Senior Services

The Best Practice Continuum for Task 3 identifies the minimum to 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 in Phase 3 will be conducted using the larger senior centers as anchor sites to the smaller sites, as well as looking for radius' of two, five and 10 miles.
- Functional Standards: Program Planning-Action Planning

Best Practice Standards: Task 3—Location of Senior Services Summary

Function	Best Practice	Scale 1-5
<p>Program Planning— Action Planning</p>	<ul style="list-style-type: none"> ▶ Nutrition services available through a variety of senior center locations equally located throughout a geographic region ▶ For City’s with multitude and variance of senior centers, best model includes a combination of larger sites and smaller/limited use senior center sites and all are support by well-qualified cross-functional and expert staff ▶ Smaller sites provide location specific services, such as nutrition only or nutrition with quarterly wellness check ups, etc. ▶ Smaller sites are within 1-5 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>3.5</p>

Best Practice Continuum: Task 4—Transportation of Seniors for Medical, Meal, and Other Purposes

The Best Practice Continuum for Task 4 identifies the minimum to 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: Program Planning-Action Planning; People and Partnerships, and Process, Technology, and Evaluation

Best Practice Standards: Task 4—Transportation of Seniors for Medical, Meal, and Other Purposes Summary

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 & 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 Prg/Indv. 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 & same-day service/meal time ▶ External/Internal industry standards & 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

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- ▶ Best Practice Continuum Model in Detail

Next Steps

- Conduct complete analysis of Benchmarking results and other baseline reviews.
- Conduct final baseline, geographic and best practice analysis of larger senior center sites.
- Develop final recommendations in collaboration with Dept. of Human Resources director and team.
- Develop a strategic plan to apply and execute best practices to San Antonio's senior services.

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Best Practice Continuum: Task 1—Optimal Delivery Model

The Best Practice Continuum for Task 1 identifies the minimum to highest senior service delivery standards derived from the best practices research. These standards were laid out and compared to the City's existing and multiple delivery mechanisms for senior services.

- The Benchmark review was conducted for the each of the nine delivery mechanisms:
 - ▶ Central Office Administration
 - ▶ Park Senior Activity Centers
 - ▶ County-Owned/City-Operated Centers
 - ▶ Lease-Only Sites
 - ▶ Lease Site-City Operated
 - ▶ Community Center Senior Sites
 - ▶ Senior One-Stops
 - ▶ Vendor Senior Centers
 - ▶ Volunteer Sites
- Different models reviewed collectively, not on an individual site basis.
- The eight larger centers will be reviewed further during the Analyze Phase of study.
 - ▶ Bob Ross Senior Service Center, District 8 — Senior One-Stop
 - ▶ Northeast Comprehensive (Center Gate) Senior Center — Senior One-Stop
 - ▶ District 5 Senior Center — Senior One-Stop
 - ▶ Willie Cortez Senior Center — Senior One-Stop
 - ▶ District 6 (Alicia Trevino) — Senior Center, Senior One-Stop
 - ▶ District 2 Senior Center — Senior One-Stop (In Development)
 - ▶ Claude Black Center — Community Center
 - ▶ Westend (Frank Garrett) Senior Center — Community Center
 - ▶ Elvira Cisneros Senior Center, District 3 — Volunteer (One-Stop Center)

Best Practice Continuum: Task 1—Optimal Delivery Model

Central Office Administration

Function	Does Not Exhibit →				Best Practice
	1	2	3	4	
1 Planning and Performance Management	<ul style="list-style-type: none"> Strategic or annual plan Performance measures Program-specific plans Center Business Plans Minimal compliance requirements for Federal, State and Local statutes and/or ordinances; but no monitoring 	<ul style="list-style-type: none"> Senior service department plan in place but not fully implemented Some measures in place No program-specific plans No Senior Center Business Plans Limited Partnerships Addresses some compliance requirements for Federal, State and Local statutes and/or ordinances, e.g. OAA, Elder Protection; but limited monitoring system 	<ul style="list-style-type: none"> Strategic Plan in place, aligned to business and action plans Quarterly plan reviews Performance targets for most program functions Informal Partnership Address most compliance requirements for Federal, State and Local statutes and/or ordinances, e.g. OAA, Elder Protection; but sufficient monitoring system 	<ul style="list-style-type: none"> Strategic, operational plans linked to budget process Comprehensive measures and targets Links to staff assessments Formalize partnerships Address all compliance requirements for Federal, State and Local statutes and/or ordinances, e.g. OAA, Elder Protection; with monitoring system 	<ul style="list-style-type: none"> Strategic 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. OAA Compliance monitoring system Grievance procedure
2 Budget and Contractual Oversight and Management	<ul style="list-style-type: none"> Budget provided to Senior Centers/Contractors with no input requested Financial management oversight 	<ul style="list-style-type: none"> Budget inputs developed in headquarters with minimal involvement of senior centers/contractors Revenues/expenses tracked monthly by HQ with limited senior center input 	<ul style="list-style-type: none"> Inclusive budget formulation process provides senior center input Standardized budgeting process 	<ul style="list-style-type: none"> Budget tied to strategic plan and Senior Center Business Plans Spending authorities delegated to senior centers Internal audit /monitoring function provides oversight 	<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"> Ad hoc recruitment practices Position descriptions (PDs) for staff Formalized career paths 	<ul style="list-style-type: none"> Focus mostly on recruitment Discretionary hiring practices Position descriptions created for key leadership positions Minimal staff assessment process 	<ul style="list-style-type: none"> Competency-based hiring Competitive compensation Most senior center/ administrative positions mapped; KSAs defined Career paths established 	<ul style="list-style-type: none"> Human resource strategy tied to Department strategies Staff assessed against performance targets aligned to Strategic Plan 	<ul style="list-style-type: none"> Comprehensive strategies for recruitment, selection, development, and retention Investment in volunteer recruitment, training, and recognition
4 Process Improvement and Technology	<ul style="list-style-type: none"> Standard policies and operating procedures Electronic systems to support integrated processes Basic technology at centers Technology support 	<ul style="list-style-type: none"> Technology goals established but not aligned to processes Selected technology support procedures 	<ul style="list-style-type: none"> High level operating procedures—centers have own internal operating procedures Internal Procedures aligned to strategic plan Technology needs defined 	<ul style="list-style-type: none"> Standard program and center policies and operating procedures in place Playbooks for nutrition /transportation services Technology in place at all facilities 	<ul style="list-style-type: none"> Fully integrated Senior Services Program Policies and Procedures aligned to Strategic Plan with developed playbooks, formats, reference documents, etc. managed by governance team
5 Strategic Communications	<ul style="list-style-type: none"> Employees, seniors, stakeholders, and public receive little information regarding senior services 	<ul style="list-style-type: none"> Reactive internal and external communications, with limited engagement of customers and stakeholders 	<ul style="list-style-type: none"> Communication plan in place addressing internal and external customers and stakeholders 	<ul style="list-style-type: none"> Communications products Robust internal and external communications outreach 	<ul style="list-style-type: none"> Strategic involvement at federal and state level advocacy Targeted messaging & branding Proactive media outreach Customer Feedback Senior-Friendly Comm tools
6 Training	<ul style="list-style-type: none"> Training budget (minimal) Training driven by individual staff rather than Department requirements 	<ul style="list-style-type: none"> Training courses offered but no requirements or curriculum established/not aligned to professional development External vendors used 	<ul style="list-style-type: none"> Curriculum developed for senior services staff All staff have continuing professional education requirements 	<ul style="list-style-type: none"> In-house training program manages professional development, education and training program for senior services staff and contractors 	<ul style="list-style-type: none"> Training provided in multiple channels including just-in-time, distance learning/ computer-based learning for all staff/contractors
7 Evaluation	<ul style="list-style-type: none"> System for evaluation Performance goals Program-specific metrics Annual reporting to public 	<ul style="list-style-type: none"> Some performance measures Some data collection No risk assessment/ responsive action planning 	<ul style="list-style-type: none"> Program performance measures Critical data collected Internal Risk Assessment conducted 	<ul style="list-style-type: none"> Strategic Planning goal success managed through measures and reported to public Timely metric reporting 	<ul style="list-style-type: none"> Goals and performance measures periodically reviewed and revised Annual Report

Best Practice Continuum: Task 1—Optimal Delivery Model

Park Senior Activity Centers

Function	Does Not Exhibit →				Best Practice
	1	2	3	4	
1 Governance/ Program Planning/ Evaluation/ Accreditation	<ul style="list-style-type: none"> Center Business Plans Program-specific plans Performance measures Community/provider partnerships Limited available Center Manager System for evaluation Performance goals Program-specific metrics Annual reporting to public 	<ul style="list-style-type: none"> Center Business Plans Program-specific plans Some measures in place; data collected References Federal, State and Local statutes and/or ordinances Limited community/provider partnerships Shared Center Manager Some performance measures Some data collection No risk assessment 	<ul style="list-style-type: none"> Center Business plan in place; aligned to Senior Services Strategic Plan and aligned to program-specific plans Quarterly plan reviews Performance targets for most program functions Minimal community/provider partnerships Center Manager Program performance measures Critical data collected 	<ul style="list-style-type: none"> Business plans aligned to budget process Comprehensive measures and targets, data collection Meets all compliance requirements for Federal, State and Local statutes and/or ordinances, e.g. OAA, Elder Protection Aligned to staff assessments Stronger community/provider partnerships Center Manager Strategic Planning goal success managed through measures and reported to public Metric reporting Internal Risk Assessment 	<ul style="list-style-type: none"> Business Plan aligned to Senior Services Strategic Plan; Budget; Action Plans Best Practice/Promising Programs Meets all compliance requirements for Federal, State and Local statutes and/or ordinances, e.g. OAA, Elder Protection Community/provider partnerships Center Manager/Leadership Performance management systems NCOA Self Assessment-9 Senior Center Standards for Accreditation Annual Report Internal Risk Assessment
2 Administration/ Contractual Obligations	<ul style="list-style-type: none"> Budget provided to Senior Centers/Contractors with no input and oversight Internal Operating procedures Records and Reports Mgmt. Internal monitoring function Coordination & Leveraging Minimal volunteers 	<ul style="list-style-type: none"> Budget inputs developed in central office; minimal involvement by center Expenses tracked by HQ Limited operating procedures/not aligned to Program Policies No Records and Reports Mgmt. No Internal monitoring function Minimal Coordination Resources No or minimal volunteers 	<ul style="list-style-type: none"> Inclusive Central Office budget formulation process; provide input Expenses tracked monthly Operating procedures; minimal alignment to Senior Services Policies and Procedures No Records and Reports Mgmt. No Internal monitoring function Coordination/Leverage Resources Volunteer network in place 	<ul style="list-style-type: none"> Internal Operating procedures aligned to Senior Services Program Policies and Procedures Center budget aligned to strategic and Center Business Plans Delegated spending authority Min. Records and Reports Mgmt. Internal monitoring function Coordination & Leveraging Resources Volunteer network in place 	<ul style="list-style-type: none"> Internal Operating procedures aligned to Program Policies and Procedures Integrated Center budget management system aligned to Strategic/Business plans with delegated authority Records and Reports Management Internal monitoring function Grievance procedure for client complaints Leveraging Funds & Resources Investment in formal volunteer system
3 Individual/ Personal Needs	<p>Provides direct services and limited information and referral for:</p> <ul style="list-style-type: none"> Home Delivered Nutrition; Nutrition; and limited Social Interaction Center may appeal to ethnic population and environment 	<p>Provides direct services and limited information and referral for:</p> <ul style="list-style-type: none"> Home Delivered Nutrition; Nutrition; and limited Social Interaction Limited specialty meals serving ethnic population and environment 	<p>Provides direct services and information and referral for:</p> <ul style="list-style-type: none"> Home Delivered Nutrition; Nutrition; Physical/Mental health; Social Interaction; Spiritual; Financial; Legal Assistance Appeals to ethnic population 	<p>Provides direct services and information and referral for:</p> <ul style="list-style-type: none"> Participant-Directed Programs; Home Delivered Nutrition; Congregate Nutrition; Physical/Mental health; Social Interaction; Spiritual; Financial; Legal Assistance Appeals to ethnicities & environment 	<p>Provides direct services; case management; and information and referral and follow-up for:</p> <ul style="list-style-type: none"> Participant-Directed Programs; Home Delivered Nutrition; Congregate Nutrition; Alternative Nutrition setting; Physical/Mental health; Social; Spiritual; Financial; Legal Appeals to ethnicities & environment
4 Interpersonal/ Social Needs	<p>Provides minimal direct services and information and referral for:</p> <ul style="list-style-type: none"> Volunteerism; Community Support; Transportation; Health Screenings; Protection-personal safety/freedom from abuse Intergenerational programs Congregate setting for meals Communication resources in-person 	<p>Provides limited direct services and information and referral for:</p> <ul style="list-style-type: none"> Volunteerism; Recreation; Community Support; Transportation; Health Screenings; Protection-personal safety/freedom from abuse; and limited Intergenerational programs Appeals to ethnic population, environment, special needs Communication resources: newsletters or in-person. 	<p>Provides direct services and information and referral for:</p> <ul style="list-style-type: none"> Employment; Education; Volunteerism; Recreation; Housing; Community Support; Transportation; Health Screenings; Protection-personal safety/freedom from abuse; Art programs; and limited Intergenerational programs Provides alternative/non-traditional settings for services Appeals to ethnic population, environment, special needs Communication resources: newsletters; in-person; etc. 	<p>Provides direct services; case management and/or information and referral for:</p> <ul style="list-style-type: none"> Participant-Directed Programs; Employment; Education; Volunteerism; Recreation; Housing; Community Support; Transportation; regular Health Screenings; Caregivers Support; Protection-personal safety/freedom from abuse; Art programs; and Intergenerational programs Alternative/non-traditional services Appeals to ethnic population, environment, special needs Senior-friendly communication resources: newsletters; websites; in-person; etc. Implements Promising Programs & Svcs 	<p>Provides direct services; case management; and information and referral and follow-up for:</p> <ul style="list-style-type: none"> 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; & 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 1—Optimal Delivery Model

County-Owned/City Operated Centers

Function	Does Not Exhibit →				Best Practice
	1	2	3	4	
1 Governance/ Program Planning/ Evaluation/ Accreditation	<ul style="list-style-type: none"> ▶ Center Business Plans ▶ Program-specific plans ▶ Performance measures ▶ Community/provider partnerships ▶ Limited available Center Manager ▶ System for evaluation ▶ Performance goals ▶ Program-specific metrics ▶ Annual reporting to public 	<ul style="list-style-type: none"> ▶ No Center Business Plans ▶ Program-specific plans ▶ Some measures in place; data collected ▶ References Federal, State and Local statutes and/or ordinances ▶ Limited community/provider partnerships ▶ Shared Center Manager ▶ Some performance measures ▶ Some data collection ▶ No risk assessment 	<ul style="list-style-type: none"> ▶ Center Business plan in place; aligned to Senior Services Strategic Plan and aligned to program-specific plans ▶ Quarterly plan reviews ▶ Performance targets for most program functions ▶ Minimal community/provider partnerships ▶ Center Manager ▶ Program performance measures ▶ Critical data collected 	<ul style="list-style-type: none"> ▶ Business plans aligned to budget process ▶ Comprehensive measures and targets, data collection ▶ Meets all compliance requirements for Federal, State and Local statutes and/or ordinances, e.g. OAA, Elder Protection ▶ Aligned to staff assessments ▶ Stronger community/provider partnerships ▶ Center Manager ▶ Strategic Planning goal success managed through measures and reported to public ▶ Metric reporting ▶ Internal Risk Assessment 	<ul style="list-style-type: none"> ▶ Business Plan aligned to Senior Services Strategic Plan; Budget; Action Plans ▶ Best Practice/Promising Programs ▶ Meets all compliance requirements for Federal, State and Local statutes and/or ordinances, e.g. OAA, Elder Protection ▶ Community/provider partnerships ▶ Center Manager/Leadership ▶ Performance management systems ▶ NCOA Self Assessment-9 Senior Center Standards for accreditation ▶ Annual Report ▶ Internal Risk Assessment
2 Administration/ Contractual Obligations	<ul style="list-style-type: none"> ▶ Budget provided to Senior Centers/Contractors with no input and oversight ▶ Internal Operating procedures ▶ Records and Reports Mgmt. ▶ Internal monitoring function ▶ Coordination & Leveraging ▶ Minimal volunteers 	<ul style="list-style-type: none"> ▶ Budget inputs developed in central office; minimal involvement by center ▶ Expenses tracked by HQ ▶ Limited operating procedures/not aligned to Program Policies ▶ No Records and Reports Mgmt. ▶ No Internal monitoring function ▶ Minimal Coordination Resources ▶ No or minimal volunteers 	<ul style="list-style-type: none"> ▶ Inclusive Central Office budget formulation process; provide input ▶ Expenses tracked monthly ▶ Operating procedures; minimal alignment to Senior Services Policies and Procedures ▶ No Records and Reports Mgmt. ▶ No Internal monitoring function ▶ Coordination/Leverage Resources ▶ Volunteer network in place 	<ul style="list-style-type: none"> ▶ Internal Operating procedures aligned to Senior Services Program Policies and Procedures ▶ Center budget aligned to strategic and Center Business Plans ▶ Delegated spending authority ▶ Min. Records and Reports Mgmt. ▶ Internal monitoring function ▶ Coordination & Leveraging Resources ▶ Volunteer network in place 	<ul style="list-style-type: none"> ▶ Internal Operating procedures aligned to Program Policies and Procedures ▶ Integrated Center budget management system aligned to Strategic/Business plans with delegated authority ▶ Records and Reports Management ▶ Internal monitoring function ▶ Grievance procedure for client complaints ▶ Leveraging Funds & Resources ▶ Investment in formal volunteer system
3 Individual/ Personal Needs	<p>Provides direct services and limited information and referral for:</p> <ul style="list-style-type: none"> ▶ Home Delivered Nutrition; Nutrition; and limited Social Interaction ▶ Center may appeal to ethnic population and environment 	<p>Provides direct services and limited information and referral for:</p> <ul style="list-style-type: none"> ▶ Home Delivered Nutrition; Nutrition; and limited Social Interaction ▶ Center may appeals to ethnic population and environment 	<p>Provides direct services and information and referral for:</p> <ul style="list-style-type: none"> ▶ Home Delivered Nutrition; Nutrition; Physical/Mental health; Social Interaction; Spiritual; Financial; Legal Assistance ▶ Appeals to ethnic population 	<p>Provides direct services and information and referral for:</p> <ul style="list-style-type: none"> ▶ Participant-Directed Programs; Home Delivered Nutrition; Congregate Nutrition; Physical/Mental health; Social Interaction; Spiritual; Financial; Legal Assistance ▶ Appeals to ethnicities & environment 	<p>Provides direct services; case management; and information and referral <u>and</u> follow-up for:</p> <ul style="list-style-type: none"> ▶ Participant-Directed Programs; Home Delivered Nutrition; Congregate Nutrition; Alternative Nutrition setting; Physical/Mental health; Social; Spiritual; Financial; Legal ▶ Appeals to ethnicities & environment
4 Interpersonal/ Social Needs	<p>Provides minimal direct services and information and referral for:</p> <ul style="list-style-type: none"> ▶ Volunteerism; Recreation; Community Support; Transportation; Health Screenings; Protection-personal safety/freedom from abuse ▶ Intergenerational programs ▶ Congregate setting for meals ▶ Communication resources in-person 	<p>Provides limited direct services and information and referral for:</p> <ul style="list-style-type: none"> ▶ Volunteerism; Recreation; Community Support; Transportation; Health Screenings; Protection-personal safety/freedom from abuse; and limited Intergenerational programs ▶ Appeals to ethnic population, environment, special needs ▶ Communication resources: newsletters or in-person. 	<p>Provides direct services and information and referral for:</p> <ul style="list-style-type: none"> ▶ Employment; Education; Volunteerism; Recreation; Housing; Community Support; Transportation; Health Screenings; Protection-personal safety/freedom from abuse; Art programs; and limited Intergenerational programs ▶ Provides alternative/non-traditional settings for services ▶ Appeals to ethnic population, environment, special needs ▶ Communication resources: newsletters; in-person; etc. 	<p>Provides direct services; case management and/or information and referral for:</p> <ul style="list-style-type: none"> ▶ Participant-Directed Programs; Employment; Education; Volunteerism; Recreation; Housing; Community Support; Transportation; regular Health Screenings; Caregivers Support; Protection-personal safety/freedom from abuse; Art programs; and Intergenerational programs ▶ Alternative/non-traditional services ▶ Appeals to ethnic population, environment, special needs ▶ Senior-friendly communication resources: newsletters; websites; in-person; etc. ▶ Implements Promising Programs & Services 	<p>Provides direct services; case management; and information and referral <u>and</u> follow-up for:</p> <ul style="list-style-type: none"> ▶ 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; & Intergenerational programs ▶ Alternative, non-traditional, variety services ▶ Caters/appeals to ethnic population, environment, special needs ▶ Senior-friendly communication : newsletters; websites; in-person; etc.

Best Practice Continuum: Task 1—Optimal Delivery Model

Lease-Only Centers

Function	Does Not Exhibit				Best Practice
	1	2	3	4	
1 Governance/ Program Planning/ Evaluation/ Accreditation	<ul style="list-style-type: none"> ▶ Center Business Plans ▶ Program-specific plans ▶ Performance measures ▶ Community/provider partnerships ▶ Limited available Center Manager ▶ System for evaluation ▶ Performance goals ▶ Program-specific metrics ▶ Annual reporting to public 	<ul style="list-style-type: none"> ▶ No Center Business Plans ▶ Program-specific plans ▶ Some measures in place; data collected ▶ References Federal, State and Local statutes and/or ordinances ▶ Limited community/provider partnerships ▶ Shared Center Manager ▶ Some performance measures ▶ Some data collection ▶ No risk assessment 	<ul style="list-style-type: none"> ▶ Center Business plan in place; aligned to Senior Services Strategic Plan and aligned to program-specific plans ▶ Quarterly plan reviews ▶ Performance targets for most program functions ▶ Minimal community/provider partnerships ▶ Center Manager ▶ Program performance measures ▶ Critical data collected 	<ul style="list-style-type: none"> ▶ Business plans aligned to budget process ▶ Comprehensive measures and targets, data collection ▶ Meets all compliance requirements for Federal, State and Local statutes and/or ordinances, e.g. OAA, Elder Protection ▶ Aligned to staff assessments ▶ Stronger community/provider partnerships ▶ Center Manager ▶ Strategic Planning goal success managed through measures and reported to public ▶ Metric reporting ▶ Internal Risk Assessment 	<ul style="list-style-type: none"> ▶ Business Plan aligned to Senior Services Strategic Plan; Budget; Action Plans ▶ Best Practice/Promising Programs ▶ Meets all compliance requirements for Federal, State and Local statutes and/or ordinances, e.g. OAA, Elder Protection ▶ Community/provider partnerships ▶ Center Manager/Leadership ▶ Performance management systems ▶ NCOA Self Assessment-9 Senior Center Standards for accreditation ▶ Annual Report ▶ Internal Risk Assessment
2 Administration/ Contractual Obligations	<ul style="list-style-type: none"> ▶ Budget provided to Senior Centers/Contractors with no input and oversight ▶ Internal Operating procedures ▶ Records and Reports Mgmt. ▶ Internal monitoring function ▶ Coordination & Leveraging ▶ Minimal volunteers 	<ul style="list-style-type: none"> ▶ Budget inputs developed in central office; minimal involvement by center ▶ Expenses tracked by HQ ▶ Limited operating procedures/not aligned to Program Policies ▶ No Records and Reports Mgmt. ▶ No Internal monitoring function ▶ Minimal Coordination Resources ▶ No or minimal volunteers 	<ul style="list-style-type: none"> ▶ Inclusive Central Office budget formulation process; provide input ▶ Expenses tracked monthly ▶ Operating procedures; minimal alignment to Senior Services Policies and Procedures ▶ No Records and Reports Mgmt. ▶ No Internal monitoring function ▶ Coordination/Leverage Resources ▶ Volunteer network in place 	<ul style="list-style-type: none"> ▶ Internal Operating procedures aligned to Senior Services Program Policies and Procedures ▶ Center budget aligned to strategic and Center Business Plans ▶ Delegated spending authority ▶ Min. Records and Reports Mgmt. ▶ Internal monitoring function ▶ Coordination & Leveraging Resources ▶ Volunteer network in place 	<ul style="list-style-type: none"> ▶ Internal Operating procedures aligned to Program Policies and Procedures ▶ Integrated Center budget management system aligned to Strategic/Business plans with delegated authority ▶ Records and Reports Management ▶ Internal monitoring function ▶ Grievance procedure for client complaints ▶ Leveraging Funds & Resources ▶ Investment formal volunteer system
3 Individual/ Personal Needs	<p>Provides direct services and limited information and referral for:</p> <ul style="list-style-type: none"> ▶ Home Delivered Nutrition; Nutrition; and limited Social Interaction ▶ Center may appeal to ethnic population and environment 	<p>Provides direct services and limited information and referral for:</p> <ul style="list-style-type: none"> ▶ Home Delivered Nutrition; Nutrition; and limited Social Interaction ▶ Limited specialty meals serving ethnic population and environment 	<p>Provides direct services and information and referral for:</p> <ul style="list-style-type: none"> ▶ Home Delivered Nutrition; Nutrition; Physical/Mental health; Social Interaction; Spiritual; Financial; Legal Assistance ▶ Appeals to ethnic population 	<p>Provides direct services and information and referral for:</p> <ul style="list-style-type: none"> ▶ Participant-Directed Programs; Home Delivered Nutrition; Congregate Nutrition; Physical/Mental health; Social Interaction; Spiritual; Financial; Legal Assistance ▶ Appeals to ethnicities & environment 	<p>Provides direct services; case management; and information and referral and follow-up for:</p> <ul style="list-style-type: none"> ▶ Participant-Directed Programs; Home Delivered Nutrition; Congregate Nutrition; Alternative Nutrition setting; Physical/Mental health; Social; Spiritual; Financial; Legal ▶ Appeals to ethnicities & environment
4 Interpersonal/ Social Needs	<p>Provides minimal direct services and information and referral for:</p> <ul style="list-style-type: none"> ▶ Volunteerism; Community Support; Transportation; Protection-personal safety/freedom from abuse ▶ Intergenerational programs ▶ Congregate setting for meals ▶ Communication resources in-person 	<p>Provides limited direct services and information and referral for:</p> <ul style="list-style-type: none"> ▶ Volunteerism; Recreation; Community Support; Transportation; Health Screenings; Protection-personal safety/freedom from abuse; and limited Intergenerational programs ▶ Appeals to ethnic population, environment, special needs ▶ Communication resources: newsletters or in-person. 	<p>Provides direct services and information and referral for:</p> <ul style="list-style-type: none"> ▶ Employment; Education; Volunteerism; Recreation; Housing; Community Support; Transportation; Health Screenings; Protection-personal safety/freedom from abuse; Art programs; and limited Intergenerational programs ▶ Provides alternative/non-traditional settings for services ▶ Appeals to ethnic population, environment, special needs ▶ Communication resources: newsletters; in-person; etc. 	<p>Provides direct services; case management and/or information and referral for:</p> <ul style="list-style-type: none"> ▶ Participant-Directed Programs; Employment; Education; Volunteerism; Recreation; Housing; Community Support; Transportation; regular Health Screenings; Caregivers Support; Protection-personal safety/freedom from abuse; Art programs; and Intergenerational programs ▶ Alternative/non-traditional services ▶ Appeals to ethnic population, environment, special needs ▶ Senior-friendly communication resources: newsletters; websites; in-person; etc. ▶ Implements Promising Programs & Services 	<p>Provides direct services; case management; and information and referral and follow-up for:</p> <ul style="list-style-type: none"> ▶ 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; & 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 1—Optimal Delivery Model

Lease-Site/City-Operated Centers

Function	Does Not Exhibit				Best Practice
	1	2	3	4	5
1 Governance/ Program Planning/ Evaluation/ Accreditation	<ul style="list-style-type: none"> Center Business Plans Program-specific plans Performance measures Community/provider partnerships Limited available Center Manager System for evaluation Performance goals Program-specific metrics Annual reporting to public 	<ul style="list-style-type: none"> No Center Business Plans Program-specific plans Some measures in place; data collected References Federal, State and Local statutes and/or ordinances Limited community/provider partnerships Shared Center Manager Some performance measures Some data collection No risk assessment 	<ul style="list-style-type: none"> Center Business plan in place; aligned to Senior Services Strategic Plan and aligned to program-specific plans Quarterly plan reviews Performance targets for most program functions Minimal community/provider partnerships Center Manager Program performance measures Critical data collected 	<ul style="list-style-type: none"> Business plans aligned to budget process Comprehensive measures and targets, data collection Meets all compliance requirements for Federal, State and Local statutes and/or ordinances, e.g. OAA, Elder Protection Aligned to staff assessments Stronger community/provider partnerships Center Manager Strategic Planning goal success managed through measures and reported to public Metric reporting Internal Risk Assessment 	<ul style="list-style-type: none"> Business Plan aligned to Senior Services Strategic Plan; Budget; Action Plans Best Practice/Promising Programs Meets all compliance requirements for Federal, State and Local statutes and/or ordinances, e.g. OAA, Elder Protection Community/provider partnerships Center Manager/Leadership Performance management systems NCOA Self Assessment-9 Senior Center Standards for accreditation Annual Report Internal Risk Assessment
2 Administration/ Contractual Obligations	<ul style="list-style-type: none"> Budget provided to Senior Centers/Contractors with no input and oversight Internal Operating procedures Records and Reports Mgmt. Internal monitoring function Coordination & Leveraging Minimal volunteers 	<ul style="list-style-type: none"> Budget inputs developed in central office; minimal involvement by center Expenses tracked by HQ Limited operating procedures/not aligned to Program Policies No Records and Reports Mgmt. No Internal monitoring function Minimal Coordination Resources No or minimal volunteers 	<ul style="list-style-type: none"> Inclusive Central Office budget formulation process; provide input Expenses tracked monthly Operating procedures; minimal alignment to Senior Services Policies and Procedures No Records and Reports Mgmt. No Internal monitoring function Coordination/Leverage Resources Volunteer network in place 	<ul style="list-style-type: none"> Internal Operating procedures aligned to Senior Services Program Policies and Procedures Center budget aligned to strategic and Center Business Plans Delegated spending authority Min. Records and Reports Mgmt. Internal monitoring function Coordination & Leveraging Resources Volunteer network in place 	<ul style="list-style-type: none"> Internal Operating procedures aligned to Program Policies and Procedures Integrated Center budget management system aligned to Strategic/Business plans with delegated authority Records and Reports Management Internal monitoring function Grievance procedure for client complaints Leveraging Funds & Resources Investment formal volunteer system
3 Individual/ Personal Needs	<p>Provides direct services and limited information and referral for:</p> <ul style="list-style-type: none"> Home Delivered Nutrition; Nutrition; and limited Social Interaction Center may appeal to ethnic population and environment 	<p>Provides direct services and limited information and referral for:</p> <ul style="list-style-type: none"> Home Delivered Nutrition; Nutrition; and limited Social Interaction Limited specialty meals serving ethnic population and environment 	<p>Provides direct services and information and referral for:</p> <ul style="list-style-type: none"> Home Delivered Nutrition; Nutrition; Physical/Mental health; Social Interaction; Spiritual; Financial; Legal Assistance Appeals to ethnic population 	<p>Provides direct services and information and referral for:</p> <ul style="list-style-type: none"> Participant-Directed Programs; Home Delivered Nutrition; Congregate Nutrition; Physical/Mental health; Social Interaction; Spiritual; Financial; Legal Assistance Appeals to ethnicities & environment 	<p>Provides direct services; case management; and information and referral and follow-up for:</p> <ul style="list-style-type: none"> Participant-Directed Programs; Home Delivered Nutrition; Congregate Nutrition; Alternative Nutrition setting; Physical/Mental health; Social; Spiritual; Financial; Legal Appeals to ethnicities & environment
4 Interpersonal/ Social Needs	<p>Provides minimal direct services and information and referral for:</p> <ul style="list-style-type: none"> Volunteerism; Recreation; Community Support; Transportation; Health Protection-personal safety/freedom from abuse Intergenerational programs Congregate setting for meals Communication resources in-person 	<p>Provides limited direct services and information and referral for:</p> <ul style="list-style-type: none"> Volunteerism; Recreation; Community Support; Transportation; Health Screenings; Protection-personal safety/freedom from abuse; and limited Intergenerational programs Appeals to ethnic population, environment, special needs Communication resources: newsletters or in-person. 	<p>Provides direct services and information and referral for:</p> <ul style="list-style-type: none"> Employment; Education; Volunteerism; Recreation; Housing; Community Support; Transportation; Health Screenings; Protection-personal safety/freedom from abuse; Art programs; and limited Intergenerational programs Provides alternative/non-traditional settings for services Appeals to ethnic population, environment, special needs Communication resources: newsletters; in-person; etc. 	<p>Provides direct services; case management and/or information and referral for:</p> <ul style="list-style-type: none"> Participant-Directed Programs; Employment; Education; Volunteerism; Recreation; Housing; Community Support; Transportation; regular Health Screenings; Caregivers Support; Protection-personal safety/freedom from abuse; Art programs; and Intergenerational programs Alternative/non-traditional services Appeals to ethnic population, environment, special needs Senior-friendly communication resources: newsletters; websites; in-person; etc. Implements Promising Programs & Services 	<p>Provides direct services; case management; and information and referral and follow-up for:</p> <ul style="list-style-type: none"> 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; & 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 1—Optimal Delivery Model

Multi-Service Centers

Function	Does Not Exhibit				Best Practice
	1	2	3	4	5
1 Governance/ Program Planning/ Evaluation/ Accreditation	<ul style="list-style-type: none"> ▶ Center Business Plans ▶ Program-specific plans ▶ Performance measures ▶ Community/provider partnerships ▶ Limited available Center Manager ▶ System for evaluation ▶ Performance goals ▶ Program-specific metrics ▶ Annual reporting to public 	<ul style="list-style-type: none"> ▶ No Center Business Plans ▶ Program-specific plans ▶ Some measures in place; data collected ▶ References Federal, State and Local statutes and/or ordinances ▶ Limited community/provider partnerships ▶ Shared Center Manager ▶ Some performance measures ▶ Some data collection ▶ No risk assessment 	<ul style="list-style-type: none"> → Center Business plan in place; aligned to Senior Services Strategic Plan and aligned to program-specific plans → Quarterly plan reviews → Performance targets for most program functions ▶ Minimal community/provider partnerships ▶ Center Manager ▶ Program performance measures ▶ Critical data collected 	<ul style="list-style-type: none"> → Business plans aligned to budget process → Comprehensive measures and targets; data collection ▶ Meets all compliance requirements for Federal, State and Local statutes and/or ordinances, e.g. OAA, Elder Protection → Aligned to staff assessments ▶ Stronger community/provider partnerships ▶ Center Manager → Strategic Planning goal success managed through measures and reported to public → Metric reporting → Internal Risk Assessment 	<ul style="list-style-type: none"> ▶ Business Plan aligned to Senior Services Strategic Plan; Budget; Action Plans ▶ Best Practice/Promising Programs ▶ Meets all compliance requirements for Federal, State and Local statutes and/or ordinances, e.g. OAA, Elder Protection ▶ Community/provider partnerships ▶ Center Manager/Leadership ▶ Performance management systems ▶ NCOA Self Assessment-9 Senior Center Standards for accreditation ▶ Annual Report ▶ Internal Risk Assessment
2 Administration/ Contractual Obligations	<ul style="list-style-type: none"> ▶ Budget provided to Senior Centers/Contractors with no input and oversight ▶ Internal Operating procedures ▶ Records and Reports Mgmt. ▶ Internal monitoring function ▶ Coordination & Leveraging ▶ Minimal volunteers 	<ul style="list-style-type: none"> ▶ Budget inputs developed in central office; minimal involvement by center ▶ Expenses tracked by HQ ▶ Limited operating procedures/not aligned to Program Policies ▶ No Records and Reports Mgmt. ▶ No Internal monitoring function ▶ Minimal Coordination Resources ▶ No or minimal volunteers 	<ul style="list-style-type: none"> → Inclusive Central Office budget formulation process; provide input ▶ Expenses tracked monthly ▶ Operating procedures; minimal alignment to Senior Services Policies and Procedures → No Records and Reports Mgmt. → No Internal monitoring function ▶ Coordination/Leverage Resources ▶ Volunteer network in place 	<ul style="list-style-type: none"> → Internal Operating procedures aligned to Senior Services Program Policies and Procedures → Center budget aligned to strategic and Center Business Plans ▶ Delegated spending authority ▶ Min. Records and Reports Mgmt. → Internal monitoring function ▶ Coordination & Leveraging Resources ▶ Volunteer network in place 	<ul style="list-style-type: none"> ▶ Internal Operating procedures aligned to Program Policies and Procedures ▶ Integrated Center budget management system aligned to Strategic/Business plans with delegated authority ▶ Records and Reports Management ▶ Internal monitoring function ▶ Grievance procedure for client complaints ▶ Leveraging Funds & Resources ▶ Investment in formal volunteer system
3 Individual/ Personal Needs	<p>Provides direct services and limited information and referral for:</p> <ul style="list-style-type: none"> ▶ Home Delivered Nutrition; Nutrition; and limited Social Interaction ▶ Center may appeal to ethnic population and environment 	<p>Provides direct services and limited information and referral for:</p> <ul style="list-style-type: none"> ▶ Home Delivered Nutrition; Nutrition; and limited Social Interaction ▶ Limited specialty meals serving ethnic population and environment 	<p>Provides direct services and information and referral for:</p> <ul style="list-style-type: none"> ▶ Home Delivered Nutrition; Nutrition; Physical/Mental health; Social Interaction; Spiritual; Financial; Legal Assistance ▶ Appeals to ethnic population 	<p>Provides direct services and information and referral for:</p> <ul style="list-style-type: none"> ▶ Participant-Directed Programs; Home Delivered Nutrition; Congregate Nutrition; Physical/Mental health; Social Interaction; Spiritual; Financial; Legal Assistance ▶ Appeals to ethnicities & environment 	<p>Provides direct services; case management; and information and referral and follow-up for:</p> <ul style="list-style-type: none"> ▶ Participant-Directed Programs; Home Delivered Nutrition; Congregate Nutrition; Alternative Nutrition setting; Physical/Mental health; Social; Spiritual; Financial; Legal ▶ Appeals to ethnicities & environment
4 Interpersonal/ Social Needs	<p>Provides minimal direct services and information and referral for:</p> <ul style="list-style-type: none"> ▶ Volunteerism; Community Support; Transportation; Protection-personal safety/freedom from abuse ▶ Intergenerational programs ▶ Congregate setting for meals ▶ Communication resources in-person 	<p>Provides limited direct services and information and referral for:</p> <ul style="list-style-type: none"> ▶ Volunteerism; Recreation; Community Support; Transportation; Health Screenings; Protection-personal safety/freedom from abuse; and limited Intergenerational programs ▶ Appeals to ethnic population, environment, special needs ▶ Communication resources: newsletters or in-person. 	<p>Provides direct services and information and referral for:</p> <ul style="list-style-type: none"> ▶ Employment; Education; Volunteerism; Recreation; Housing; Community Support; Transportation; Health Screenings; Protection-personal safety/freedom from abuse; Art programs; and limited Intergenerational programs ▶ Provides alternative/non-traditional settings for services ▶ Appeals to ethnic population, environment, special needs ▶ Communication resources: newsletters; in-person; etc. 	<p>Provides direct services; case management and/or information and referral for:</p> <ul style="list-style-type: none"> → Participant-Directed Programs; Employment; Education; Volunteerism; Recreation; Housing; Community Support; Transportation; regular Health Screenings; Caregivers Support; Protection-personal safety/freedom from abuse; Art programs; and Intergenerational programs ▶ Alternative/non-traditional services ▶ Appeals to ethnic population, environment, special needs ▶ Senior-friendly communication resources: newsletters; websites; in-person; etc. → Implements Promising Programs & Services 	<p>Provides direct services; case management; and information and referral and follow-up for:</p> <ul style="list-style-type: none"> ▶ 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; & 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 1—Optimal Delivery Model

One-Stop Centers

Function	Does Not Exhibit				Best Practice
	1	2	3	4	5
1 Governance/ Program Planning/ Evaluation/ Accreditation	<ul style="list-style-type: none"> ▶ Center Business Plans ▶ Program-specific plans ▶ Performance measures ▶ Community/provider partnerships ▶ Limited available Center Manager ▶ System for evaluation ▶ Performance goals ▶ Program-specific metrics ▶ Annual reporting to public 	<ul style="list-style-type: none"> ▶ No Center Business Plans ▶ Program-specific plans ▶ Some measures in place; data collected ▶ References Federal, State and Local statutes and/or ordinances ▶ Limited community/provider partnerships ▶ Shared Center Manager ▶ Some performance measures ▶ Some data collection ▶ No risk assessment 	<ul style="list-style-type: none"> ▶ Center Business plan in place; aligned to Senior Services Strategic Plan and aligned to program-specific plans ▶ Quarterly plan reviews ▶ Performance targets for most program functions ▶ Minimal community/provider partnerships ▶ Center Manager ▶ Program performance measures ▶ Critical data collected 	<ul style="list-style-type: none"> ▶ Business plans aligned to budget process ▶ Comprehensive measures and targets; data collection ▶ Meets all compliance requirements for Federal, State and Local statutes and/or ordinances, e.g. OAA, Elder Protection ▶ Aligned to staff assessments ▶ Stronger community/provider partnerships ▶ Center Manager ▶ Strategic Planning goal success managed through measures and reported to public ▶ Metric reporting ▶ Internal Risk Assessment 	<ul style="list-style-type: none"> ▶ Business Plan aligned to Senior Services Strategic Plan; Budget; Action Plans ▶ Best Practice/Promising Programs ▶ Meets all compliance requirements for Federal, State and Local statutes and/or ordinances, e.g. OAA, Elder Protection ▶ Community/provider partnerships ▶ Center Manager/Leadership ▶ Performance management systems ▶ NCOA Self Assessment-9 Senior Center Standards for accreditation ▶ Annual Report ▶ Internal Risk Assessment
2 Administration/ Contractual Obligations	<ul style="list-style-type: none"> ▶ Budget provided to Senior Centers/Contractors with no input and oversight ▶ Internal Operating procedures ▶ Records and Reports Mgmt. ▶ Internal monitoring function ▶ Coordination & Leveraging ▶ Minimal volunteers 	<ul style="list-style-type: none"> ▶ Budget inputs developed in central office; minimal involvement by center ▶ Expenses tracked by HQ ▶ Limited operating procedures/not aligned to Program Policies ▶ No Records and Reports Mgmt. ▶ No Internal monitoring function ▶ Minimal Coordination Resources ▶ No or minimal volunteers 	<ul style="list-style-type: none"> ▶ Inclusive Central Office budget formulation process; provide input ▶ Expenses tracked monthly ▶ Operating procedures; minimal alignment to Senior Services Policies and Procedures ▶ No Records and Reports Mgmt. ▶ No Internal monitoring function ▶ Coordination/Leverage Resources ▶ Volunteer network in place 	<ul style="list-style-type: none"> ▶ Internal Operating procedures aligned to Senior Services Program Policies and Procedures ▶ Center budget aligned to strategic and Center Business Plans ▶ Delegated spending authority ▶ Min. Records and Reports Mgmt. ▶ Internal monitoring function ▶ Coordination & Leveraging Resources ▶ Volunteer network in place 	<ul style="list-style-type: none"> ▶ Internal Operating procedures aligned to Program Policies and Procedures ▶ Integrated Center budget management system aligned to Strategic/Business plans with delegated authority ▶ Records and Reports Management ▶ Internal monitoring function ▶ Grievance procedure for client complaints ▶ Leveraging Funds & Resources ▶ Investment in formal volunteer system
3 Individual/Personal Needs	<p>Provides direct services and limited information and referral for:</p> <ul style="list-style-type: none"> ▶ Home Delivered Nutrition; Nutrition; and limited Social Interaction ▶ Center may appeal to ethnic population and environment 	<p>Provides direct services and limited information and referral for:</p> <ul style="list-style-type: none"> ▶ Home Delivered Nutrition; Nutrition; and limited Social Interaction ▶ Limited specialty meals serving ethnic population and environment 	<p>Provides direct services and information and referral for:</p> <ul style="list-style-type: none"> ▶ Home Delivered Nutrition; Nutrition; Physical/Mental health; Social Interaction; Spiritual; Financial; Legal Assistance ▶ Appeals to ethnic population 	<p>Provides direct services and information and referral for:</p> <ul style="list-style-type: none"> ▶ Participant-Directed Programs; Home Delivered Nutrition; Congregate Nutrition; Physical/Mental health; Social Interaction; Spiritual; Financial; Legal Assistance ▶ Appeals to ethnicities & environment 	<p>Provides direct services; case management; and information and referral and follow-up for:</p> <ul style="list-style-type: none"> ▶ Participant-Directed Programs; Home Delivered Nutrition; Congregate Nutrition; Alternative Nutrition setting; Physical/Mental health; Social; Spiritual; Financial; Legal ▶ Appeals to ethnicities & environment
4 Interpersonal/ Social Needs	<p>Provides minimal direct services and information and referral for:</p> <ul style="list-style-type: none"> ▶ Volunteerism; Recreation; Community Support; Transportation; Health Screenings; Protection-personal safety/freedom from abuse ▶ Intergenerational programs ▶ Congregate setting for meals ▶ Communication resources in-person 	<p>Provides limited direct services and information and referral for:</p> <ul style="list-style-type: none"> ▶ Volunteerism; Recreation; Community Support; Transportation; Health Screenings; Protection-personal safety/freedom from abuse; and limited Intergenerational programs ▶ Appeals to ethnic population, environment, special needs ▶ Communication resources: newsletters or in-person. 	<p>Provides direct services and information and referral for:</p> <ul style="list-style-type: none"> ▶ Employment; Education; Volunteerism; Recreation; Housing; Community Support; Transportation; Health Screenings; Protection-personal safety/freedom from abuse; Art programs; and limited Intergenerational programs ▶ Provides alternative/non-traditional settings for services ▶ Appeals to ethnic population, environment, special needs ▶ Communication resources: newsletters; in-person; etc. 	<p>Provides direct services; case management and/or information and referral for:</p> <ul style="list-style-type: none"> ▶ Participant-Directed Programs; Employment; Education; Volunteerism; Recreation; Housing; Community Support; Transportation; regular Health Screenings; Caregivers Support; Protection-personal safety/freedom from abuse; Art programs; and Intergenerational programs ▶ Alternative/non-traditional services ▶ Appeals to ethnic population, environment, special needs ▶ Senior-friendly communication resources: newsletters; websites; in-person; etc. ▶ Implements Promising Programs & Svcs. 	<p>Provides direct services; case management; and information and referral and follow-up for:</p> <ul style="list-style-type: none"> ▶ 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; & 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 1—Optimal Delivery Model

Vendor Site Centers

Function	Does not Exhibit				Best Practice
	1	2	3	4	5
1 Governance/ Program Planning/ Evaluation/ Accreditation	<ul style="list-style-type: none"> ▶ Center Business Plans ▶ Program-specific plans ▶ Performance measures ▶ Community/provider partnerships ▶ Limited available Center Manager ▶ System for evaluation ▶ Performance goals ▶ Program-specific metrics ▶ Annual reporting to public 	<ul style="list-style-type: none"> ▶ No Center Business Plans ▶ Program-specific plans ▶ Some measures in place; data collected ▶ References Federal, State and Local statutes and/or ordinances ▶ Limited community/provider partnerships ▶ Shared Center Manager ▶ Some performance measures ▶ Some data collection ▶ No risk assessment 	<ul style="list-style-type: none"> ▶ Center Business plan in place; aligned to Senior Services Strategic Plan and aligned to program-specific plans ▶ Quarterly plan reviews ▶ Performance targets for most program functions ▶ Minimal community/provider partnerships ▶ Center Manager ▶ Program performance measures ▶ Critical data collected 	<ul style="list-style-type: none"> ▶ Business plans aligned to budget process ▶ Comprehensive measures and targets, data collection ▶ Meets all compliance requirements for Federal, State and Local statutes and/or ordinances, e.g. OAA, Elder Protection ▶ Aligned to staff assessments ▶ Stronger community/provider partnerships ▶ Center Manager ▶ Strategic Planning goal success managed through measures and reported to public ▶ Metric reporting ▶ Internal Risk Assessment 	<ul style="list-style-type: none"> ▶ Business Plan aligned to Senior Services Strategic Plan; Budget; Action Plans ▶ Best Practice/Promising Programs ▶ Meets all compliance requirements for Federal, State and Local statutes and/or ordinances, e.g. OAA, Elder Protection ▶ Community/provider partnerships ▶ Center Manager/Leadership ▶ Performance management systems ▶ NCOA Self Assessment-9 Senior Center Standards for accreditation ▶ Annual Report ▶ Internal Risk Assessment
2 Administration/ Contractual Obligations	<ul style="list-style-type: none"> ▶ Budget provided to Senior Centers/Contractors with no input and oversight ▶ Internal Operating procedures ▶ Records and Reports Mgmt. ▶ Internal monitoring function ▶ Coordination & Leveraging ▶ Minimal volunteers 	<ul style="list-style-type: none"> ▶ Budget inputs developed in central office; minimal involvement by center ▶ Expenses tracked by HQ ▶ Limited operating procedures/not aligned to Program Policies ▶ No Records and Reports Mgmt. ▶ No Internal monitoring function ▶ Minimal Coordination Resources ▶ No or minimal volunteers 	<ul style="list-style-type: none"> ▶ Inclusive Central Office budget formulation process; provide input ▶ Expenses tracked monthly ▶ Operating procedures; minimal alignment to Senior Services Policies and Procedures ▶ No Records and Reports Mgmt. ▶ No Internal monitoring function ▶ Coordination/Leverage Resources ▶ Volunteer network in place 	<ul style="list-style-type: none"> ▶ Internal Operating procedures aligned to Senior Services Program Policies and Procedures ▶ Center budget aligned to strategic and Center Business Plans ▶ Delegated spending authority ▶ Min. Records and Reports Mgmt. ▶ Internal monitoring function ▶ Coordination & Leveraging Resources ▶ Volunteer network in place 	<ul style="list-style-type: none"> ▶ Internal Operating procedures aligned to Program Policies and Procedures ▶ Integrated Center budget management system aligned to Strategic/Business plans with delegated authority ▶ Records and Reports Management ▶ Internal monitoring function ▶ Grievance procedure for client complaints ▶ Leveraging Funds & Resources ▶ Investment in formal volunteer system
3 Individual/ Personal Needs	<p>Provides direct services and limited information and referral for:</p> <ul style="list-style-type: none"> ▶ Home Delivered Nutrition; Nutrition; and limited Social Interaction ▶ Center may appeal to ethnic population and environment 	<p>Provides direct services and limited information and referral for:</p> <ul style="list-style-type: none"> ▶ Home Delivered Nutrition; Nutrition; and limited Social Interaction ▶ Limited specialty meals serving ethnic population and environment 	<p>Provides direct services and information and referral for:</p> <ul style="list-style-type: none"> ▶ Home Delivered Nutrition; Nutrition; Physical/Mental health; Social Interaction; Spiritual; Financial; Legal Assistance ▶ Appeals to ethnic population 	<p>Provides direct services and information and referral for:</p> <ul style="list-style-type: none"> ▶ Participant-Directed Programs; Home Delivered Nutrition; Congregate Nutrition; Physical/Mental health; Social Interaction; Spiritual; Financial; Legal Assistance ▶ Appeals to ethnicities & environment 	<p>Provides direct services; case management; and information and referral and follow-up for:</p> <ul style="list-style-type: none"> ▶ Participant-Directed Programs; Home Delivered Nutrition; Congregate Nutrition; Alternative Nutrition setting; Physical/Mental health; Social; Spiritual; Financial; Legal ▶ Appeals to ethnicities & environment
4 Interpersonal/ Social Needs	<p>Provides minimal direct services and information and referral for:</p> <ul style="list-style-type: none"> ▶ Volunteerism; Recreation; Community Support; Transportation; Health Screenings; Protection-personal safety/freedom from abuse ▶ Intergenerational programs ▶ Congregate setting for meals ▶ Communication resources in-person 	<p>Provides limited direct services and information and referral for:</p> <ul style="list-style-type: none"> ▶ Volunteerism; Recreation; Community Support; Transportation; Health Screenings; Protection-personal safety/freedom from abuse; and limited Intergenerational programs ▶ Appeals to ethnic population, environment, special needs ▶ Communication resources: newsletters or in-person. 	<p>Provides direct services and information and referral for:</p> <ul style="list-style-type: none"> ▶ Employment; Education; Volunteerism; Recreation; Housing; Community Support; Transportation; Health Screenings; Protection-personal safety/freedom from abuse; Art programs; and limited Intergenerational programs ▶ Provides alternative/non-traditional settings for services ▶ Appeals to ethnic population, environment, special needs ▶ Communication resources: newsletters; in-person; etc. 	<p>Provides direct services; case management and/or information and referral for:</p> <ul style="list-style-type: none"> ▶ Participant-Directed Programs; Employment; Education; Volunteerism; Recreation; Housing; Community Support; Transportation; regular Health Screenings; Caregivers Support; Protection-personal safety/freedom from abuse; Art programs; and Intergenerational programs ▶ Alternative/non-traditional services ▶ Appeals to ethnic population, environment, special needs ▶ Senior-friendly communication resources: newsletters; websites; in-person; etc. ▶ Implements Promising Programs & Svcs. 	<p>Provides direct services; case management; and information and referral and follow-up for:</p> <ul style="list-style-type: none"> ▶ 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; & 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 1—Optimal Delivery Model

Volunteer Site Centers

Function	Does Not Exhibit				Best Practice
	1	2	3	4	
1 Governance/ Program Planning/ Evaluation/ Accreditation	<ul style="list-style-type: none"> Center Business Plans Program-specific plans Performance measures Community/provider partnerships Limited available Center Manager System for evaluation Performance goals Program-specific metrics Annual reporting to public 	<ul style="list-style-type: none"> No Center Business Plans Program-specific plans Some measures in place; data collected References Federal, State and Local statutes and/or ordinances Limited community/provider partnerships Shared Center Manager Some performance measures Some data collection No risk assessment 	<ul style="list-style-type: none"> Center Business plan in place; aligned to Senior Services Strategic Plan and aligned to program-specific plans Quarterly plan reviews Performance targets for most program functions Minimal community/provider partnerships Center Manager Program performance measures Critical data collected 	<ul style="list-style-type: none"> Business plans aligned to budget process Comprehensive measures and targets, data collection Meets all compliance requirements for Federal, State and Local statutes and/or ordinances, e.g. OAA, Elder Protection Aligned to staff assessments Stronger community/provider partnerships Center Manager Strategic Planning goal success managed through measures and reported to public Metric reporting Internal Risk Assessment 	<ul style="list-style-type: none"> Business Plan aligned to Senior Services Strategic Plan; Budget; Action Plans Best Practice/Promising Programs Meets all compliance requirements for Federal, State and Local statutes and/or ordinances, e.g. OAA, Elder Protection Community/provider partnerships Center Manager/Leadership Performance management systems NCOA Self Assessment-9 Senior Center Standards for accreditation Annual Report Internal Risk Assessment
2 Administration/ Contractual Obligations	<ul style="list-style-type: none"> Budget provided to Senior Centers/Contractors with no input and oversight Internal Operating procedures Records and Reports Mgmt. Internal monitoring function Coordination & Leveraging Minimal volunteers 	<ul style="list-style-type: none"> Budget inputs developed in central office; minimal involvement by center Expenses tracked by HQ Limited operating procedures/not aligned to Program Policies No Records and Reports Mgmt. No Internal monitoring function Minimal Coordination Resources No or minimal volunteers 	<ul style="list-style-type: none"> Inclusive Central Office budget formulation process; provide input Expenses tracked monthly Operating procedures; minimal alignment to Senior Services Policies and Procedures No Records and Reports Mgmt. No Internal monitoring function Coordination/Leverage Resources Volunteer network in place 	<ul style="list-style-type: none"> Internal Operating procedures aligned to Senior Services Program Policies and Procedures Center budget aligned to strategic and Center Business Plans Delegated spending authority Min. Records and Reports Mgmt. Internal monitoring function Coordination & Leveraging Resources Volunteer network in place 	<ul style="list-style-type: none"> Internal Operating procedures aligned to Program Policies and Procedures Integrated Center budget management system aligned to Strategic/Business plans with delegated authority Records and Reports Management Internal monitoring function Grievance procedure for client complaints Leveraging Funds & Resources Investment in formal volunteer system
3 Individual/ Personal Needs	<p>Provides direct services and limited information and referral for:</p> <ul style="list-style-type: none"> Home Delivered Nutrition; Nutrition; and limited Social Interaction Center may appeal to ethnic population and environment 	<p>Provides direct services and limited information and referral for:</p> <ul style="list-style-type: none"> Home Delivered Nutrition; Nutrition; and limited Social Interaction Limited specialty meals serving ethnic population and environment 	<p>Provides direct services and information and referral for:</p> <ul style="list-style-type: none"> Home Delivered Nutrition; Nutrition; Physical/Mental health; Social Interaction; Spiritual; Financial; Legal Assistance Appeals to ethnic population 	<p>Provides direct services and information and referral for:</p> <ul style="list-style-type: none"> Participant-Directed Programs; Home Delivered Nutrition; Congregate Nutrition; Physical/Mental health; Social Interaction; Spiritual; Financial; Legal Assistance Appeals to ethnicities & environment 	<p>Provides direct services; case management; and information and referral and follow-up for:</p> <ul style="list-style-type: none"> Participant-Directed Programs; Home Delivered Nutrition; Congregate Nutrition; Alternative Nutrition setting; Physical/Mental health; Social; Spiritual; Financial; Legal Appeals to ethnicities & environment
4 Interpersonal/ Social Needs	<p>Provides minimal direct services and information and referral for:</p> <ul style="list-style-type: none"> Volunteerism; Recreation; Community Support; Transportation; Health Screenings; Protection-personal safety/freedom from abuse Intergenerational programs Congregate setting for meals Communication resources in-person 	<p>Provides limited direct services and information and referral for:</p> <ul style="list-style-type: none"> Volunteerism; Recreation; Community Support; Transportation; Health Screenings; Protection-personal safety/freedom from abuse; and limited Intergenerational programs Appeals to ethnic population, environment, special needs Communication resources: newsletters or in-person. 	<p>Provides direct services and information and referral for:</p> <ul style="list-style-type: none"> Employment; Education; Volunteerism; Recreation; Housing; Community Support; Transportation; Health Screenings; Protection-personal safety/freedom from abuse; Art programs; and limited Intergenerational programs Provides alternative/non-traditional settings for services Appeals to ethnic population, environment, special needs Communication resources: newsletters; in-person; etc. 	<p>Provides direct services; case management and/or information and referral for:</p> <ul style="list-style-type: none"> Participant-Directed Programs; Employment; Education; Volunteerism; Recreation; Housing; Community Support; Transportation; regular Health Screenings; Caregivers Support; Protection-personal safety/freedom from abuse; Art programs; and Intergenerational programs Alternative/non-traditional services Appeals to ethnic population, environment, special needs Senior-friendly communication resources: newsletters; websites; in-person; etc. Implements Promising Programs & Svcs. 	<p>Provides direct services; case management; and information and referral and follow-up for:</p> <ul style="list-style-type: none"> 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; & 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 2—Food Distribution Model

The Best Practice Continuum for Task 2 identifies the minimum to 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
 - ▶ Congregate Nutrition Program
- Review consisted of assessment of the two meal programs collectively, not on an individual site basis.

Best Practice Continuum: Task 2—Food Distribution Model

Home-Bound Meals

Function	Does Not Exhibit				Best Practice
	1	2	3	4	5
1 Program Planning— Action Planning	<ul style="list-style-type: none"> ▶ Home-delivered nutrition-specific plan ▶ Performance measures ▶ Shared Center Manager ▶ System for evaluation ▶ performance goals ▶ Home-delivered nutrition-specific metrics ▶ Budget to support staff to oversee program effectively at all sites/satellite sites ▶ Annual reporting to public ▶ Formal procurement process or more than 5 yrs 	<ul style="list-style-type: none"> ▶ No home delivered nutrition-specific program ▶ Operational Guide/Handbook ▶ Budget inputs developed in central office; minimal involvement by distribution sites ▶ Some measures /data collected ▶ References Federal, State and Local statutes and/or ordinances ▶ Limited community/provider partnerships ▶ Meal /Service providers selected through a sole-source procurement 	<ul style="list-style-type: none"> ▶ Operational plan in place and aligned to Strategic Plan ▶ Focuses mostly on home delivered meals ▶ Performance targets for most home delivered nutrition program functions ▶ Program performance measures ▶ Critical data collected ▶ Inclusive Central Office budget formulation process; provide input to ensure adequate staff support ▶ Meal /Service providers selected by RFP.3-5 years 	<ul style="list-style-type: none"> ▶ Operational Business plan in place and aligned up to Strategic Plan ▶ Focuses only on home delivered meals ▶ Comprehensive measures and targets, data collection ▶ Meets all compliance requirements for Federal, State and Local statutes and/or ordinances, e.g. OAA, Elder Protection ▶ Strategic Planning nutrition goal success managed through measures and reported to public ▶ Internal Risk Assessment ▶ Meal/Service providers selected through a competitive process every 2 years 	<ul style="list-style-type: none"> ▶ Operational plan and aligned to Strat. 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 sites ▶ Meal/Service providers selected by RFP ▶ Program sustained by many fund sources
2 People and Partnerships	<ul style="list-style-type: none"> ▶ Community/provider partnerships ▶ Manager/nutritionist; limited city staff oversight of non-city providers ▶ Coordination & Leveraging partners/resources ▶ Minimal volunteers 	<ul style="list-style-type: none"> ▶ Minimal oversight of team by manager/nutritionist ▶ Minimal community/provider partnerships ▶ Minimal Coordination Resources ▶ No or minimal volunteers 	<ul style="list-style-type: none"> ▶ Manager/nutritionist ▶ Minimal community/provider partnerships ▶ Limited coordination/leverage partners and resources ▶ Limited volunteer network 	<ul style="list-style-type: none"> ▶ Manager/Nutritionist/Dietician ▶ Strong community/provider partnerships ▶ Budget supports capacity ▶ Coordination & Leveraging partners and resources ▶ Volunteer network in place 	<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
3 Process, Technology, and Evaluation	<ul style="list-style-type: none"> ▶ Limited to no operating procedures ▶ Mapped out flowchart for delivery system ▶ Provides: Home-Delivered Nutrition ▶ Limited specialty meals serving ethnic population and environment ▶ Accessible to volunteers ▶ Delivery system is inefficient to regional/focal points for oversight/ distribution ▶ < 7 day ordering/reservation service ▶ Monitor of “no show” patterns for efficiency ▶ Senior-friendly communication resources for menus ▶ Electronic systems: phones and faxes ▶ System for collecting metrics and reporting on progress and customer satisfaction 	<ul style="list-style-type: none"> ▶ Informal operating procedures ▶ Mapped out flow (Google maps) for delivery system ▶ Provides: nutrition information and referral for: Home Delivered Nutrition → Limited specialty meals serving ethnic population and environment ▶ Accessible to volunteers ▶ Variety of Centers serve as focal points ▶ 5-7day ordering/reservation service ▶ Limited monitor of “no show” patterns for efficiency ▶ Limited Senior-friendly communication resources for menus ▶ No electronic systems: phones and faxes ▶ Collecting metrics and reporting to funders and for budget/decision making 	<ul style="list-style-type: none"> ▶ Informal operating procedures ▶ Mapped out flow (Google maps) for delivery system ▶ Provides: nutrition information and referral for: Home Delivered Nutrition; caters/appeals to ethnic population, environment, special needs ▶ Accessible to volunteers ▶ Variety of Centers serve as focal points ▶ 5-7day ordering/reservation service ▶ No monitor of “no show” patterns for efficiency ▶ Limited Senior-friendly communication resources for menus ▶ Use electronic systems: phones and faxes ▶ Collecting metrics and reporting to funders and for budget/decision making 	<ul style="list-style-type: none"> ▶ Internal operating procedures aligned to Center Business Plan ▶ Electronic/GIS mapping system for delivery ▶ Provides: nutrition information and referral for: Home Delivered Nutrition; Congregate Nutrition; caters/appeals to ethnic population, environment, special needs ▶ Integrated volunteer program ▶ Larger Centers serve as focal points/satellite for oversight ▶ 2-3 day ordering/reservation service ▶ Monitor “no show” patterns for efficiency ▶ Min. Records and Reports Mgmt. ▶ Senior-friendly communication resources for menus: newsletters; websites; in-person; etc. ▶ Use electronic systems: computers, phones, email, online, swipe cards ▶ Instituted electronic records management ▶ Promising Programs & Services ▶ System for internal evaluation/customer satisfaction ▶ Report out progress to public 	<ul style="list-style-type: none"> ▶ Internal operating procedures aligned to Strategic 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; in-person; ▶ Use electronic systems: computers, phones, email, online, swipe cards ▶ Instituted electronic records management ▶ Best Practice/Promising Programs ▶ Formal system for internal/external evaluation/customer satisfaction ▶ Report out progress to public

Best Practice Continuum: Task 2—Food Distribution Model

Congregate Meals

Function	Does Not Exhibit				Best Practice
	1	2	3	4	5
1 Program Planning— Action Planning	<ul style="list-style-type: none"> ▶ Congregate nutrition-specific plan ▶ Performance measures ▶ Shared Center Manager ▶ System for evaluation ▶ Performance goals ▶ Congregate nutrition-specific metrics ▶ Budget to support staff to oversee program effectively at all sites/satellite sites ▶ Annual reporting to public ▶ Formal procurement process or more than 5 years 	<ul style="list-style-type: none"> ▶ No home-delivered nutrition-specific plan ▶ Operational Guide/Handbook ▶ Budget inputs developed in satellite central office; minimal involvement by centers ▶ Some measures in place; data collected ▶ References Federal, State and Local statutes and/or ordinances ▶ Limited community/provider partnerships ▶ Meal/Service providers selected through a sole-source procurement process every 3-5 years 	<ul style="list-style-type: none"> ▶ Operational plan or Center Business plan in place and aligned to Strategic Plan ▶ Performance targets for most congregare nutrition program functions ▶ Program performance measures ▶ Critical data collected ▶ Inclusive Central Office budget formulation process; provide input to ensure adequate staff support ▶ Meal/Service providers selected through a competitive process every 3-5 years 	<ul style="list-style-type: none"> ▶ Center Business plan in place and aligned to Strategic Plan with congregare specific meal program plan ▶ Comprehensive measures and targets, data collection ▶ Meets all compliance requirements for Federal, State and Local statutes and/or ordinances, e.g., OAA, Elder Protection ▶ Strategic Planning nutrition goal success managed through measures and reported to public ▶ Metric reporting ▶ Internal Risk Assessment ▶ Meal/Service providers selected through a competitive process every 2 years 	<ul style="list-style-type: none"> ▶ Center Business Plan in place and aligned to Strategic Plan with congregare-focused specific meal program plan ▶ Best Practice/Promising congregare nutrition programs ▶ 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 specific ▶ Budget to support staff to oversee program effectively at all sites ▶ Meal/Service providers selected by RFP ▶ Program sustained by many fund sources
2 People and Partnerships	<ul style="list-style-type: none"> ▶ Community/provider partnerships ▶ Manager/nutrition; limited city staff oversight of non-city providers ▶ Coordination & Leveraging partners/resources ▶ Minimal volunteers 	<ul style="list-style-type: none"> ▶ Minimal oversight of team by manager/nutritionist ▶ Minimal community/provider partnerships ▶ Minimal Coordination Resources ▶ No or minimal volunteers 	<ul style="list-style-type: none"> ▶ Manager/nutritionist ▶ Minimal community/provider partnerships ▶ Limited coordination/leverage partners and resources ▶ Limited volunteer network 	<ul style="list-style-type: none"> ▶ Manager/Nutritionist/Dietician ▶ Strong community/provider partnerships ▶ Budget supports capacity ▶ Coordination & Leveraging partners and resources ▶ Volunteer network in place 	<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
3 Process, Technology, and Evaluation	<ul style="list-style-type: none"> ▶ Limited to no operating procedures ▶ Mapped out flowchart for delivery system ▶ Provides: congregare nutrition ▶ Accessible to volunteers ▶ Limited specialty meals serving ethnic population and environment ▶ Delivery system is inefficient to regional/focal points for oversight/ distribution ▶ <7 day ordering/reservation service ▶ Monitor of “no show” patterns for efficiency ▶ Senior-friendly communication resources for menus ▶ Electronic systems: phones and faxes ▶ System for collecting metrics and reporting on progress and customer satisfaction 	<ul style="list-style-type: none"> ▶ Informal operating procedures ▶ Mapped out flow (Google maps) for delivery system ▶ Provides: nutrition information and referral for: congregare Nutrition ▶ Limited specialty meals serving ethnic population and environment ▶ Accessible to volunteers ▶ Variety of Centers serve as focal points ▶ 5-7 day ordering/reservation service ▶ Limited monitor of “no show” patterns for efficiency ▶ Limited Senior-friendly communication resources for menus ▶ Limited electronic systems: phones and faxes ▶ Collecting metrics and reporting to funders and for budget/decision making 	<ul style="list-style-type: none"> ▶ Operating procedures exist, but limited knowledge ▶ Mapped out flow (Google maps) for delivery system to centers ▶ Provides: nutrition information and referral for congregare Nutrition; caters/appeals to ethnic population, environment, special needs ▶ Accessible to volunteers ▶ Variety of Centers serve as focal points/Leadership ▶ 5-7day ordering/reservation service ▶ No monitor of “no show” patterns for efficiency ▶ Limited Senior-friendly communication resources for menus ▶ Use electronic systems: phones and faxes ▶ Collecting metrics and reporting to funders and for budget/decision making 	<ul style="list-style-type: none"> ▶ Internal operating procedures aligned to Center Business Plan ▶ Electronic/GIS mapping system for delivery of meals to centers ▶ Provides: nutrition information and referral for Home-delivered Nutrition; Congregare Nutrition; caters/appeals to ethnic population, environment, special needs ▶ Integrated volunteer program ▶ Larger Centers serve as focal points/satellite for oversight ▶ 2-3 day ordering/reservation service ▶ Monitor “no show” patterns for efficiency ▶ Min. Records and Reports Mgmt. ▶ Senior-friendly communication resources for menus; newsletters; websites; in-person; etc. ▶ Use electronic systems: computers, phones, email, online, swipe cards ▶ Instituted electronic records management ▶ Promising Programs & Services ▶ System for internal evaluation/customer satisfaction ▶ Report out progress to public 	<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 Centers/anchor sites for oversight ▶ Next-day ordering/reservation service ▶ Records and Reports Management ▶ Monitor “no show” patterns for efficiency ▶ Senior-friendly communication resources: menus.; newsletters; websites; in-person; ▶ Use electronic systems: computers, phones, email, online, swipe cards ▶ Instituted electronic records management ▶ Formal system for internal/external evaluation/customer satisfaction ▶ Report out progress to public

Best Practice Continuum: Task 3—Location of Senior Services

The Best Practice Continuum for Task 3 identifies the minimum to 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 in Phase 3 will be conducted using the larger senior centers as anchor sites to the smaller sites, as well as looking for radius' of two, five and 10 miles.
- Functional Standards: Program Planning-Action Planning

Best Practice Continuum: Task 3—Location of Senior Services

Function	Does Not Exhibit	→			Best Practice
	1	2	3	4	5
1 Program Planning— Action Planning	<ul style="list-style-type: none"> ▶ Nutrition services available through few senior center locations throughout a geographic region ▶ Smaller sites are within 5-15 miles of a larger multi-center site ▶ Ensure accessibility to those most in need, target locations to comply with OAA requirements: serve low income, greatest economic need areas 	<ul style="list-style-type: none"> ▶ Nutrition services available through a variety of senior center locations equally located throughout a geographic region ▶ Smaller sites are within 1-5 miles of a larger multi-center site ▶ Ensure accessibility to those most in need, target locations to comply with OAA requirements: serve low income, greatest economic need areas 	<ul style="list-style-type: none"> ▶ Nutrition services available through a variety of senior center locations equally located throughout a geographic region ▶ Smaller sites provide location specific services, such as nutrition only or nutrition with quarterly wellness check ups, etc. ▶ Smaller sites are within 1-5 miles of a larger multi-center site ▶ Ensure accessibility to those most in need, target locations to comply with OAA requirements: serve low income, greatest economic need areas 	<ul style="list-style-type: none"> ▶ Nutrition services available through a variety of senior center locations equally located throughout a geographic region ▶ For City's with multitude and variance of senior centers, best model includes a combination of larger sites and smaller/limited use senior center sites and all are support by well-qualified cross-functional and expert staff ▶ Smaller sites provide location specific services, such as nutrition only or nutrition with quarterly wellness check ups, etc. ▶ Smaller sites are within 1-5 miles of a larger multi-center site ▶ Ensure accessibility to those most in need, target locations to comply with OAA requirements: serve low income, greatest economic need areas 	<ul style="list-style-type: none"> ▶ Nutrition services available through a variety of senior center locations equally located throughout a geographic region ▶ For City's with multitude and variance of senior centers, best model includes a combination of larger sites and smaller/limited use senior center sites and all are support by well-qualified cross-functional and expert staff ▶ Smaller sites provide location specific services, such as nutrition only or nutrition with quarterly wellness check ups, etc. ▶ Smaller sites are within 1-5 miles of a larger multi-center site ▶ Ensure accessibility to those most in need, target locations to comply with OAA requirements: serve low income, greatest economic need areas

Best Practice Continuum: Task 4—Transportation of Seniors for Medical, Meal, and Other Purposes

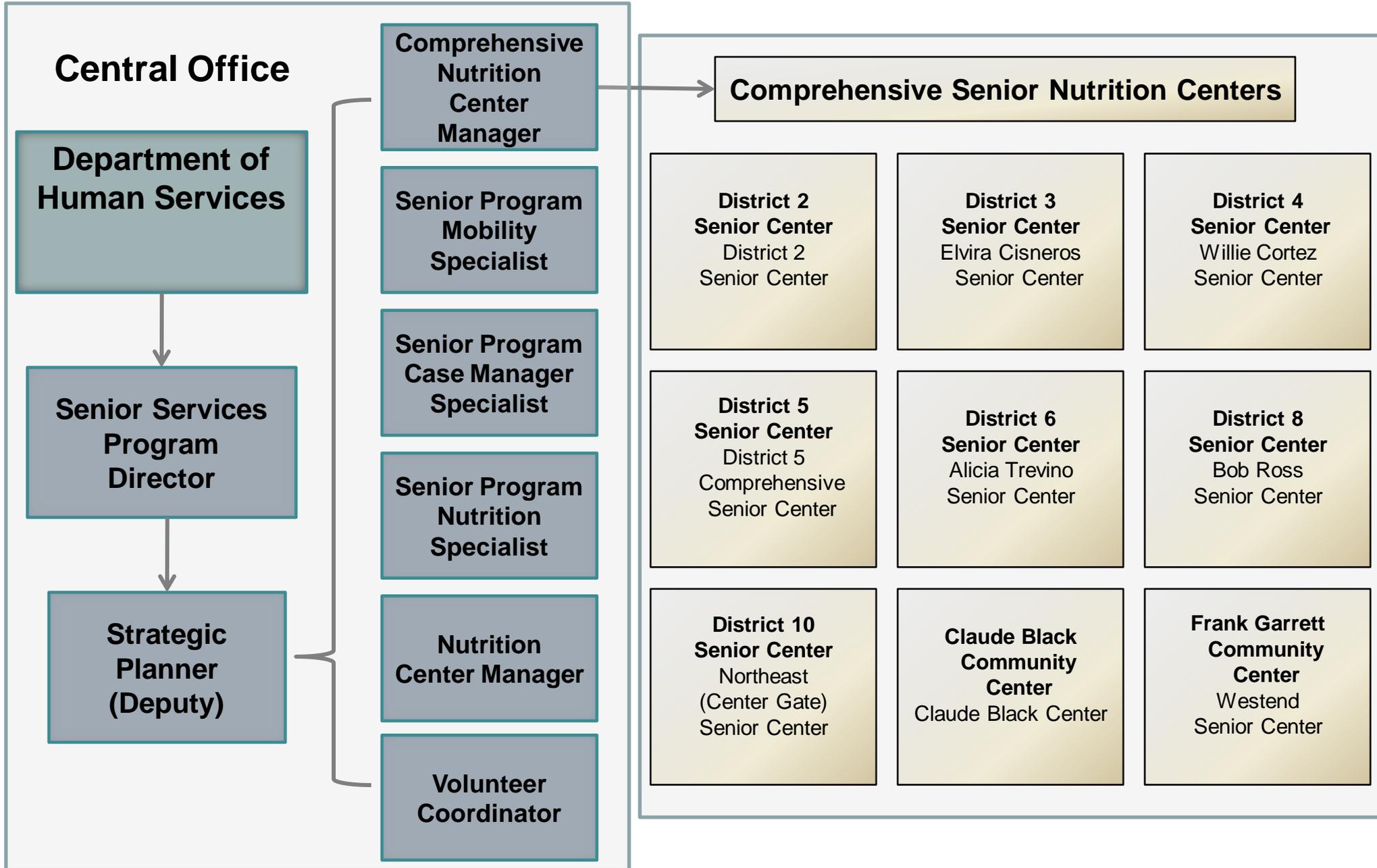
The Best Practice Continuum for Task 4 identifies the minimum to highest senior service delivery standard for transportation services for senior centers.

- The Benchmark review was conducted for the following delivery mechanisms collectively:
 - ▶ Transportation for seniors for medical needs, nutrition needs and other purposes
- Functional Standards: Program Planning-Action Planning; People and Partnerships, and Process, Technology, and Evaluation

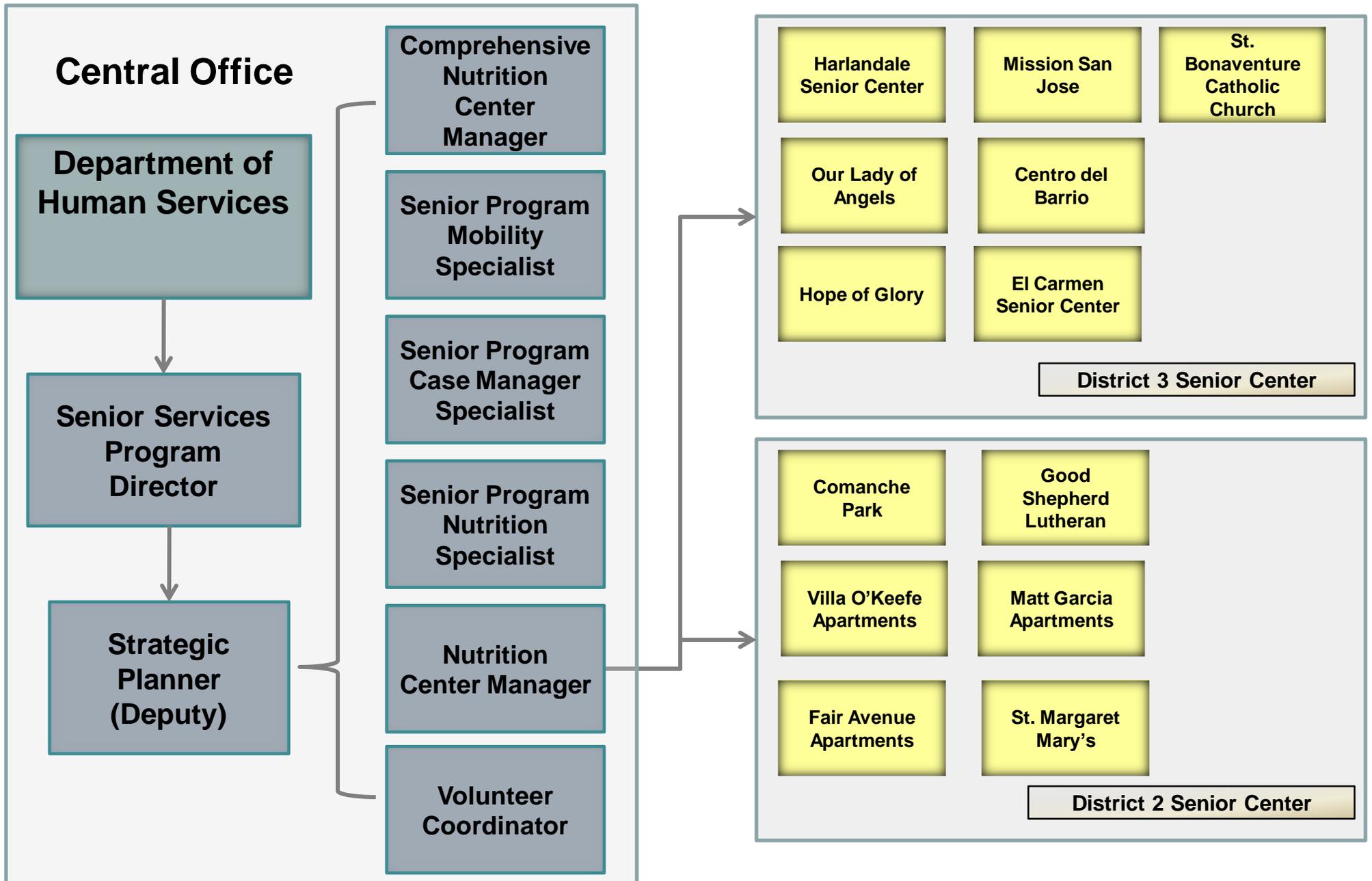
Best Practice Continuum: Task 4—Transportation of Seniors for Medical, Meal, and Other Purposes

Function	Does Not Exhibit				Best Practice
	1	2	3	4	
1 Program Planning— Action Planning	<ul style="list-style-type: none"> ▶ City Strategic Plan for each type Transportation Services ▶ Meets no to minimum requirements for Federal, State and Local statutes ▶ Leveraging Funds & Resources ▶ Performance metrics ▶ Public Report ▶ Budget support insufficient to sustain transportation staff ▶ Coordination of transportation services with other providers 	<ul style="list-style-type: none"> ▶ City Strategic Plan for each type Transportation Services ▶ Minimal Leveraging Funds & Resources ▶ Meets minimum requirements for Federal, State and Local statutes ▶ Minimal Performance metrics ▶ Minimal Public Report ▶ Budget support insufficient to sustain transportation staff ▶ Minimal coordination of transportation services with other providers 	<ul style="list-style-type: none"> ▶ Regional Strategic Plan for Transportation Services for Seniors in County; City is a participant ▶ Meets minimum requirements for Federal, State and Local statutes ▶ City Strategic Plan for all Transportation Services ▶ Leveraging Funds & Resources ▶ Performance management metrics ▶ Outcomes in Annual Report ▶ Budget supports sufficient transportation staff to oversee program effectively ▶ Transportation services coordinated with other providers 	<ul style="list-style-type: none"> ▶ City is a partner in county-wide Strategic Plan for Transportation Services for Senior in Bexar County ▶ Meets most compliance requirements for Federal, State and Local statutes and/or ordinances, e.g., OAA, Elder Protection ▶ Leveraged Funds & Resources among Strategic Partners ▶ Performance management metrics ▶ Outcomes in Annual Report ▶ Budget supports sufficient transportation staff to oversee program effectively ▶ Transportation services coordinated with other providers 	<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
2 People and Partnerships	<ul style="list-style-type: none"> ▶ Minimal/unskilled transportation manager and dedicated staff ▶ Strategic collaborations ▶ Coordination with partners ▶ Senior-friendly communication ▶ Volunteer resources 	<ul style="list-style-type: none"> ▶ Internal Transportation manager and dedicated staff ▶ Minimal strategic collaborations ▶ Minimal coordination with partners ▶ Minimal Senior-friendly communication : ▶ Few volunteers and no recruitment strategy 	<ul style="list-style-type: none"> ▶ Mobility manager with minimal dedicated staff ▶ Strategic collaborations with few transportation providers → Coordination with partners ▶ Minimal Senior-friendly communication : → Informal volunteer program and recruitment strategy 	<ul style="list-style-type: none"> ▶ Mobility Managers and staff ▶ Strategic collaborations with most other transportation providers ▶ Coordination/Leveraging partners & resources ▶ Senior-friendly communication resources: ▶ Informal volunteer program 	<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 & resources ▶ Senior-friendly communication resources ▶ Investment in volunteer formal program
3 Process, Technology, and Evaluation	<ul style="list-style-type: none"> ▶ Policies and Procedures ▶ Seniors served through reservation/first-come, first-serve; no requirements ▶ Volunteer program ▶ Mapping system ▶ Larger centers may serve as satellite sites, with no authority ▶ Reservation service (1-2 weeks) ▶ Required CDL for all drivers ▶ Available metropolitan para-transit system but no coordination/referral ▶ Monitoring function ▶ Customer survey ▶ Grievance procedure ▶ Progress report to public 	<ul style="list-style-type: none"> ▶ Minimal Internal Policies and Procedures ▶ Seniors served through reservation/1st come, 1st serve; no requirements ▶ Volunteer program ▶ Inefficient mapping system ▶ Larger centers may serve as satellite sites, with no authority ▶ Reservation service (1-2 weeks) ▶ Required CDL for all drivers ▶ Available metropolitan para-transit System, but limited coordination ▶ Monitoring function ▶ Periodic Customer survey ▶ Grievance procedure ▶ Progress report to public 	<ul style="list-style-type: none"> → Internal Department Policies and Procedures → Seniors served through sliding scale where those in most need are served(city only) → Informal volunteer program ▶ Mapping system (e.g., Google) → Serves on sliding scale based on need ▶ Larger centers may serve as satellite sites, with limited authority ▶ Reservation service (1 week) ▶ Required compliance training for all drivers ▶ Available metropolitan para-transit system but limited coordination → Informal monitoring function ▶ Informal/Customer service survey → Grievance procedure → No progress report to public 	<ul style="list-style-type: none"> → Internal Department Policies and Procedures → Participant Directed Prg/Indv. Case Mgmt. → Seniors served through sliding scale where those in most need are served(city/county/region wide) → Volunteer program; uses mobile seniors as volunteers ▶ GPS mapping system → Multiple providers offer diverse collaborated services ▶ Larger Centers may serve as anchor sites ▶ Reservation service/meal time → External/Internal industry standards & passenger assist. training for all drivers ▶ Available metropolitan para-transit system; limited coordination → Internal monitoring function → System for internal/external evaluation/customer satisfaction → Grievance process → Report out progress to public 	<ul style="list-style-type: none"> ▶ Integrated Policies and Procedures ▶ Participant-Directed Prg/Indv. 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 & same-day service/meal time ▶ External/Internal industry standards & 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

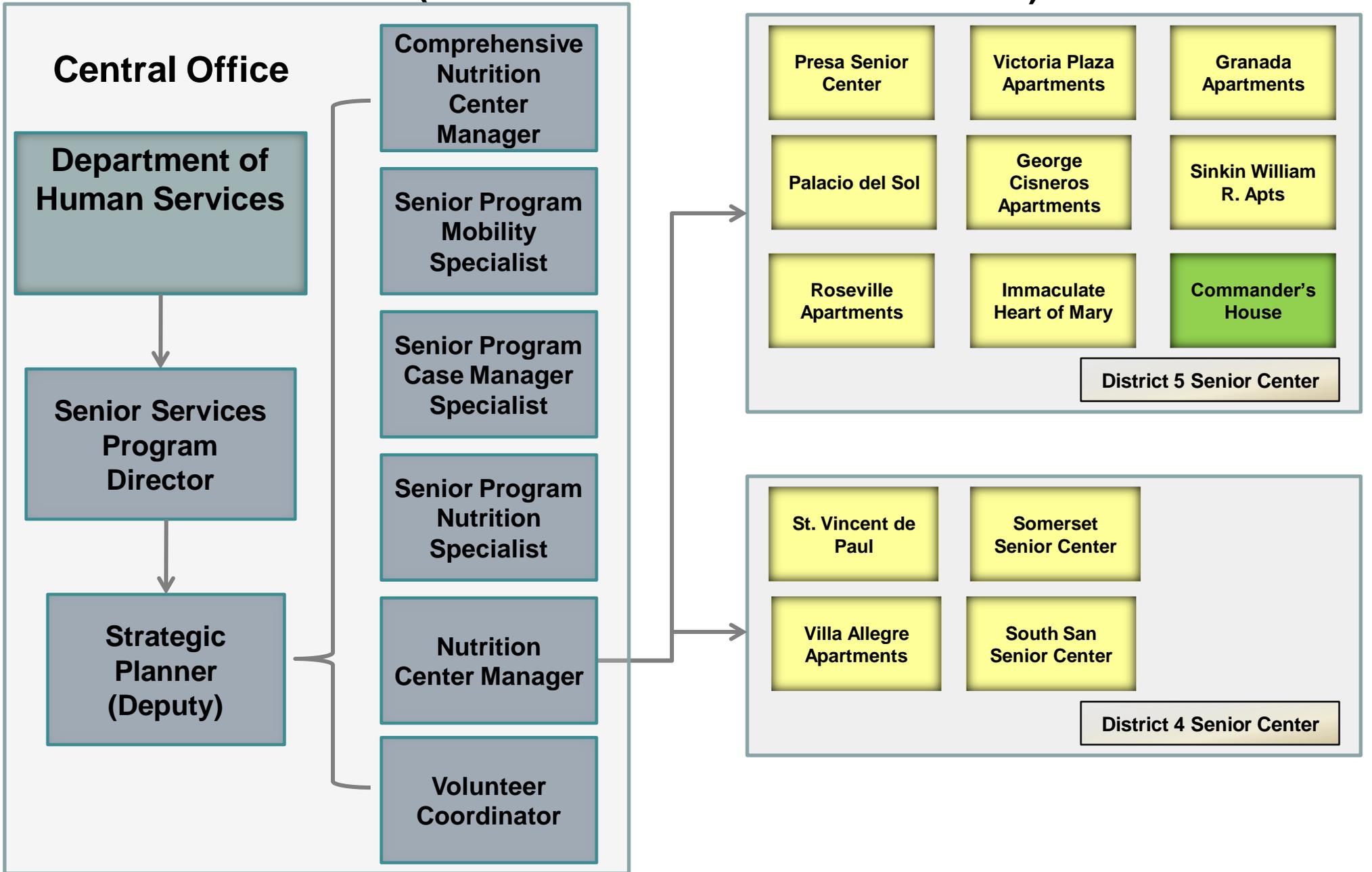
City of San Antonio, DHS Senior Services Program—Central Management of Comprehensive Senior Nutrition Centers (CSNCs)



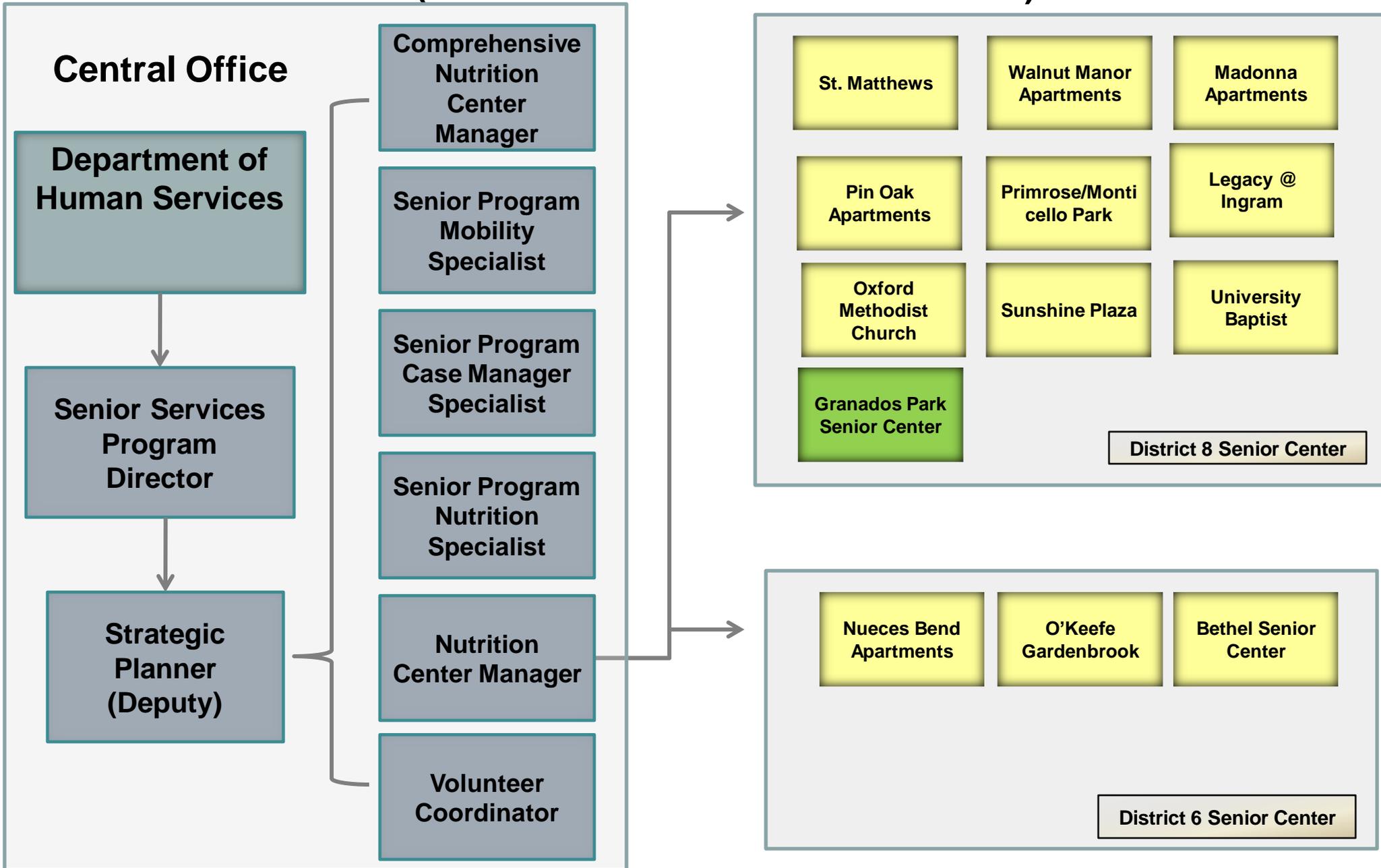
City of San Antonio, DHS Senior Services Program— Central Management of Nutrition Centers (locations within 1-5 miles of CSNCs)



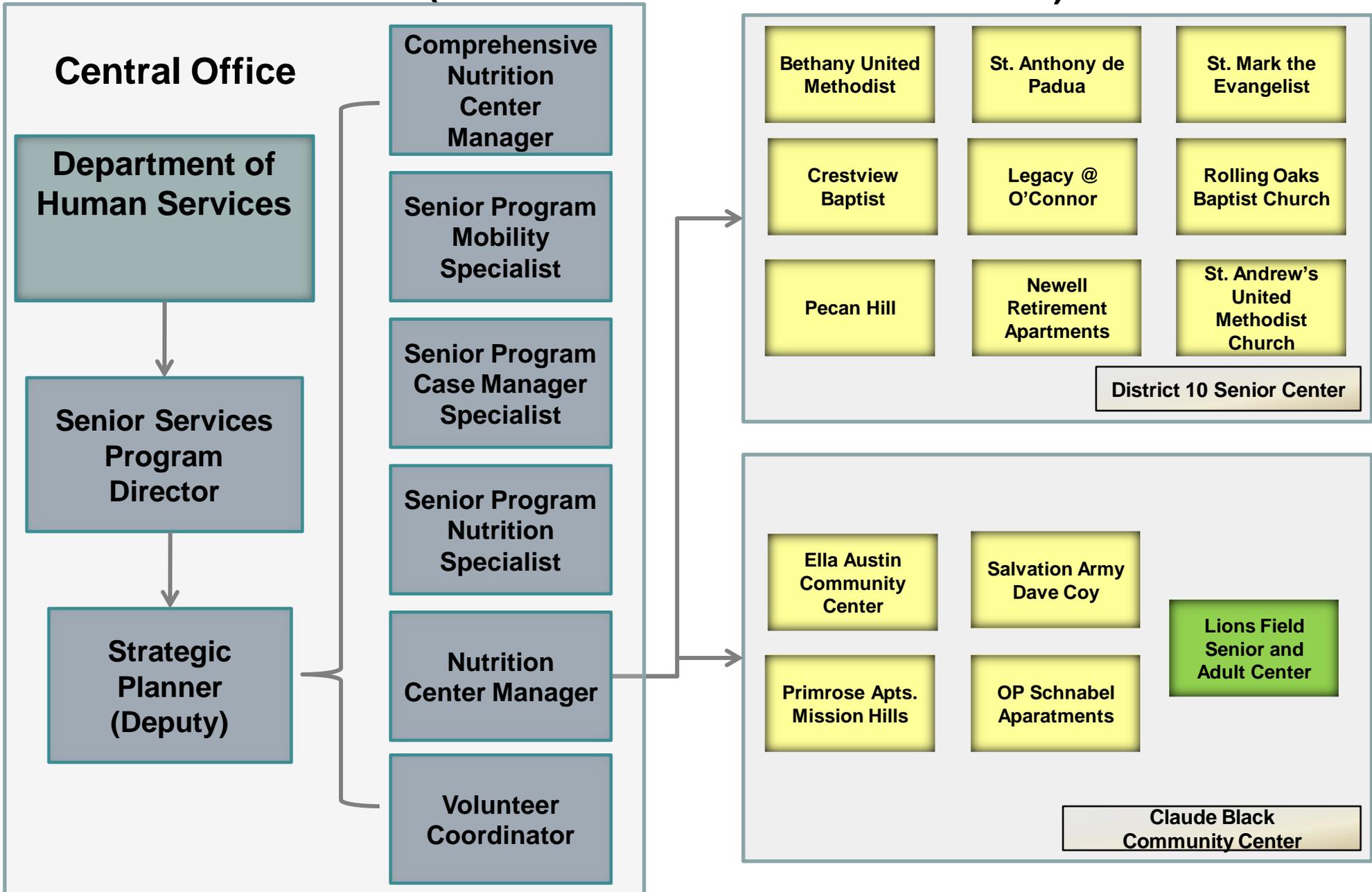
City of San Antonio, DHS Senior Services Program— Central Management of Nutrition Centers (locations within 1-5 miles of CSNCs)



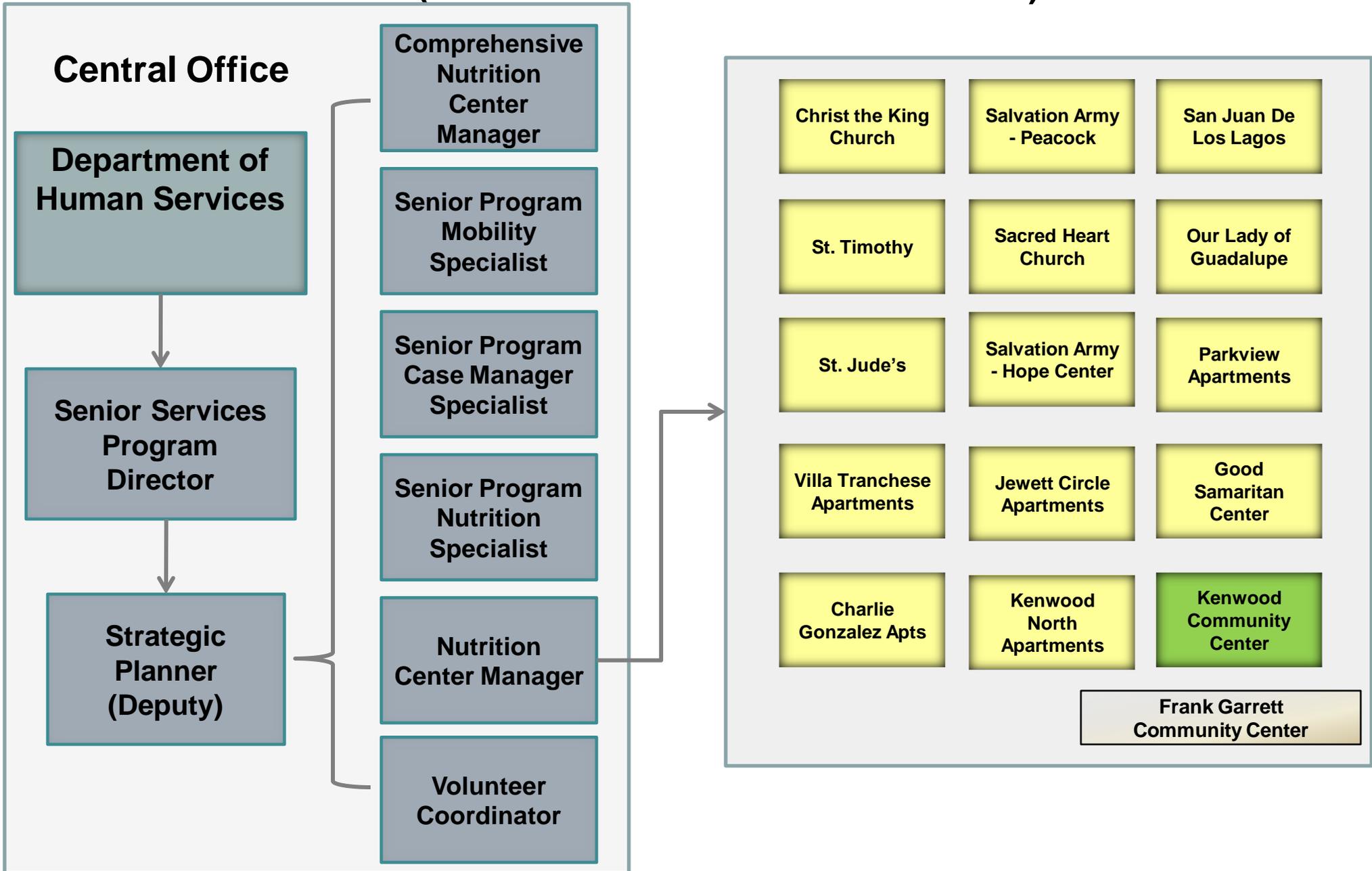
City of San Antonio, DHS Senior Services Program— Central Management of Nutrition Centers (locations within 1-5 miles of CSNCs)



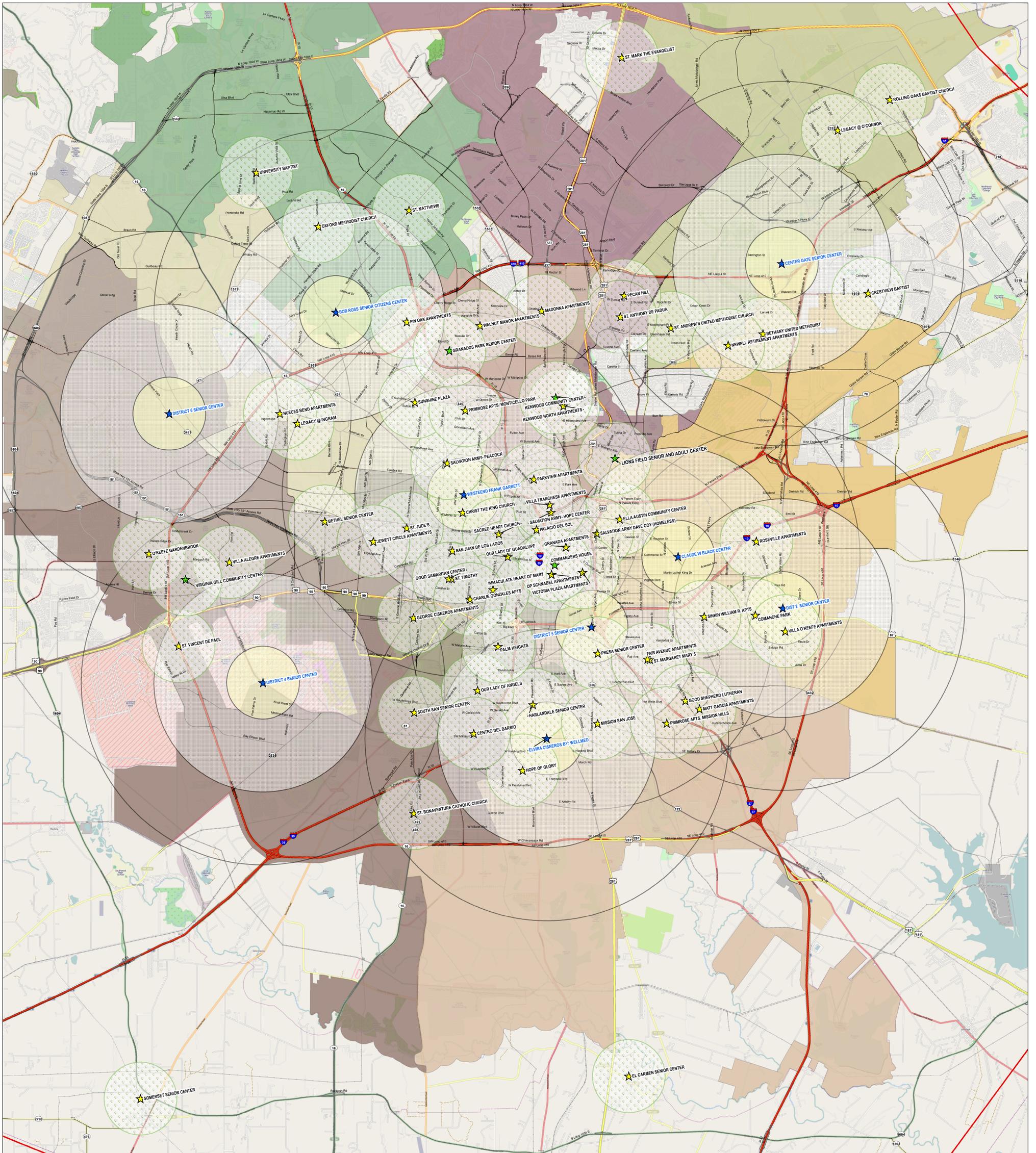
City of San Antonio, DHS Senior Services Program— Central Management of Nutrition Centers (locations within 1-5 miles of CSNCs)



City of San Antonio, DHS Senior Services Program— Central Management of Nutrition Centers (locations within 1-5 miles of CSNCs)



Senior Service Centers with Senior Comprehensive Nutrition Center, Nutrition Center and Recreation Center Buffers



<p>City Council Districts</p> <p>District</p> <ul style="list-style-type: none"> 1 2 3 4 5 6 7 8 9 10 <p>Bexar County</p>	<p>Senior Service Facilities</p> <p>Category</p> <ul style="list-style-type: none"> ★ Recreation Centers ★ Nutrition Centers ★ Comprehensive Nutrition Centers Nutrition Centers and Recreation Centers 1 Mile Buffer Comprehensive Nutrition Centers 1 Mile Buffer Comprehensive Nutrition Centers 3 Mile Buffer Comprehensive Nutrition Centers 5 Mile Buffer
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City of San Antonio, Senior Services Program Strategic Plan, Suggested Implementation Plan

ID	Task Name	Start	Finish
1	Senior Services Strategic Implementation Plan	Mon 10/3/11	Tue 1/1/13
2	Strategic Planning		
3	Organizational Governance	Mon 10/3/11	Wed 11/30/11
4	Organizational Plan	Mon 10/3/11	Wed 2/29/12
5	Senior Services Organizational Plan 2011-2015	Mon 10/3/11	Mon 10/3/11
6	Senior Services Organizational Plan 2015-2020	Mon 10/3/11	Mon 10/3/11
7	Business Plans	Mon 10/3/11	
8	Comprehensive Senior Nutrition Center Business Plans-2011-2012	Thu 3/1/12	Fri 6/29/12
9	Comprehensive Senior Nutrition Center Business Plans 2013-2014	Mon 10/3/11	Mon 10/3/11
10	Comprehensive Senior Nutrition Center Business Plans 2015-2016	Mon 10/3/11	Mon 10/3/11
11	Comprehensive Senior Nutrition Center Business Plans 2017-2018	Mon 10/3/11	Mon 10/3/11
12	Actions Plans	Mon 10/3/11	Wed 10/31/12
13	Senior Services Program Reorganization/Alignment	Mon 10/3/11	Fri 12/30/11
14	Volunteer Program	Fri 12/30/11	Fri 12/30/11
15	Performance Management System	Mon 10/3/11	Fri 3/30/12
16	Budgeting Alignment	Mon 10/3/11	Fri 3/30/12
17	Training and Staff Development	Mon 10/3/11	Fri 3/30/12
18	Senior Services Program Planning	Mon 10/3/11	Fri 3/30/12
19	Manpower Management	Mon 10/3/11	Fri 12/30/11
20	Nutrition	Mon 10/3/11	Fri 12/30/11
21	Transportation	Mon 10/3/11	Fri 12/30/11
22	Specialized Action Plans--Special Ad Hoc Initiatives	Mon 10/3/11	Wed 10/31/12
23	Strategic Communications Plan (10-15 pages)	Mon 10/3/11	Fri 3/30/12
24	Partnerships Meetings	Mon 10/3/11	Fri 9/28/12
25	Customer Service Plan (5-10 pages)	Mon 10/3/11	Fri 12/30/11
26	Code of Ethics/Standards of Conduct	Mon 10/3/11	Wed 11/30/11
27	Grievance System	Mon 10/3/11	Wed 11/30/11
28	Performance Management System	Mon 10/3/11	Mon 10/31/11
29	City of San Antonio, Department of Human Services--Senior Services Annual Report	Wed 8/1/12	Wed 10/31/12
30	Budgeting Alignment		
31	Action Plan	Mon 10/3/11	Fri 3/30/12
32	Reissue RFPs	Mon 10/3/11	Fri 12/30/11
33	Reissue RFP for Meal Provider(s) for Senior Nutrition Program	Mon 10/3/11	Fri 12/30/11
34	Reissue RFP for Congregate Nutrtrion Senior Center Meal Providers	Mon 10/3/11	Fri 12/30/11
35	Manpower Management	Mon 10/3/11	Fri 6/29/12

City of San Antonio, Senior Services Program Strategic Plan, Suggested Implementation Plan

ID	Task Name	Start	Finish
36	Action Plan	Mon 10/3/11	Fri 12/30/11
37	Reorganization	Mon 10/3/11	Fri 12/30/11
38	Draft Key Job Descriptions	Mon 10/3/11	Fri 12/30/11
39	Alignment of Key Staff	Mon 10/3/11	Fri 12/30/11
40	Volunteer Program	Fri 12/30/11	Fri 12/30/11
41	Process Improvement and Technology	Mon 10/3/11	Fri 3/30/12
42	Action Plan	Mon 10/3/11	Fri 3/30/12
43	Training and Staff Development	Mon 10/3/11	Wed 2/29/12
44	Action Plan	Mon 10/3/11	Wed 2/29/12
45	Senior Services Program Planning	Mon 10/3/11	
46	Action Plan	Mon 10/3/11	Fri 3/30/12
47	Nutrition	Mon 10/3/11	Fri 12/30/11
48	Action Plan	Mon 10/3/11	Fri 12/30/11
49	Home Delivered Meals Transition	Mon 10/3/11	Wed 11/30/11
50	Congregate Meal Distribution Improvement Plan	Mon 10/3/11	Fri 3/30/12
51	Transportation	Mon 10/3/11	Fri 12/30/11
52	Action Plan	Mon 10/3/11	Fri 12/30/11
53	Medical Transportation Transition to Nutrition	Mon 10/3/11	Wed 11/30/11
54	Regional Transportation Planning	Mon 10/3/11	Mon 12/31/12
55	Individual/Personal Needs	Mon 10/3/11	Fri 12/30/11
56	Nutrition	Mon 10/3/11	Fri 3/30/12
57	Case Management	Mon 10/3/11	Fri 3/30/12
58	Information, Referral, and Follow-up	Mon 10/3/11	Fri 3/30/12
59	Participant Directed Services	Mon 10/3/11	Fri 3/30/12
60	Social; Physical/Mental Health; Spiritual; Financial; Legal	Thu 3/29/12	Fri 3/30/12
61	Interpersonal/Social Needs		
62	Case Management	Mon 10/3/11	Fri 3/30/12
63	Information, Referral, and Follow-up	Mon 10/3/11	Fri 3/30/12
64	Participant Directed Services	Mon 10/3/11	Fri 3/30/12
65	Employment; Education; Volunteerism; Recreation; Housing; Community Support; Protections; Art; and Intergenerati	Tue 3/20/12	Fri 3/30/12

District 2 Senior Center

District 2 Senior Center

Task 1: Optimal Delivery

- **People:** City staffs senior management analyst, volunteer support
- **Process:** Internal processes used for advertising activities and schedules, signing up for center and services
- **Technology:** Office equipment provided, computer labs and internet classes provided
- **Center Type:** Senior One Stop
- **Financials:** 2011 total budget of \$400,000

Task 2: Food Distribution

- **People:** City staffs nutrition supervisor, volunteer support
- **Process:** Internal processes for meal reservation and service
- **Infrastructure:** Adequate furniture in dining area
- **Financials:** City contracts with Selrico to provide meals

Task 3: Location of Centers

- **Quadrant:** Southeast
- **Address:** 1751 S WW White Road
- **Distance to Nearest Facility:** See Below
- **Nearest Facility:** See Below

Task 4: Transportation

- **People:** City staffs chauffeur
- **Process:** Internal processes for senior transportation to center
- **Financials:** General funds staff support

Nearest Centers

Center	District	Center Type	Recommended Type	Task 1	Task 2	Task 3	Task 4
Comanche Park	2	County-owned city operated	Nutrition	• \$3,748 annual costs	• \$25,628 costs for 8,136 congregate meals served	• Within 1 mi radius	• City staffs driver • Grant funded
Villa O'Keefe Apartments	2	Volunteer	Nutrition	• No costs	• \$19,895 costs for 6,316 homebound meals served	• Within 1 mi radius	
St. Margaret Mary's	3	Vendor	Nutrition	• No costs	• \$50,006 costs for 15,875 homebound meals served	• Within 5 mi radius	
Fair Avenue Apartments	3	Vendor	Nutrition	• No costs	• \$37,397 costs for 11,872 congregate	• Within 5 mi radius	
Good Shepherd Lutheran	3	Vendor	Nutrition	• No costs	• \$18,015 costs for 5,719 homebound meals	• Within 5 mi radius	
Matt Garcia Apartments	3	Volunteer	Nutrition	• No costs	• \$12,625 costs for 4,008 homebound meals served	• Within 5 mi radius	

District 3 Senior Center

Elvira Cisneros Senior Center

Task 1: Optimal Delivery

- **People:** City staffs senior management analyst, staffing services contracted out, volunteer support (XX)
- **Process:** Internal processes used for advertising activities and schedules, signing up for center and services
- **Infrastructure:** Limited parking
- **Technology:** Office equipment provided, computer labs and internet classes provided
- **Center Type:** Volunteer
- **Financials:** 2011 total budget of \$62,012

Task 3: Location of Centers

- **Quadrant:** Southwest
- **Address:** 517 SW Military Drive
- **Distance to Nearest Facility:** See Below
- **Nearest Facility:** See Below

Task 2: Food Distribution

- **People:** Staffing services contracted out, volunteer support (XX)
- **Process:** Internal processes for meal reservation and service
- **Infrastructure:** Adequate furniture in dining area
- **Financials:** City contracts with Selrico to provide meals

Task 4: Transportation

- **Process:** Internal processes for senior transportation to center

Nearest Centers

Center	District	Center Type	Recommended Type	Task 1	Task 2	Task 3	Task 4
Harlandale Senior Center	3	County-owned city operated	Nutrition	• No cost	• \$22,233 costs for 7,058 congregate meals served	• Within 1 mi radius	• City staffs chauffeur • Grant funded
Our Lady of Angels	4	Vendor	Nutrition	• No costs	• \$88,997 costs for 13,731 congregate meals & 14,522 homebound meals	• Within 3 mi radius	
Hope of Glory	3	Lease Site-city operated	Nutrition	• No cost	• \$19,297 costs for 6,126 congregate meals served	• Within 3 mi radius	• City staffs chauffeur • Grant funded
Mission San Jose	3	Vendor	Nutrition	• No cost	• \$26,740 meals costs for 8,489 congregate meals	• Within 3 mi radius	
Centro del Barrio	4	Volunteer	Nutrition	• No cost	• \$10,729 costs for 3,406 congregate meals served	• Within 3 mi radius	
El Carmen Senior Center	County	Vendor	Nutrition	• No costs	• \$48,236 costs for 15,313 congregate meals	• Within 5 mi radius	
St. Bonaventure Catholic Church	4	Leas Site-city operated	Nutrition	• \$9,888 annual costs	• \$32,842 costs 10,426 congregate meals	• Within 5 mi radius	• City staffs chauffeur • Grant funded

District 4 Senior Center

Willie Cortez Senior Center

Task 1: Optimal Delivery

- **People:** City does not provide staff, staffing services contracted out, volunteer support
- **Process:** Internal processes used for advertising activities and schedules, signing up for center and services
- **Technology:** Office equipment provided, computer labs and internet classes provided
- **Center Type:** Senior One Stop
- **Capacity:** XX

Task 2: Food Distribution

- **People:** Staffing services contracted out, volunteer support (XX)
- **Process:** Internal processes for meal reservation and service
- **Infrastructure:** Adequate furniture in dining area
- **Financials:** City contracts with Selrico to provide meals

Task 3: Location of Centers

- **Quadrant:** Southwest
- **Address:** 5512 SW Military Dr.
- **Distance to Nearest Facility:** See Below
- **Nearest Facility:** See Below

Task 4: Transportation

- **People:** City staffs chauffeur
- **Process:** Internal processes for senior transportation to center
- **Financials:** General funds staff support

Nearest Centers

Center	District	Center Type	Recommended Type	Task 1	Task 2	Task 3	Task 4
St. Vincent de Paul	4	Vendor	Nutrition	<ul style="list-style-type: none"> • No costs 	<ul style="list-style-type: none"> • \$31,166 costs for 9,894 congregate meals 	<ul style="list-style-type: none"> • Within 3 mi radius 	
Villa Allegre Apartments	6	Vendor	Nutrition	<ul style="list-style-type: none"> • No costs 	<ul style="list-style-type: none"> • \$16,648 costs for 5,285 congregate meals 	<ul style="list-style-type: none"> • Within 3 mi radius 	
Somerset Senior Center	County	Vendor	Nutrition	<ul style="list-style-type: none"> • No costs 	<ul style="list-style-type: none"> • \$18,513 costs for 3,321 congregate & 2,556 homebound meals 	<ul style="list-style-type: none"> • Within 5 mi radius 	
South San Senior Center	4	County-owned city operated	Nutrition	<ul style="list-style-type: none"> • No costs 	<ul style="list-style-type: none"> • \$29,112 costs for 9,242 congregate meals 	<ul style="list-style-type: none"> • Within 5 mi radius 	<ul style="list-style-type: none"> • City staffs chauffeur • Grant funded

District 5 Senior Center (1 of 2)

District 5 Comprehensive Senior Center

Task 1: Optimal Delivery

- **People:** City staffs senior management analyst and administrative associate, volunteer support
- **Process:** Internal processes used for advertising activities and schedules, signing up for center and services
- **Technology:** Office equipment provided, computer labs and internet classes provided
- **Center Type:** Senior One Stop
- **Capacity:** XX
- **Financials:** 2011 total budget of \$400,000

Task 3: Location of Centers

- **Quadrant:** Southwest
- **Address:** 2701 S. Presa
- **Distance to Nearest Facility:** See Next Page
- **Nearest Facility:** See Next Page

Task 2: Food Distribution

- **People:** City staffs nutrition supervisor, volunteer support (XX)
- **Process:** Internal processes for meal reservation and service
- **Infrastructure:** Adequate furniture in dining area
- **Financials:** City contracts with Selrico to provide meals

Task 4: Transportation

- **People:** City staffs chauffeur
- **Process:** Internal processes for senior transportation to center
- **Financials:** General funds staff support

District 5 Senior Center (2 of 2)

District 5 Comprehensive Senior Center

Southwest Quadrant: Nearest Centers

Center	District	Center Type	Recommended Type	Task 1	Task 2	Task 3	Task 4
Presa Senior Center	3	Vendor	Nutrition	• No costs	• \$56,489 costs for 17,933 homebound meals	• Within 1 mi radius	
Palacio del Sol	5	Vendor	Nutrition	• No costs	• \$57,270 costs for 17,045 congregate & 1,136 homebound meals	• Within 3 mi radius	
Granada Apartments	1	Volunteer	Nutrition	• No costs	• \$48,365 costs for 15,354 congregate meals served	• Within 3 mi radius	
Roseville Apartments	2	Volunteer	Nutrition	• No costs	• \$12,739 costs for 4,044 congregate meals served	• Within 5 mi radius	
Victoria Plaza Apartments	1	Volunteer	Nutrition	• No costs	• \$50,602 costs for 16,064 congregate meals served	• Within 3 mi radius	
George Cisneros Apartments	5	Volunteer	Nutrition	• No costs	• \$3,767 costs for 1,196 congregate meals served	• Within 5 mi radius	
Immaculate Heart of Mary	5	Volunteer	Nutrition	• No costs	• \$3,780 meal costs for 1,200 congregate meals served	• Within 3 mi radius	
Sinkin William R. Apts	2	Volunteer	Nutrition	• No costs	• \$28,000 costs for 8,889 congregate meals served	• Within 5 mi radius	
Commander's House	1	Park Senior Activity Center	Recreation	• \$83,112 annual lease	• No meals served	• Within 3 mi radius	

District 6 Senior Center

Alicia Trevino Senior Center

Task 1: Optimal Delivery

- **People:** City staffs senior management analyst, staffing services contracted out, volunteers support (XX)
- **Process:** Internal processes used for advertising activities and schedules, signing up for center and services
- **Infrastructure:** New facility
- **Technology:** Office equipment provided, computer labs and internet classes provided
- **Center Type:** Senior One Stop
- **Financials:** 2011 total budget of \$575,830. City budgets for salaries and benefits, facility rental and maintenance, auto maintenance, and recreation

Task 2: Food Distribution

- **People:** City staffs nutrition site supervisor, volunteer support (XX)
- **Process:** Internal processes for meal reservation and service
- **Infrastructure:** Adequate furniture in dining area
- **Financials:** City contracts with Selrico to provide meals, City budgets for dining furniture

Task 3: Location of Centers

- **Quadrant:** Northwest
- **Address:** 8353 Culebra Road 78251
- **Distance to Nearest Facility:** See Below
- **Nearest Facility:** See Below

Task 4: Transportation

- **People:** City staffs chauffeur
- **Process:** Internal processes for senior transportation to center
- **Financials:** City budgets for chauffeur

Northwest Quadrant: Nearest Centers

Center	District	Center Type	Recommended Type	Task 1	Task 2	Task 3	Task 4
O'Keefe Gardenbrook	6	Volunteer	Nutrition	• No costs	• \$10,143 costs for 3,220 congregate meals served	• Within 5 mi radius	
Bethel Senior Center	6	Vendor	Nutrition	• No costs	• \$49,071 costs for 12,705 congregate and 2,873 homebound meals	• Within 5 mi radius	
Nueces Bend Apartments	7	Volunteer	Nutrition	• No costs	• \$29,780 costs 9,454 congregate meals served	• Within 3 mi radius	

District 8 Senior Center (1 of 2)

Bob Ross Senior Center

Task 1: Optimal Delivery

- **People:** City staffs senior management analyst and three administrative associate, volunteer support (XX)
- **Process:** Internal processes used for advertising activities and schedules, signing up for center and services
- **Technology:** Office equipment provided, computer labs and internet classes provided
- **Center Type:** Senior One Stop
- **Financials:** 2011 total budget of \$527,120

Task 3: Location of Centers

- **Quadrant:** Northwest
- **Address:** 2219 Babcock
- **Distance to Nearest Facility:** See Next Page
- **Nearest Facility:** See Next Page

Task 2: Food Distribution

- **People:** City staffs nutrition supervisor, volunteer support (XX)
- **Process:** Internal processes for meal reservation and service
- **Infrastructure:** Not enough space or furniture in dining area
- **Financials:** City contracts with Selrico to provide meals

Task 4: Transportation

- **People:** City staffs chauffeur
- **Process:** Internal processes for senior transportation to center
- **Financials:** General funds staff support

District 8 Senior Center (2 of 2)

Bob Ross Senior Center

Nearest Centers (10/1/10 - 4/8/11)							
Center	District	Center Type	Recommended Type	Task 1	Task 2	Task 3	Task 4
St. Matthews	8	Vendor	Nutrition	• No cost	• \$25,272 costs 6,490 congregate meals & 1,533 homebound meals	• Within 3 mi radius	
Madonna Apartments	1	Volunteer	Nutrition	• No cost	• \$19,310 costs for 6,130 congregate meals served	• Within 5 mi radius	
Walnut Manor Apartments	1	Volunteer	Nutrition	• No cost	• \$21,486 costs for 6,821 congregate meals served	• Within 5 mi radius	
Pin Oak Apartments	7	Volunteer	Nutrition	• No cost	• \$14,827 costs for 4,707 congregate meals served	• Within 3 mi radius	
Oxford Methodist Church	8	Volunteer	Nutrition	• No cost	• \$5,172 costs for 1,642 congregate meals served	• Within 3 mi radius	
Legacy @ Ingram	7	Volunteer	Nutrition	• No cost	• \$21,099 costs for 6,698 congregate meals served	• Within 3 mi radius	
Sunshine Plaza	7	Volunteer	Nutrition	• No cost	• \$15,460 costs for 4,908 congregate meals served	• Within 3 mi radius	
University Baptist	8	Volunteer	Nutrition	• No cost	• \$12,257 costs for 3,891 congregate meals served	• Within 5 mi radius	
Primrose Apts/Monticello Park	7	Volunteer	Nutrition	• No cost	• \$52,539 costs for 16,679 congregate meals served	• Within 5 mi radius	
Granados Park Senior Center	1	Parks Senior Activity Center	Recreation	• No cost	• No meal costs	• Within 3 mi radius	

District 10 Senior Center (1 of 2)

Northeast (Center Gate) Comprehensive Senior Center

Task 1: Optimal Delivery

- **People:** City staffs assistant multi-service center supervisor and administrative associate, volunteer support (XX)
- **Process:** Internal processes used for advertising activities and schedules, signing up for center and services
- **Infrastructure:** Limited parking
- **Technology:** Office equipment provided, computer labs and internet classes provided
- **Center Type:** Senior One Stop
- **Financials:** 2011 total budget of \$400,000
- **Services:** Delegate agencies – YMCA

Task 3: Location of Centers

- **Quadrant:** Northeast
- **Address:** 4355 Center Gate
- **Distance to Nearest Facility:** See Next Page
- **Nearest Facility:** See Next Page

Task 2: Food Distribution

- **People:** City staffs nutrition supervisor, volunteer support (XX)
- **Process:** Internal processes for meal reservation and service
- **Infrastructure:** Not enough space or furniture in dining area
- **Technology:** XX
- **Financials:** City contracts with Selrico to provide meals

Task 4: Transportation

- **People:** City staffs chauffeur
- **Process:** Internal processes for senior transportation to center
- **Financials:** General funds staff support

District 10 Senior Center (2 of 2)

Northeast (Center Gate) Comprehensive Senior Center

Nearest Centers							
Center	District	Center Type	Recommended Type	Task 1	Task 2	Task 3	Task 4
Bethany United Methodist	2	Lease Site-city operated	Nutrition	<ul style="list-style-type: none"> \$6,000 annual lease 	<ul style="list-style-type: none"> \$37,057 costs for 11,764 congregate meals served 	<ul style="list-style-type: none"> Within 3 mi radius 	
Crestview Baptist	2	Volunteer	Nutrition	<ul style="list-style-type: none"> No cost 	<ul style="list-style-type: none"> \$6,108 costs for 1,939 congregate meals served 	<ul style="list-style-type: none"> Within 3 mi radius 	
Pecan Hill	9	Volunteer	Nutrition	<ul style="list-style-type: none"> No cost 	<ul style="list-style-type: none"> \$32,017 costs for 10,164 congregate meals served 	<ul style="list-style-type: none"> Within 5 mi radius 	
St. Anthony de Padua	9		Nutrition	<ul style="list-style-type: none"> No cost 	<ul style="list-style-type: none"> \$7,815 meal costs for 2,481 		
Legacy @ O'Connor	10	Volunteer	Nutrition	<ul style="list-style-type: none"> No cost 	<ul style="list-style-type: none"> \$25,074 costs for 7,960 congregate meals served 	<ul style="list-style-type: none"> Within 5 mi radius 	
Newell Retirement Apartments	10	Volunteer	Nutrition	<ul style="list-style-type: none"> No cost 	<ul style="list-style-type: none"> \$16,122 costs 5,118 congregate meals served 	<ul style="list-style-type: none"> Within 3 mi radius 	
St. Mark the Evangelist	9	Volunteer	Nutrition	<ul style="list-style-type: none"> No cost 	<ul style="list-style-type: none"> \$2,340 costs for 743 congregate meals served 	<ul style="list-style-type: none"> Within 5 mi radius 	
Rolling Oaks Baptist Church	10	Lease Site-city operated	Nutrition	<ul style="list-style-type: none"> \$6,000 annual lease 	<ul style="list-style-type: none"> \$19,568 costs for 6,212 congregate meals served 	<ul style="list-style-type: none"> Within 5 mi radius 	<ul style="list-style-type: none"> City staffs chauffeur Grant funded
St. Andrew's United Methodist Church	10	Lease Site-city operated	Nutrition	<ul style="list-style-type: none"> \$6,000 annual lease 	<ul style="list-style-type: none"> \$25,732 costs for 8,169 congregate meals served 	<ul style="list-style-type: none"> Within 5 mi radius 	<ul style="list-style-type: none"> City staffs chauffeur Grant funded

Claude Black Operations

Claude Black Community Center

Task 1: Optimal Delivery

- **People:** City staffs multi-service center supervisor, assistant multi-service center supervisor and administrative associate, volunteer support (XX)
- **Process:** Internal processes used for advertising activities and schedules, signing up for center and services
- **Technology:** Office equipment provided, computer labs and internet classes provided
- **Center Type:** Community Center
- **Financials:** 2011 total budget of \$225,519

Task 2: Food Distribution

- **People:** Volunteer support (XX)
- **Process:** Internal processes for meal reservation and service
- **Infrastructure:** Adequate furniture in dining area
- **Financials:** City contracts with Selrico to provide meals

Task 3: Location of Centers

- **Quadrant:** Southeast
- **Address:** 2805 E. Commerce
- **Distance to Nearest Facility:** See Below
- **Nearest Facility:** See Below

Task 4: Transportation

- **People:** Grant funds staffs chauffeur, shared with Westend
- **Process:** Internal processes for senior transportation to center
- **Financials:** Grant funds staff support

Nearest Centers

Center	District	Center Type	Recommended type	Task 1	Task 2	Task 3	Task 4
Salvation Army Dave Coy	2	Vendor	Nutrition	• No costs	• \$9,935 meal costs for 3,154 congregate meals	• Within 5 mi radius	
Ella Austin Community Center	2	Vendor	Nutrition	• No costs	• \$42,254 meal costs for 9,030 congregate meals and 4,384 homebound meals	• Within 3 mi radius	
Primrose Apts. Mission Hills	3	Volunteer	Nutrition	• No costs	• \$44,749 costs for 14,206 congregate meals served	• Within 5 mi radius	
OP Schnabel Apartments	1	Volunteer	Nutrition	• No costs	• \$19,854 costs for 6,303 congregate meals served	• Within 5 mi radius	
Lions Field Senior and Adult Center	1	Park Senior Activity Center	Recreation	• \$99,792 annual lease	• No data	• Within 5 mi radius	

Frank Garrett Operations (1 of 2)

Westend Senior Center

Task 1: Optimal Delivery

- **People:** City staffs multi-service center supervisor, assistant multi-service center supervisor and administrative associate, volunteer support (XX)
- **Process:** Internal processes used for advertising activities and schedules, signing up for center and services
- **Technology:** Office equipment provided, computer labs and internet classes provided
- **Center Type:** Community Center
- **Financials:** 2011 total budget of \$167,345

Task 3: Location of Centers

- **Quadrant:** Southeast
- **Address:** 2805 E. Commerce
- **Distance to Nearest Facility:** See Next Page
- **Nearest Facility:** See Next Page

Task 2: Food Distribution

- **Process:** Internal processes for meal reservation and service
- **Infrastructure:** Adequate furniture in dining area
- **Financials:** City contracts with Selrico to provide meals

Task 4: Transportation

- **People:** Grant funded chauffeur, shared with Claude Black
- **Process:** Internal processes for senior transportation to center
- **Financials:** Grant funds staff support

Frank Garrett Operations (2 of 2)

Frank Garrett Community Center

Nearest Centers							
Center	District	Center Type	Recommended Type	Task 1	Task 2	Task 3	Task 4
Christ the King Church	5	Vendor	Nutrition	• No cost	• \$25,216 meal costs for 8,005 congregante meals	• Within 1 mi radius	
Salvation Army – Peacock	7	Vendor	Nutrition	• No cost	• \$41,013 meal costs for 13,020 congregante meals	• Within 1 mi radius	
San Juan De Los Lagos	5	Vendor	Nutrition	• No cost	• \$32,568 meal costs for 7,792 congregante meals & 2,547 homebound meals	• Within 3 mi radius	
St. Timothy	5	Vendor	Nutrition	• No cost	• \$36,707 meal costs for 8,017 congregante meals & 3,636 homebound meals	• Within 3 mi radius	
Sacred Heart Church	1	Vendor	Nutrition	• No cost	• \$56,448 meal costs for 13,401 congregante meals and 4,519 homebound meals	• Within 3 mi radius	
Our Lady of Guadalupe	5	Vendor	Nutrition	• No cost	• \$36,685 for 9,387 congregante & 2,259 homebound meals served	• Within 3 mi radius	
St. Jude's	6	Vendor	Nutrition	• No cost	• \$80,766 for costs for 19,152 congregante meals and 6,488 homebound meals	• Within 3 mi radius	
Salvation Army – Hope Center	1	Vendor	Nutrition	• No cost	• \$36,171 meal costs for 11,483 congregante meals	• Within 3 mi radius	
Parkview Apartments	1	Volunteer	Nutrition	• No cost	• \$35,245 costs for 11,189 congregante meals served	• Within 3 mi radius	
Villa Tranchese Apartments	1	Volunteer	Nutrition	• No cost	• \$45,212 costs for 14,353 congregante meals served	• Within 3 mi radius	
Jewett Circle Apartments	6	Volunteer	Nutrition	• No cost	• \$7,210 costs for 2,289 congregante meals served	• Within 3 mi radius	
Good Samaritan Center	5	Volunteer	Nutrition	• No cost	• \$44,365 costs for 14,084 congregante meals served	• Within 3 mi radius	
Charlie Gonzalez Apts	5	Volunteer	Nutrition	• No cost	• \$15,003 costs 4,763 congregante meals served	• Within 3 mi radius	
Kenwood North Apartments	1	Volunteer	Nutrition	• No cost	• \$21,996 costs 6,983 congregante meals served	• Within 5 mi radius	
Kenwood Community Center	1	Community Center	Recreation	• \$32,200 annual costs	• \$48,734 costs 15,471 congregante meals served	• Within 5 mi radius	<ul style="list-style-type: none"> • City staffs chauffeur • Grant funded

**City of San Antonio Senior Program Funding
FY 2011 Adopted Budget**

Program	Delegate Agency General Fund	DCI General Fund	CDBG	Other Federal Grants	Other	Grand Total
Comprehensive Senior Centers						
Council District 2	\$ -	\$ 400,000	\$ -	\$ -	\$ -	\$ 400,000
Council District 3, wellmed		60,000				\$ 60,000
Council District 4, will cortz		400,000				\$ 400,000
Council District 5		400,000		Adds second year funding for D-2 & D-6	\$	\$ 400,000
Council District 6, alicia trevino		400,000				\$ 400,000
Council District 10, NE		400,000				\$ 400,000
Bob Ross Multi-Service Center		558,963				\$ 558,963
TOTAL		\$ 2,618,963	\$ -	\$ -	\$ -	\$ 2,618,963
Delegate Agencies - Seniors						
Antioch CTN	\$ 30,000	\$ -		\$ -	\$ -	\$ 30,000
Barshop Jewish Community Center	50,000					\$ 50,000
Catholic Charities	40,000					\$ 40,000
Catholic Charities	77,000					\$ 77,000
Christian Senior Services	57,000					\$ 57,000
El Centro del Barrio dba Centro Med	129,000					\$ 129,000
Family Services Assoc.	77,000					\$ 77,000
San Antonio Food Bank	0		405,004			\$ 405,004
San Antonio OASIS	70,000					\$ 70,000
Urban 15 Group	35,131					\$ 35,131
YMCA of Greater SA	308,000					\$ 308,000
YWCA of SA	87,000					\$ 87,000
TOTAL	\$ 960,131	\$ -	\$ 405,004	\$ -	\$ -	\$ 1,365,135
Other						
Comprehensive Nutrition Program	\$ -	\$ 3,144,506	\$ -	\$ 1,961,820	\$ 192,557	\$ 5,298,883
Elderly Transportation Program for Medical Appointments		140,987		275,250	5,000	\$ 421,237
TOTAL	\$ -	\$ 3,285,493	\$ -	\$ 2,237,070	\$ 197,557	\$ 5,720,120
GRAND TOTAL	\$ 960,131	\$ 5,904,456	\$ 405,004	\$ 2,237,070	\$ 197,557	\$ 9,704,218

SITE NAME	CURRENT FACILITY SUB-CATEGORY	RECOMMENDED CATEGORY	DEPARTMENT	ADDRESS	SUITE	YEARLY LEASE	SQUARE FEET	Annual Custodial Costs	Annual Maintenance costs	Annual Building Maintenance Charge	Annual Security Costs	Annual utility Costs	# of City Employees Report to Facility	Congregate Meal Served	Homebound Meal Served	Total Congregate/ Homebound Meals Served	Average Cost Per Meal \$3.15
BOB ROSS SENIOR CITIZENS CENTER	Senior One Stops	Comprehensive Nutrition	Community Initiatives	2219 BABCOCK ROAD			24,440						8	26,491	-	26,491	\$ 83,447
St. Matthews	Vendor	Nutrition	Community Initiatives	10703 Wurzbach		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	6,490	1,533	8,023	25,272
Madonna Apartments	Volunteer	Nutrition	Community Initiatives	7710 Madonna		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	6,130	-	6,130	\$ 19,310
Walnut Manor Apartments	Volunteer	Nutrition	Community Initiatives	3822 West Ave.		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	6,821	-	6,821	\$ 21,486
Pin Oak Apartments	Volunteer	Nutrition	Community Initiatives	7190 Oaklawn		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	4,707	-	4,707	\$ 14,827
Oxford Methodist Church	Volunteer	Nutrition	Community Initiatives	9655 Huebner Rd.		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1,642	-	1,642	\$ 5,172
Legacy @ Ingram	Volunteer	Nutrition	Community Initiatives	5803 Ingram		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	6,698	-	6,698	\$ 21,099
Sunshine Plaza	Volunteer	Nutrition	Community Initiatives	455 E. Sunshine		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	4,908	-	4,908	\$ 15,460
University Baptist	Volunteer	Nutrition	Community Initiatives	6465 Babcock Rd.		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	3,891	-	3,891	\$ 12,257
Primrose Apts/ Monticello Park	Volunteer	Nutrition	Community Initiatives	2803 Fredericksburg Rd.		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	16,679	-	16,679	\$ 52,539
GRANADOS PARK SENIOR CENTER	Park Senior Activity Center	Recreation	Parks & Recreation	500 FREILING	N/A	\$ 60,000											\$ -
						YEARLY LEASE	SQUARE FEET	Annual Custodial Costs	Annual Maintenance costs	Annual Building Maintenance Charge	Annual Security Costs	Annual utility Costs	Number of City Employees Report to Facility	Congregate Meal Served	Homebound Meal Served	Facility Performance Metric	Average Cost Per Meal \$3.15
Apprx. 6 mo.														44,015	893	44,908	\$ 141,460
Annualized						\$ 60,000		\$ -	\$ -	\$ -	\$ -	\$ -	8	84,457	1,533	85,990	\$ 270,869

Dist 2 Senior Center	Senior One Stops	Comprehensive Nutrition	Community Initiatives	1751 WW White Road			8,000						3	11,414	-	11,414	\$ 35,954
Comanche Park	County-owned city operated	Nutrition	Community Initiatives	2600 Rigby		N/A	N/A	\$ 3,748	N/A	N/A	N/A	N/A	N/A	8,136	-	8,136	\$ 25,628
Villa O'Keefe Apartments	Volunteer	Nutrition	Community Initiatives	2106 S WW White Rd.		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	6,316	6,316	\$ 19,895
St. Margaret Mary's	Vendor	Nutrition	Community Initiatives	1314 Fair Ave.		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	15,875	-	15,875	50,006
Fair Avenue Apartments	Vendor	Nutrition	Community Initiatives	1215 Fair Ave.		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	11,872	-	11,872	37,397
Good Shepherd Lutheran	Vendor	Nutrition	Community Initiatives	1630 Goliad Rd.		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	5,719	-	5,719	18,015
Matt Garcia Apartments	Volunteer	Nutrition	Community Initiatives	6114 Pecan Valley Dr.		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	4,008	4,008	\$ 12,625
						YEARLY LEASE	SQUARE FEET	Annual Custodial Costs	Annual Maintenance costs	Annual Building Maintenance Charge	Annual Security Costs	Annual utility Costs	Number of City Employees Report to Facility	Congregate Meal Served	Homebound Meal Served	Facility Performance Metric	Average Cost Per Meal \$3.15
Apprx. 6 mo.						\$ -	8,000							22,518	7,487	28,219	\$ 88,890
Annualized						\$ -		\$ 3,748	\$ -	\$ -	\$ -	\$ -	3	53,016	10,324	63,340	\$ 199,521

District 4-Willie Cortez SENIOR CENTER	Senior One Stops	Comprehensive Nutrition	Community Initiatives	5502 SW Military Dr			7,000						3	17,856	-	17,856	\$ 56,246							
St. Vincent de Paul	Vendor	Nutrition	Community Initiatives	4222 SW Loop 410		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	9,894	-	9,894	31,166							
Villa Alegre Apartments	Vendor	Nutrition	Community Initiatives	6902 Marbach		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	5,285	-	5,285	16,648							
Somerset Senior Center	Vendor	Nutrition	Community Initiatives	19375 *K* St., Somerset, TX		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	3,321	2,556	5,877	18,513							
Virginia Gill	City Owned City Operated	Nutrition	Community Initiatives	7902 Westshire		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	5,593	-	5,593	17,618							
South San Senior Center	County-owned city operated	Nutrition	Community Initiatives	503 Lovett		non financial	N/A	N/A	N/A	N/A	N/A	N/A	N/A	9,242	-	9,242	\$ 29,112							
													YEARLY LEASE	SQUARE FEET	Annual Custodial Costs	Annual Maintenance costs	Annual Building Maintenance Charge	Annual Security Costs	Annual utility Costs	Number of City Employees Report to Facility	Congregate Meal Served	Homebound Meal Served	Facility Performance Metric	Average Cost Per Meal \$3.15
Apprx. 6 mo.													\$ -	-							23,912	1,495	25,407	\$ 80,032
Annualized													\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	3	51,191	2,556	53,747	169,303

DISTRICT 5 SENIOR CENTER	Senior One Stops	Comprehensive Nutrition	Community Initiatives	2701 Presa			10,840						4	24,570	-	24,570	\$ 77,396							
Presa Senior Center	Vendor	Nutrition	Community Initiatives	3721 S. Presa St.		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		17,933	17,933	56,489							
Palacio del Sol	Vendor	Nutrition	Community Initiatives	400 N. Frio		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	17,045	1,136	18,181	57,270							
Granada Apartments	Volunteer	Nutrition	Community Initiatives	311 S. St. Mary's St.		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	15,354	-	15,354	\$ 48,365							
Roseville Apartments	Volunteer	Nutrition	Community Initiatives	4139 E. Houston St.		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	4,044	-	4,044	\$ 12,739							
Victoria Plaza Apartments	Volunteer	Nutrition	Community Initiatives	411 Barrera		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	16,064	-	16,064	\$ 50,602							
George Cisneros Apartments	Volunteer	Nutrition	Community Initiatives	3003 Weir Ave.		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1,196	-	1,196	\$ 3,767							
Immaculate Heart of Mary	Volunteer	Nutrition	Community Initiatives	314 Merida St.		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1,200	-	1,200	\$ 3,780							
Sinkin William R. Apts	Volunteer	Nutrition	Community Initiatives	1518 Amanda St.		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	8,889	-	8,889	\$ 28,000							
Palm Heights	City owned City Operated	Nutrition	Community Initiatives	420 Nunes		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	6,876	-	6,876	\$ 21,659							
COMMANDERS HOUSE	Park Senior Activity Center	Recreation	Parks & Recreation	645 MAIN AVENUE SOUTH	N/A	\$ 83,112											\$ -							
													YEARLY LEASE	SQUARE FEET	Annual Custodial Costs	Annual Maintenance costs	Annual Building Maintenance Charge	Annual Security Costs	Annual utility Costs	Number of City Employees Report to Facility	Congregate Meal Served	Homebound Meal Served	Facility Performance Metric	Average Cost Per Meal \$3.15
Apprx. 6 mo.														-							46,455	11,031	57,486	\$ 181,081
Annualized													\$ 83,112		\$ -	\$ -	\$ -	\$ -	\$ -	-	95,238	19,069	114,307	360,067

DISTRICT 6 SENIOR CENTER	Senior One Stops	Comprehensive Nutrition	Community Initiatives	8353 Culebra		\$ -	24,000	\$ -	\$ -	\$ -	\$ -	\$ -	2	7,829	-	7,829	\$ 24,661							
O'Keefe Gardenbrook	Volunteer	Nutrition	Community Initiatives	8734 Gardenbrook		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	3,220	-	3,220	\$ 10,143							
Bethel Senior Center	Vendor	Nutrition	Community Initiatives	227 S. Acme Rd		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	12,705	2,873	15,578	49,071							
Nueces Bend Apartments	Volunteer	Nutrition	Community Initiatives	3503 Camino Real		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	9,454	-	9,454	\$ 29,780							
													YEARLY LEASE	SQUARE FEET	Annual Custodial Costs	Annual Maintenance costs	Annual Building Maintenance Charge	Annual Security Costs	Annual utility Costs	Number of City Employees Report to Facility	Congregate Meal Served	Homebound Meal Served	Facility Performance Metric	Average Cost Per Meal \$3.15
Apprx. 6 mo.													\$ -	-							13,771	1,498	15,269	48,097

Annualized	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	2	33,208	2,873	36,081	113,655
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District 10-Northeast Comprehensive SENIOR CENTER (Center Gate)	Senior One Stops	Comprehensive Nutrition	Community Initiatives	4355 Center Gate		\$ 143,664	11,178	\$ 30,000	\$ 4,500	\$ -	\$ 2,700	\$ 23,000	4	33041		33041	\$ 104,079
Belhary United Methodist	Lease-Only Site	Nutrition	Community Initiatives	4102 Eisenhower		\$ 6,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	11,764	-	11,764	\$ 37,057
Crestview Baptist	Volunteer	Nutrition	Community Initiatives	8101 Eaglecrest		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1,939	-	1,939	\$ 6,108
Pecan Hill	Volunteer	Nutrition	Community Initiatives	1600 W. Lawndale		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	10,164	-	10,164	\$ 32,017
St. Anthony de Padua	Volunteer	Nutrition	Community Initiatives	102 Lorenz		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	2,481	-	2,481	\$ 7,815
Legacy @ O'Connor	Volunteer	Nutrition	Community Initiatives	13842 O'Connor		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	7,960	-	7,960	\$ 25,074
Newell Retirement Apartments	Volunteer	Nutrition	Community Initiatives	6918 E. Sunbelt Dr.		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	5,118	-	5,118	\$ 16,122
St. Mark the Evangelist	Volunteer	Nutrition	Community Initiatives	1602 Thousand Oaks Dr.		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	743	-	743	\$ 2,340
Rolling Oaks Baptist Church	Lease Site-city operated	Nutrition	Community Initiatives	6401 Wenzel		\$ 6,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	6,212	-	6,212	\$ 19,568
St. Andrew's United Methodist Church	Lease Site-city operated	Nutrition	Community Initiatives	722 Robinhood		\$ 6,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	8,169	-	8,169	\$ 25,732

				YEARLY LEASE	SQUARE FEET	Annual Custodial Costs	Annual Maintenance costs	Annual Building Maintenance Charge	Annual Security Costs	Annual utility Costs	Number of City Employees Report to Facility	Congregate Meal Served	Homebound Meal Served	Facility Performance Metric	Average Cost Per Meal \$3.15
Apprx. 6 mo.					-							44,483	-	44,483	140,121
Annualized				\$ 12,000		\$ -	\$ -	\$ -	\$ -	\$ -	-	87,591	0	87,591	\$ 275,912

District 3-Elvira Cisneros by: WellMed	Volunteer	Comprehensive Nutrition	Community Initiatives	517 SW Military Dr		N/A	N/A	N/A	N/A	N/A	N/A	N/A	40,432	-	40,432	\$ 127,361
Harlandale Senior Center	County-owned city operated	Nutrition	Community Initiatives	115 W Southcross		N/A	N/A	N/A	N/A	N/A	N/A	N/A	7,058	-	7,058	\$ 22,233
Our Lady of Angels	Vendor	Nutrition	Community Initiatives	1212 Stonewall		N/A	N/A	N/A	N/A	N/A	N/A	N/A	13,731	14,522	28,253	\$ 88,997
Hope of Glory	Lease Site-city operated	Nutrition	Community Initiatives	339 W Hutchins		\$ 6,000	N/A	N/A	N/A	N/A	N/A	N/A	6,126	-	6,126	\$ 19,297
Mission San Jose	Vendor	Nutrition	Community Initiatives	701 E. Pyron		N/A	N/A	N/A	N/A	N/A	N/A	N/A	8,489	-	8,489	\$ 26,740
Centro Del Barrio	Volunteer	Nutrition	Community Initiatives	123 Ascot		N/A	N/A	N/A	N/A	N/A	N/A	N/A	3,406	-	3,406	\$ 10,729
El Carmen Senior Center	Vendor	Nutrition	Community Initiatives	18555 Leal Rd.		N/A	N/A	N/A	N/A	N/A	N/A	N/A	15,313	-	15,313	\$ 48,236
St. Bonaventure Catholic Church	Lease Site-city operated	Nutrition	Community Initiatives	1918 Palo Alto Road		\$ 6,600	N/A	\$ 3,288	N/A	N/A	N/A	N/A	10,426	-	10,426	\$ 32,842

				YEARLY LEASE	SQUARE FEET	Annual Custodial Costs	Annual Maintenance costs	Annual Building Maintenance Charge	Annual Security Costs	Annual utility Costs	Number of City Employees Report to Facility	Congregate Meal Served	Homebound Meal Served	Facility Performance Metric	Average Cost Per Meal \$3.15
Apprx. 6 mo.					-	\$ 3,288						54,296	8,101	62,397	196,551
Annualized				\$ -		\$ 3,288	\$ -	\$ -	\$ -	\$ -	-	104,981	14,522	119,503	\$ 376,434

WESTEND SENIOR CENTER (FRANK GARRETT CMTY CTR)	Community Centers	Comprehensive Nutrition	Community Initiatives	1226 NW 18TH STREET		\$ -	37,775			\$ -			8	11,707		11,707	\$ 36,877
Christ the King Church	Vendor	Nutrition	Community Initiatives	2610 Perez St.		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	8,005	-	8,005	25,216
Salvation Army- Peacock	Vendor	Nutrition	Community Initiatives	2810 W. Ashby St.		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	13,020	-	13,020	41,013
San Juan De Los Lagos	Vendor	Nutrition	Community Initiatives	3231 El Paso St.		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	7,792	2,547	10,339	32,568
St. Timothy	Vendor	Nutrition	Community Initiatives	1515 Saltillo		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	8,017	3,636	11,653	36,707
Sacred Heart Church	Vendor	Nutrition	Community Initiatives	2123 W. Commerce St.		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	13,401	4,519	17,920	56,448
Our Lady of Guadalupe	Vendor	Nutrition	Community Initiatives	1321 El Paso		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	9,387	2,259	11,646	36,685
St. Jude's	Vendor	Nutrition	Community Initiatives	130 S. San Augustine Ave.		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	19,152	6,488	25,640	80,766
Salvation Army- Hope Center	Vendor	Nutrition	Community Initiatives	515 W. Elmira St.		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	11,483	-	11,483	36,171
Parkview Apartments	Volunteer	Nutrition	Community Initiatives	114 Hickman St.		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	11,189	-	11,189	\$ 35,245
Villa Tranchese Apartments	Volunteer	Nutrition	Community Initiatives	307 Marshall St.		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	14,353	-	14,353	\$ 45,212
Jewett Circle Apartments	Volunteer	Nutrition	Community Initiatives	425 SW 34th St.		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	2,289	-	2,289	\$ 7,210
Good Samaritan Center	Volunteer	Nutrition	Community Initiatives	1600 Saltillo St.		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	14,084	-	14,084	\$ 44,365
Charlie Gonzales Apts	Volunteer	Nutrition	Community Initiatives	2022 S. Zarzamora		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	4,763	-	4,763	\$ 15,003
Kenwood North Apartments	Volunteer	Nutrition	Community Initiatives	121 Avenue M		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	6,983	-	6,983	\$ 21,996
KENWOOD COMMUNITY CENTER	Community Centers	Recreation	Community Initiatives	305 Dora St.		\$ -	8,369	\$ 10,000	\$ 4,500	\$ -	\$ 2,700	\$ 15,000	4	15,471	-	15,471	\$ 48,734

	YEARLY LEASE	SQUARE FEET	Annual Custodial Costs	Annual Maintenance costs	Annual Building Maintenance Charge	Annual Security Costs	Annual utility Costs	Number of City Employees Report to Facility	Congregate Meal Served	Homebound Meal Served	Facility Performance Metric	Average Cost Per Meal \$3.15
Apprx. 6 mo.	\$ -	-	\$ 10,000	\$ 4,500	\$ -	\$ 2,700	\$ 15,000	12	89,098	10,393	99,491	313,397
Annualized	\$ -		\$ 10,000	\$ 4,500	\$ -	\$ 2,700	\$ 15,000	12	171,096	19,449	190,545	\$ 600,217

CLAUDE W BLACK CENTER	Community Centers	Comprehensive Nutrition	Community Initiatives	2805 E Commerce		\$ -	16,368			\$ -			40	10,437	-	10,437	\$ 32,877
Salvation Army Dave Coy (Homeless)	Vendor	Nutrition	Community Initiatives	226 Nolan		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	3,154	-	3,154	9,935
ELLA AUSTIN COMMUNITY CENTER	Vendor	Nutrition	Community Initiatives	1023 NORTH PINE STREET		\$ -	183,184	\$ -	\$ -	\$ -	\$ -	\$ -	-	9,030	4,384	13,414	42,254
Primrose Apts. Mission Hills	Volunteer	Nutrition	Community Initiatives	6630 S New Braunfels		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	14,206	-	14,206	\$ 44,749
OP Schnabel Apartments	Volunteer	Nutrition	Community Initiatives	919 S. Main		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	6,303	-	6,303	\$ 19,854
LIONS FIELD SENIOR AND ADULT CENTER	Park Senior Activity Center	Recreation	Parks & Recreation	2809 WEST BROADWAY	N/A	\$ 99,792											\$ -

	YEARLY LEASE	SQUARE FEET	Annual Custodial Costs	Annual Maintenance costs	Annual Building Maintenance Charge	Annual Security Costs	Annual utility Costs	Number of City Employees Report to Facility	Congregate Meal Served	Homebound Meal Served	Facility Performance Metric	Average Cost Per Meal \$3.15
Apprx. 6 mo.		-	\$ -	\$ -	\$ -	\$ -	\$ -	40	23,439	2,447	25,886	81,541
Annualized	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	40	43,130	4,384	47,514	\$ 149,669

Facility Costs for Congregate/ Homebound Meals Served (vendor)	2011 TOTAL BUDGET-CNSC SITES	2011 TOTAL ESTIMATE NUTRITION	2011 TOTAL BUDGET-RECREATION	TOTAL ALLOCATION DELEGATE AGENCIES (\$)
	\$ 558,963	\$ 83,447		
\$ 13,408		\$ 38,681		
\$ -		\$ 19,310		
\$ -		\$ 21,486		
\$ -		\$ 14,827		
\$ -		\$ 5,172		
\$ -		\$ 21,099		
\$ -		\$ 15,460		
\$ -		\$ 12,257		
\$ -		\$ 52,539		
		\$ -	\$ 60,000	
Facility Costs for Congregate/ Homebound Meals Served (vendor) (10/1/10-04/8/11)	2011 TOTAL BUDGET-CNSC SITES	2011 TOTAL ESTIMATE NUTRITION	2011 TOTAL BUDGET-RECREATION	TOTAL ALLOCATION DELEGATE AGENCIES (\$)
\$ 7,030				
13,408	\$ 558,963	284,277	60,000	\$ -
		\$ 284,277		\$ 903,240

\$ -	400,000	\$ 35,954		
\$ -		\$ 25,628		
\$ -		\$ 19,895		
\$ 27,623		\$ 77,629		
\$ 20,657		\$ 58,054		
\$ 9,951		\$ 27,966		
\$ -		\$ 12,625		
Facility Costs for Congregate/ Homebound Meals Served (vendor) (10/1/10-04/8/11)	2011 TOTAL BUDGET-CNSC SITES	2011 TOTAL ESTIMATE NUTRITION	2011 TOTAL BUDGET-RECREATION	TOTAL ALLOCATION DELEGATE AGENCIES (\$)
\$ 29,756				
58,231	\$ 400,000	257,752	-	\$ -
				\$ 657,752

\$ -	\$ 400,000	\$ 56,246		
\$ 17,216		\$ 48,382		
\$ 9,196		\$ 25,844		
\$ 9,306		\$ 27,818		
		\$ 17,618		
\$ -		\$ 29,112		

Facility Costs for Congregate/ Homebound Meals Served (vendor) (10/1/10-04/8/11)	2011 TOTAL BUDGET-CNSC SITES	2011 TOTAL ESTIMATE NUTRITION	2011 TOTAL BUDGET- RECREATION	TOTAL ALLOCATION DELEGATE AGENCIES (\$)	
\$ 19,018					
35,717	\$ 400,000	205,020	-	\$ -	\$ 605,020

\$ 205,020

	\$ 400,000	77,396		
\$ 24,748		81,236		
\$ 31,226		88,496		
		48,365		
		12,739		
		50,602		
		3,767		
		3,780		
		28,000		
		21,659		
\$ -		-	83,112	

Facility Costs for Congregate/ Homebound Meals Served (vendor) (10/1/10-04/8/11)	2011 TOTAL BUDGET-CNSC SITES	2011 TOTAL ESTIMATE NUTRITION	2011 TOTAL BUDGET- RECREATION	TOTAL ALLOCATION DELEGATE AGENCIES (\$)	
\$ 29,399					
55,974	\$ 400,000	416,041	83,112	\$ -	\$ 899,153

\$ 13,622	\$ 400,000	\$ 38,284	\$ -	
\$ -		\$ 10,143		
\$ 26,071		\$ 75,142		
\$ -		\$ 29,780		

Facility Costs for Congregate/ Homebound Meals Served (vendor) (10/1/10-04/8/11)	2011 TOTAL BUDGET-CNSC SITES	2011 TOTAL ESTIMATE NUTRITION	2011 TOTAL BUDGET- RECREATION	TOTAL ALLOCATION DELEGATE AGENCIES (\$)	
13,435					

39,694	\$ 400,000	153,349	-	\$ -	\$ 553,350
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\$ -	\$ 400,000	\$ 104,079		
\$ -		\$ 43,057		
\$ -		\$ 6,108		
\$ -		\$ 32,017		
\$ -		\$ 7,815		
\$ -		\$ 25,074		
\$ -		\$ 16,122		
\$ -		\$ 2,340		
\$ -		\$ 25,568		
\$ -		\$ 31,732		

Facility Costs for Congregate/ Homebound Meals Served (vendor) (10/1/10-04/8/11)	2011 TOTAL BUDGET-CNSC SITES	2011 TOTAL ESTIMATE NUTRITION	2011 TOTAL BUDGET- RECREATION	TOTAL ALLOCATION DELEGATE AGENCIES (\$)	
-					
\$ -	\$ 400,000	293,912		\$ -	\$ 693,911

\$ -	\$ 60,000	\$ 67,361		
\$ -		\$ 22,233		
\$ 43,932		132,929		
\$ -		\$ 25,297		
\$ 14,771		41,511		
\$ -		\$ 10,729		
\$ 26,645		74,881		
\$ -		\$ 39,442		

Facility Costs for Congregate/ Homebound Meals Served (vendor) (10/1/10-04/8/11)	2011 TOTAL BUDGET-CNSC SITES	2011 TOTAL ESTIMATE NUTRITION	2011 TOTAL BUDGET- RECREATION	TOTAL ALLOCATION DELEGATE AGENCIES (\$)	
43,796		\$ 414,382			
\$ 85,348	\$ 60,000	414,382		\$ -	\$ 474,382

	\$ 240,985	\$ 36,877		
\$ 13,929		\$ 39,144		
\$ 22,655		\$ 63,668		
\$ 17,073		\$ 49,641		
\$ 18,967		\$ 55,674		
\$ 29,554		\$ 86,002		
\$ 19,451		\$ 56,136		
\$ 42,278		\$ 123,044		
\$ 19,980		\$ 56,152		
\$ -		\$ 35,245		
\$ -		\$ 45,212		
\$ -		\$ 7,210		
\$ -		\$ 44,365		
\$ -		\$ 15,003		
\$ -		\$ 21,996		
\$ -		\$ 48,734		

Facility Costs for Congregate/ Homebound Meals Served (vendor) (10/1/10-04/8/11)	2011 TOTAL BUDGET-CNSC SITES	2011 TOTAL ESTIMATE NUTRITION	2011 TOTAL BUDGET- RECREATION	TOTAL ALLOCATION DELEGATE AGENCIES (\$)
95,809				
\$ 183,887	\$ 240,985	784,104		\$ -
		\$ 784,104		\$ 1,025,089

\$ -	\$ 225,519	32,877		
\$ 5,488		15,423		
\$ 21,762		64,016		
\$ -		44,749		
\$ -		19,854		
\$ -		-		

Facility Costs for Congregate/ Homebound Meals Served (vendor) (10/1/10-04/8/11)	2011 TOTAL BUDGET-CNSC SITES	2011 TOTAL ESTIMATE NUTRITION	2011 TOTAL BUDGET- RECREATION	TOTAL ALLOCATION DELEGATE AGENCIES (\$)
14,790				
\$ 27,250	\$ 225,519	176,919		\$ -
				\$ 402,438

\$ 6,214,335

Senior Centers by Council District and Type

<u># of sites</u>	<u>Council District</u>	<u>Site Type</u>	<u>Center</u>	<u>Address</u>	<u>City</u>	<u>Zip Code</u>	<u>Seating Capacity</u>
1	2	Volunteer	Bethany United Methodist Church	4102 Eisenhower	San Antonio	78218	125
2	6	Vendor	Bethel United Methodist Church	227 S Acme Road	San Antonio	78223	100
3	8	City (Compre	Bob Ross Senior Center	2219 Babcock Road	San Antonio	78229	120
4	4	Volunteer	Centro del Barrio	123 Ascot	San Antonio	78224	60
5	5	Volunteer	Charlie Gonzales Apartments	2022 S Zarzamora	San Antonio	78207	40
6	5	Vendor	Christ the King Catholic Church	2610 Perez Street	San Antonio	78207	80
7	2	City	Claude W. Black Center	2805 E Commerce	San Antonio	78203	50
8	2	City	Comanche Park	2600 Rigsby	San Antonio	78222	80
9	1	Parks Activ	Commander's House	645 S Main	San Antonio	78204	N/A
10	B. County	Volunteer	Crestview Baptist	8101 Eaglecrest	San Antonio	78239	25
11	2	City (Compre	District 2 Senior Center	1751 S. W.W. White Rd.	San Antonio	78220	100
12	5	City (Compre	District 5 Senior Center	2701 S Presa	San Antonio	78210	150
13	6	City (Compre	Comprehensive Ctr	8353 Culebra	San Antonio	78251	204
14	B. County	Vendor	El Carmen Senior Center	18555 Leal Road	San Antonio	78221	125
15	2	Vendor	Ella Austin Community Center	1023 N Pine	San Antonio	78202	100
16	3	Volunteer	Elvira Cisneros Center	517 SW Military Drive	San Antonio	78221	220
17	3	Vendor	Fair Avenue Apartments	1215 Fair Avenue	San Antonio	78223	50
18	5	Volunteer	George Cisneros Apartments (SAHA)	3003 Weir Avenue	San Antonio	78226	50
19	5	Volunteer	Good Samaritan Center	1600 Saltillo Street	San Antonio	78207	80
20	3	Vendor	Good Shepherd Lutheran Church	1630 Goliad Road	San Antonio	78223	230
21	1	Volunteer	Granada Apartments	311 S St. Mary's Street	San Antonio	78205	50
22	1	Parks Activ	Granados Adult & Senior Center	500 Freiling	San Antonio	78213	N/A
23	3	City	Harlandale Senior Center	115 W Southcross	San Antonio	78221	60
24	3	City	Hope of Glory	339 W Hutchins	San Antonio	78221	60
25	1	Volunteer	Immaculate Heart of Mary Church	617 S Santa Rosa	San Antonio	78204	500
26	6	Volunteer	Jewett Circle Apartments (SAHA)	425 SW 34th Street	San Antonio	78237	25
27	1	City	Kenwood Community Center	305 Dora Street	San Antonio	78212	80
28	1	Volunteer	Kenwood North Apartments (SAHA)	121 Avenue M	San Antonio	78212	40
29	10	Volunteer	Legacy @ O'Connor Apartments	13842 O'Connor	San Antonio	78233	65
30	7	Volunteer	Legacy @ Science Park Apartments	5803 Ingram	San Antonio	78228	30
31	1	Parks Activ	Lion's Field Adult & Senior Center	2809 Broadway	San Antonio	78215	N/A
32	1	Volunteer	Madonna Apartments (SAHA)	7710 Madonna	San Antonio	78216	50
33	3	Volunteer	Matt Garcia Apartments	6114 Pecan Valley Drive	San Antonio	78223	30
34	3	Vendor	Mission San Jose	701 E Pyron	San Antonio	78214	170
35	10	Volunteer	Newell Retirement Apartments	6918 E Sunbelt Drive	San Antonio	78218	65
36	10	City (Compre	Northeast Senior Center	4355 Center Gate	San Antonio	78217	110
37	7	Volunteer	Nueces Bend Apartments	3503 Camino Real	San Antonio	78238	50
38	6	Volunteer	O'Keefe Gardenbrook Apartments	8734 Gardenbrook	San Antonio	78245	50

39	1	Volunteer	OP Schnabel Apartments (SAHA)	919 S Main	San Antonio	78204	75
40	4	Vendor	Our Lady of Angels Catholic Church	1212 Stonewall	San Antonio	78211	120
41	5	Vendor	Our Lady of Guadalupe Catholic Church	1321 El Paso	San Antonio	78207	100
42	8	Volunteer	Oxford Methodist Church	9655 Huebner Road	San Antonio	78240	101
43	5	Vendor	Palacio del Sol	400 N Frio	San Antonio	78207	120
44	5	City	Palm Heights	420 Nunes	San Antonio	78225	45
45	1	Volunteer	Parkview Apartments (SAHA)	114 Hickman Street	San Antonio	78212	50
46	9	Volunteer	Pecan Hill Apartments (SAHA)	1600 W Lawndale	San Antonio	78209	65
47	7	Volunteer	Pin Oak Apartments	7190 Oaklawn	San Antonio	78229	50
48	3	Vendor	Presa Senior Center	3721 S Presa Street	San Antonio	78210	88
49	3	Volunteer	Primrose @ Mission Hills Apartments	6639 S New Braunfels	San Antonio	78223	30
50	7	Volunteer	Primrose @ Monticello Park Apartments	2803 Fredericksburg	San Antonio	78201	70
51	10	City	Rolling Oaks Baptist Church	6401 Wenzel @ Toepperwein	San Antonio	28233	65
52	2	Volunteer	Roseville Apartments	4139 E Houston Street	San Antonio	78220	100
53	1	Vendor	Sacred Heart Church	2123 W Commerce Street	San Antonio	78207	400
54	2	Vendor	Salvation Army - Dave Coy	226 Nolan	San Antonio	78212	65
55	1	Vendor	Salvation Army - Hope Center	515 W Elmira Street	San Antonio	78212	450
56	7	Vendor	Salvation Army - Peacock Center	2810 W Ashby Street	San Antonio	78212	269
57	5	Vendor	San Juan De Los Lagos Church	3231 El Paso Street	San Antonio	78207	72
58	2	Volunteer	Sinkin, William R. Apartments (SAHA)	1518 Amanda Street	San Antonio	78210	30
59	B. County	Vendor	Somerset Senior Center	19376 K Street	Somerset	78069	200
60	4	City	South San Senior Center	503 Lovett	San Antonio	78211	75
61	10	City	St. Andrew's United Methodist Church	722 Robinhood	San Antonio	78209	75
62	9	Volunteer	St. Anthony de Padua	102 Lorenz	San Antonio	78209	320
63	4	City	St. Bonaventure Catholic Church	1918 Palo Alto Road	San Antonio	78211	60
64	6	Vendor	St. Jude Catholic Church	130 S San Augustine Avenue	San Antonio	78237	400
65	3	Vendor	St. Margaret Mary's Church	1314 Fair Avenue	San Antonio	78223	380
66	9	Volunteer	St. Mark the Evangelist Catholic Church	1602 Thousand Oaks Drive	San Antonio	78232	100
67	8	Vendor	St. Matthews Catholic Church	10703 Wurzbach	San Antonio	78230	90
68	5	Vendor	St. Timothy Catholic Church	1515 Saltillo	San Antonio	78207	200
69	4	Vendor	St. Vincent de Paul	4222 SW Loop 410	San Antonio	78227	140
70	7	Volunteer	Sunshine Plaza Apartments (SAHA)	455 E Sunshine	San Antonio	78228	50
71	8	Volunteer	University Baptist Church	6465 Babcock Road	San Antonio	78249	250
72	1	Volunteer	Victoria Plaza Apartments (SAHA)	411 Barrera	San Antonio	78210	75
73	6	Vendor	Villa Alegre Apartments	6902 Marbach	San Antonio	78227	75
74	2	Volunteer	Villa O'Keefe Apartments	2106 S WW White Road	San Antonio	78222	16
75	1	Volunteer	Villa Tranchese Apartments (SAHA)	307 Marshall Street	San Antonio	78212	100
76	4	City	Virginia Gill Community Center	7902 Westshire	San Antonio	78227	120
77	1	Volunteer	Walnut Apartments	3822 West Avenue	San Antonio	78213	42
78	1	City	West End Park	1226 NW 18th Street	San Antonio	78201	132
79	4	City (Compre	Willie Cortez Senior Center	5512 SW Military Drive	San Antonio	78242	90
						TOTAL	8779

**City of San Antonio Senior Services Program Strategic Plan
In-Put Meetings and Contacts**

Stakeholder	Interview/Focus Group/ Survey/Other	Purpose	Name(s), Organizations	Date/Time Scheduled	Location/ Address	Telephone #/ext	e-mail
Senior Services Task Force							
Task Force Representative	Interview	Provide opportunity for input and gain buy-in to strategic improvement process and future recommendations	Yolanda Santos	6/7/11 @ 8 a.m.	Frank Garrett Center	210-218-7122	yolanda-santos@prodigy.net
Task Force Representative	Interview	Provide opportunity for input and gain buy-in to strategic improvement process and future recommendations	Betty Eckert	6/7/11 @ 8:45 a.m.	Frank Garrett Center	210-822-0049	dist9sec@aol.com
Task Force Representative	Interview	Provide opportunity for input and gain buy-in to strategic improvement process and future recommendations	Wayne Sova	6/7/11 @ 9:30 a.m.	Frank Garrett Center	210-674-2643	wasova@msn.com
Task Force Representatives	Focus Group	Gather input from no more than 10 representatives of the Senior Services Task Force		6/8/11 @ 1:15 p.m.	West End Community Center		
Senior Service Task Force	Interview	Provide opportunity for input on the selection of the dates, times and locations for the community input meetings and to empower Task Force to		6/29 @ 2 p.m.	West End Community Center		
Senior Service Task Force	Report Back	Provide opportunity for input and gain buy-in for draft recommendations		6/12/11 @ 2 p.m.	West End Community Center		
Joint Commission on Senior Services							
Joint Commission representing City/County Stakeholders	Standing Meeting	Reporting out on status/outcomes; Information session on recommendations; presentation 10-15 min.		6/20/11 @ 10 a.m.	Bexar County Vista Verde Building - 4th Fl Conf Room, 233 N. Pecos St.		
Joint Commission representing City/County Stakeholders	Standing Meeting	Reporting out on status/outcomes; Information session on recommendations; presentation 10-15 min.		8/8/11 @ 10 a.m.	Haven for Hope		
Senior Services Business Partners							
CSS	Interview	Provide opportunity for input and gain buy-in to strategic improvement process and future recommendations	Sharon Baughman	6/10/11 @ 2:30 p.m.	4306 NW Loop 410 @Babcock	210-735-5115	sharonb@christianseniorservices.org
Bexar County	Interview	Provide opportunity for input and gain buy-in to strategic improvement process and future recommendations	Nancy Taguacta	6/8/11 @ 8:30 a.m.	233 N. Pecos #590 San Antonio, TX 78207	210-335-6582	ntaguacta@co.bexar.tx.us
Selrico	Interview	Provide opportunity for input and gain buy-in to strategic improvement process and future recommendations	Rick Aleman	6/10/11 @ 12 p.m.	717 W. Ashby Place, 78212	(210) 737-8220	RickA@selricoservices.com
WellMed	Interview	Provide opportunity for input and gain buy-in to strategic improvement process and future recommendations	Carol Zernial	6/9/11 @ 9 a.m.	8637 Fredericksburg Rd., Ste. 360, 78240	210-877-7719 ext 3719	czernial@wellmed.net
AACOG	Interview	Provide opportunity for input and gain buy-in to strategic improvement process and future recommendations	Martha Spinks, P. Wanken	7/1/11 @ 2:30 p.m.	8700 Tesoro Drive, Suite 700		
Archdiocese	Interview	Provide opportunity for input and gain buy-in to strategic improvement process and future recommendations	Ruben Hinojosa	6/30/11 @ 1:30 p.m.	2718 W. Woodlawn		
Bexar MPO	Interview	Provide opportunity for input and gain buy-in to strategic improvement process and future recommendations	Scott Ericksen	8/16/11 @ 1:30 p.m.	825 S. St. Mary's		

**City of San Antonio Senior Services Program Strategic Plan
In-Put Meetings and Contacts**

Senior Center Managers							
Service Center Managers	Standing Meeting	Senior Center Managers Meeting; presentation 5-10 min.		6/8/11 @ 10 a.m.	Frank Garrett Community Center 1226 NW 18th St., 78207	Site ph# (210) 207-1701	
Comprehensive Service Center	Focus Group	Provide opportunity for input and gain buy-in to strategic improvement process and future recommendations from CSC perspective	Pete McKinnon; CisTavie Brooks; Gilbert Romero; Jose Caban; Mary Ortiz (DCI); Deirdre Murphy; Linda	6/8/11 @ 3:45 p.m.	West End Community Center 1226 NW 18th St., 78207		
Volunteer/Vendor Site	Focus Group	Provide opportunity for input and gain buy-in to strategic improvement process and future recommendations from Volunteer/Vendor Site Perspective		6/8/11 @ 2:30 p.m.	West End Community Center 1226 NW 18th St., 78207		
City Site	Focus Group	Provide opportunity for input and gain buy-in to strategic improvement process and future recommendations from City Site perspective		6/8/11 @ 2:30 p.m.	West End Community Center 1226 NW 18th St., 78207		
Senior Ciizens	Survey Cards	Provide opportunity for input and gain buy-in to strategic improvement process and future recommendations direct customer perspective					
Senior Ciizens	Community Input Meeting	Provide opportunity for input and gain buy-in to strategic improvement process and future recommendations direct customer perspective		7/20/11 @ 6 p.m.	Alicia Treviño López, 8353 Culebra Road, 78251		
Senior Ciizens	Community Input Meeting	Provide opportunity for input and gain buy-in to strategic improvement process and future recommendations direct customer perspective		7/23/11 @ 10 a.m.	Ella Austin Community Center, 1023 North Pine Street, 78202		
Senior Ciizens	Community Input Meeting	Provide opportunity for input and gain buy-in to strategic improvement process and future recommendations direct customer perspective		7/26/11 @ 2 p.m.	Knights of Columbus Hall, 5763 Ray Ellison Blvd., 78242		
Senior Ciizens	Community Input Meeting	Provide opportunity for input and gain buy-in to strategic improvement process and future recommendations direct customer perspective		7/29/11 @ 10 a.m.	Elvira Cisneros Senior Community Center, 517 SW Military Drive, 78221		
Senior Ciizens	Community Input Meeting	Provide opportunity for input and gain buy-in to strategic improvement process and future recommendations direct customer perspective		7/30/11 @ 10 a.m.	Frank Garrett Community Center, 1226 NW 18th Street, 78207		
Senior Ciizens	Community Input Meeting	Provide opportunity for input and gain buy-in to strategic improvement process and future recommendations direct customer perspective		8/2/11 @ 2 p.m.	Tool Yard, 10303 Tool Yard, 78233		
Senior Ciizens	Community Input Meeting	Provide opportunity for input and gain buy-in to strategic improvement process and future recommendations direct customer perspective		8/15/11 @ 1:30 p.m.	Bob Ross Senior Multi-Service Health and Resource Center, 2219 Babcock Road, 78229		
Senior Center Councils							
Senior Center Councils	Meeting	Attend regularly scheduled meeting to introduce study and report out on progress; Senior participant representatives		6/15/11 @ 1 p.m.	5512 SW Military, 78242	Site ph# (210) 207-5294	

**City of San Antonio Senior Services Program Strategic Plan
In-Put Meetings and Contacts**

Department of Community Initiatives							
Assistant City Manager	Interview/Meeting	Gather additional information regarding the Senior Services program and discuss questions as a result of baseline review	Peter Zaroni	Ongoing throughout contract	115 Plaza de Armas, Ste. 210		
Director of DCI	Interview/Meeting	Gather additional information regarding the Senior Services program and discuss questions as a result of baseline review	Gloria Hurtado	Ongoing throughout contract	115 Plaza de Armas, Ste. 210		
Interim Asst. Director of DCI	Interview/Meeting	Gather additional information regarding the Senior Services program and discuss questions as a result of baseline review	Edward Gonzales	Ongoing throughout contract	115 Plaza de Armas, Ste. 210	207-5851	
Senior Services Prog Mgr.	Interview/Meeting	Gather additional information regarding the Senior Services program and discuss questions as a result of baseline review	Victor Ayala	Ongoing throughout contract	115 Plaza de Armas, Ste. 150	207-2745	
City Council, Quality of Life Subcommittee							
City Council Members	Standing Meeting	Reporting out on status/outcomes; Information session on process / baseline report presentation 10-15 min.		6/14/2011	Vista Verde Tower, 1800 City Hall		
City Council Members	Standing Meeting	Reporting out on status/outcomes; Information session on recommendations; presentation 20-40 min.		6/20/11 @ 10 a.m.	Vista Verde Tower, 1800 City Hall		
Other							
Facilities Inc.	Meeting	Align strategies and information as Facilities Inc. prepares report for City Council for budget considerations.		6/6/11 @ 2 p.m.	115 Plaza de Armas, Ste. 150		
Facilities Inc.	Meeting	Align strategies and information as Facilities Inc. prepares report for City Council for budget considerations.		6/7/11 @ 1:30 p.m.	115 Plaza de Armas, Ste. 150		
Facilities Inc.	Meeting	Align strategies and information as Facilities Inc. prepares report for City Council for budget considerations.		6/13/11 @ 10 a.m.	115 Plaza de Armas, Ste. 150		
Facilities Inc.	Meeting	Align strategies and information as Facilities Inc. prepares report for City Council for budget considerations.		6/20/11 @ 10 a.m.	115 Plaza de Armas, Ste. 150		
E-blast Distribution							
Stakeholders / Interested Parties	E-blast Distribution	Ensure stakeholders and interested parties are kept up to date on the progress of the senior services strategic plan		6/20/11 @ 2:30 p.m., 7/12/11 @ 4:41 p.m., 7/15/11 @ 9:37 a.m., 7/27/11 @ 4:57 p.m.			