

## The Aging Network



<http://dentoncountyseniors.org/>

Title I of the 1965 Older Americans Act (and as since amended) states:

“The Congress hereby finds and declares that, in keeping with the traditional American concept of the inherent dignity of the individual in our democratic society, the older people of our Nation are entitled to, and it is the joint and several duty and responsibility of the governments of the United States, of the several States and their political subdivisions, and of Indian tribes to assist our older people to secure equal opportunity to the full and free enjoyment of the following objectives:

- An adequate income in retirement in accordance with the American standard of living.
- The best possible physical and mental health which science can make available and without regard to economic status.
- Suitable housing, independently selected, designed and located with reference to special needs and available at costs which older citizens can afford.
- Full restorative services for those who require institutional care.
- Opportunity for employment with no discriminatory personnel practices because of age.
- Retirement in health, honor, and dignity--after years of contribution to the economy.
- Pursuit of meaningful activity within the widest range of civic, cultural, and recreational opportunities.
- Efficient community services which provide social assistance in a coordinated manner and which are readily available when needed.
- Immediate benefit from proven research knowledge which can sustain and improve health and happiness.
- Freedom, independence, and the free exercise of individual initiative in planning, and managing their own lives. “

TITLE 42 > CHAPTER 35 > SUBCHAPTER I > § 3001. Congressional declaration of objectives  
[http://www.law.cornell.edu/uscode/html/uscode42/usc\\_sup\\_01\\_42\\_10\\_35.html](http://www.law.cornell.edu/uscode/html/uscode42/usc_sup_01_42_10_35.html)

The Act (as amended through the years) covers many areas, OAA Title III covers social and nutrition services and OAA Title VII supports Vulnerable Elder Rights Protection, also, it creates (officially\*) State Units on Aging.

- 45 Code of Federal Regulations 1321, 1329.11 State agency policies, (a): “The state agency on aging shall develop policies governing all aspects of programs operated under this part...The State agency is responsible for enforcement of these policies.”

\* State and private interest began to form before passage of the OAA.

The Older Americans Act (OAA) provides the administrative structure and funding for the U.S. Administration on Aging, State Units on Aging, and Area Agencies on Aging (AAA). For purposes of local and area-wide planning, each state is required to designate distinct Planning and Service Areas (PSA), and within each PSA, AAAs coordinate and arrange for services. For Denton, we have PSA 4A with the North Central Texas Area Agency on Aging (NCTAAA) leading Denton County's aging services network - along with Collin, Ellis, Erath, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, and Wise counties. (Dallas County is PSA 4B and Tarrant County is 4C.)

### The OAA created the AoA:

*"The Administration on Aging (AoA) provides national leadership, funding, technical support and oversight to the Aging Services Network which is charged under the Older Americans Act with the responsibility for promoting the development of a comprehensive and coordinated system of home and community-based services for older people and their family caregivers. The Aging Services Network consists of a variety of national organizations, 56 State Units on Aging, 655 Area Agencies on Aging, over 240 tribal organizations, 29,000 community services provider organizations, and 500,000 senior volunteers. This network reaches into every community in the nation and plays an important role in delivering services and supporting consumer-centered systems of care that enable older individuals to remain living in their own homes and communities for as long as possible."*

Quoted from U.S. Administration on Aging 2007-2012 Strategic Plan Executive Summary retrieved online from <http://www.aoa.gov/about/strategic/AoA%20Strategic%20Action%20Plan%202007-2012.pdf> on 6/2/2007.

In addition to the creation of the AoA, the OAA mandated and funded research, planning, training and demonstration projects and added, through time, long term care ombudsman program, programs which serve Native American elders, services targeted at low-income minority elders, health promotion and disease prevention activities, and in-home services for frail elders, among other projects and local programs, all directed by SUA policies.

### **"DADS" is the "SUA" for Texas.**

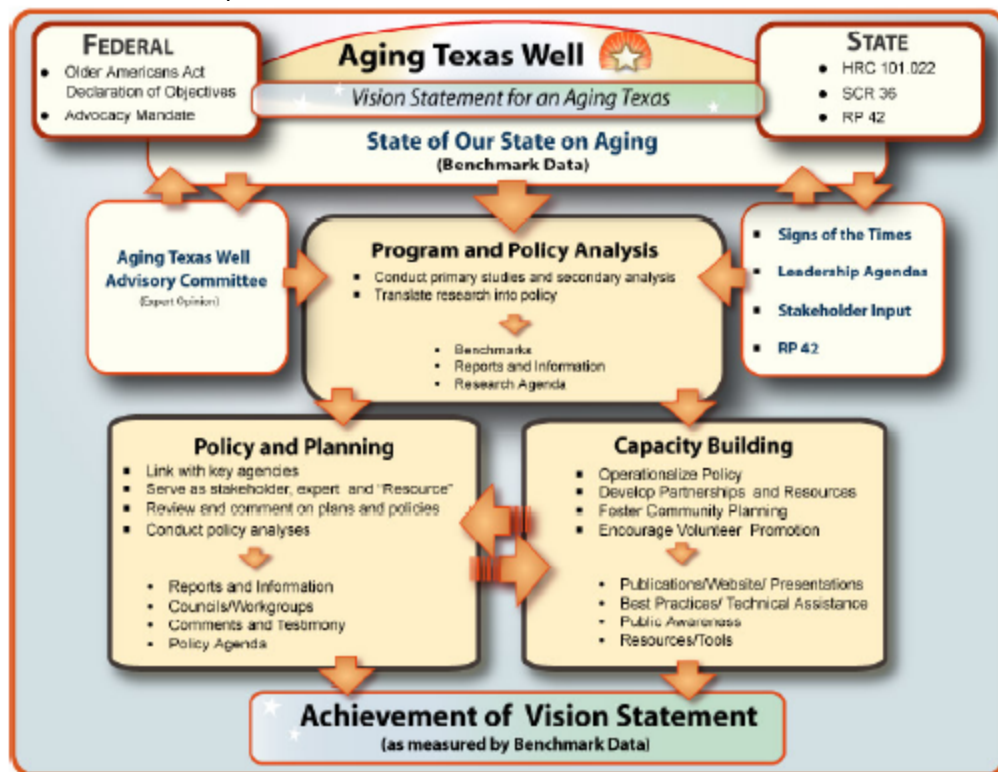
Previously known as the Governor's Committee on Aging, the Texas Department on Aging (TDoA) has been a state government agency in Texas since 1981. The Department was formed to administer programs funded by the federal Older Americans Act of 1965 (OAA), as well as to administer funds from the Texas Legislature and local communities for aging related services.

The Texas Department of Aging and Disability Services (DADS) replaced the Texas Department on Aging in a reorganization of state agencies in 2004. (78th Texas Legislature, House Bill 2292, Sept. 1, 2004.) The department now serves older Texans, persons with disabilities, and persons with mental retardation, and provides Medicaid and state-funded medical and community-based services including nursing home care, home health services, and adult day care, and Older Americans Act services including benefits counseling, nutrition programs, transportation, senior centers, and information and referral. The mission of the aging department, "To be the state's visible advocate and steward for a full range of services and opportunities that allow older Texans to live healthy, dignified and independent lives." [http://www.dads.state.tx.us/news\\_info/about/tdoa\\_history.html](http://www.dads.state.tx.us/news_info/about/tdoa_history.html)

DADS initiated Aging Texas Well (ATW) --- DADS Aging Texas Well, offers 16 1-page issue fact sheets, covering Domains of Wellbeing that we can learn about to prepare for aging from an individual and societal perspective. Specific to Texas, these fact sheets cover trends, policies, programs and services areas in Texas, and list some ways to get involved in each topic area.

[http://www.dads.state.tx.us/news\\_info/publications/kits/atw\\_kit.pdf](http://www.dads.state.tx.us/news_info/publications/kits/atw_kit.pdf)  
<http://www.agingtexaswell.org>

Aging Texas Well, a component of DADS is defined in this flowchart:



The North Central Texas Area Agency on Aging

The Area Agency on Aging serving Denton County is the North Central Texas AAA. The North Central Texas Area Agency on Aging is a program of the North Central Texas Council of Governments (NCTCOG). It plans, coordinates and delivers services to persons age 60 and over and their family caregivers. NCTCOG oversees Denton's AAA via our State Unit on Aging - SUA - which is the Department of Aging and Disability Services - DADS.

Following in **BLUE** selected from NCTAAA 2008-2010 Strategic Plan - <http://www.nctcog.org/cs/aging/pdf/AgingPlan2008-10.pdf>

(Note: "North Central Texas Council of Governments - NCTCOG was created on January 20, 1966, through state enabling legislation. It exists to serve local governments in the region. By promoting intergovernmental cooperation and coordination and by carrying out regional planning programs, NCTCOG both complements and supplements local governments. NCTCOG is a political subdivision of the State of Texas, but does not possess powers to enact or enforce laws or to levy taxes. It provides information and assistance to its members on transportation, environmental, workforce, emergency preparedness, emergency communications, criminal justice, and aging issues. In addition, it operates a regional police academy and a regional training center. Since the nationwide network of area agencies on aging was formed in July 1974, NCTCOG has contracted with the Texas Department of Aging and Disability Services (DADS) and its legacy agencies to operate the NCTAAA. It equips the Agency with human and material resources necessary to carry out the Agency's mission of planning and developing a comprehensive and coordinated system of services for persons age 60 and over and their family caregivers who live in the 14-county Aging service area." - NCTAAA 2008-2010 Strategic Plan - <http://www.nctcog.org/cs/aging/pdf/AgingPlan2008-10.pdf>

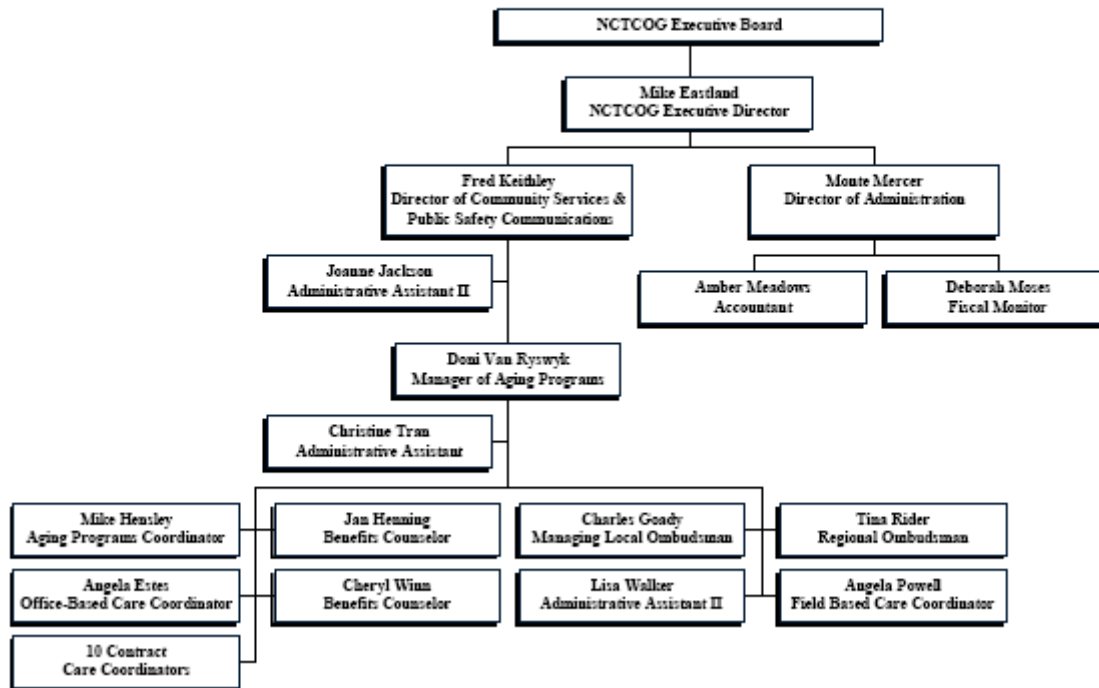
"NCTCOG's Executive Board, composed of 13 locally elected officials, is the policy-making body for all activities undertaken by the Council of Governments, including program activities and decisions, regional plans, and fiscal and budgetary policies. The Board is supported by technical, study, and policy development committees." NCTAAA 2008-2010 Strategic Plan - <http://www.nctcog.org/cs/aging/pdf/AgingPlan2008-10.pdf>

"The Regional Aging Advisory Committee (RAAC) provides guidance and direction to the NCTAAA. RAAC is comprised of two members from each of the region's 14 counties (= two from Denton County) who are nominated by their respective county judges and appointed by NCTCOG's Executive Board." NCTAAA 2008-2010 Strategic Plan - <http://www.nctcog.org/cs/aging/pdf/AgingPlan2008-10.pdf>

"The Regional Aging Advisory Committee (RAAC) provides advice and direction to the NCTAAA and recommends policies for the Executive Board's consideration. Created under Section 304 (C) of Public Law 93-29, RAAC has responsibilities that include, but are not limited to, the following:

- Assist in the development of the area plan;
- Assist in conducting public hearings;
- Represent the interests of older persons in the region;
- Review competitive proposals for Title III and DADS funds passed through NCTCOG for aging services;
- Identify and establish relationships with groups, agencies, and individuals providing services to older adults; and
- Promote awareness of aging issues, as well as program plans and objectives. "

## NCTAAA ORGANIZATIONAL CHART



### NCTAAA Key Service Populations

“Consistent with the language of the Older Americans Act Amendments of 2006, the NCTAAA targets older persons with greatest social need, older individuals with greatest economic need, and older individuals at risk of institutional placement.

As the Agency experiences demand for its services that exceed its capacity, it gives priority to older persons who are without formal or informal support (i.e., with greatest social need), those who are unable to meet their basic needs (i.e., with greatest economic need), and those who are frail and/or having difficulty living independently (i.e., those who are at risk of premature institutionalization). The Agency’s care coordination and homemaker programs (the two services that most often experience excess demand) give service priority to those who have experienced a recent health care crisis, are living in poverty, and/or are without family support.”

### NCTAAA Capacity to Provide Services to Targeted Populations

“The Agency’s direct and contracted services have varying capacity to meet the needs of targeted populations. In general, the services that provide less-intensive assistance have greatest capacity. In addition, those that utilize volunteers are better equipped to respond to increased demand. For example, the information, referral and assistance and legal awareness programs assist callers who have fairly straightforward needs that can often be resolved with one phone call. Both programs are able to respond to all inquirers (although callers may have to spend a few minutes in a telephone queue, or leave a message for a call back), and have the ability to respond to an increased base of inquirers. The long-term care ombudsman, legal assistance, and money management programs draw on sizeable bases of well-trained volunteers who are often willing to devote more hours to the program as needed. If the current staff and

volunteers cannot meet consumers' needs, the Agency has the option of stepping up its recruitment efforts and expanding the volunteer base.

The contracted services of congregate meals, home-delivered meals, and transportation have been able to expand as needed to meet increased demand, but capacity is limited by funding constraints. Waiting lists for home-delivered meals are rare, and usually limited in duration. No counties have waiting lists in effect for congregate meals or transportation services. However, these programs do not have endless capacity and are highly reliant on local funding, which shifts from year to year. Most providers exhaust their Title III funds six to eight months into the fiscal year, and must rely on other revenue streams to continue the programs after that point.

The Agency's care coordination, caregiver support coordination, and homemaker programs are least equipped to handle current and future demand, as evidenced by the current freeze on services. In addition, the services that are authorized through the care coordination and caregiver support coordination programs—specifically, residential repair, health maintenance, homemaker, income support, and emergency response services—are currently frozen because of limited funding. All of these services must be authorized by professional staff members and are currently funded by State General Revenue and Title III only. Unless State General and/or Title III revenues increase, or the Agency secures outside funding, these programs will experience a widening gap between demand and capacity.

#### *Available Resources Supporting the AAA's Service Delivery System*

The vast majority of the Agency's funding emanates from federal Older Americans Act appropriations. The balance of its funding comes from State General Revenue, the Centers for Medicare and Medicaid Services, contributions from local counties, client contributions, and state and local grants.”)  
NCTAAA 2008-2010 Strategic Plan - <http://www.nctcoq.org/cs/aging/pdf/AgingPlan2008-10.pdf>

### **NCTAAA Some of the Barriers to Service Provision**

- Consumers' geographic isolation,
- Consumers' low levels of literacy,
- Limited visibility of the Agency, and
- Limited capacity of Aging programs.
- Limited funding / program freezes
- Limited Federal and State funding,
- Restrictions imposed by funding sources,
- Consumers' difficulty in meeting their basic needs,
- Adequacy of community supports beyond the NCTAAA, and
- Adequacy of consumers' personal supports

### **NCTAAA's current priorities (selected):**

- **Provide timely, comprehensive, and understandable information about NCTAAA and community-based programs and benefits, and assistance in accessing these as needed;**
- **Launch programs that improve participants' nutrition, function, and physical and mental wellness;**
- **Expand participants' access to community-based housing options;**
- **Advocate for the expansion of as community-based care, and provide participant's assistance in accessing and self-directing services as needed;**
- **Conduct volunteer recruitment, and provide training for individuals to make meaningful contributions to regional and local Aging services; and**
- **Expand the NCTAAA's caregiver and respite programs to provide greater support for family caregivers, particularly those who are caring for persons with Alzheimer's, developmental disabilities, and/or physical disabilities;**
- **Collaborate with community agencies, service providers and faith-based organizations, in efforts to improve consumers' ease of access to services from multiple agencies;**

- **Support the expansion of health care delivery systems to ensure an adequate supply of health care providers; and**
- **Ensure providers' cultural competency.**
- **Promote consumer-directed community-based services.**
- **Develop written information on NCTAAA and major public benefits programs, in language that is accessible to those with low literacy.**
- **Sponsor evidence-based activity programs as a means of maximizing participants' function and wellness.**
- **Dedicate a greater percentage of nutrition funds to home-delivered meals.**
- **Provide relocation counseling to consumers who are considering nursing home placement, and provide relocation assistance to nursing home residents who wish to return to the community.**

**NCTAAA Service Priorities** “Drawing on both primary and secondary research, the NCTAAA has determined that the following are critical needs of older persons in its service area.

- **Financial Security:** The State’s maximum Supplemental Security Income benefit of \$623 per month is significantly below the poverty rate of \$851 per month. Low-income elderly persons incur housing and health care expenses that consume a disproportionate share of their income, often resulting in hard choices about which basic needs will be met, and which will be deferred.
- **Information about Available Services:** Approximately 45% of the general population is unable to name a source of eldercare information. According to the National Council on Aging’s “Voice of the Employee” study; working caregivers’ primary need is locating services that may be of benefit to their older family members.
- **Information about Public and Private Benefits:** The Medicare Part D benefit has provided millions of beneficiaries with cost-savings and easier access to their prescription drugs. At the same time, selecting a drug plan and coordinating benefits between Medicare, pharmacies, and plan providers has been difficult for untold thousands—especially those with low literacy who don’t have advocates.

Complexity abounds within and beyond the Medicare program. Since public benefit programs tend to have unique eligibility criteria and application forms, they tend to be underutilized. For example, only 25% of low-income Texans who are eligible for the Qualifying Medicare Beneficiary (QMB) and Specified Low Income Medicare Beneficiary (SLMB) programs take advantage of these. North Central Texans need advocates who are familiar with public and private programs, and can assist them in accessing benefits as needed.

- **Program Accessibility for Those with Low Literacy:** According to the American Medical Association Foundation, more than 66% of U.S. adults age 60 and older have inadequate or marginal literacy skills. When consumers can’t read—or can’t read well—they may be denied access to critical health and social supports that rely on complicated literature to explain benefits, and require written applications in order to receive benefits.

- **Nutritional Support:** Health and Nutrition Examination Survey (HANES) data indicate that 16% of community-dwelling Americans older than 65 years consume fewer than 1000 calories per day and are at high risk of malnutrition. Nutritional risk increases with illness, poverty, and inability to access medical care. The incidence of malnutrition ranges from 12% to 50% among the hospitalized elderly population and from 23% to 60% among institutionalized older adults.

- **Weight Management:** Over-nutrition can pose as great a health threat as under-nutrition. According to U.S. government surveys, 27.1 percent of adults age 50 to 64 are obese and 19.8 percent of adults 65 and older are obese. Further, among adults age 50 to 64, the number of people who are obese increased from 16.9 percent in 1991 to 27.1 percent in 2001.<sup>31</sup> Clearly, the Agency’s nutrition programs must take into consideration the dietary needs of those who are over-nourished, as well as those who are undernourished. In addition, its nutrition education and activity programs should address issues of weight management.

- **Physical Activity:** Less than one third of Americans engage in regular leisure-time activity, and only about one-fifth of adults engage in a high level of overall physical activity.<sup>32</sup> The effects of sedentary lifestyles include weight gain and obesity, which increase risk of diabetes, high blood pressure, coronary heart disease, gallbladder disease, high blood cholesterol levels or osteoarthritis.<sup>33</sup>
- **Control of Chronic Disease:** Chronic diseases, such as heart disease, stroke, cancer, and diabetes are the most common and costly health conditions; and, in many cases, can be prevented or modified with behavioral interventions<sup>34</sup> such as increased activity and dietary modifications.
- **Dental Care:** Dental care has improved during the past few decades. Today, nearly 60 percent of individuals 65 years old or older have some or all of their natural teeth, compared to only 44 percent in 1960. Even so, dental problems are a leading cause of discomfort, impaired quality of life, and even fatal disease. Because most health insurance plans provide virtually no dental coverage, older adults are largely required to pay for services themselves.<sup>35</sup>

Within the service area, there are only two programs that provide free or reduced dental services. One serves Parker County only, and the other is limited to preventive dental services (excluding much-needed restorative services) for those in the Denton area. While the NCTAAA lauds the creation of the Parker County dental clinic, it recognizes that consumers who live in the other 13 counties are in desperate need of such services.

- **Proper Use of Prescription Medications:** According to a 1998 study in the Journal of the American Medical Association, “Adverse drug events, which include medication errors and interactions, are the 6th leading cause of death, killing at least 100,000 people annually.” Older adults, who tend to take more prescription medications and metabolize them differently, are at greatest risk.
- **Affordable Housing:** There are nearly six times as many seniors with unmet housing needs as are currently served by rent-assisted housing. In the NCTAAA service area, most housing authorities have a waiting list that exceeds one year, and several have stopped taking applications. The NCTAAA has entered into a grant with DADS to assist nursing home residents in relocating to the community. Although most residents are able to access supportive services on a timely basis (since they bypass interest lists for Medicaid waiver services), those in need of housing are not able to secure affordable housing on a timely basis. As a result, they continue to receive more costly care in a setting that imposes limits on their personal freedoms.
- **Residential Repair:** In 2005, 48% of older adults spent more than one quarter of their income on housing costs, as compared to 37% of all householders. Although new home construction rates in North Central Texas continue to soar, a disproportionate share of these homeowners are younger. For homes of older householders in 2005, the median construction year was 1966 (compared to 1974 for homes of younger householders). Nearly half (i.e., 45.7%) of the homes owned by a person age 65 and over have physical problems. Often, these homes require a small infusion of cash in order to mitigate structural problems that jeopardize owners’ safety.
- **Utility Relief:** Texas residential base rates increased 55% from 2001 to 2006, and are continuing to rise. At the time low-income Texans most need relief, the State has discontinued funding for the LITE-UP (Low Income Telephone and Electric Utility Program). Advocates are pressing for renewed funding. As a result, the NCTAAA and community service agencies have witnessed a record increase in requests for assistance with utility bills. In 2006 utility assistance was the most requested type of social service assistance, as documented by 2-1-1 call-takers. Ironically, the NCTAAA has reduced its utility assistance during the past year, since it cannot meet all comers’ requests, and does not receive utility assistance funds that flow through other agencies. It now refers all inquirers to the Texas Department of Housing and Community Affairs Energy Assistance programs.
- **Care in the Least Restrictive Setting:** DADS has imposed freezes on its community-based care programs (especially the Medicaid waiver programs, such as Community Based Alternatives and Community Living Assistance and Support Services) because of funding restrictions. As a result, some elderly and disabled North Central Texans have resorted to nursing home care because it’s a more accessible option. The NCTAAA supports policies and programs that keep consumers who need long-term care out of nursing facilities, and embraces the strategies to promote diversion, outlined by the Kaiser Family Foundation.<sup>38</sup> These include: 1) informing people about options for care, both before and after they enter a nursing facility; 2) ensuring that community-based service providers are willing and able to provide immediate care; 3) assuring that financing arrangements support community-based

care; 4) providing support to obtain or maintain community residences; and 5) developing procedures to track and manage placements. The NCTAAA values its role as an advisor to both community-dwelling elderly and nursing home residents of all ages, and wishes to expand its role in providing pre-placement counseling.

- **Adult Day Care:** Adult day care is a valuable alternative to institutional care for older adults who need close supervision. Unfortunately, the reimbursement rates through Medicaid are insufficient, resulting in a shortage of licensed facilities. The nation's current number of adult day centers, at 3,407, falls seriously short of the estimated 8,520 adult day centers needed.<sup>39</sup> In the NCTAAA service area, there is only one licensed adult day care facility, located in Denton County.
- **Mental Health Services:** According to DADS, nearly two thirds of older persons who live in the community and 80% of those who live in nursing homes don't receive appropriate mental health care.<sup>40</sup> Depression, as one of the most frequent and under-diagnosed disorders, can have fatal consequences. The highest rate of suicide (19.4 per 1,000) is among people aged 85 and over, a figure that is twice the overall national rate. The second highest second highest rate (17.7 per 100,000) is among adults aged 75 to 84.<sup>41</sup>
- **Meaningful Volunteer Opportunities:** The Corporation for National Service reports that, "Older adult volunteering has been on an upward trajectory through the last three decades, going from 14.3 percent in 1974 to 23.5 percent in 2005. Today, 46.1% of older adults volunteer 100 or more hours a year (compared to 31.6 percent of younger volunteers)." Volunteering confers benefits on both the volunteer (e.g., skill enhancement and personal satisfaction in helping others) and the sponsor organization.
- **Adequate Training for Volunteers:** In order to make full use of volunteer capabilities and satisfy volunteers' personal goals, agencies must provide comprehensive training that orients them to their roles and responsibilities. Without proper training, volunteers may work at less than full capacity and/or work outside the scope of their responsibilities, exposing themselves and their sponsor organizations to liability.
- **Supports for Older Caregivers of Persons with Disabilities:** 1999 data indicate that 61% of Americans with developmental disabilities live in a family setting. One fourth have a primary caregiver who's over the age of 65.<sup>42</sup> In addition, 47% of caregivers for all persons with disabilities are age 65 or older.<sup>43</sup> Clearly, older adults constitute a disproportionate share of caregivers, as well as care receivers. Family caregivers may need help in identifying resources that can supplement or take the place of their assistance. In addition, they may need help establishing a viable plan for the recipient's future care, housing, and financial security.
- **Care for Persons with Alzheimer's and Their Family Caregivers:** The risk of Alzheimer's increases with each passing year in older adulthood. It affects 10% of the population among persons over the age of 65, but the incidence climbs to fully half of those age 85 and older.<sup>44</sup> Informal caregivers of persons with Alzheimer's experience higher rates of burden, depression, and physical illness than do other caregivers.
- **Interagency Coordination:** Providers' lack of knowledge about other agencies' programs and their inability to share service and/or client information contribute to service fragmentation. As a result, older adults and younger persons with disabilities may not be able to access the range of available and appropriate services. Three of Texas' area agencies on aging have been awarded grants from the Centers for Medicare and Medicaid services to develop Aging and Disability Resource Centers (ADRCs) to help consumers of all ages access services from multiple agencies. The rest of the State's area agencies on aging wish to replicate the ADRC model.
- **Access to Health Care Services:** Texas has the highest rate of uninsured residents, at 24.6%.<sup>45</sup> Although 99% of Texans age 65 and over have Medicare, more than one in five of those between the ages of 60 and 65 is without health insurance.<sup>46</sup> Those who are uninsured receive less care and have worse outcomes following an accident or the onset of a new chronic condition than those with insurance.<sup>47</sup>
- **Adequate Supply of Health Care Providers:** Texas is already struggling to fill healthcare professions at all levels. According to the Texas Department of State Health Services, the State is experiencing moderate to severe shortages of primary care physicians, pharmacists, mental health professionals, and nurses. As a result, health care facilities are vying with others for staffing, and those

in more remote areas (e.g., rural hospitals) and those that offer less competitive pay (e.g., nursing homes) tend to bear the brunt of staffing shortages.

• **Cultural Competency:** Nationwide, Aging services tend to be underutilized by Whites of Hispanic origin and non-Whites. Ironically, those who are Hispanic and African American tend to have greater need for services, given greater morbidity and mortality. Service providers must target older persons who are at risk of adverse outcomes, and make their programs accessible to all racial and ethnic groups.” Note: Ensure cultural competency and ability to effectively communicate with increasingly racially and ethnically diverse population.

NCTAAA 2008-2010 Strategic Plan - <http://www.nctcoq.org/cs/aging/pdf/AgingPlan2008-10.pdf>

See also “Methods Used to Set Priorities” (p.54) NCTAAA 2008-2010 Strategic Plan - NCTAAA 2008-2010 Strategic Plan - <http://www.nctcoq.org/cs/aging/pdf/AgingPlan2008-10.pdf>

### **NCTAAA Projected Service Levels**

“Based on a historical analysis of service utilization and consideration of trends that are expected to affect future demand for services, the NCTAAA has established the following projections for number of unduplicated clients to be served during Fiscal Year 2008:

- Information, Referral and Assistance: 9,000
- Home Delivered Meals: 4,600
- Congregate Meals: 2,400
- Demand-Response Transportation: 1,500
- Legal Assistance: 200
- Medication Management: 150
- Care Coordination: 800
- Caregiver Support Coordination: 530
- Caregiver Respite Voucher: 200
- Physical Fitness: 150
- Homemaker: 330“

NCTAAA 2008-2010 Strategic Plan - <http://www.nctcog.org/cs/aging/pdf/AgingPlan2008-10.pdf>

Denton County Texercise Two Step program,  
<http://www.texercise.com/teams/Denton.cfm>

### **NCTAAA supports the TSHL**

#### **The Texas Silver-Haired Legislature TSHL:**

(Below from TSHL: <http://www.txshl.org/> as of 6/2/2007)

The Texas Silver-Haired Legislature is an elected, non-partisan, representative body of citizens 60+ years of age, elected by their peers. There are a total of 114 Texas Silver-Haired representatives. The Texas Silver-Haired Legislature (TSHL) was born when the 69th Texas Legislature adopted supportive legislation (S.C.R.37) in April 1985. The TSHL convenes in Austin in even-numbered years to consider and vote on proposed legislation that concerns the needs of older Texans. The objective of the TSHL is to serve the needs of both present and future older Texans.

Denton County Texas Silver-Haired Legislature District 1: Wise and Denton Counties. The Area Agency on Aging of North Central Texas, which is housed within the North Central Texas Council of Governments, coordinates the TSHL election process in Denton County. Prospective candidates must obtain signatures from 25 registered voters who are at least 60 years of age and live in the same district as the senior who is running for the TSHL. A \$5.00 filing fee is also required. Candidacy forms can be obtained by calling 1-800-272-3921. Voters for candidates must be at least 60 years of age by the date of the election, be a registered voter, and reside in the same district as the candidate for whom they are voting. TSHL elections are held on the 4th Tuesday in May of even-numbered years.

#### **Current District 1 representative: (Wise and Denton Counties)**



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(Committees: Criminal Justice and Communications)

View 11th TSHL Session: Summary of Resolutions from this link:

[http://www.txshl.org/resolutions\\_view.php?type=resolution](http://www.txshl.org/resolutions_view.php?type=resolution)

TSHL: <http://www.txshl.org/>

## Links:

- ⇒ [U.S. Administration on Aging](http://www.aoa.gov/) <http://www.aoa.gov/>
- ⇒ [National Association of Area Agencies on Aging](http://www.n4a.org/) <http://www.n4a.org/>
- ⇒ White House Conference on Aging <http://www.whcoa.gov/>
- ⇒ Texas White House Conference on Aging <http://www.txwhcoa.org/>
- ⇒ U.S. Senate Special Committee on Aging <http://aging.senate.gov/>
- ⇒ Texas Health and Human Services Commission <http://www.hhsc.state.tx.us/>
- ⇒ [Texas Department of Aging and Disability Service](http://www.dads.state.tx.us/) <http://www.dads.state.tx.us/>
- ⇒ Aging Texas Well (ATW) program <http://www.agingtexaswell.org/>
- ⇒ Texas Senior Advocacy Coalition <http://www.tsac.org/>
- ⇒ Texas Silver-Haired Legislature <http://www.txshl.org/links.php>
- ⇒ Texas Senior Advocacy Coalition <http://www.tsac.org/>
- ⇒ Texas Association of Homes and Services for the Aging <http://tahsa.org/>
- ⇒ **AGE (Advocacy Group for Elders) Dallas - *Senior Citizens of Greater Dallas***  
<http://www.theseniorsource.org/pages/age.html>
- ⇒ National Center on Elder Abuse <http://www.elderabusecenter.org/>
- ⇒ Elder Abuse Events <http://www.wordbridges.net/elderabuse/events/>
- ⇒ Elder Texans' Page - Office of the Attorney Gen.- Greg Abbott  
<http://www.oag.state.tx.us/elder/elder.shtml>
- ⇒ American Bar Association - Commission on Law and Aging <http://www.abanet.org/aging/>
- ⇒ Legal Information for Seniors at Texas Legal Services Center <http://www.tlsc.org/>
- ⇒ Texas Senior Law- Elder law for Texans <http://www.texseniorlaw.com/>
- ⇒ Consumer Alerts and scams- Texas Attorney Gen.- Greg Abbott  
[http://www.oag.state.tx.us/alerts/alerts\\_view.php?type=1](http://www.oag.state.tx.us/alerts/alerts_view.php?type=1)
- ⇒ AARP <http://www.aarp.org/>
- ⇒ GrandDriver program <http://www.granddriver.info/>
- ⇒ Access to Benefits Coalition <http://www.accesstobenefits.org/>
- ⇒ Elder Care Guide <http://www.careguide.com/careguide/html/home.html>
- ⇒ Texas Elder Information and Statistics <http://www.elderweb.com/home/>
- ⇒ FirstGov Connection for Seniors <http://www.usa.gov/Topics/Seniors.shtml>
- ⇒ The Senior News Source <http://www.theseniornewssource.com/>
- ⇒ Online Social Security Handbook [http://www.ssa.gov/OP\\_Home/handbook/ssa-hbk.htm](http://www.ssa.gov/OP_Home/handbook/ssa-hbk.htm)
- ⇒ Medicare <http://www.medicare.gov/>
- ⇒ Benefits Check-up <http://www.benefitscheckup.org/>
- ⇒ Patient Advocate Foundation <http://www.patientadvocate.org/>
- ⇒ Elder Options of Texas <http://www.elderoptionsoftexas.com/index.cfm>
- ⇒ Federal Benefits Check-up [http://www.govbenefits.gov/govbenefits\\_en.portal](http://www.govbenefits.gov/govbenefits_en.portal)
- ⇒ Veterans Affairs <http://www.va.gov/>
- ⇒ National Council on Aging <http://www.ncoa.org/>
- ⇒ American Cancer Foundation <http://www.cancer.org/docroot/home/index.asp>
- ⇒ American Foundation for the Blind <http://www.afb.org/>
- ⇒ Arthritis Foundation <http://www.arthritis.org/>
- ⇒ National Osteoporosis Foundation <http://www.nof.org/>
- ⇒ National Institutes of Health "Senior Health" Website <http://nihseniorhealth.gov/>

## UNT Coalition for Leadership in Aging Services (Formerly RHP Program)



### What Is CLAS?

CLAS is an acronym for the Coalition for Leadership in Aging Services. The mission of CLAS is to provide education for leaders who can expand and create innovative service options for the aging. CASP certification serves as the foundation of the professional activities offered by CLAS.

### What Is CASP?

CASP is a national professional certification program for aging services professionals. The program is designed to educate and train service professionals involved in the management of assisted living facilities, continuing care retirement communities, senior housing, and other types of aging services. CASPs' unique, comprehensive

approach provides facility and program administrators with the flexibility and marketability to work in a variety of settings throughout their careers. The core certification is **Certified Aging Services Professional (CASP)**.

Requirements for second level of certification, Certified Aging Services Professional Fellow (CASPF), are currently being reviewed

<http://www.unt.edu/aging/rhp/index.htm>

The Leadership Council of Aging Organizations <http://www.lcao.org/>

National non-profit organizations dedicated to America's older population

List via AAHSA <http://www.lcao.org/membership.htm#Section1>

1. [AARP](#)
2. [AFL-CIO Department of Public Policy \(AFL-CIO\)](#)
3. [AFSCME Retiree Program \(AFSCME\)](#)
4. [Alliance for Aging Research \(AAR\)](#)
5. [Alliance for Retired Americans](#)
6. [Alzheimer's Association](#)
7. [American Association for International Aging \(AAIA\)](#)
8. [American Association of Homes and Services for the Aging \(AAHSA\)](#)
9. [American Federation of Teachers Program on Retirement & Retirees \(AFT\)](#)
10. [American Foundation for the Blind](#)
11. [American Geriatrics Society \(AGS\)](#)
12. [American Postal Workers Union Retirees](#)
13. [American Public Health Association](#)
14. [American Society of Consultant Pharmacists \(ASCP\)](#)
15. [American Society on Aging \(ASA\)](#)
16. [Asociacion Nacional pro Personas Mayores \(ANPPM\) \(National Association For Hispanic Elderly\)](#)
17. [Association for Gerontology and Human Development in Historically Black Colleges and Universities \(AGHDHBCU\)](#)
18. [Association of Jewish Aging Services \(AJAS\)](#)
19. [B'nai B'rith International](#)
20. [Catholic Health Association of the United States \(CHA\)](#)
21. [Eldercare America, Inc.](#)
22. [Experience Works, Inc.](#)
23. [Families USA](#)
24. [The Gerontological Society of America \(GSA\)](#)
25. [Gray Panthers](#)
26. [Meals On Wheels Association Of America \(MOWAA\)](#)
27. [Military Officers Association of America \(MOAA\)](#)
28. [National Academy of Elder Law Attorneys \(NAELA\)](#)

29. [National Adult Day Services Association \(NADSA\)](#)
30. [National Asian Pacific Center on Aging \(NAPCA\)](#)
31. [National Association for Home Care \(NAHC\)](#)
32. [National Association of Area Agencies on Aging \(N4A\)](#)
33. [National Association of Foster Grandparent Program Directors \(NAFGPD\)](#)
34. [National Association of Nutrition and Aging Services Programs \(NANASP\)](#)
35. [National Association of Professional Geriatric Care Managers \(NAPGCM\)](#)
36. [National Association of Retired and Senior Volunteer Program Directors, Inc. \(NARSVPD\)](#)
37. [National Active and Retired Federal Employees Association \(NARFE\)](#)
38. [National Association of Senior Companion Project Directors \(NASCPD\)](#)
39. [National Association of Social Workers \(NASW\)](#)
40. [National Association of State Long Term Care Ombudsman Programs \(NASOP\)](#)
41. [National Association of State Units on Aging \(NASUA\)](#)
42. [National Caucus and Center on Black Aged, Inc. \(NCBA\)](#)
43. [National Committee to Preserve Social Security and Medicare \(NCPSSM\)](#)
44. [National Citizens Coalition on Nursing Home Reform](#)
45. [National Council on the Aging, Inc. \(NCOA\)](#)
46. [National Hispanic Council on Aging \(NHCOA\)](#)
47. [National Indian Council on Aging, Inc. \(NICOA\)](#)
48. [National Osteoporosis Foundation \(NOF\)](#)
49. [National Senior Citizens Law Center \(NSCLC\)](#)
50. [Older Women's League \(OWL\)](#)
51. [Service Employees International Union Retired Members Program \(SEIU\)](#)
52. [United Auto Workers Retired Workers Department \(UAW\)](#)
53. [United Jewish Communities](#)
54. [Volunteers of America](#)



# **Denton County agencies and services**

## **playing a major roll in the Aging Network**

**SPAN Services Program for Aging Needs-** SPAN is our **Committee on Aging** (Meals-On-Wheels, congregate meals at senior centers, transportation, benefits counseling, support groups, Lifeline, Senior Paws and more.)

**RSVP** (Providing volunteers to the community and the community to volunteers)

**Senior Centers** (Recreation, Exercise, Socialization, Congregate meals and more)

**Adult Day Stay** (Adult Day Care - caregiver respite, meals and socialization)

**Guardianship Services** (Needed services now forming in Denton County)

**Ombudsman and Benefits counseling programs** from DADS and AAA

**UNT & TWU** (Education, Research, Needs Assessment, Planning, Program evaluation, Grants, Community service)

**NCTC** (Education, Training, Lifelong Learning)

**Texas Cooperative Extension** (Education, Training, Public Service)

**VNA** (Visiting Nurse Association <http://www.vnatexas.org> )

**Denton State School** (with aging services and senior volunteers.)

**Hospital based services for elder adults** (Education, Assessment, and Medical from major medical facilities including Denton Regional Medical Center, Presbyterian Hospital, Mayhill Hospital, Trinity Medical Center, )

**MHMR**

**Alzheimer's Association**

**Seniors in Motion**

**Texercise** (Denton County Texercise Two Step)

**Caregiver education and support groups**

**Financial, Legal and Real Estate professionals** (with specializations serving seniors)

**Certified Aging in Place** - (CAPS, builders and remodelers)

**Hospice organizations**

**Community service organizations** (like REACH, Christian Community Action - CCA, Hearts for Homes, Senior Adult Services - serving a part of Denton County, and many church-based service organizations, just to name a few.)

**Providers, architects and builders of senior appropriate housing**

**Nursing Homes**

**Assisted Living Facilities**

**Retirement housing communities** (like Robson Ranch)

**CCRC** (Continuing Care Retirement Community - being developed at proposed Razor Ranch in Denton)

**Elderly Service Providers of Denton County -ESP** (An educational, service, and networking organization whose members represent various local services for the aging in Denton County.)

**Rehabilitation, Fall Prevention trainers, Nutrition and exercise support specialist.**

**Home-Based service providers**

**On-Demand Transportation**

UNT-DAG - The University of North Texas Department of Applied Gerontology was founded as the Center for Studies in Aging in 1968. The Department of Applied Gerontology and the Center for Studies in Aging at the University of North Texas was among the first academic departments of gerontology in the country. The department's faculty is dedicated to improving the lives of older persons through teaching, research, and service in the field of aging. Nationally recognized for its graduate training programs, the department also offers, a 15-semester-hour Specialist Certificate in Aging, and houses a growing undergraduate program, and is home to a new Ph.D. program in Gerontology.

UNT-CPS – University of North Texas Center for Public Service, home of the Texas Institute for Research and Education on Aging – TIREA, which supports the Seniors / Volunteers for Childhood Immunization – SCI – program. The Center supports Sustainable Development and High Performance Green Building education and research. The Center is also linked to the Educational Consortium for Volunteerism and programs such as America Reads and

Texas Woman’s University (TWU - “Producing more new nurses and health care professionals than any other university in Texas.” Lifelong Learning, Nursing, Occupational Therapy - OT, Aging Research in OT, Physical Therapy - PT, Health Studies, Kinesiology, Nutrition and Food Sciences, Family Studies, and more)

North Central Texas College

Texas Cooperative Extension

United Way of Denton County [www.unitedwaydenton.org](http://www.unitedwaydenton.org)



<http://dentoncountyseniors.org/>

Updated on 6/7/2007:

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For: Denton County Senior Services

<http://www.dentoncountyseniorservices.org/>

Thank you...  
...dec



Healthy Communities Coalition of Denton County - Geriatric Services Workgroup  
Denton County Senior Services - Online Directory Web Portal "Denton County Senior Services"