AAA of the Capital Area, Area Plan FFY 2024 – FFY 2026

As Required by
Older Americans Act, As Amended in 2020: Section 306, Area Plans

Approved by HHSC Office of Area Agencies on Aging
Effective October 2023

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Section 1. Executive Summary

The Agency on Aging of the Capital Area (henceforth referred to as AAACAP), in compliance with requirements from Texas Health and Human Services Commission (HHSC) and the federal Administration on Community Living, is submitting its Area Plan for federal Fiscal Years (FY) 2024 - 2026 for approval. The area plan, a requirement for all area agencies on aging funded through the Older Americans Act (OAA), describes the specific services to be provided to older adults in the region.

The plan is developed from an assessment of regional needs as determined by public input that included the participation of older adults, their caregivers, the AAACAP Aging Advisory Committee and other appropriate stakeholders. The plan also includes the outlined AAACAP goals and objectives for FY 2024 - 2026, subject to any limitations of funding and policies provided by the OAA and/or Texas HHSC. The Area Plan for FY 2024 - 2026 reiterates the mission of AAACAP, which is to provide services to support and advocate for the health, safety and well-being of older adults in CAPCOG's 10-county region — Bastrop, Blanco, Burnet, Caldwell, Fayette, Hays, Lee, Llano, Travis and Williamson counties. These services include providing older adults and their unpaid caregivers support through its care coordination and caregiver support services, benefits counseling, long-term care ombudsman services, and information, referral and assistance services. AAACAP provides services to caregivers under the National Family Caregiver Support Program. It also sub-contracts with other agencies to ensure the availability of services such as transportation, nutrition, homemaker and senior center operations, serving as the major funder of congregate and home-delivered meals in the region.

The plan defines how these services will be delivered during the next three fiscal years and ensures focus on the targeted populations identified by the federal Older Americans Act: Older adults in greatest economic need, those in social isolation, those residing in rural areas, those living with severe disabilities, those at most risk for institutionalization, those with limited English proficiency, those with Alzheimer's or related dementias, as well as caregivers for persons in these situations.

As per guidance from Texas HHSC and established best practices, the Area Plan presented is based on the needs shared in the community needs assessment conducted during the spring of 2023, and the changing demographic trends within the region as gathered from sources such as the U.S. Census, the American Community Survey, and the Texas Demographic Center. Five significant trends were identified in the CAPCOG region related to older adults. The first two trends relate to key socio-demographic factors, namely, the current and projected increase

of the older adult population in the region and the current and projected even greater increase of older adults in the rural counties of the region. These two trends are based on the socio-demographic data provided through the U.S. Census, the American Community Survey, and the Texas Demographic Center, and are discussed in Section 6 of the plan. The other three trends are key factors directly related to the quality-of-life of older adults in the region. These are: Transportation; Health and Wellness; and Financial Wellness and Resources. These trends were identified as encompassing the top concerns and needs of older adults. They developed from a careful compilation and analysis of the concerns clearly demonstrated consistently by a broad range of sources, including the regional community needs assessment.

Based on these trends, the plan outlines and provides key strategies for service delivery, as follows: Outreach to "hard-to-reach" populations; an increase in access to long term services and supports; the provision of Person-Centered Practices that allow for consumer choice; an increase in consumer-directed services; ensuring cultural competency; addressing social isolation; supporting family caregivers; and enhancing community collaborations.

These strategies support AAACAP goals to explore issues and contribute to solutions for older individuals regarding emergency preparedness, safe and affordable housing and homelessness prevention and support community partners across the region in developing "age-friendly" coalitions, workgroups, task forces, commissions, and interagency councils in rural areas. The plan allows Texas HHSC, the CAPCOG Executive Committee, partner agencies, and the community to better understand both the challenges and opportunities that AAACAP faces in providing and prioritizing its goals and performance measures. In maintaining its fidelity to the requirements of the Older Americans Act, the plan incorporates the characteristics of the diverse counties served. The impact of population growth and its resulting changing demographics of the region and understanding the location and needs of those older adults with the greatest vulnerabilities is key to planning for and responding to current and future needs. The FY 2024 – 2026 Area Plan provides the analysis, strategies, and means that will enable AAACAP to continue providing efficient and effective service delivery to those most in need in both rural and urban areas of the CAPCOG community while maintaining our vision – a vision where older adults and their caregivers realize streamlined access to services which promote independent living, self-determination, and full participation in their communities.

Section 2. Mission and Vision Statements

Legal Reference: 45 CFR 1321.53

Mission

The Area Agency on Aging of the Capital Area provides quality services to support and advocate for the health, safety, and well-being of the older individual in the region.

Vision

Older adults and their caregivers will realize streamlined access to services which promote independent living, self-determination, and full participation in their communities.

Section 3. Board of Directors/Governing Body/Executive Committee

Membership Composition

The 28-member Executive Committee, CAPCOG's governing body, largely comprises city and county elected officials nominated and selected annually to provide direction to CAPCOG staff on program implementation, budgets, contracts, and general policies and procedures for managing the agency. The committee has up to four non-voting seats for state legislators representing Texas State Planning Region 12, the CAPCOG 10-county region. Executive Committee members serve a one-year term from January through December and meet at 10 am on second Wednesdays of each month.

CAPCOG Executive Committee, its staff and its members have the mission to continue to strengthen the Capital of Texas 10-county region by supporting urban and rural local governments through coordination, collaboration, and sharing of ideas and resources.

The composition currently includes one representative from Bastrop, Blanco, Burnet, Caldwell, Fayette, Hays, Lee, Llano and Williamson counties; two representatives that represent Travis County; one council member representative of the City of Austin; one representative from a city greater than 100,000; four representatives of cities with 25,000 to 100,000; five representatives of cities with less than 25,000; three at-large positions; and four state legislators.

Frequency of Meetings

Monthly meetings are held the second Wednesday of each month.

Officer Selection Schedule

State selection and vote held annually at the January meeting.

Current Officers

- Chair: Judge James Oakley, 1/23 to 12/23
- First Vice Chair: Mayor Lew White, 1/23 to 12/23

- Second Vice Chair: Commissioner Debbie Inglasbe, 1/23 to 12/23

- Treasurer: No treasurer or equivalent position

- Secretary: Council Member Matt Baker, 1/23 to 12/23

- Parliamentarian: Mayor Jane Hughson, 1/23 to 12/23

- Immediate Past Chair: Mayor Brandt Rydell, 1/23 to 12/23

Section 4. Advisory Council

> Legal References: 45 CFR 1321.57; OAA 2020 306(a)(6)(D)

Council Composition

The Advisory Council serves the 10-county HHSC Planning and Service Area (PSA) 12 and is composed of 17 members appointed by the CAPCOG Executive Committee with representatives' numbers as follows: Three members for the City of Austin; Three members for Travis County; Two for Williamson and Hays counties; One each for Bastrop, Blanco, Burnett, Caldwell, Fayette, Lee, and Llano counties. A representative Executive Committee liaison may serve as well. The Chair also appoints a Texas Silver-Haired Legislator who represents the CAPCOG region. When a vacancy arises, Executive Committee members are notified of their qualifications and composition needs to ensure appropriate PSA representation.

Members by Category

In Table 1. below, enter the number of council members in the PSA who represent each category listed. A council member may be counted in more than one category.

Table 1. Advisory Council Members by Category

Category	Number of Members
Older Individuals Residing in Rural Areas	3
Clients of Title III Services	0
Older Individuals	6
Minority Older Individuals who Participate or are Eligible to Participate in OAA Programs	4
Local Elected Officials	4
General Public	3
Veterans' Health Care Providers, if applicable	1
Service Providers	6
Family Caregivers of Older Individuals who are Minority or who Reside in Rural Areas	4
Business Community Representatives	0

Category	Number of Members
Representatives of Older Individuals	12
Representatives of Health Care Provider Organizations	1
People with Leadership Experience in the Private and Voluntary Sector	5
Representatives of Supportive Services Provider Organizations	6

Frequency of Meetings

Quarterly (First Monday of designated quarter beginning February of each calendar year), with the 2023 meeting schedule as follows: February 6, 2023; May 1, 2023; August 7, 2023; and November 6, 2023.

Member Selection Schedule

New members are selected annually at the first meeting of the calendar year. The chair appoints a nominating committee at the last meeting of the previous year to recommend candidates for existing vacancies. Full council is notified of the selections at least 30 days in advance of the first meeting of the calendar year.

Advisory Council Members

Table 2. AAA Advisory Council Members

Name	Occupation or Organization or Affiliation	County of Residence	Member Since	Current Office Term
Ms. Mary Moody	Chair, Aging Advisory Council	Bastrop	3/2015	2/2022 – 2024
Mr. Ty Murphy	Vice Chair, Aging Advisory Council	Williamson	8/8/2015	2/2022 - 2024
Mr. Thomas Henry	City of Austin	Travis	5/2/2023	2/2022 - 2024
Ms. Barbara Epstein	City of Austin	Travis	7/14/2022	2/2022 - 2024
Ms. Dawn Capra	Community Resource Centers, Texas Housing Foundation	Blanco	2/8/2023	2/2022 - 2024
Commissioner Rusty Horne	Caldwell County	Caldwell	3/2023	2/2022 - 2024
Ms. Kelly Franke	Combined Community Action, Inc.	Fayette	1/2020	2/2022 - 2024
Ms. Simone Corprew	Hays County	Hays	7/13/2023	2/2022 - 2024
Commissioner Mark Matthijetz	Lee County	Lee	5/12/2021	2/2022 -2024
Commissioner Mark Sandoval	Llano County	Llano	5/2017	2/2022 - 2024
Mr. Rob Faubion	AGE of Central Texas	Travis	2/2018	2/2022 - 2024
Mr. Fred Lugo	Travis County Health and Human Services	Travis	5/1997	2/2022 – 2024

Name	Occupation or Organization or Affiliation	County of Residence	Member Since	Current Office Term
Mr. Paul Stempko	Texas Silver-Haired Legislature- EX-OFFICIO	Travis	11/2019	2/2022 – 2024
Councilmember Esmeralda Mattke Longoria	City of Leander and CAPCOG Executive Board Liaison	Travis	1/2023	1/2023 - 2024

Section 5. Agency Description and PSA Profile

Legal References: 45 CFR 1321.53; OAA 2020 306(a)(3), 306(a)(4), 306(a)(5) and 306(a)(12); 26 TAC 213.1

Identification of Counties and Major Communities

Note: A glossary of terms and abbreviations is provided in Appendix. A.

The Area Agency on Aging of the Capital Area (henceforth referred to as AAACAP) serves the counties and major communities of its host agency, the Capital Area Council of Governments (henceforth referred to as CAPCOG) and the planning and service area (PSA) identified by the State of Texas, PSA 12.

This 10-county area consists of the following counties: Bastrop, Blanco, Burnet, Caldwell, Fayette, Hays, Lee, Llano, Travis and Williamson counties, as per Map #1, below:

Map 1: Ten County Service Area, State of Texas Planning Region 12
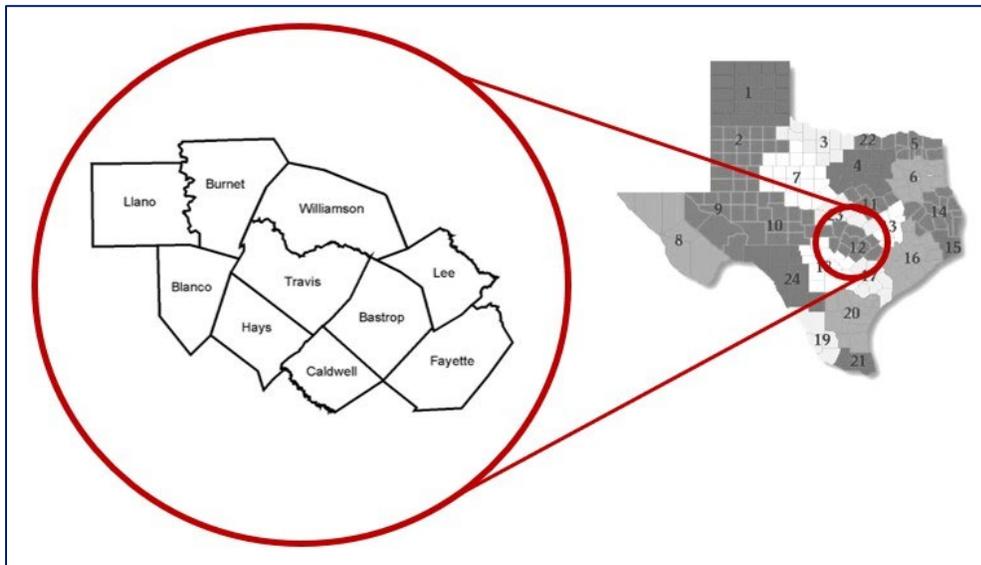
Source: Capital Area Council of Governments (CAPCOG)

In this region, seven of the counties are considered rural areas of the PSA: Bastrop, Blanco, Burnet, Caldwell, Fayette, Hays, Lee, Llano; Hays and Williamson counties are mixed urban and rural areas, and Travis County is considered an urban county. Below, Map #2 identifies the Census-defined urban areas of PSA 12. As per CAPCOG Regional Services/GIS, the U.S. Office of Management and Budget (OMB) considers any county within a Metropolitan Statistical Area (MSA) that has a population greater than 50,000. Hays, Travis, and Williamson counties fall within this definition. The five-county Austin-Round Rock-San Marcos MSA also includes Bastrop and Caldwell counties in-line with the OMB definition "adjacent territory that has a high degree of social and economic integration with the core, as measured by communities". As per OMB definitions above, Blanco, Burnet, Fayette, Lee, and Llano counties are considered rural, or non-metropolitan areas. Map #2 also identifies these counties and includes information on 15 <u>rural communities</u> (shown by dots on the map) of less than 2,500 persons and eight urban areas (communities of up to 49,999 in population that are not part of a larger metropolitan area).

Map #2: Counties and Major Communities in the Service Area/Census Defined Urban Areas in the CAPCOG Region
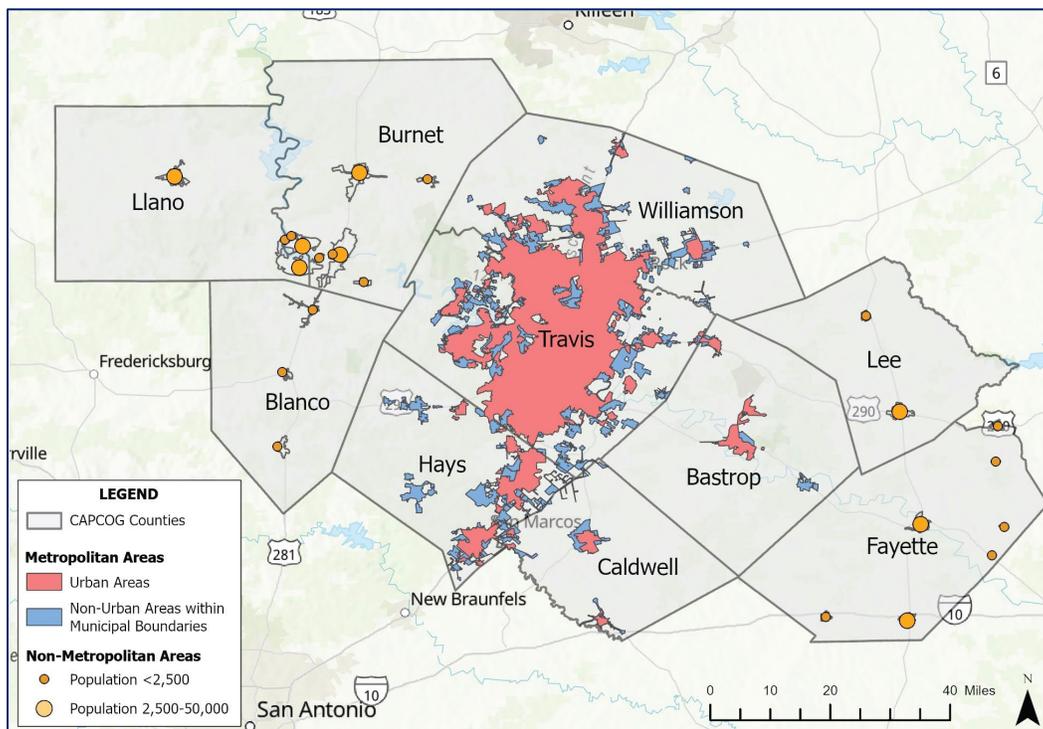
Note: Metropolitan and non-metropolitan areas are defined by the U.S. Office of Management and Budget. Urban areas are defined by the U.S. Census Bureau. Source: U.S. Census Bureau

AAACAP serves these 10 counties through Older Americans Act federal funding administered through the Office of Area Agencies on Aging, Texas Health and Human Services. AAACAP is a program of the Capital Area Council of Governments, a voluntary association of counties, cities, and special districts formed under Chapter 391, Local Government Code of Texas.

Historical Description

The Capital Area Council of Governments (CAPCOG) was organized in 1970 to serve local governments in its 10-county region. CAPCOG administers a broad array of programs: Aging Services, which includes the Area Agency on Aging and the Aging and Disability Resource Center; the Regional Planning and Services Division, which includes Air Quality, Commute Solutions, Community and Economic Development, Criminal Justice, Economic Development, Geographic Information Systems, Solid Waste, Transportation, and Water; Emergency Communication-911 District; Homeland Security; and the Regional Law Enforcement Academy. Since its designation as the area agency on aging in 1974, CAPCOG has endeavored to identify needs, determine priorities and develop strategies to formulate a comprehensive and coordinated system of service for those persons 60 years of age and older and their caregivers as mandated by the Older American's Act of 1965, as amended.

Location of AAACAP

The CAPCOG offices are located in southeast Travis County at 6800 Burleson Road, Building 310, Austin, Texas 78744. All CAPCOG staff work from this primary location, although AAACAP staff travel regularly throughout the region to provide services such as care coordination home visits, ombudsman visits, benefits counseling enrollment events, caregiver education and outreach events such as health fairs and information presentations.

Organizational Structure

The role of AAACAP has continued to expand and evolve to become an active participant in advocacy and service delivery through its Access and Assistance and Caregiver Support Programs. Its organizational structure reflects that evolution. AAACAP's structure is designed to provide the staff support necessary to ensure that the region's target population has access to:

- Information about the complete array of aging and disability services and opportunities when seeking AAACAP services and entering the system of long-term services and supports, in order to make informed decisions.

- Information and services to address their needs, taking into account their preferences and rights, and that those services are of the highest quality within an appropriate, effective and efficient system.

- Staff that are trained in the issues that directly concern older adults and their caregivers, including skills that promote and enhance the individual dignity, well-being, safety of the consumers; and knowledge of techniques that encourage consumers to advocate for themselves when possible.

- Resources that are used in the most appropriate and cost-effective manner and programs whose performance and accountability are maintained to the highest possible standard.

- Multilingual and multicultural personnel with a variety of higher education background, including both bachelor and graduate degrees in such fields as Social Work, Counseling, Gerontology, Government, Adult Development and Continuing Education, Public Administration and Public Health.

Socio-Demographic and Economic Factors

Throughout the AAACAP Area Plan, maps and charts were provided by the Regional Services Geographic Information System professionals at CAPCOG. These data graphics illustrate the demographics and statistics that are crucial to understanding the characteristics, implications, needs and resulting goals and objectives and a description of the data contained proceeds the data graphics. Source data used is listed below each map and chart. Most data is derived from analysis of information provided by the U.S. Census, the American Community Survey and Texas Demographic sources.

In providing an overview of the socio-demographic and economic factors of the Capital area, it is perhaps most meaningful to begin by putting a human face on what life is like for the older adults who reside in the region. The following situation was described by a recent caller seeking assistance from AAACAP:

> "I'm checking to see what resources I might get help with. I live alone and don't have any relatives near me. I have served a few years as a nurse in the military, but never got any good help from VA after Vietnam. I lost my Medicaid because I got the paperwork to renew and didn't send in the correct forms; I live in a senior complex, and the landlord has just raised the rent by 60%. I can't drive anymore but I don't think there is any transit that can pick me up. I'm on a fixed-income and I'm not sure how I'm going to pay the rent. I need in-home services to stay independent because I'm having trouble cooking and dressing myself. I can't afford assisted living, but I'm not sure what else to do!"

This caller and her concerns typify the challenges that older adults are facing in the Capital Area, such as transportation, increased housing costs, limited or non-existent health insurance for adults' ineligible for Medicare, lack of affordable in-home services, and the difficulty of maintaining independent living. These challenges are not unique to the caller; they are repeated in hundreds of similar calls to AAACAP, to the local Aging and Disability Resource Center of the Capital Area (AAACAP-CAP), and to the 2-1-1 at the United Way of the Greater Austin Area. Similar needs were expressed in the Community Needs Assessment Survey 2023 conducted by AAACAP as well as reflected in the community needs assessments conducted by a myriad of regional non-profits and health care systems serving older adults. These sources, in addition to socio-economic factors, greatly informed the planning process. Additional discussion of sources needs assessment, and stakeholder input will be described in further detail in Section 6, SWOT Analysis and Stakeholder and Public Input.

The concerns described above, as well as others shared by older adults, such as mental health services, home repair and modifications, food insecurity, and assistance with applying for government benefits, are intimately tied to the socio-demographic and economic factors of the rapidly expanding and changing Capital Area region. To fully understand both the challenges and opportunities that AAACAP faces in providing and prioritizing its goals and performance measures, and maintaining its fidelity to the requirements of the Older Americans Act, it is essential to start with the characteristics of the diverse counties served. The impact of population growth and its resulting changing demographics of the region are key to planning for and responding to current and future needs. In addition, understanding the location and concentration of older adults that are most vulnerable, such as those that are of low income, those considered minorities racially and ethnically, older adults residing in rural areas, socially isolated adults, and those with limited English proficiency is also vital.

Population Growth in Region:

The most obvious and publicly discussed socio-demographic factor in the 10 counties serviced by CAPCOG is the significant population increase within the region, especially in its more populated counties: Hays, Travis and Williamson. The total population of the area has not only grown every year but is projected to be one of the most rapidly expanding regions of the nation in all demographic projections through 2035. The population growth of the region is in line with Texas as a whole but is even more pronounced in PSA 12.

Chart #1 follows and demonstrates the percentage of overall population growth in each county served, the CAPCOG region as a whole and Texas, between 2011-2021. Counties within the MSA had the highest growth rate: Hays (the highest at 53.5%), Williamson, Travis, Bastrop, and Caldwell (in order of growth rate) whereas the rural counties had consistently less growth: Burnet, Blanco, Llano, Lee, and Fayette (with Fayette having the smallest rate of growth, just 2%).

Also, of note in the following Chart #1 is that the CAPCOG region's rate of growth was significantly higher than that of Texas overall – 31.4% compared to 16.5%.

Chart #1: Population Growth in the Region, 2011-2021

	2011	2021	Change 2011-2021	
	Total Population	Total Population	Population Change	Growth Rate
Bastrop County	73,368	94,887	21,519	29.3%
Blanco County	10,267	11,313	1,046	10.2%
Burnet County	42,606	48,424	5,818	13.7%
Caldwell County	37,795	45,286	7,491	19.8%
Fayette County	24,397	24,445	48	0.2%
Hays County	152,827	234,573	81,746	53.5%
Lee County	16,565	17,393	828	5.0%
Llano County	19,133	21,246	2,113	11.0%
Travis County	1,007,264	1,267,795	260,531	25.9%
Williamson County	409,913	591,759	181,846	44.4%
CAPCOG Region	1,794,135	2,357,121	562,986	31.4%
Texas	24,774,187	28,862,581	4,088,394	16.5%

Source: U.S. Census Bureau, 2011 and 2021 ACS 5-Year Estimates

Not only has the overall population grown in every county served by AAACAP, but of most significance to an AAA serving primarily those age 60 and above, the U.S.

Census statistics demonstrate that the population in this age cohort is growing at an even higher percentage. This is true in each of the CAPCOG counties served.

Characteristics and trends of the current and projected population are key to understanding the current and projected needs of adults 60 and above. In accordance with the Older Americans Act, it is particularly important to assess the number of older adults residing in rural areas, the proportion of age cohort of adults age 85 years and over, and the numbers of low-income and minority older adults. These demographics are identified as particularly vulnerable in all communities, and thus a service priority. The following charts and maps provide such an assessment.

Chart #2 provides a snapshot reflecting the increase for the population demographic age 60 and above between 2011-2021. The data demonstrates that while the overall rate of growth for the region was 31.4%, the rate of increase in persons age 60 and over in the region was 68.9%. While the growth varied by county, every county experienced an increase of at least 15% or more of their older adult population. In other words, the population served by AAACAP increased by 35.5% more than the general population growth. For example, Fayette County had a total population growth rate of less than 1% in the past 10 years, but the population aged 60 and over had a population growth rate of 17%. The regional growth of this demographic is more than 30% higher than that for Texas. These statistics have significant implications for the demands for service of AAACAP.

Chart #2: Population Growth in the Region for Age 60 & Over, 2011-2021

Area	2011 Total Population	2021 Total Population	Change 2011-2021 Population Change	Change 2011-2021 Growth Rate
Bastrop County	12,526	20,199	7,673	61.3%
Blanco County	2,862	3,806	944	33.0%
Burnet County	10,643	15,128	4,485	42.1%
Caldwell County	6,221	9,460	3,239	52.1%
Fayette County	7,108	8,348	1,240	17.4%
Hays County	19,806	38,222	18,416	93.0%
Lee County	3,425	4,534	1,109	32.4%
Llano County	7,929	9,766	1,837	23.2%
Travis County	112,598	189,003	76,405	67.9%
Williamson County	53,668	101,501	47,833	89.1%
CAPCOG Region	236,786	399,967	163,181	68.9%
Texas	3,685,380	5,177,250	1,491,870	40.5%

Source: U.S. Census Bureau, 2011 and 2021 ACS 5-Year Estimates

Map #3 provides a visual of the current (as of 2020) AAACAP target population by county. This provides the percentage of adults age 60 and above in relation to the total county population. Overall, the average percentage of older adults is 10% throughout CAPCOG. The regional percentage is slightly below the state average (12.8%) but several CAPCOG counties exceed both the regional and state average percentage. This has significant service implications for AAACAP, as rural areas tend to have the greatest distance between support systems, limited public transportation and healthcare systems. Most significantly, the average percentage in the rural counties that is age 60 and above (non-MSA) is 26.68%.

Map #3: Percentage of County Population that is Age 60 and above:
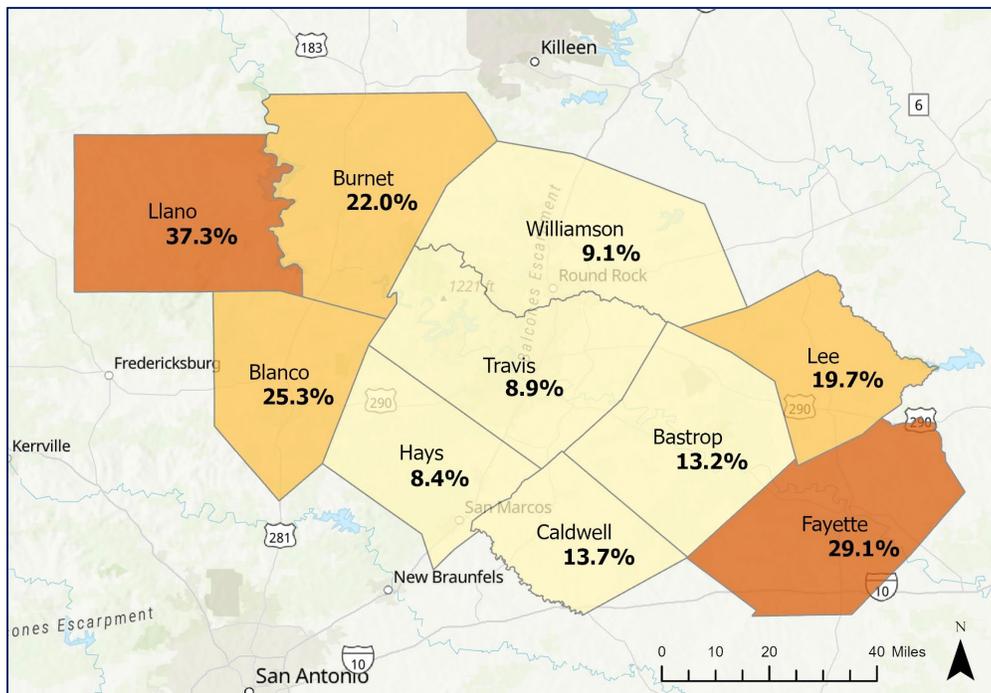
Source: U.S. Census Bureau, 2021 ACS 5-Year Estimates

Chart #3, Cumulative Population Growth in the CAPCOG Region – By Age Cohort, allows for a more in-depth look at the growth by age cohort between 2011 - 2021. Regionally, the CAPCOG county population age 54 and under is 77.3%, while 22.7% are in the 55 and over age cohort. This is very similar to Texas overall, in which 76.1% are in the 54 and under cohort, with 23.9% in the 55 and over age cohort. Significantly, in terms of growth and population to be served, while the growth rates of those age cohorts between 0-54 years of age averages 26.2%, the growth rates of those 55 and over averaged 59.2%, well over that average of 31.4%. Most dramatically, the population age cohort 65-74 years increased 98.9%, almost doubling in size in 2018 from what it was in 2011. In addition, the growth

rate of the age cohort 85 years and over, generally those most vulnerable and in need of services was well above the overall population growth rate, at 46.5%.

Chart #3: Population Growth in the Region by Age Cohort, 2011-2021

Age Cohort	2011		2021		Change 2011-2021	
	Total Population	Share of Total Pop	Total Population	Share of Total Pop	Population Change	Growth Rate
19 Years & Under	505,437	28.2%	599,438	25.4%	94,001	18.6%
20 to 34 Years	446,959	24.9%	550,881	23.4%	103,922	23.3%
35 to 44 Years	269,841	15.0%	369,015	15.7%	99,174	36.8%
45 to 54 Years	240,028	13.4%	302,971	12.9%	62,943	26.2%
55 to 64 Years	174,629	9.7%	258,247	11.0%	83,618	47.9%
65 to 74 Years	89,737	5.0%	178,455	7.6%	88,718	98.9%
75 to 84 Years	49,217	2.7%	71,316	3.0%	22,099	44.9%
85 Years & Over	18,287	1.0%	26,798	1.1%	8,511	46.5%
TOTAL	1,794,135	-	2,357,121	-	562,986	31.4%

Source: U.S. Census Bureau, 2011 and 2021 ACS 5-Year Estimates

Also, informative to understanding the demographics of this growth in Age Cohort groupings is knowledge of which counties have the highest populations of the most senior adults. Chart #4 demonstrates that in addition to having some of the highest percentages of older adults, the population to be served in the rural counties will also be as a group, older, with the resulting increase in disabilities and vulnerabilities. Llano and Fayette can be seen to have the highest percentage of older adults age 85 years and over, while counties within the MSA have lowest proportion of these more vulnerable adult populations.

CHART #4: County Population Age by Age Cohort

Legend:
- 85 Years & Over
- 75 to 84 Years
- 65 to 74 Years
- 55 to 64 Years
- 54 Years & Under

Counties (x-axis): Bastrop, Blanco, Burnet, Caldwell, Fayette, Hays, Lee, Llano, Travis, Williamson
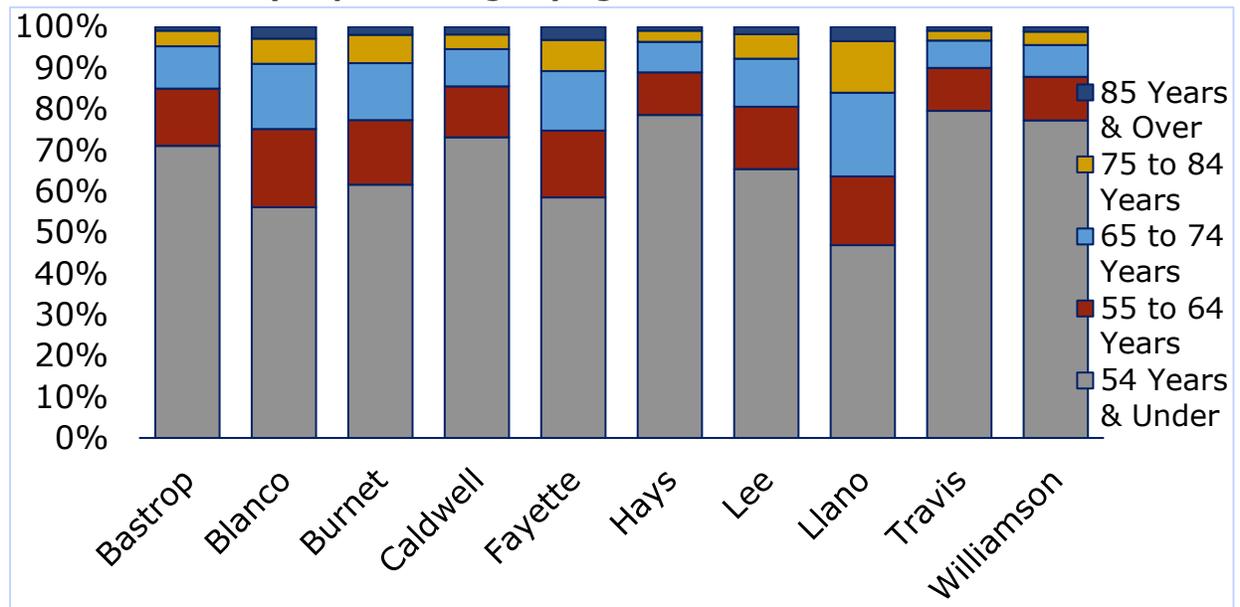
Source: U.S. Census Bureau, 2021 ACS 5-Year Estimates

Vulnerable Populations

The Older Americans Act funding utilized by AAACAP specifically requires that Area Agencies on Aging target services to vulnerable populations U.S. Census and/or American Community Survey data can provide valuable data in accessing the demographics of these vulnerable groups in the region, including changes between 2011 -2021.

One area of target emphasis includes persons age 60 and over and their caregivers residing in rural areas. The previous section on population growth included information particularly related to this target demographic. The following discussion provides a review of the other targeted demographics, to include persons with greatest economic need and greatest social need (often historically underserved populations such as racial minority groups); persons living with severe disabilities; and persons with limited English proficiency; persons most at risk for institutionalization (as related to older adults living alone); and persons with Alzheimer's or related dementias and their caregivers.

Racial/Ethnic minority populations: These include persons that are considered racial/ethnic minorities, such as African American; Hispanic; and Asian-Pacific Islander. It should be noted that PSA 12 is not identified by HHSC as one of the Area Agencies on Aging serving a statistically significant Native American population

or reservation. As such, throughout the Area Plan, statistics and services regarding Native American populations specifically will not be included.

AAACAP has seen changes in the overall racial/ethnic mix of its service region. As demonstrated in Chart #5, between 2011 - 2021, the percentage of those considered "minority" populations increased by higher percentages than those reported as White/Non-Hispanic.

Chart #5: Population Growth in the Region by Race and Ethnicity 2011 – 2021

Race & Ethnicity	2011		2021		Change 2011-2021	
	Total Population	Share of Total Pop	Total Population	Share of Total Pop	Population Change	Growth Rate
White	1,010,582	56.3%	1,222,065	51.8%	211,483	20.9%
Hispanic or Latino	126,039	7.0%	158,138	6.7%	32,099	25.5%
Black or African American	80,090	4.5%	137,548	5.8%	57,458	71.7%
Asian	35,588	2.0%	83,474	3.5%	47,886	8.5%
Other	541,836	30.2%	755,896	32.1%	214,060	39.5%
TOTAL	1,794,135	-	2,357,121	-	562,986	31.4%

Source: U.S. Census Bureau, 2011 and 2021 ACS 5-Year Estimates; Races listed are that race alone (non-Hispanic or Latino); Other includes those identifying as American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, some other race, and two or more races.

Regionally, there has been a 45% increase (1,1235,056) of those identifying as Black/Asian/other/Hispanic, whereas there the White non-Hispanic population is currently at 1,222,065, with just a 21% increase. Considering the total regional growth rate overall was 31.4% during this period, the statistics support that there will be increased call for services to a racially and ethnically diverse population.

Map #4 provides a visual picture of the diversity of specifically older adults age 60 and above by county in the CAPCOG region. Regionally, as of 2019, 28.1%, or 114,869 people ages 60 and above identify as Black/Hispanic/Asian/other race.

Map #4: Percentage of County Population Age 60 and above who identify as Black/Asian/other/Hispanic
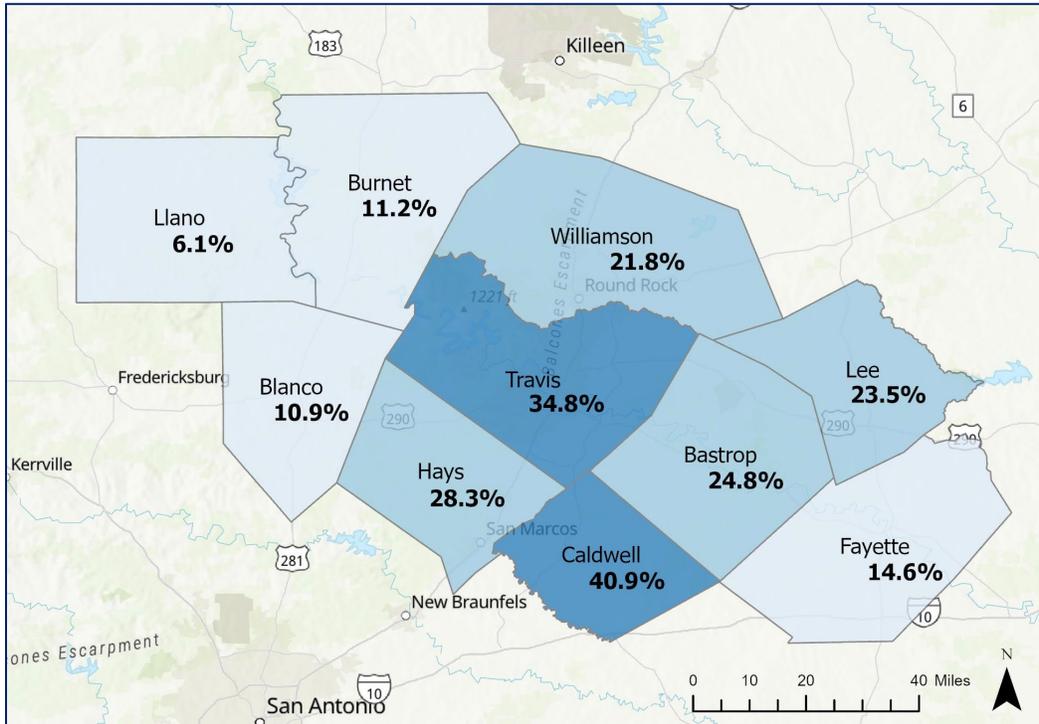
Source: Texas Demographic Center, 2019 Demographic and Socioeconomic Data

As per Map #5, reflecting data from before 2019 and included in the FY 2021 – 2022 Area Plan, the distribution by county of older adults as a diverse percentage of the older adult population has not changed drastically in terms of concentrations within county lines. The five rural counties, excepting Caldwell and Lee, have the lowest concentrations of persons identifying as racially/ethnically diverse. This is consistent with the data from 2019 in Map #3.

Map #5: Percentage of Minority Population for Ages 60 & Over
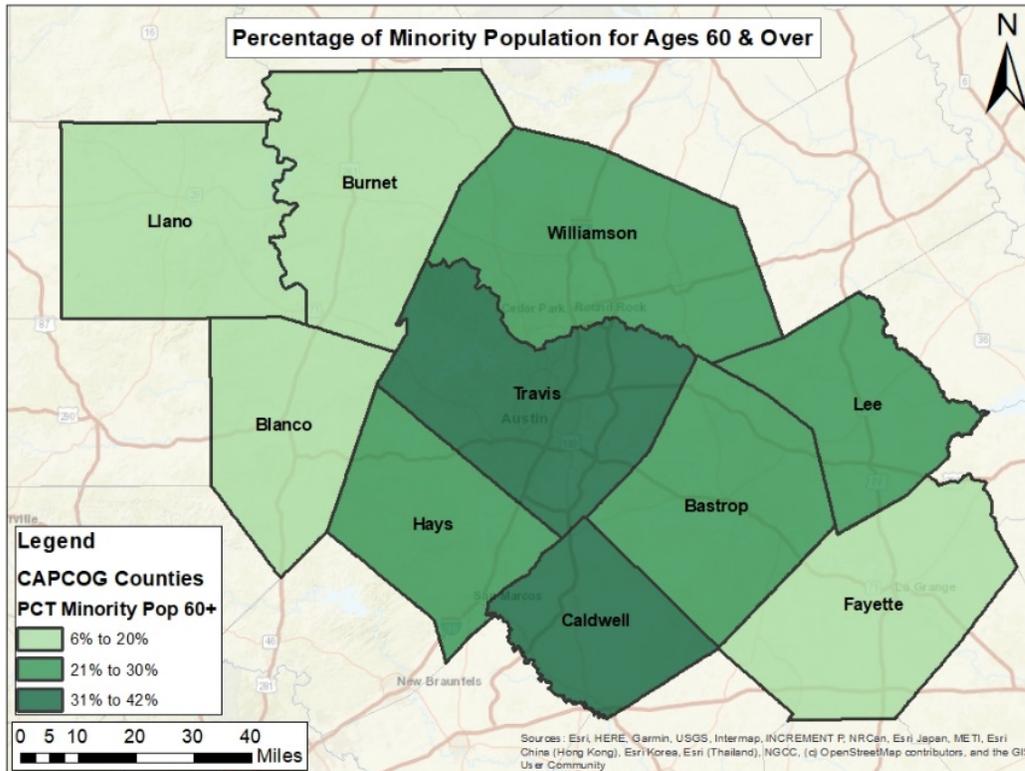
The following Chart #6 provides a clearer visual related to the racial and ethnic groups within each CAPCOG county, as analyzed and presented by the Texas Demographic Center. This information provides insights into the populations served by AAACAP staff in better identifying the diverse needs of populations who have been historically underserved and marginalized and working to ensure that services are provided in a sensitive and culturally appropriate manner.

Chart #6: County Population Age 60 & Over, by Race and Ethnicity
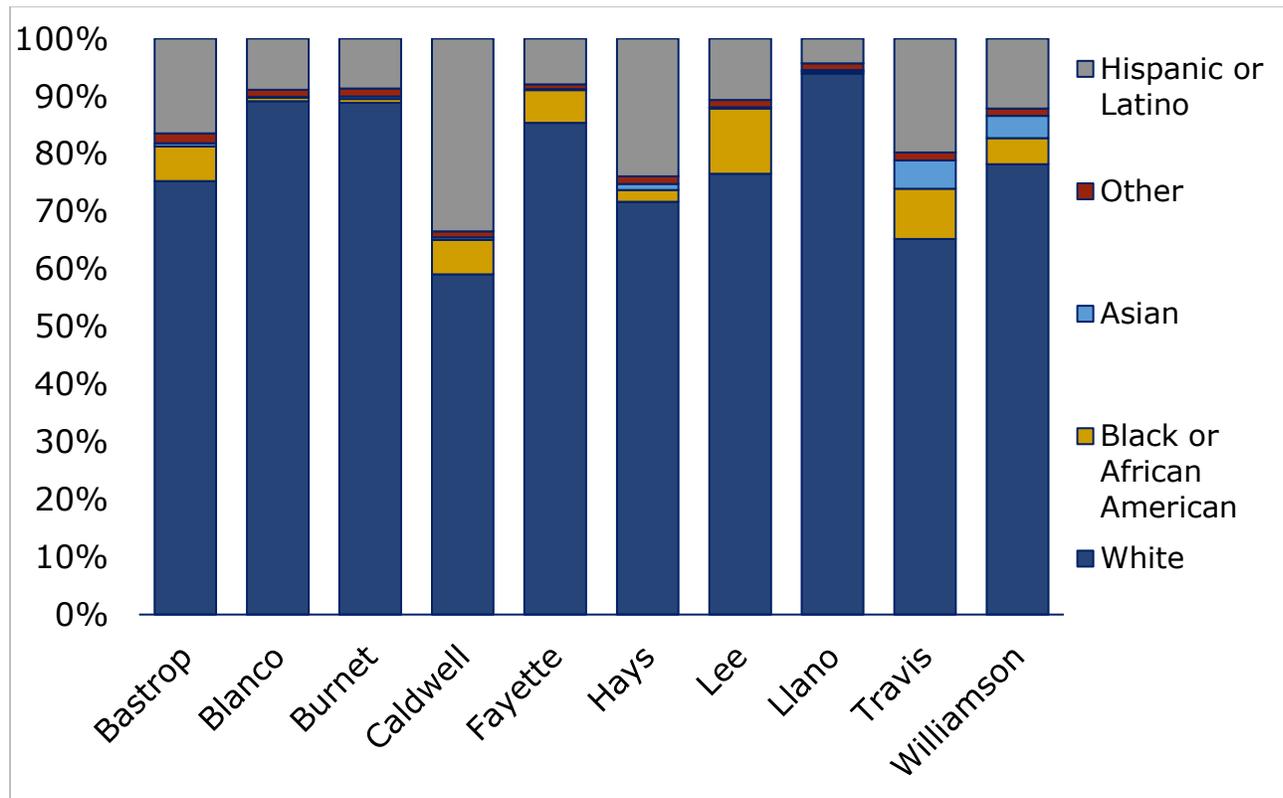
Source: Texas Demographic Center, 2019 Demographic and Socioeconomic Data.

Races listed are that race alone (non-Hispanic or Latino); Other includes those identifying as American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, some other race, and two or more races Since minority populations statistically have fewer financial resources and less access to health insurance, this has significant implications as they enter their older years and face the challenges of health care issues related to aging. This directly impacts their need for such health services not paid for by Medicare, such as dental, hearing, and vision issues.

In reviewing these statistics, it is important to consider that the information will translate into very real needs of people who have often been marginalized and are historically economically and culturally under-resourced and under-served. In understanding the increase in minority populations, AAACAP can better plan for assistance that is culturally appropriate and reflect cultural humilty in providing services.

Other significant indicators of vulnerabilty: Older adults that are part of a racial/ethic minority group are an important piece of understanding the regional needs of the AAACAP population, but as discussed, other indicators are also

identified by the Older Americans Act as priority populations. The following charts provide a picture of these populations in the CAPCOG counties.

Social isolation has been increasingly identified as a key factor in quality of life and even mortality. Both the AARP and USAging (formerly the National Association of Association of Agencies on Aging, n4a) have joined with the medical community in focusing research on the debilitating effects of social isolation as well as measures to combat its negative effects.

As per the USAging Policy Priorities 2023, Support Section, The Cost of Social Isolation, "It's widely known that staying engaged and socially connected has tremendous health benefits, and that conversely, social isolation and loneliness among older adults leads to the deterioration of a person's physical and cognitive health, resulting in personal suffering and greater national expense."

Thus, identifying populations at risk of social isolation is increasingly understood as vital to meeting the needs of older adults. Two factors that can be extracted from general census data are often utilized as identifiers or predictors of persons who are socially isolated.

One of these factors is persons that identify as speaking English less than "very well". Persons who are unable to understand or speak the dominant language are less likely to join a senior center, access medical care, or understand community announcements on available programs that may benefit them. Chart #7 provides a snapshot of the current percentage, a total average of 3.08%, by county of adults over 60 that have self-reported as having this characteristic. The highest percentage is found in Travis County, which includes the City of Austin, and the lowest percentages is in the smallest populated counties. However, it should also be noted that this is a characteristic for both urban (such as Travis) as well as rural counties (such as Caldwell).

Chart #7: Percentage of County Populations Age 60 and Over that Speak English Less than "Very Well"

County	Percentage
Bastrop	3.3%
Blanco	1.6%
Burnet	1.5%
Caldwell	4.9%
Fayette	1.3%
Hays	4.0%
Lee	1.7%
Llano	1.5%
Travis	6.4%
Williamson	4.6%
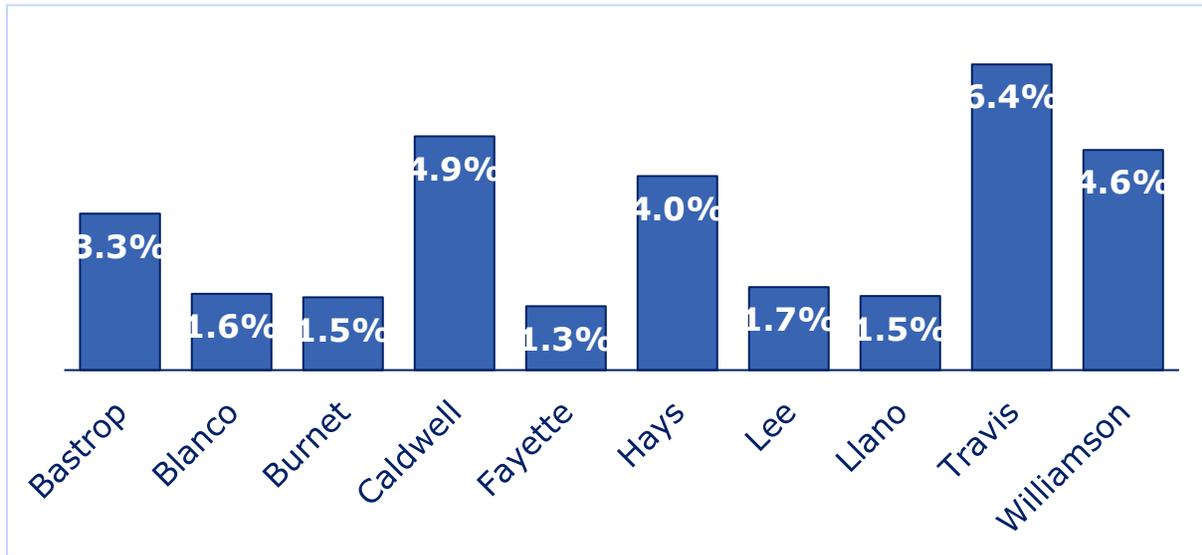
Source: U.S. Census Bureau, 2019 ACS 5-Year Estimates, from the Texas Demographic Center

Chart #8 shows the current demographics of the CAPCOG region in which householders 60 and above who reported living alone. As of 2019, 22%, or almost a quarter of all older adults live alone. The top three counties that have the highest percentages reporting living alone are the most urban (Travis County, 24.6%) and two rural counties (Caldwell, 22%; Blanco, 20.3%) Since AAACAP traditionally identifies persons living alone following a hospitalization as some of its most critically in-need population, these statistics have a real impact in the services needed, particularly in the most rural areas.

Chart #8: Percentage of County Population Age 60 & Over in Households Living Alone
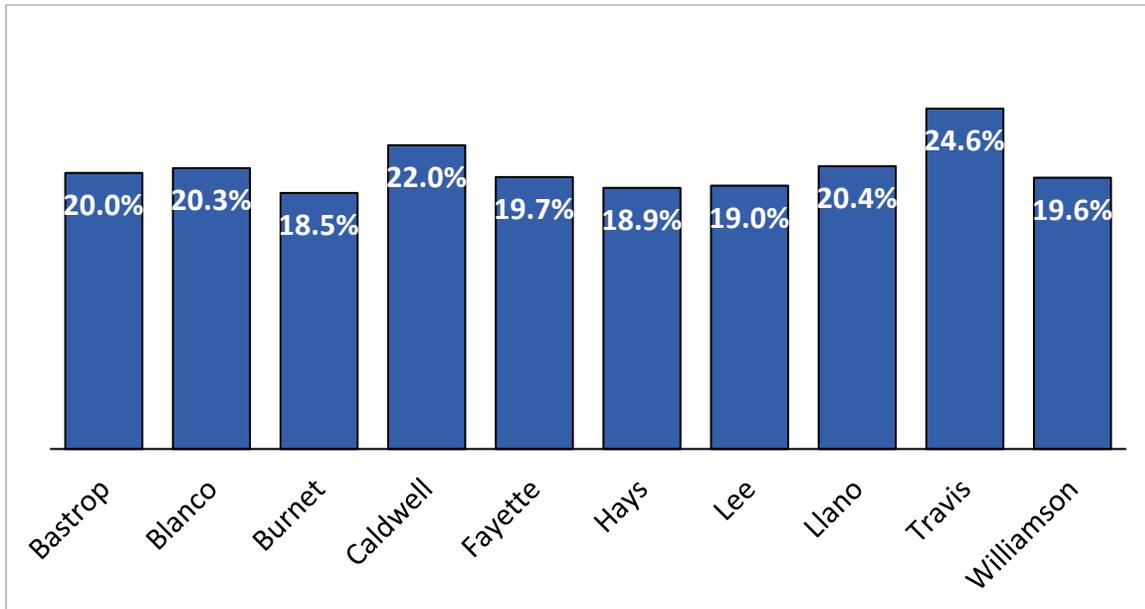
Source: U.S. Census Bureau, 2019 ACS 5-Year Estimates, provided by the Texas Demographic Center

Another indicator of financial and social vulnerability can be persons reporting disabilities. While persons with disabilities vary greatly in the nature and type of disability, as well as the type and level of community services needed, understanding the population numbers reporting a disability is useful in planning for services. Disability increases the likelihood of financial constraints in possible inability to work, increased medical costs, and social isolation.

The American Community Survey considers people to have a disability if they have difficulty with one or more of the following: seeing; hearing; concentrating or remembering (ages five and above); walking or climbing stairs (ages five and above); dressing or bathing (ages five and above); doing errands alone (ages 15 and above).

As per a recent study published by the U.S. Census, disability rates are higher in rural areas than urban areas, and the southern region of the U.S. (which includes Texas) had the highest disability rate among regions in 2021. The study advises that "Rural residents — less than 20% of the U.S. population — were more likely (14.7%) than their urban counterparts to experience disability.

Rural communities may be more geographically isolated and typically have more limited transportation and access to clinics and hospitals than urban areas. As a result, coordination of care for those with disabilities may be more difficult for rural residents due to these geographic and transportation barriers."

Charts #9 and #10 demonstrate details regarding the percentage of persons reporting a disability, Chart #10 for the five counties in the Metropolitan Statistical Area (MSA) and Chart #11 for the five primarily rural counties. As per CAPCOG Regional Services, 26.7% or 86,260 people age 60 and above report having a disability, while the rural counties have an overall higher percentage, 32.7%, albeit lower number of actual persons, 12,835.

Both charts reflect the types of disabilities that are affecting older adults. In rural areas, the percentage of persons reporting ambulatory difficulties is statistically higher. The type of disability in particular can also tie to issues with social isolation and transportation, as well as risk for institutionalization.

Chart #9: Percentage of MSA Population Age 60 & Over with Select Disability
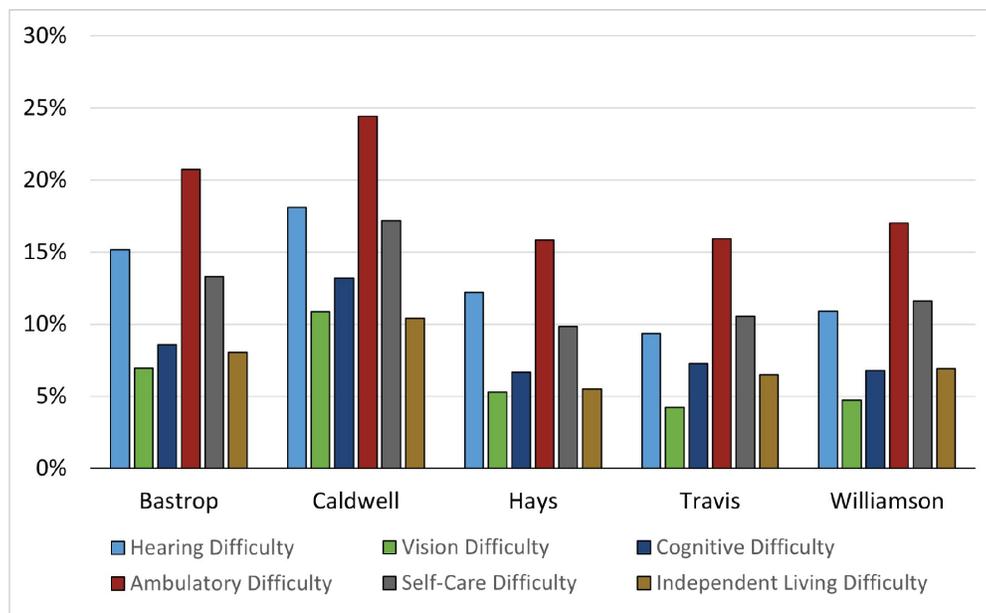
Source: U.S. Census Bureau, 2019 ACS 5-Year Estimates, provided by the Texas Demographic Center

Chart #10: Percentage of Rural County Population Age 60 & Over with Select Disability
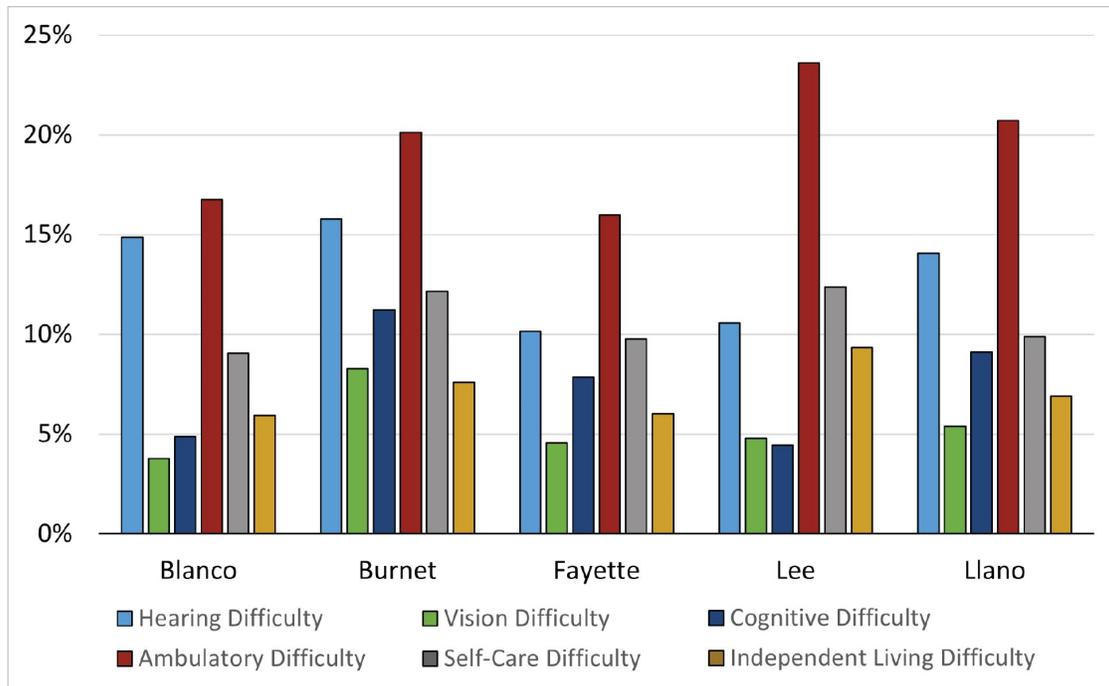
Source: U.S. Census Bureau, 2019 ACS 5-Year Estimates, provided by the Texas Demographic Center

Another demographic factor which assists in identifying older adults that are especially vulnerable is persons experiencing poverty and economic stress. Map #6 illustrates the economic vulnerabilities that exist in all counties in the region, with information on persons age 60 and over that whose income is below the federal poverty standards income level. Overall, in the region, 7.7% or 27,995 people age 60 and over live below the poverty line.

Map #6: Percentage of County Population Age 60 & Over Living Below the Poverty Line
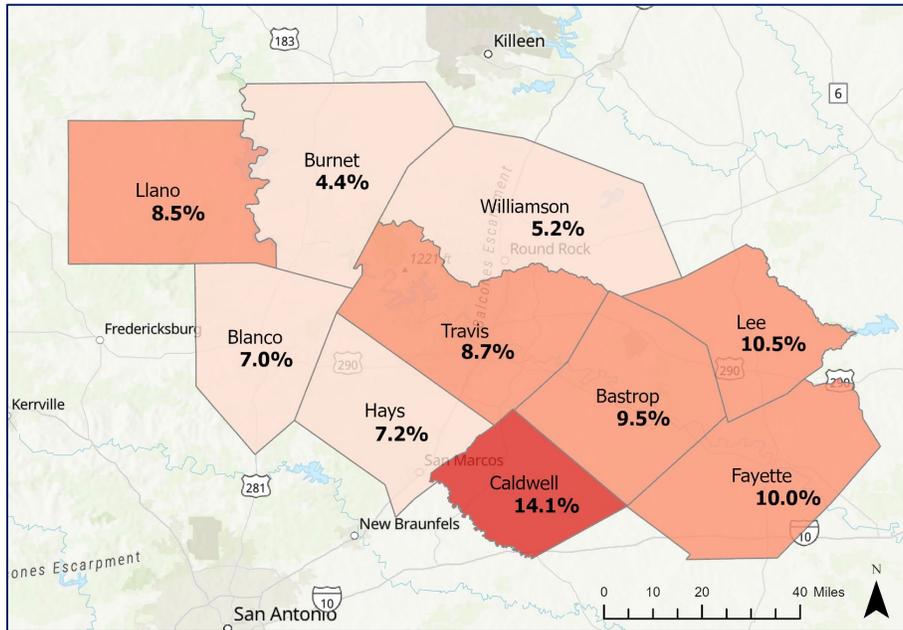
Source: U.S. Census Bureau, 2019 ACS 5-Year Estimates, provided by the Texas Demographic Center

As Chart #11 demonstrates, the estimated percentage of adults age 60 and over at an income below federal poverty guidelines is 7.9% within CAPCOG, but much higher in many parts of the region – specifically in Caldwell, Lee, and Fayette. Burnet County residents are the least likely to have an income in this range, at just 4.4%. These statistics is generally consistent with the rates of poverty by County reported in the previous plan.

**Chart #11: Percentage of County Population Age 60 & Over Living Below the Poverty Line**
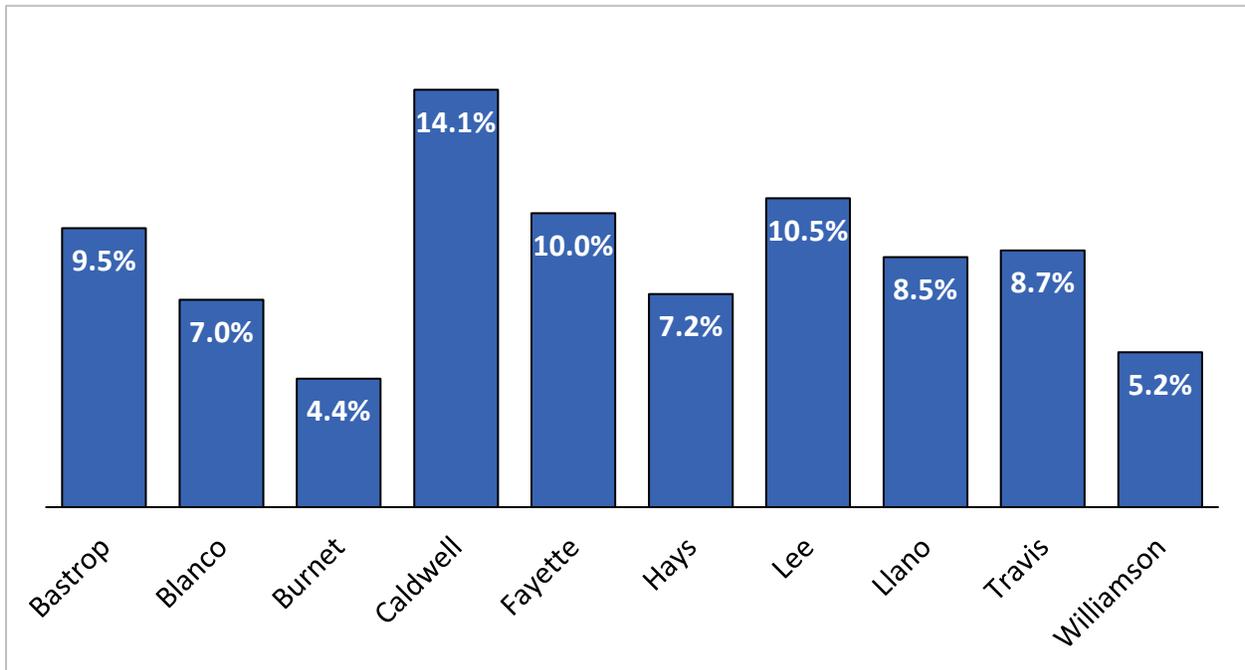
Source: U.S. Census Bureau, 2019 ACS 5-Year Estimates, provided by the Texas Demographic Center

Another indicator of financial stress, especially in the non-Medicare eligible population (generally those 64 and below or persons coming from other nations) is a lack of health insurance. Chart #13 provides data on the number of older adults that do not have health insurance, by county. This data provides not only an indicator of challenges financially, but persons who will be less likely to have home health care supports provided after medical procedures, or ability to pay for prescriptions for chronic conditions. Persons residing in rural counties are more likely to fall into this category, as Llano (4.8%), Fayette (4.7%) and Caldwell (4.6%) have the highest rate of older adults uninsured, while urban Travis County is close, with a percentage of 4.5%. Overall, 4.2%- or 14,600-persons age 60 and above face the financial, physical, and mental stress of lack of health insurance in their most physically vulnerable years of life.

Chart #12: Percentage of County Population Age 60 & Over Living Without Health Insurance
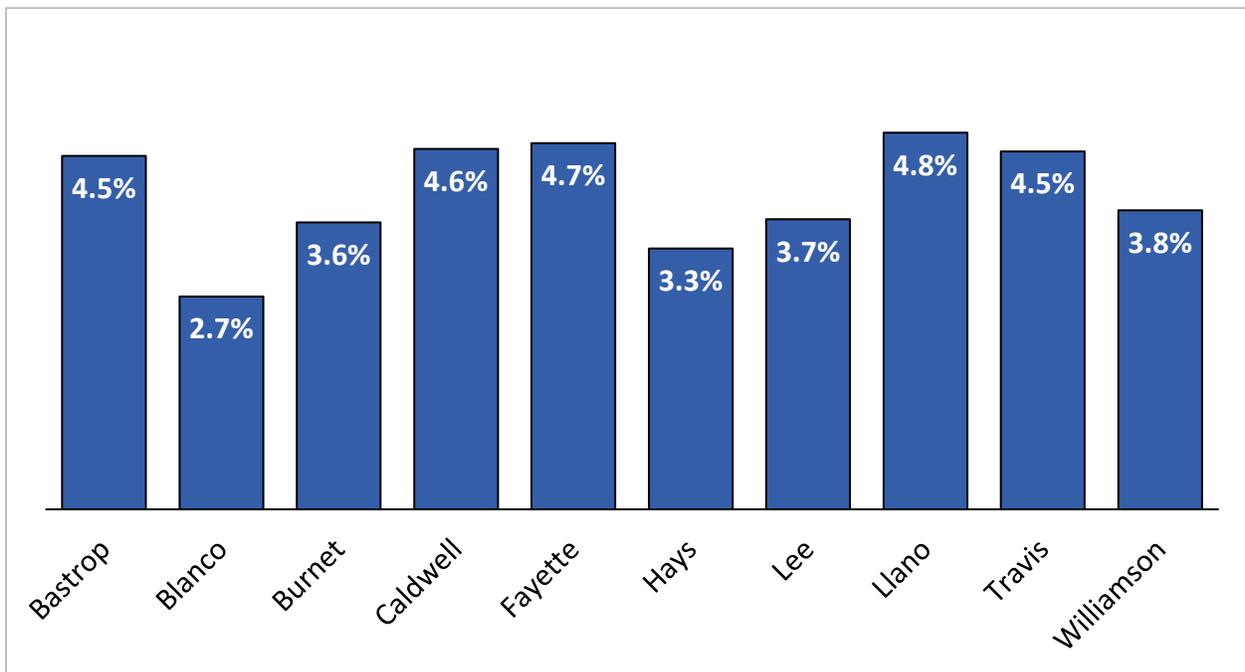
This data and statistics inform AAACAP in ensuring its important role in providing OAA services to the most vulnerable in the region. Through analysis of this data related to OAA target populations, such as persons residing in rural counties, those in financial stress, and those with disabilities. As can be seen, much of these targeted populations overlap in their location in rural counties and underserved areas. As a service provider utilizing Older Americans Act funding, it is essential that the regional demographics of populations that have historically been marginalized and underserved are reviewed and understood by AAACAP and its service partners.

When reviewing the demographics of targeted groups for OAA funding, the final group to be considered are persons with Alzheimer's or related dementias and their caregivers. According to the Facts and Figures Report from the national Alzheimer's Association, the Texas population, age 65 and above affected by Alzheimer's was 400,000 and predicted to increase to 490,000 by 2025 – or 22.5%. Texas is in the top 50% of U.S. states with the highest rate of increase of this population. Thus, AAACAP can see that the targeted population of persons with Alzheimer's and other dementia-related conditions and their caregivers will increase close to 25% in just five years.

Alzheimer's Association research also reflects that the rate of Alzheimer's impact may be greater to persons of color, specifically Black and Hispanic populations. These populations, as seen are increasing for the older adult population in the CAPCOG region. To quote from the Facts and Figures report mentioned, "…the social processes that influence disparities in the development of Alzheimer's could also influence whether and when a diagnosis of dementia occurs. There is evidence that missed or delayed diagnoses of Alzheimer's and other dementias are more common among Black and Hispanic older adults than among White older adults. Based on data from Medicare beneficiaries age 65 and older, it has been estimated that Alzheimer's or another dementia has been diagnosed in 10.3% of White older adults, 12.2% of Hispanic older adults and 13.8% of Black older adults. Although these percentages indicate that the dementia burden is greater among Black and Hispanic older adults than among White older adults, the percentages should be even higher according to prevalence studies that detect all people who have dementia irrespective of their use of health care systems. Population-based cohort studies regarding the national prevalence of Alzheimer's and other dementias in racial and ethnic groups other than White, Black and Hispanic populations are relatively sparse. However, a study examining electronic medical records of members of a large health plan in California indicated that dementia incidence — determined by the first presence of a dementia diagnosis in members' medical records — was highest for African American older adults (the term used in the study for those who self-reported as Black or African American); intermediate for Latino older adults (the term used in the study for those who self-reported as Latino or Hispanic), American Indian and Native Alaskan older adults, Pacific Islander older adults, and White older adults; and lowest for Asian American older adults."

As CAPCOG's older adult population is especially growing in terms of all minority populations, this research indicating some greater impacts of Alzheimer's on this group is helpful in understanding the needs of those services.

Overall, this review of demographics related to vulnerable populations identified by the OAAA indicates that, throughout the region, these populations have grown during the last 10-year period. AAACAP services across the spectrum are affected by this growth, and a greater understanding of the target service populations of persons residing in rural areas; persons with greatest economic need and greatest social need (often historically underserved populations such as racial minority groups); persons living with severe disabilities; and persons with limited English proficiency; persons most at risk for institutionalization (as related to older adults

living alone); and persons with Alzheimer's or related dementias and their caregivers is demonstrated in this verified data.

Economic and Social Resources

In reviewing the socio-demographic challenges faced by population growth and the economic vulnerabilities of older adults of the 10-county area, it is also important to understand the resources of the region. A key reason for the population growth, especially in the age cohort 60 and above, are the services and quality of life found in the region. While the Austin metro is no longer listed as one of the top twenty-five places to retire by U.S. News and World Report (Austin went from 4th in the nation in 2019, to 11th in 2020) as a desirable place to retire the central Texas region continues to rate strongly. For example, Forbes listed both College Station and San Antonio, nearby communities to the Austin region, in the top 25 listing for retirement consideration, and Money Magazine's 10 picks for retirement included Cedar Park, an Austin suburb straddling Travis and Williamson counties.

Economic resources of the region vary but are strong as a whole. Austin, located in Travis County is within 1-2 hours of residents of all 10 CAPCOG counties and serves as the economic, healthcare, and cultural hub of the region. According to data from the Austin Business Journal (ABJ) l 2022-2023, the top twenty types of employers in terms of number of employees include retail (H-E-B; Amazon); Technology (including Dell; Apple, IBM, and NXP Semiconductors); Healthcare (Ascension; Baylor Scott & White); and Education (University of Texas at Austin; Austin Independent School District). The ABJ report also documented the increase in corporate headquarters moving to the region, for a total of 24, up from 19 in 2020-21. including Oracle and Tesla joining others already located in the region, such as Dell, Freescale Semiconductor, National Instruments, Whole Foods.

Business, education, and real estate investment is promoted on a regional basis, especially for the Austin-Round Rock-San Marcos MSA, which includes Bastrop, Caldwell, Hays, Travis, and Williamson counties, the 35th largest metropolitan area in the U.S. Promotion of MSA economic opportunities is demonstrated by the more rural community of Taylor in Williamson County, where Samsung is building a new semi-conductor manufacturing facility, and Hays County, which is one of the fastest growing counties in the state.

As per information from the Austin Chamber of Commerce in January 2023, the region's economy, the metro area ranks 2nd for job growth since February 2020, "As of December 2022, 45 of the top 50 metropolitan areas have regained their pre-pandemic level of jobs. Comparing metros based on where they stand relative to pre-pandemic February 2020, Austin, up 11.3%, is the second best performing major metro area." The key industries in the region, listed by the Austin Chamber

of Commerce include: Advanced Manufacturing, Clean Technology, Data Management, Life Sciences, Space Technology, and Creative & Digital Media Technology and new since 2020, Automotive, Corporate Headquarters/Regional Offices, Financial Services, and Semiconductors.

The economic health of the rural counties is better than many in Texas, especially in Bastrop, Hays and Williamson counties which have to some extent become "bedroom" communities for the City of Austin as housing costs increase in Travis County. Hays County was recently rated one of the fastest growing economies in Texas.

The rate of economic development has been slower in the more rural counties, but generally is growing as well. Blanco, Burnet, Caldwell, Fayette, Llano, and Lee counties all identify their major economic industries as tourism, recreation, ranching and farming, including such agricultural products as beef cattle, hay, lavender, nursery crops, horses, swine, corn, grain sorghum, pecans and aquaculture.

Austin is also the capital of the State of Texas, and this provides both for a large sector of jobs in the public sector as well as for older adults to participate in "Senior Day at the Capital" and other political activities.

In terms of cultural opportunities, the city of Austin is internationally known for its live music venues, outdoor spaces, museums, and sporting opportunities, in part due to the presence of the University of Texas (UT) at Austin, an internationally recognized research institution drawing over 36,000 students annually. Austin events such as Austin City Limits and South by Southwest are known around the world. Such festival events are held throughout the 10-county area, including the Lavender Festival (Blanco), the Luling Watermelon Thump (Caldwell), the Bluebonnet Festival (Burnet) and Sherwood Forest Renaissance Faire (Bastrop) are just several examples of entertainment opportunities for older adults in the region. The entertainment and cultural activities both within Austin and the surrounding counties were shut down during the COVID-19 pandemic but the majority of major events, including those listed above, were held in 2022 and 2023 and are projected to continue their role in drawing both residents and tourists to the area.

Higher education opportunities are not limited to UT Austin. Other public colleges and universities include (in the following counties): Austin Community College (Travis) with eight campuses, UT Health Science Center (Travis), Texas State University (Hays) and Blinn College (Lee). Private universities include Southwestern

University (Williamson), Concordia University (Travis), St. Augustine University of Health Sciences (Hays), and Huston-Tillotson University a Historically Black University (Travis). Older adults can take classes from many public Texas universities worth up to six credit hours tuition-free. These schools provide older adults both cultural and non-traditional learning opportunities in the region.

The climate, classified as "humid sub-tropical", and geography of the region also a factor in its economic growth. The temperature, while hot in the summer, rarely goes below freezing during the winter months. The geography ranges from the "piney woods" in Bastrop, Lee and Fayette counties, to the Travis, Williamson, Hays and Caldwell counties Blackland Prairie grasslands to the hill country region of Blanco, Burnet, and Llano Counties. The region is also home to rivers that provide recreation for kayakers, fishers, and tubers, such as the Colorado, the Blanco and the San Marcos. Due to this variety of geographic landscapes and features, the region is served by eight state parks, and many county parks providing opportunities for camping, bicycling, hiking, and hunting. The City of Austin alone operates over 250 parks, from small "pocket parks" to 48 greenbelt areas, six golf courses, and 16 nature trails. In Texas, Travis County is ranked third of 254 counties in parks per square mile. This provides older adults a myriad of relatively low-cost, accessible recreational opportunities both within and outside the city limits of Austin. Tourists as well as "winter Texans" (those who come from more northern states or Canada during the winter months) are drawn to the area for the outdoor activities, but also the cultural events described above.

Access to quality healthcare is also readily accessible to Travis, Williamson and Hays county residents; for those in rural communities it can be more challenging to access specialists and high-level hospital services. Ascension Seton, Dell Seton Medical Center of the University of Texas, Heart Hospital of Austin, St. David's and Baylor Scott & White are the major providers of healthcare, managing over twenty-four hospitals and clinics 10 counties. Although there is not a Veterans Administration (VA) Medical Center in the CAPCOG jurisdiction, two are located less than two hours away in Temple and San Antonio, Texas, and there are three VA outpatient/community-based clinics, located in Lee, Travis, and Williamson counties. The region is home to several Federally Qualified Health Centers. These centers are community-based health care providers that receive federal funding to provide primary care services in under-served areas, including providing care on a sliding scale. These centers, which provide services to those with little or no health insurance, include Lone Star Circle of Care Clinics in Bastrop, Burnet, Hays, Travis,

Williamson Counties; Tejas Health Clinics in Lee and Fayette Counties; and CommUnity Care serving Travis and Hays counties.

Description of Service System

Resources and Description of Service System

AAACAP has and is responding to the regional challenges identified above faced by older adults, especially its efforts to expand funding, solicit in-kind resources and strengthen partnerships. These partnerships will be discussed in-depth when reviewing the role of AAACAP in interagency collaborative efforts.

Current Services in Place

Through funding from the Older Americans Act, and in compliance with both the Texas Administrative Code (TAC) and the parameters of the AAACAP Area Plan for 2021 - 2022, the agency provides essential supports for older adults and older adults with disabilities throughout the CAPCOG region.

The supportive services funded by the Older Americans Act and administered by AAACAP address critical needs of older adults and their caregivers in the region. In utilizing Older Americans Act funding and setting priorities for assistance, AAACAP actively seeks to understand and respond to changing community needs. This is accomplished through its membership in community coalitions, area plans, customer satisfaction surveys, and the advisory role of the Aging Advisory Committee (AAC). The AAC provides advice and direction to AAACAP and recommends policies and programs to the Executive Committee Board for consideration. The AAC has responsibilities that include assisting with the development of the Area Plan, representing and advocating for older persons in the region, specifically from the counties they represent, identifying and establishing relationships with groups, agencies, and individuals that provide services to older adults, providing input regarding program development and implementation, evaluating and scoring RFP applications from contract providers, and promoting awareness of aging issues within the region. The AAC meets quarterly and upon special request by the Executive Director, Aging Director, and/or the Aging Advisory Chair to address immediate needs.

The agency is consistent in its efforts to develop and implement programs to meet the needs of the older adults and their caregivers in the region. There is a constant evaluation of identified needs and gaps that come to the attention of agency staff. These needs are discussed formally and informally within the agency, and in many instances brought to the attention of the Aging Advisory Council and to other providers and organizations in the region. Most organizations, including AAACAP,

have limited resources to meet the needs that present themselves. AAACAP understands that more needs are able to be met through coordination, collaboration and partnerships with other organizations.

AAACAP knows that access begins with community understanding of the Older Americans Act programs and services. Outreach includes the CAPCOG, website, participation in media interviews, meetings, interagency groups, presentations, participation in health and information fairs, and referrals to other agencies (for profit, non-profit and public) that serve seniors and their caregivers. Partner agencies include volunteer organizations; home health agencies; hospitals; physicians; county extension agents; Legal Hotline for Texans; HHSC Access and Eligibility regional and local services; hospice organizations; senior centers; nutrition sites; faith communities; and so forth. Advocacy, as well as outreach, takes place through agency volunteers in the Health and Wellness, Ombudsman and Benefit Counseling programs, as well as through Aging Advisory Council members and staff presentations at numerous educational events.

AAACAP's service area, as discussed in the section on socio-demographics of the region, is home to many persons with limited English proficiency, with the main first language of many being Spanish, followed by Vietnamese and Chinese. AAACAP participates in ongoing outreach to the target populations to ensure awareness of services. Brochures and flyers on all programs are provided in both English and Spanish and some materials are also available in Vietnamese, Chinese, Korean, and Arabic. The agency focuses much of its outreach efforts, which is often presented by bilingual staff, to rural parts of the region in order to reach underserved vulnerable populations. All services have access to staff that are bilingual in English and Spanish. AAACAP also has a contract with LanguageLine to provide services in a variety of languages, and ready access to interpreter services for American Sign Language for the Deaf and Deaf/Blind communities for both educational events as well as one-to-one services. Note: AAACAP does not specifically target Native American populations for outreach or counseling because, as discussed above, AAACAP is not an AAA serving a tribal location.

To ensure that AAACAP makes service decisions consistent with the intent of the Older Americans Act, the Agency has two intake specialists that complete a thorough intake with consumers, paying close attention to the consumer's current resources to ensure duplication of services does not occur. All staff are trained on the specific targeting criteria required by the Older Americans Act and procedures and polices incorporate the targeting requirements.

Most senior centers and nutrition sites in the region are in areas easily accessible by those who meet the targeting criteria. Most of these centers are served through subrecipient contracts from four non-profit agencies AAACAP has impressed upon subrecipients in recent years the urgency to evaluate each of their centers/sites in light of the target population. If the attendees generally do not fit the targeting criteria, then they should consider relocation of the center/site to a location more easily accessible to them. Nutrition sites are supported by subrecipients and encourage the target population to attend to not only provide nutrition but socialization within the community. Many nutrition sites hold activities and educational programs as a means of communicating to the seniors in their county.

AAACAP administers services using three major procurement methods: 1) direct service provision, 2) contracting with qualified entities for service provision; and 3) purchasing specific service components through direct purchase of service vendor agreements. Contract providers are selected through a competitive procurement process and the selections are made with the assistance of the Aging Advisory Committee Evaluation Committee.

The agency's direct services include Information, Referral and Assistance; Legal Awareness; Legal Assistance; Care Coordination; Caregiver Support Coordination; Caregiver Information Services; Health and Wellness programs (Evidenced-Based Intervention) programs include: A Matter of Balance; Chronic Conditions Self-Management; Building Better Caregivers; Chronic Pain Self-Management and long-Term Care Ombudsman. Professional services are provided through vendor agreements which are reviewed, revised and checked to ensure annual requirements are met. Vendor agreements are used to provide the array of direct services authorized through Care Coordination and Caregiver Support services such as Demand Response Transportation; Caregiver Education Services; Caregiver Respite; Emergency Response; Health Screening; Mental Health; and Health Maintenance. Contracted services are for Congregate and Home Delivered meals and Senior Center Operations.

Each service program, no matter what the method of procurement, has an evaluation and quality assurance built into it. All programs provide consumer satisfaction surveys to participants. AAACAP surveys a random sample of consumers who received services through contractual arrangements at least annually. The information garnered is used to make adjustments or improvements in the program(s). At year's end, the results are tabulated to determine how the agency is performing in the area of general consumer satisfaction in meeting consumer needs and expectations in a quality manner.

Funding to support the agency and its system of services and supports is made available through federal awards under Title III of the Older Americans Act, as amended, and passed through the Texas Department of Aging and Disability Services. Additional funding is provided through state general revenue, local governments, grants, and client contributions. While the bulk of the program funding is through the allocation of Title III dollars, AAACAP does derive substantial support from client contributions/program income, match (in-kind and actual dollars) and donations. The most common way that individuals access services through AAACAP is through telephone contact. The agency standard for returning voice messages is to do so as soon possible, but no longer than two business days. For those who prefer to make a personal visit to the CAPCOG/AAACAP, offices are located on a major thoroughfare in southeast Austin and are on a Capital Metro bus line. The office facility is ADA compliant. The office address and telephone number are published on all written material and a locator map is available on the website or through hard copy. Staff are available to make home visits to those who request it, regardless of where the consumer resides in the region.

AAACAP provides both Information and Referral as well as intake through its phone line, e-mail and walk-in services. Individuals are screened using the standards of the Alliance for Information and Referral Systems (AIRS) and the IRA navigators are expected to obtain and maintain AIRS certification as a Community Resource Specialist. Timely, appropriate, and empathic assistance through a person-centered model is provided. Consumers who need a variety of resources are empowered with information on other resources and community supports. Consumers seeking or in need of AAACAP services are then formally referred to the appropriate service including Care Coordination, Caregiver Support and benefits counseling. Callers in need of long-term support services, or those with disabilities under the age of 60 are immediately and seamlessly transferred for services to the on-site ADRC. Callers seeking supports related to nursing home or assisted living residents are immediately connected to the dedicated phone line for the agency Ombudsman program.

AAACAP continues the development of an area-wide comprehensive, coordinated system for providing long-term services and supports in home and community-based settings. It attempts to do this in a manner that is responsive to the needs and preferences of older individuals, their family members and/or other caregivers through information garnered from many sources in the region. Much of this development is done through relationships with other organizations described in this document.

In addition to Title III services, as discussed above regarding additional funding resources, AAACAP has provided services during 2022 through the Ombudsman Program, funded through Title VII services of the Older Americans Act and other non-traditional funding sources.

The Long-Term Care Ombudsman program is funded through the Older Americans Act but through a different section of the Act than the majority of AAACAP services. Title VIII services are not reported through the AAACAP SAMS/SPURS system. Three certified ombudsman positions (two full time; one part-time) and one Managing Local Ombudsman provide visits and support to residents and family members of over 100 nursing facilities and assisted living facilities in the 10-county CAPCOG region.

Service System Network and the Use of In-kind ("Match") Resources

AAACAP ensures that its programs are made more available through partnerships with an extensive network of service entities in every county served, as well as by the active use of in-kind resources. These include the following:

- Supporting Evidenced Based Intervention (EBI) programs for health and wellness courses. During FY 2022, over 20 coaches and leaders from organizations such as Texas A&M Health Science Center Nursing Program (Round Rock) and Concordia University, Texas AgriLife Extension, Wesley Nurses, and the Retired Nurses of Caldwell County provide their time and expertise to provide health and wellness courses throughout the region. AAACAP does not pay a fee for these services, they are provided by the parent agency. This is in addition to 90 volunteer coaches/leaders active during FY 2022.

- Partner organizations who provide leaders/coaches: Texas A&M Health Science Center Nursing Program (Round Rock) and Concordia University, Texas AgriLife Extension, Wesley Nurses, and the Retired Nurses of Caldwell County, Hutto Resource Center, PAM Health Specialty and Rehabilitation Hospital, The Caring Place (Georgetown).

- Donation of space for meetings, health and wellness courses, and trainings in both the urban and rural areas. Many organizations provide free sponsorship, advertising, and space for AAACAP programs. By county, these include the following: Blanco County: CRC; Burnet County: Marble Falls Community Resource Center, Agri-Life Offices, Burnet; Caldwell County: Caldwell County Justice Center, First United Methodist Church-Lockhart, Luling, Golden Age Lockhart Community Room; Fayette County: Blinn College, LaGrange

Recreation Center; Hays County: San Marcos Activity Center, First Baptist Church San Marcos; Llano County: Kingsland Library; Travis County: Heritage Lakes Senior Living; Williamson County - Allen R. Baca Adult and Senior Center, Georgetown Library, and Hutto Resource Center.

Clients are afforded the opportunity to contribute toward certain services they receive, such as nutrition and care coordination. Offering this opportunity to clients is a contractual requirement for all subrecipients. For services provided through vendor agreements and vouchers, AAACAP sends out Statements of Service that gives the client the opportunity to contribute, but the statement specifically states that contributions are not required in order to receive the service. All contributions are placed into the program from which they were generated in order to expand the program.

In addition to cash resources, in-kind contributions are accepted from communities and organizations. Some of these are in the form of the provision of facilities in which Title III programs are held. Housing Authority properties throughout the region, such as Johnson City (Blanco County) Luling (Caldwell County), San Marcos (Hays County) as well as faith communities provide congregate meal site space. The City of Austin and Travis County provide facilities and coordinates congregate meal programs through the Meals on Wheels and More nutrition programs. While these facilities, and others, do not belong to the AAACAP or its subrecipients, their use can certainly be counted as a valuable resource to the region's aging network and to the older adults they serve.

Another valuable source of in-kind support is the time spent by individuals in volunteer activities for AAACAP and its subrecipients. They complement and strengthen the efforts of the paid labor force. In addition to the input, guidance and expertise of the persons serving on the Aging Advisory Committee, two certified ombudsman direct-service volunteers with AAACAP provided support during FY 2022. In addition, many of the sites supported by AAACAP have a strong volunteer workforce. These volunteers are activity assistants at senior centers, meal servers for nutrition sites, meal deliverer for the home delivered meal providers, friendly visitors at nursing facilities, volunteer EBI health and wellness leaders/coaches and certified volunteer ombudsman. AAACAP continues to research opportunities for additional funding sources to augment and leverage current resources.

Other Private and Public Sector services for older adults

As a major metropolitan area (Austin, Texas) as well as a 10-county region spanning more than 8,400 square miles, there are a large and diverse number of other private (i.e., non-profit, 501(c3) and public (municipal and county) agencies serving the older adults and caregivers of CAPCOG. The unique and varied services provided by these regional partners are essential to the well-being of older adults. The AAACAP serves as a focus point and often the leader in establishing cooperative relationships and coalitions of these agencies to support efforts to promote access to a variety of services for the consumers and to diminish duplication of effort. In addition, the Information, Referral, and Assistance services provided by AAACAP, as well as its partnership with the ADRC-CAP "no wrong door" navigation services ensures that consumers in need have knowledgeable and friendly assistance to guide them to agencies that provide services beyond the scope of the AAACAP.

The following is provided as a brief listing of the majority of agencies that are key service providers and partners with AAACAP. To assist in clarity, the list is divided into type of agencies. If the agency services are focused on the rural counties, this information is provided as well (entities with no county listed have their center of operations in Travis County, although they may serve other counties as well):

Non-profit agencies focused on serving older adults:

- AGE of Central Texas
- AARP Texas
- Alzheimer's Texas
- Alzheimer's Association, Capital Area Chapter
- AustinUp
- Capital City Village (Travis)
- Drive-A-Senior/Volunteer Driver programs (Travis and Williamson)
- Family Eldercare
- Hill Country Senior Center (Hays)
- Kyle Senior Zone (Hays)
- Meals on Wheels of Central Texas
- Onion Creek Senior Center (Hays)
- Randolph Senior Center (Fayette)

- San Marcos Activity Center (Hays)

Non-profit agencies serving older adults and other community needs:

- Austin Asian Community Health Initiative
- Austin Diaper Bank
- Bastrop Cares
- Bastrop County Emergency Food Bank
- Catholic Charities
- Central Texas Food Bank
- Community Resource Centers of the Texas Housing Foundation (Blanco, Burnet, Llano, Williamson)
- Combined Community Action (Bastrop, Blanco, Caldwell, Hays, Lee, Fayette)
- Foundation Communities (supportive housing)
- Hays County Food Bank
- Hill Country Community Action
- Hutto Resource Center
- Opportunities for Williamson and Burnet Counties
- Retired Nurses of Caldwell County
- South Asian International Volunteer Association
- Texas A&M Agrilife Extension Services
- Texas Legal Services Center
- The Caring Place, Georgetown (Williamson)
- United Way of the Greater Austin Area/2-1-1
- United Way of Hays and Caldwell Counties
- Wesley Nurses

Non-profit Agencies serving persons with disabilities:

- Any Baby Can
- ARCIL (Austin Regional Center for Independent Living)

- Bluebonnet Trails Community Services (LIDDA and Local MHA - Bastrop, Burnet, Fayette, Lee, Williamson counties)

- Disability Rights Texas

- Easterseals Central Texas

- Georgetown Area Parkinson's Society

- Hill Country Mental Health and Developmental Disabilities (LIDDA and Local MHA – Blanco, Hays, Llano counties)

- Integral Care ((LIDDA and Local MHA – Travis County)

- National Alliance on Mental Illness – NAMI Central Texas

- Power for Parkinson's

- Texas Heath Steps

- The Arc of the Capital Area

Healthcare Systems:

- Ascension Seton

- Baylor Scott & White

- CommUnity Care Health Centers

- Lone Star Circle of Care

- St. David's Hospital and Foundation

- PAM Health Rehabilitation of Round Rock

- Tejas Health Care (Fayette and Lee counties)

- Texas A&M Health Science Center, Round Rock

- Texas Medicaid Managed Care Organizations (MCOs): AmeriGroup, United Healthcare

Government Agencies: Local and State agencies serving older adults and other needs:

- Austin Public Health

- Capital Metro Public Transportation

- CARTS – Capital Area Regional Transportation System

- City of Austin Parks and Recreation, Senior Programs, Age Friendly Initiative, Neighborhood Centers and Senior Centers

- City of Austin Equity Office

- Texas Department of Family and Protective Services, Adult Protective Services, Region 7

- Texas Department of Health and Human Services, Medical & Social Services Division, Access & Eligibility Operations Section, Community Care Eligibility Services, Region 7

- Texas Department of Insurance

- Texas Workforce – Independent Living for Individuals who are Blind or Visually Impaired, Services for the Deaf and Hard of Hearing and Vocational Rehabilitation

- Travis County, Health and Human Services, engAGE programs

Government support agencies located in each county:

- City and County-supported Senior Centers and senior programs

- Library Systems

- Local Housing Authorities

- Texas Veterans Commission and county Veteran Services Officers

Agencies that specifically assist categories of persons identified by HHSC for the Area Plan are as follows:

- Older adults with severe and persistent mental illness: Austin Area Mental Health Consumers; Bluebonnet Trails Community Services (LIDDA and Local MHA - Bastrop, Burnet, Fayette, Lee, Williamson); Hill Country Mental Health and Development Disabilities Programs (LIDDA and Local MHA – Blanco, Hays, Llano); Integral Care (LIDDA and Local MHA, Travis County); National Alliance for Mental Health - NAMI of Central Texas; Obsessive-Compulsive Disorder Support Group; The Austin Center for Grief and Loss.

- Older Adults with physical or developmental disabilities: ARCIL (Center for Independent Living); Bluebonnet Trails Community Services (LIDDA and Local MHA - Bastrop, Burnet, Fayette, Lee, Williamson); Austin Council of the Blind; Deaf-Blind Service center of Austin; Austin Deaf Club; Disability Rights Texas; Easter Seals Central Texas; Hill Country Mental Health and

Developmental Disabilities Programs (LIDDA and Local MHA – Blanco, Hays, Llano); Integral Care (LIDDA and Local MHA, Travis County); Mary Lee Foundation; The ARC of the Capital Area.

● Older Adults with Alzheimer's disease: AGE of Central Texas – Thrive Social & Wellness Centers (Travis and Williamson County); Alzheimer's Texas; Alzheimer's Association, Capital Area Chapter; Caregiver Café.

Focal Points

AAACAP works with urban, suburban, and rural counties and municipalities to ensure that there are local entry points in every community that ensure access to information and services to older adults. Utilizing the strict definition of the Older Americans Act in defining" focal point" as a facility established to encourage the maximum collocation and coordination of services for older adults, two focal points specifically meet these criteria: Hill Country Senior Center in Dripping Springs and San Marcos Activity Center. Both are in Hays County.

Map #7: Focal Points in CAPCOG Region
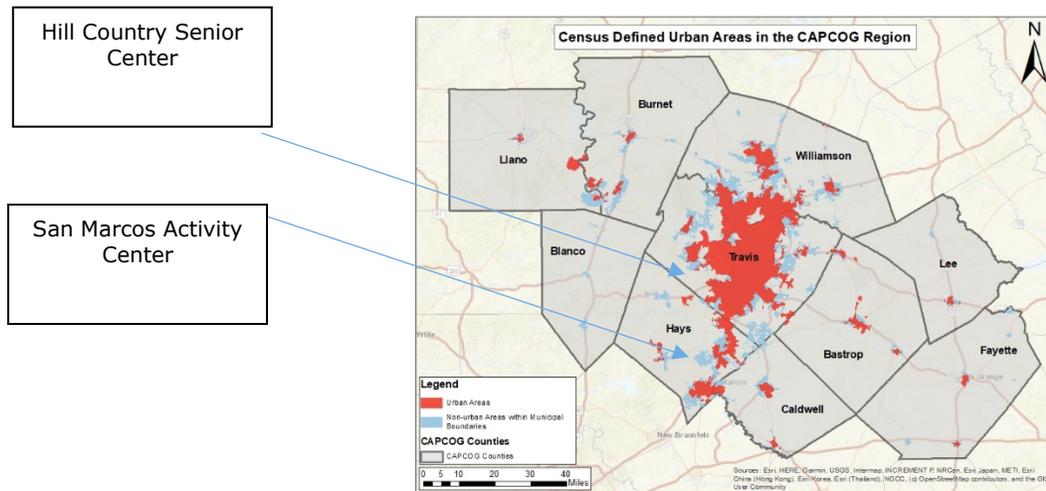
Table 3. Focal Points in the Planning and Service Area

Community Served	Name and Address of Focal Point	Services Provided	Services Coordinated with Other Agencies
Dripping Springs, TX – Hays County	Hill Country Senior Center, 1310 Hwy 290 W., Dripping Springs TX 78620	Senior Center Services, lunch program, Information and Referral, Transportation	Senior Center Services, lunch program, Information and Referral, Transportation
San Marcos, TX – Hays County	San Marcos Activity Center, 501 E. Hopkins St, San Marcos TX 78666	Senior Center Services; Fitness Programs; Lifetime Learning; Information & Referral	City of San Marcos Community Services; Information and Referral

Role in Interagency Collaborative Efforts

AAACAP actively maintains and seeks partnerships with other older adult serving agencies, both public and private. It does so both at the leadership level and its day-to-day operations. The Director of Aging Services ensures that the services and resources of AAACAP are understood and accessible to community leaders and elected officials through leadership on the Austin City Commission for Seniors, the Georgetown Commission on Seniors, the Austin Age Well, Live Well Coalition, the Texas HHSC Aging Texas Well Advisory Committee, the Aging Services Council of Central Texas, the City of Austin Age Friendly initiative, and most recently, serving as a founding supporter of the OWLs (Older Wise Leaders) Collaborative (Bastrop County) and the City of Buda's Task Force on Aging (Hays County). Participation by the Director ensures that community leaders and consumers have access to information and data on older adult trends and understand the role of area agencies on aging and the Older Americans Act. The AAACAP Aging Advisory Council, which includes representation from elected official, aging services leadership, and consumers from throughout the 10-county area is also instrumental in ensuring that communities are aware of the mission of AAACAP to support and advocate for the health, safety, and well-being of older adults.

AAACAP leadership and staff places a high priority on working collaboratively in the community, at the day-to-day level as well as the leadership level. The agency ensures that it fosters relationships with both government and non-profit agencies throughout the region and actively seeks and establishes new partnerships to increase visibility and access to services. These partnerships are mutually beneficial in providing increased access to services through collaborative efforts, and also ensuring that the AAACAP can serve as a "subject matter expert" to inform community leaders and service providers on matters related to aging. Examples of some of AAACAP's most significant partners include the following:

- ADRC of the Capital Area: AAACAP and the local ADRC are co-located and are part of CAPCOG Aging Services under the direction of one Director of Aging Services. This ensures close collaboration and the ability to make streamlined and "no wrong door" referrals for clients between the two agencies. They also partner on specific partnerships and grants, such as the Austin Energy Plus1 Financial Support Program and referrals from AAACAP for ADRC Local Contact Agent services.

- AGE of Central Texas: AGE serves older adults with a variety of programs, including adult social and wellness centers, health equipment lending programs, and caregiver supports. Among other collaborations, AAACAP and AGE co-host an annual free caregiver support conference "Striking a Balance" which is attended by over 150 persons annually.

- Interagency Councils: AAACAP actively participates in four rural interagency councils: Blanco, Highland Lakes, Bastrop, and East Williamson County. The councils meet six to eight times a year and provide a forum for mutually sharing events and programs that support older adults in the Bastrop, Blanco, Burnet, Llano, and Williamson rural counties.

- Additional partnerships allow AAACAP to promote and provide services on-site, such as Medicare benefits counseling and Medicare Extra Help enrollment events on-site at City of Austin libraries. In the metropolitan service area, other key partners include Family Eldercare, Integral Care (the Local Authority for Intellectual and Developmental Disabilities and Mental Health services), Family Eldercare, Meals on Wheels of Central Texas, the Austin Public Health Department Neighborhood Centers, the Capital City Village program, and the United Ways of Greater Austin (including 2-1-1), Hays & Caldwell counties. In the rural communities, the AAACAP has strong partnerships with the Texas A&M AgriLife Extension and Wesley Nurses programs (both of which support health and wellness programs). Other important partners in the rural counties are Opportunities of Greater Williamson County, Hill Country Community Action, Combined Community Action, Inc., and Texas Veteran Commission Veteran Service Officers in each county. The establishment and growth of these many partnerships has tangible results – for example, five new congregate meal sites were opened in three counties, following the COVID-19 closures.

Special Initiatives

AAACAP has launched and is expanding other unique programs that have been particularly effective in increasing interagency collaboration. These have increased program efficiency, improved services, and led to quality-of-life improvements for consumers. Expanding programs by seeking out and utilizing funding outside the Older Americans Act is a key part of service provision for the AAACAP. In the last five years, additional funding and partnership programs have included the following:

- Austin Energy: The AAACAP (in collaboration with the ADRC of the Capital Area) is its fifth year of its designation as an Austin Energy Plus1 Financial Support Partner. The partnership provides access to persons over 60, caregivers, and persons with disabilities to more than $30,000 in designated funding from Austin Energy to pay utility bills in financial hardship situations. Through the Austin Energy Plus1 Financial Support partnership program, 143 unduplicated clients were provided pledge assistance for their utility assistance during FY 2022. This program did not utilize any AAACAP funding, as the funding was provided directly by Austin Energy; however, the AAACAP served as the conduit through which the consumers could quickly be assisted within 24-48 hours with prevention funding that avoided financial hardship and potentially life-threatening utility disconnects. As this program served only Austin Energy customers, the service area was limited to the two counties served by Austin Energy utility services. This program is coordinated in partnership with the ADRC. Through this program, Older Americans Act dollars for income support can be used to support consumers in rural areas that do not have such support from their utility providers.

- CAPABLE: CAPABLE, which stands for "Community Aging in Place – Advancing Better Living for Elders" is modeled on an evidenced-based successful program from Johns Hopkins University. This grant for CAPABLE was awarded to AAACAP in late 2019 from the St. David's Foundation. While the initial phase was delayed due to the COVID-19 pandemic, services commenced in 2021 and the program has been renewed as well as expanded from two counties (Bastrop and Caldwell), to four (Hays and Williamson) as of January 2023. A total of $1,051,686 in funding has been provided (three grants through 12/31/2023). The program model integrates a registered nurse, an occupational therapist, and a licensed small home repair specialist who work with individual seniors, particularly low-income persons to support independent, functional and safe independent living. Since 2021, it has served 54 clients and is on target to serve a total of 50-60 each calendar year.

- Online Support for Dementia Caregivers: AAACAP serves as a champion and promoter for the Baylor Scott & White Online Support for Dementia Caregivers Study. Through a partnership with Baylor Scott & White healthcare system, a free program of caregiver on-line support and resources for person caring a person of any age with dementia is available throughout the 10-county region. AAACAP staff are trained in the basic criteria for referral, and promote the program at events and trainings, as well provide as

a resource for eligible IRA callers. Eligible caregivers can receive compensation for their participation.

- Aging Services Council of Central Austin (ASC): ASC is another example of an expanded role for the AAACAP in interagency efforts. The AAACAP has been an active member of the ASC since its inception in the early 2000s, and in 2021, began a new role providing a staff support coordinator for the Council. Through two grants from St. David's Foundation, equaling a total for $407,681 between July 1, 2021, and December 31, 2024, a position of "Aging Services Council/Aging and Disability Resource Center Network Coordinator" was established, reporting to the Aging Services Access and Assistance Program Manager, AAACAP. The ASC/ADRC Network Coordinator serves to ensure continuity of the ASC coalition, particularly expanding its ability to offer agency training, weekly e-newsletters with information useful to all entities, and regular networking meetings. The ASC, a network of individuals and organizations working together to provide older adults and their caregivers the information and services needed to support themselves and family members, ensuring the opportunity to live healthy, safe, and meaningful lives in our communities. The ASC provides focus on identifying and addressing challenges in the larger systems that impact seniors; identifying and filling service gaps; working on joint projects; and educating the community and seniors about the needs & available services. As an outgrowth of this work, from 2021 to the present, the ASC has promoted social inclusion via increased digital access and training; provided for the education and training related to older adults and homelessness; distributed emergency preparedness materials and planning for older adults and caretakers; and issued and updated a Caregivers Guide of local resources in English and Spanish.

- Another program which directly fosters interagency coordination is the quarterly AAACAP-hosted workshop "Your Partner in Serving Older Adults, Persons with Disabilities, and Caregivers," which is designed for helping professionals serving older adults from non-profit, government, and for-profit service providers. Launched as an in-person workshop in FY 2019, the program moved to a virtual platform in FY 2020 due to the COVID-19 pandemic, and as of FY 2022, is now offered both in-person and virtually. It educates providers, referral sources, and professionals about the various programs and services available through the AAACAP. Each workshop averages 25-35 participants across the aging, health care, and policy arenas. Fourteen workshops have been held since October 2018, including four in FY

2022, including two in the rural counties of Burnet and Caldwell. The workshops have been a highly effective way to provide in-depth information on the role and services of the agency to many agency professionals at one time and allow partner agencies to use the workshop as a training tool for new staff on an ongoing basis.

- In addition, AAACAP actively successfully promotes a person-centered approach to caregiver respite and homemaker services. An increasing number of individuals chose their own independent care providers for these services. The use of this consumer-directed voucher system option meant AAACAP could meet the needs of more individuals in hard-to-reach rural or underserved urban areas, those hesitant to accept agency support or those requiring a more individualized approach. Older adults and caregivers choosing the voucher service option select their preferred worker to best meet their care needs, including flexible hours and specialized care.

Inter-generational activities:

Inter-generational activities are encouraged and supported by AAACAP, as such efforts are mutually beneficial to both younger and older generations. This is in-line with AARP and n4a research and campaigns to reduce social isolation and its implicit health risks. In providing young adults the opportunity to learn about and participate in aging services and providing older adults the chance to interact with a different demographic, both age cohorts are empowered.

Volunteer support is encouraged throughout AAACAP, but in the past three fiscal years was impacted by the COVID-19 pandemic, especially in both the Ombudsman and Benefit Counseling program. The Health and Wellness program has been able to maintain a volunteer program through several successful partnerships with university healthcare programs.

In 2021, AAACAP provided courses through a partnership with the University of St. Augustine for Health Sciences, training 30-40 student volunteers in Evidenced Based Intervention program facilitation each semester. In FY 2022, AAACAP established a new volunteer partnership with Texas A&M Health Science Center in the city of Round Rock, Williamson County, serving some of the largest CAPCOG population centers. The partnership with Health and Wellness led to the recruitment and training of over 80 nursing students as facilitators in Evidenced Based Intervention courses. Its mutual benefits to the students, Texas A&M, and AAACAP included providing its student participants the chance to learn new skills, build their resumes, and interact with older adults; increasing the visibility and community

services of Texas A&M; and allowing AAACAP to increase the number of courses and accessibility of EBI programs in the region.

Volunteer Inclusion

AAACAP supports volunteer initiatives to increase and expand its ability to provide services throughout the region and is working to rebuild its Ombudsman volunteer program following the end of the national health emergency in May 2023. Two volunteer ombudsmen were active during FY 2022.

Volunteer contributions are also made in the time, leadership, and guidance of the over 20 members of the Aging Advisory Council, both in terms of their meeting participation, but also in representing and advocating for AAACAP in their own communities.

AAACAP Health and Wellness, also known as the Evidenced-Based Intervention (EBI) program relies greatly on volunteers to ensure courses and presentations are available throughout the region. As discussed, in regard to the service system, during FY 2022, 90 volunteer coaches and leaders volunteered directly for the EBI program. In addition, over 20 coaches and leaders from organizations such as Texas A&M Health Science Center Nursing Program (Round Rock) and Concordia University, Texas AgriLife Extension, Wesley Nurses, and the Retired Nurses of Caldwell County. provide their time and expertise to provide health and wellness courses throughout the region and are not paid by AAACAP.

Volunteers are actively encouraged and a key part of its AAACAP's contracts with its subrecipient programs, such as Meals on Wheels and senior congregate meal sites. The volunteers at all four meal provider agencies as well as those subrecipients for senior center operations are crucial to the ability of these agencies to serve older adults.

Collaboration with Aging and Disability Resource Center, Center for Independent Living (CIL), and Local Authorities for Intellectual and Developmental Disabilities (LIDDAs)

AAACAP partners extensively with the Aging and Disability Resource Center of the Capital Area (ADRCCAP) The ADRCCAP is also an agency within CAPCOG and the Director of AAACAP supervises both AAACAP and the ADRCCAP.

As of FY 2023, a new position, the Access and Assistance Program Manager reports directly to the AAACAP Director and supervises both the ADRC and AAACAP

Information, Referral, and Assistance (IRA), including a joint Community Resource Database. This insures consistent and quality information and referral services to clients who often reach out interchangeably to both agencies. The agencies also partner regularly on training events, such as monthly cross-trainings. Outreach events to the community consistently include information on both AAACAP and ADRCCAP services. AAACAP is also able to seek support and input for targeted outreach to vulnerable communities through the ADRC Steering Committee. This committee includes over 25 members, both consumers and agency leaders that represent caregivers, persons with disabilities and older adults.

ADRCCAP and AAACAP will also continue to co-host the quarterly "Your Partner in Serving Older Adults, Persons with Disabilities and Caregivers" workshop for helping professionals that reaches a broad range of non-profit, healthcare, and for-profit providers with information for their consumers. AAACAP actively coordinates and seeks opportunities to expand partnerships with community mental health providers and disability organizations to advocate for the unique needs of older adults.

Thanks in part to its close partnership with the ADRCCAP, leadership meets regularly with the three LIDDAs and MHDDs serving the 10-county region: Bluebonnet Community Trails; Hill Country MHMD; and Integral Care, both providing training to their staff as well as attending training provided by these agencies, such as "Mental Health First Aid. AAACAP also partners with ARCIL (Austin Regional Center on Independent Living), which serves the CAPCOG 10 counties and whose staff serve on Aging Services committees, as well as mutually provide training.

In addition, Aging Services collaborates with other disability-serving organizations including Disability Rights Texas, and Any Baby Can. Events such as the AAACAP/ADRC "Your Partner" workshop, presentations, and the annual "Striking a Balance" Caregivers Conference have been provided with American Sign Language Interpretation. AAACAP also works closely with the Alzheimer's Association and Alzheimer's Texas and co-sponsor caregiver and healthcare educational events.

Section 6. Preparedness Assessment

Legal Reference: OAA 2020 306(b)

PLANNING OVERVIEW: Comprehensive preparation and planning for both the next three years, FY 2024 – 2026, as well as the next 10-year period, 2025 -2035, is mandated by Texas HHSC in several sections of the Area Plan. In this section, as in Section 8, the AAACAP-identified trends, strategies, and goals for the future are outlined in relation to the directions and plan guidelines provided by HHSC.

Based on the requisite plan elements, the overall AAACAP preparedness and planning discussion is based on the factors required from Sections 5, 6, 7, and 8 and disseminated as outlined below:

- Projected Population changes and analysis of effects on vulnerable populations, 2025 – 2035, based on socio-demographic and economic factors (especially those related to OAAA target/vulnerable populations) as informed by Section 5 and to be discussed in the first two parts of Section 6.

- Capacity Building – recommendations on how AAACAP can collaborate with government, state, and local entities related to a variety of needs of older adults, to be discussed in the third part of Section 6.

- SWOT (Strengths, Weaknesses, Opportunities, Threats) Analysis - an analysis of ways the AAA will address population changes in the PSA, including: exploring new solutions to problems, identifying barriers that will limit the ability to achieve goals and/or objectives, deciding on the direction that will be most effective, revealing possibilities and limitations to change, and revising plans to best navigate systems, communities, and organizations, to be in the fourth part of Section 6.

- Review of Stakeholder and Public Input as to how the identified statewide needs and priorities impacts AAACAP PSA, including information on how AAACAP will address the identified needs and priorities of the PSA's older individuals, caregivers, and aging services providers over the next 10 years, to be discussed in the fifth part of Section 6.

- AAACAP outreach in previous years and targeted outreach planning for FY 2024 – 2026, to be discussed in Section 7.

- Key Topic Areas, State Goals, State Objectives and Outcomes were derived from the Administration on Community Living-approved [2023-2025 Texas State Plan on Aging](#). Each of the five State Goals is comprised of multiple State Objectives and Outcomes. AAACAP provides corresponding strategies related to each of the state goals and their resulting objectives/outcomes. These planned strategies, as defined in this plan, can be thought of as action steps that detail how the needs within the PSA will be addressed. Identifying AAACAP strategies provides insight on how the State Objectives and/or Outcomes will be achieved in the CAPCOG area, to be outlined and discussed in Section 8.

Projected Population Changes

As discussed in Section 5, AAACAP and the population it serves in the CAPCOG region have already been impacted by growth. The growth rate of the total population, and an even higher growth rate of adults age 60 and over between 2011 and 2022 has been among the highest in the nation. The data demonstrates that growth will continue to impact the region. AAACAP has responded to the challenges of the past decade in increasing OAA services and establishing new program models, both related to OAAA funding and also through other grantors. To ensure its mission of serving older adults and supporting service providers continues successfully in the region, planning for the next 10-year period is critical.

A review of the projected population changes for this period creates a baseline in planning for the service system that will meet these needs. AAACAP has utilized both data provided by HHSC as well as information from the U.S. Census Bureau, the American Community Survey, and the Texas Demographic Center compiled and organized by CAPCOG's Regional Services GIS staff to provide this review.

According to all projections by the U.S. Census and Texas Demographic Center, the regional growth trend will continue during the next decade, 2025 – 2035. As per Chart #13, by 2025, the estimated growth in the region will be between 2-3%, with a total estimated growth rate in the decade of 41%. Given the growth rate demonstrated between 2011 – 2021, this is not unexpected. The total population increase residing in the CAPCOG region by 2035 is estimated at almost 1 million, or 987,672 people.

Chart #13: Projected Total Population Growth in the Region, 2020-2035
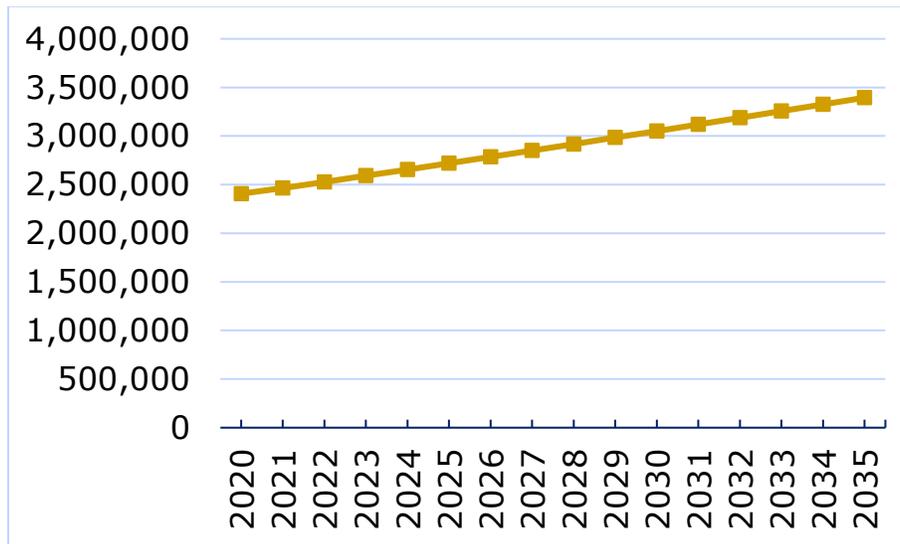
Source: Texas Demographic Center

As per Charts #14 and #15, the change in population for all of Texas between 2020 – 2035 is expected to be a rise of 19.6% - but for the CAPCOG region, it is projected to be 41%, far exceeding that of the state overall. Chart #16 provides additional information in the total population growth rate projected for each CAPCOG county during this period.

Chart #14: Projected Total Population Growth Rate in the Region compared to Texas, 2020-2035
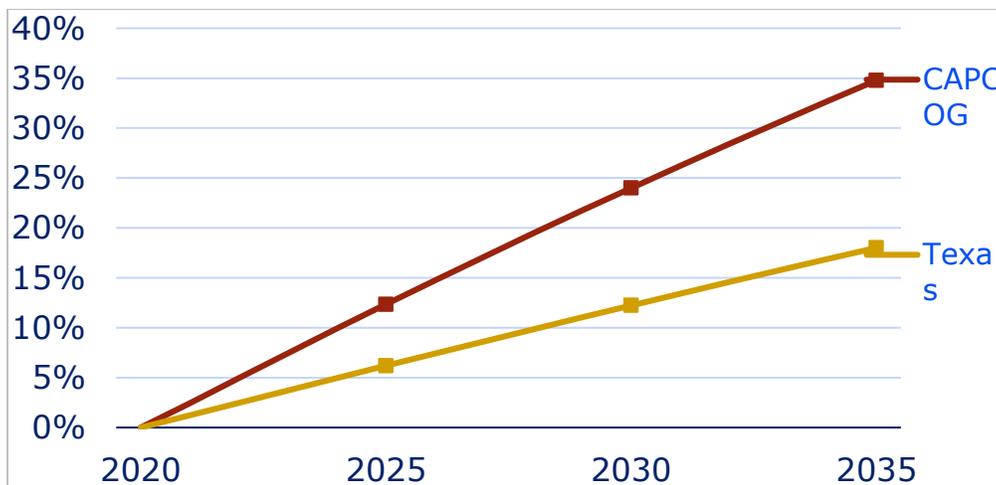
Source: Texas Demographic Center

As per Chart #15, the growth in population will not affect all CAPCOG counties proportionally during this period. The counties with the fastest projected rate of

growth are all of those within the MSA, with slowest rates of growth are projected for the most rural counties. The rural county of Fayette is the only county projected to diminish in growth.

Chart #15: Projected Total Population Growth Rate by County, 2020-2035

County	Growth Rate
CAPCOG	41.0%
Bastrop	38.6%
Blanco	5.1%
Burnet	18.2%
Caldwell	25.7%
Fayette	-1.5%
Hays	77.6%
Lee	6.5%
Llano	11.1%
Travis	32.0%
Williamson	53.4%
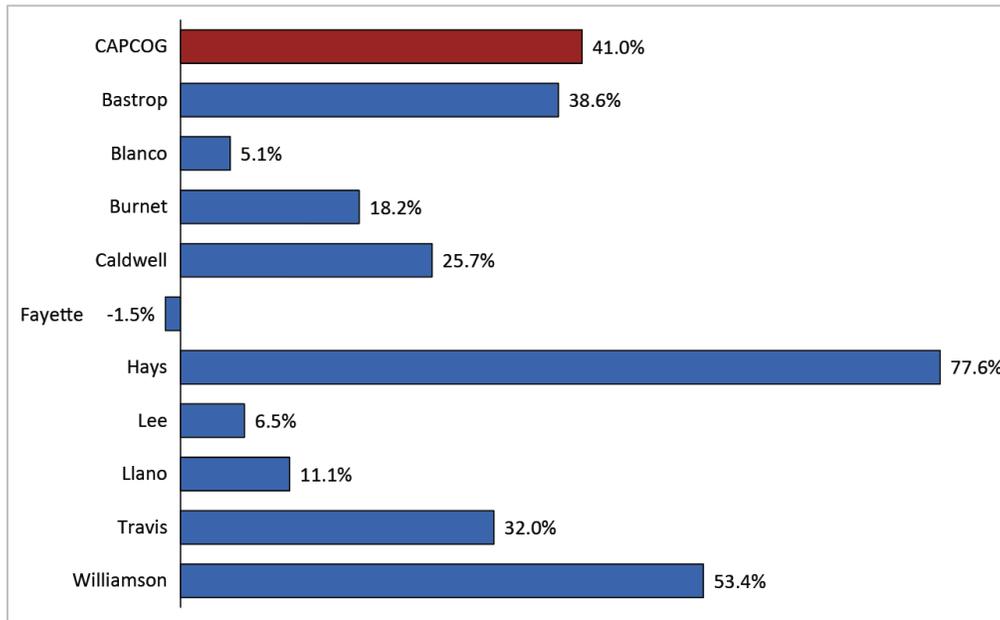
Source: Texas Demographic Center

This data is generally consistent with the projected growth of the older adult population for the region, as demonstrated by Chart #16. While Llano County is projected to see a decrease in its older population, all others are projected to grow, with the highest rates in the MSA counties and the slowest rate of growth within the rural counties. Of even more significance to AAACAP, it is projected that between 2025 – 2035 that while the state of Texas will see a 51.7% increase in its population of adults age 60 and over, the CAPCOG region will see an increase of 88.3% in the population of adults age 60 and over during the same period.

Chart #16: Projected Population Growth Rate by County for Age 60 & Over, 2019-2035
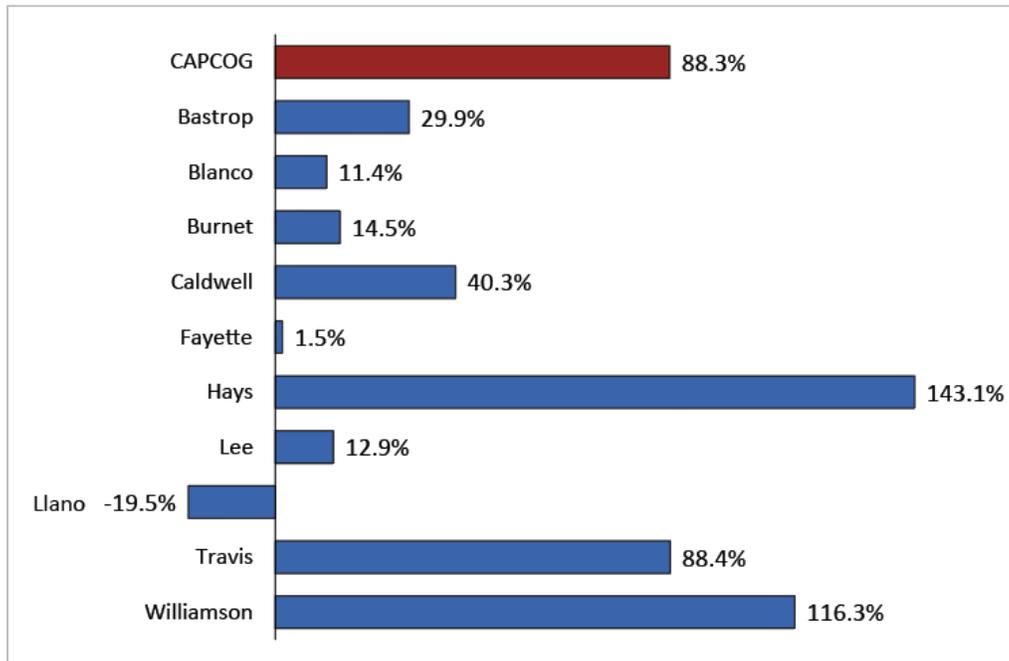
County	Growth Rate
CAPCOG	88.3%
Bastrop	29.9%
Blanco	11.4%
Burnet	14.5%
Caldwell	40.3%
Fayette	1.5%
Hays	143.1%
Lee	12.9%
Llano	-19.5%
Travis	88.4%
Williamson	116.3%

Source: Texas Demographic Center, 2019 Demographic and Socioeconomic Data, and 2025 and 2035 Projection Data

Taking a more in-depth look at the projections for the older adult population, it is also important to consider how the growth between 2025 -2035 reflects a percentage of the total regional population. Chart #17 provides insight into not just the increase of older adults per county projected but demonstrates how each county may be impacted. This varies county by county. For example, while the total population in Bastrop shows a nearly 30% growth rate in the population age 60 and over, when taken as a percentage of the county's overall population there is actually a projected decrease in the percentage of older adults to be served in that county. In other words, while overall, the region is projected to see an increase in its percentage of older adults, some counties are expected/projected to have a decrease in their portion of population that age 60 and older. While a county may have an increase percentage projected for this population (as seen in growth rate charts above), some counties (Blanco, Caldwell, Hays, Travis, and Williamson) will see an increase in the proportion of older adults to younger age cohorts one above, while others (Bastrop, Burnet, Fayette, Lee, and Llano) will see a decrease between 2025 and 2035.

Also demonstrated in Chart #17, it can be seen that in reviewing the needs of the OAAA-targeted rural communities served by AAACAP, some rural counties may

possibly need fewer services for their smaller percentage of older adults, there will be a greatly increased need for the rural populations in Blanco and Caldwell (primarily rural counties) as well as the less urban/suburban parts of Williamson and Hays Counties and even in the less urban parts of Travis County.

Chart #17: Projected Population Growth by County for Age 60 & Over as a Percentage of Total County Population, 2020-2035
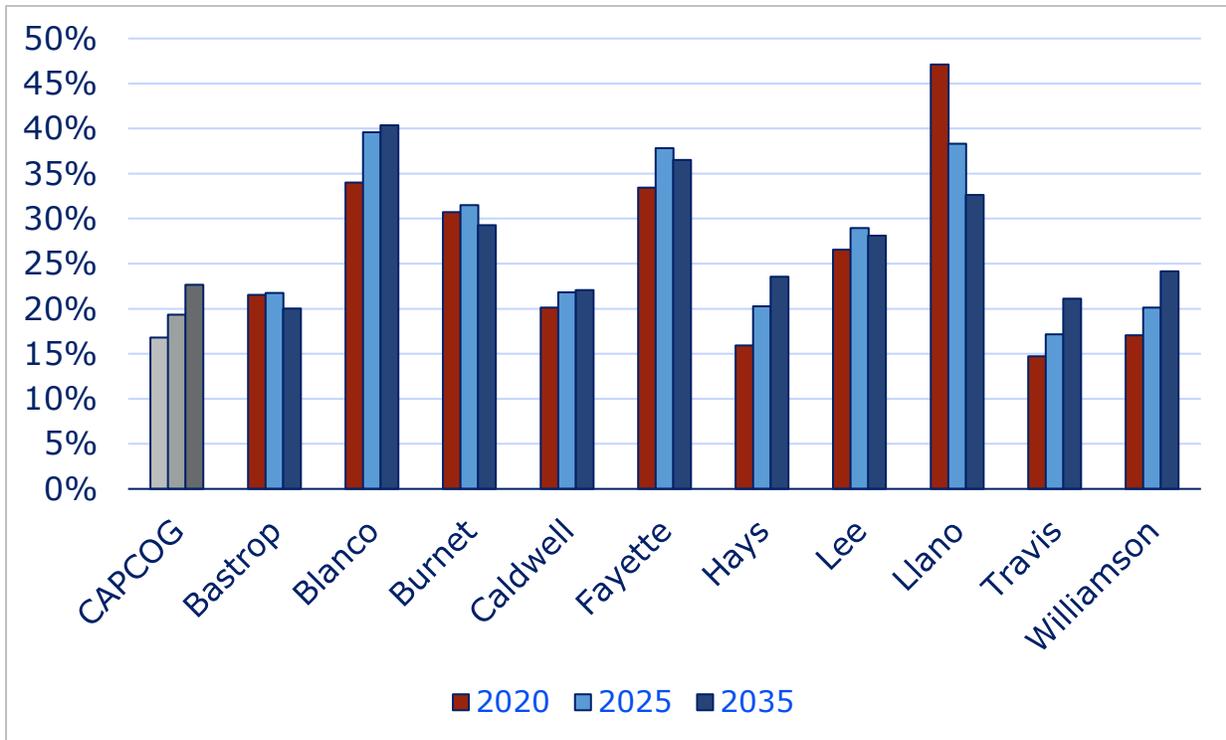
Source: U.S. Census Bureau, 2020 ACS 5-Year Estimates; Texas Demographic Center, 2025 and 2035 Projection Data

Analysis of Population Changes

Population projections: effects on vulnerable adults

The above projections related to the increase in the older adult population translate to projected increased need for housing, health care, transportation, in-home and facility-based support and of course, AAACAP services. These service needs will particularly impact OAAA targeted populations. As a service provider utilizing Older Americans Act targeted funding, it is essential that the projected demographic changes for populations that have historically been underserved are reviewed and understood.

Racial/Ethnic minority populations. As discussed in Section 5, CAPCOG has seen significant proportional increases in the ethnic and cultural diversity of the region between 2011 – 2021, and that trend is not expected to change according to the projected population growth demographics.

As per Chart #18, the minority population of adults age 60 and over expected to increase by almost 175% by 2035 in the CAPCOG region. As per the Texas Demographic Center, the minority population is defined in this data as those identifying as anything other than White alone (Non-Hispanic/Latino). The 175% growth rate in the older adult minority population is even more significant when it is compared to the projected overall growth rate for adults age 60 and above which is just 88.3% during the same period, and in comparison, to the total population growth projections of just 41%.

Chart #18: Projected Population Growth in the Region for Age 60 & Over that are Minorities, 2019-2035
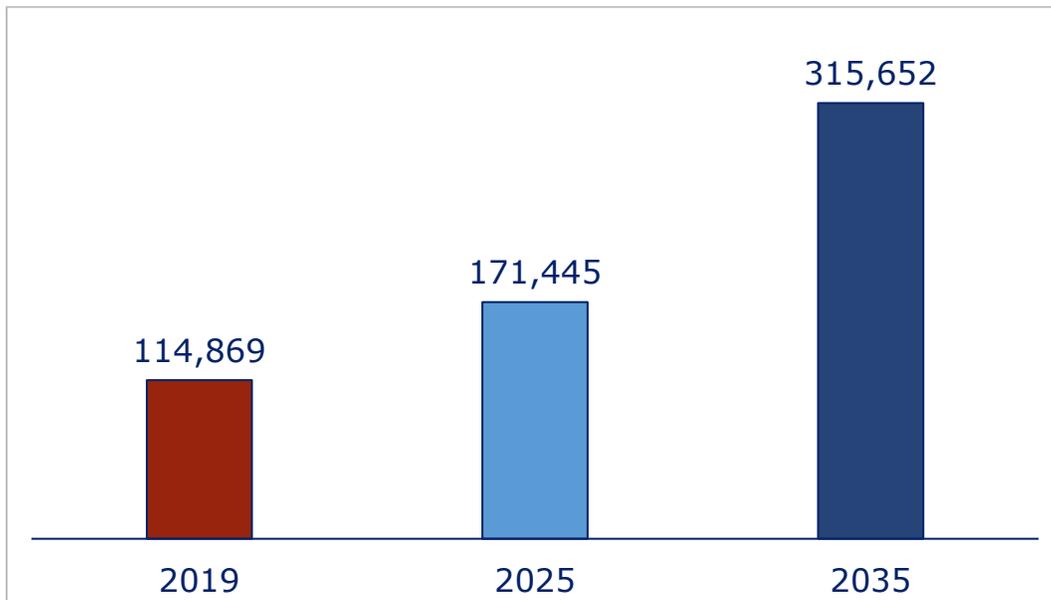

315,652

171,445

114,869

2019   2025   2035

Source: Texas Demographic Center, 2019 Demographic and Socioeconomic Data, and 2025 and 2035 Projection Data

Chart #19 provides a further visual representation of these changes and identifies the specific race/ethnicity increases projected between 2019 and 2035 in the region. For the region, the population share that is White/non-Hispanic is projected to decrease, while share of population that identifies as Hispanic and Asian is projected to increase. This is consistent with the trends and data of the growth of minorities in the age 60 and over cohort between 2011 and 2021 discussed in Section 5.

Chart #19: Projected Population Growth in the Region for Age 60 & Over by Race and Ethnicity, 2019-2035
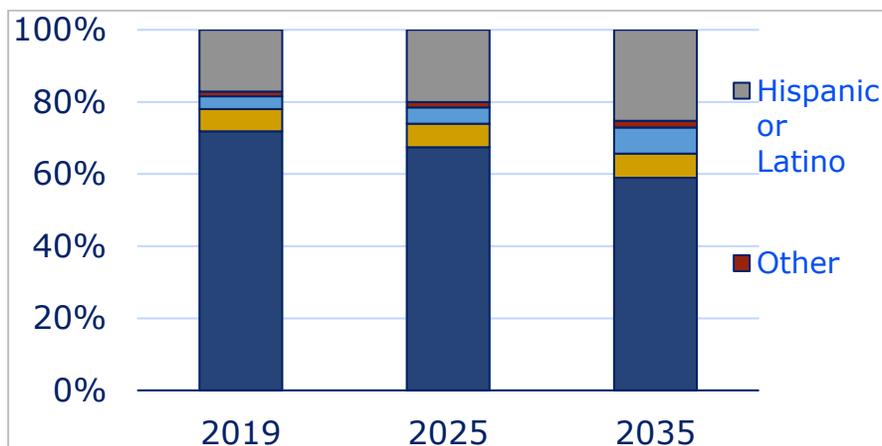
Note: Races listed are that race alone (non-Hispanic or Latino); Other includes those identifying as American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, some other race, and two or more races. Source: Texas Demographic Center, 2019 Demographic and Socioeconomic Data, and 2025 and 2035 Projection Data

Chart #20 provides a picture of the growth in minority populations by county. While some counties, particularly those that are rural, have a growth rate in this demographic that is smaller than the region overall, several of the counties growing most quickly will experience a minority growth percentage that is far higher than the regional average - specifically Hays, Travis, and Williamson counties.

Chart #20: Projected Population Growth Rate by County for Age 60 & Over that are Minorities, 2019-2035
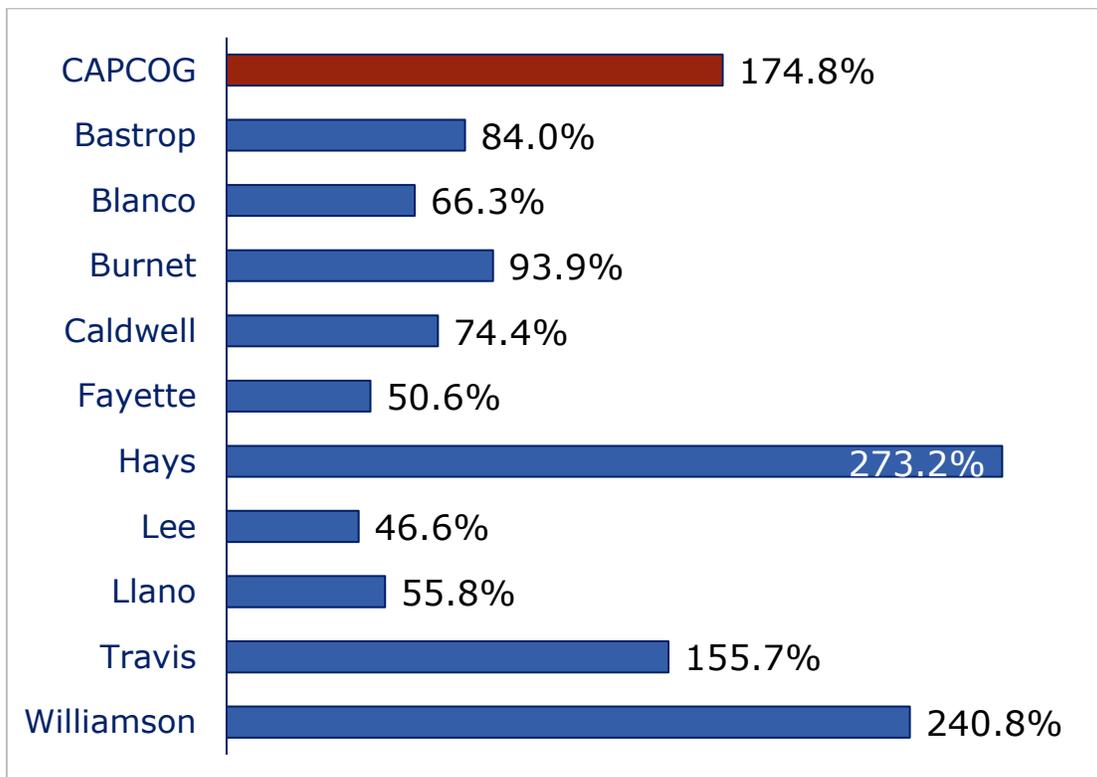
CAPCOG 174.8%
Bastrop 84.0%
Blanco 66.3%
Burnet 93.9%
Caldwell 74.4%
Fayette 50.6%
Hays 273.2%
Lee 46.6%
Llano 55.8%
Travis 155.7%
Williamson 240.8%

Note: Minorities include those identifying as anything other than White alone (Non-Hispanic/Latino). Source: Texas Demographic Center, 2019 Demographic and Socioeconomic Data, and 2025 and 2035 Projection Data

It is significant to note that, as shown in Chart #16, related to older adult population growth, not all CAPCOG counties are projected to experience an increase in the percentage of older adults age 60 and over, the data shows that all counties consistently are projected to experience an increase in the percentage of minorities in this age cohort. This indicates that particularly in counties projected for a smaller overall age cohort growth, the need for services to minority populations will still increase; such is the case, for example, for Llano County. Regionally minority populations targeted through the OAA, with their historic economic and language vulnerabilities will form an even larger part of the AAACAP client base in the next 10-year period. Chart #21 provides a visual of this trend.

Chart #21: Projected Population Growth by County for Age 60 & Over that are Minorities, as a Percentage of Each County's Population Age 60 & Over, 2019-2035
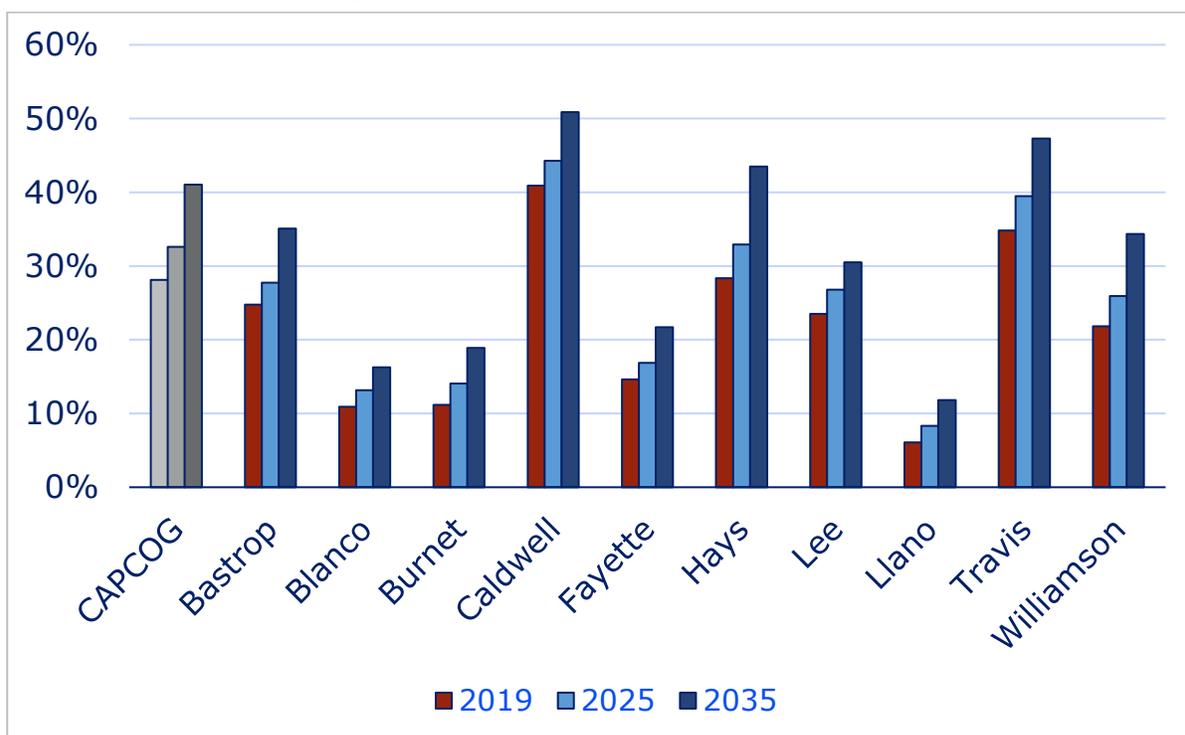
Note: Minorities include those identifying as anything other than White alone (Non-Hispanic/Latino).

Source: Texas Demographic Center, 2019 Demographic and Socioeconomic Data, and 2025 and 2035 Projection Data

Historically, minority populations also intersect with the other target populations identified by the OAA: those individuals with greatest economic need and individuals with limited English proficiency.

Older adults in rural communities are also a population focus for OAAA funding and services. As discussed in reviewing the above projected population changes regionally, specifically those reflected in Chart #18, it was noted that there are some rural counties in the region that are projected to have a decrease in their population percentage of older adults, namely Bastrop, Burnet, Fayette, Lee, and Llano counties. However, there will be a greatly increased need for the rural populations in Blanco and Caldwell (primarily rural counties) as well as the less urban/suburban parts of Williamson and Hays Counties and even in the remoter parts of Travis County (which includes the City of Austin). This will have a significant impact on all AAACAP services, as rural residents are generally more vulnerable to transportation challenges and due to distance, often more expensive to serve for all types of service providers.

Information on the projected growth of other specific OAAA-targeted populations, such as persons age 60 and above with economic need, living alone, or limited English proficiency is not available from the Texas Demographic Center. However, it is possible to infer that as the percentage of older adults increases in the CAPCOG region, that the needs will increase at least proportionally to their current levels.

As discussed in reviewing Chart #8, in Section 5, the number of householders 60 and over who reported living alone, as of 2019, 22%, or almost a quarter of all older adults live alone. This represents an increase from the data utilized in the FY 2021 – 2022 Area Plan, which provided data on the number of older adults age 65 and over, 2014 – 2018, where the average rate of adults living alone was 10.78% across counties. While the population group for the previous years were slightly smaller (adults age 65 and over vs. the 2019 statistics for adults age 60 and over), 22% still reflects a significant increase since 2018. It can be inferred that this trend may continue 2025 – 2035, especially as adults age 75 and above are more likely to reside alone.

This information helps also with understanding targeted services, as living alone is a possible indicator of persons who may at risk of institutionalization, as well as those who are at risk of social isolation. Living alone may occur due to single status, children residing in other regions, and/or the loss of a spouse or partner. Particularly for those who lose a companion there can be a diminishment of interest or ability to participate in social and community events. They may not wish to participate in out-of-the home activities they once did together and may be at greater risk of depression, which generally decreases vitality and interest in former hobbies, etc. Living alone also impacts the ability to stay in the home with chronic medical conditions and thus often diminishes both physical and mental health.

In addition, as per the data and charts discussed above, the population age 60 and over who identify as a minority is also projected to increase. Statistically, populations identifying as minority are also those most likely to have economic, social needs, lack access to health care (especially those under 65 or who have moved recently to the U.S., groups that may not have access to Medicare) and have limited English proficiency. This is borne out by a recent report from the Texas Demographic Center Report, Texas Household Trends and Projections, 2010-2050, which provides the following chart related to age, homeownership and ethnicity. Homeownership is known as a lead indicator of housing/income stability.

Chart #22: Percentage of Household Population Living in Owner Occupied Households by Age and Race/Ethnicity, Texas 2019
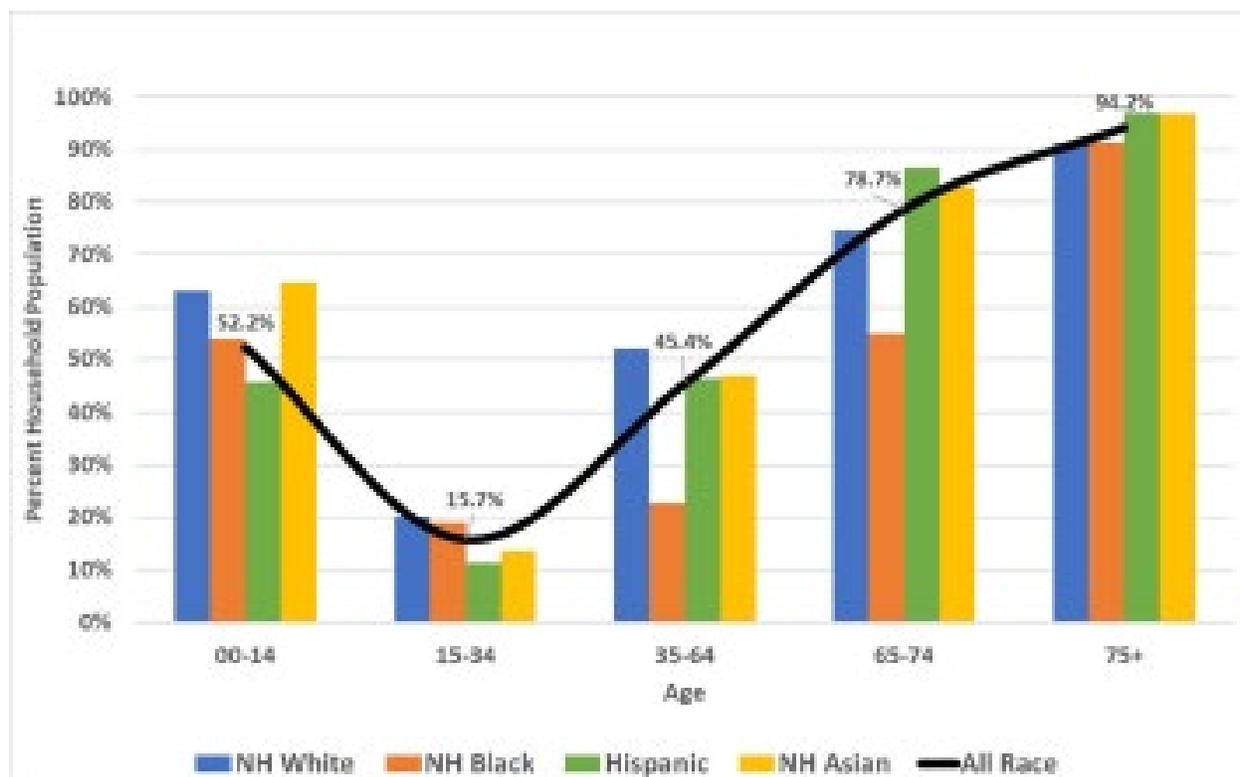
Source: Figure 4, Texas Demographic Center Texas Household Trends and Projections, 2010-2050, from the U.S. Census Bureau, American Community Survey 1-Year PUMS File, 2019

The TDC advises that while in general, 94.7% of persons age 75 and older who live in a household reside in an owner-occupied housing unit. However, the report also points out that non-Hispanic Blacks are by far more likely to live in a renter household during most of their adulthood between ages 35 and 74.

In a quote from the report, "TDC projects that households will continue to grow at a fast pace in Texas. As shown from the analyses above, population changes and population characteristics are the most important predictors of household trends. While the average household size and the ownership rate may change during different periods, they are relatively stable within each age, sex, and race/ ethnicity group over time. We utilize the TDC population projections and the latest ACS data to project household patterns and changes into the future. (p. 7)." This information implies that the trends regarding persons from minority populations, age 60 and above experiencing significant lower rates of minority home ownership will not significantly change 2025-2035.

Population projections: planning for AAACAP Programs, Policies, and Services

Planning for future AAACAP programs policies, and services in the PSA for FY 2024 – 2026 and the next ten years is based on a variety of factors, including the projections for older adult demographics in the region. Based on the socio-demographic and economic information discussed in Section 5, AAACAP is planning now for a significant increase in its population age 60 and over that also includes a great percentage of the vulnerable populations. The impacts of these demographic and economic factors on future AAA programs, policies, and services have been discussed.

How the programs, policies, and services provided by the AAA can be improved

Based on the socio-demographic and economic information discussed in Section 5, as well as the projected population changes discussed in this Preparedness Assessment, AAACAP is planning now for a significant increase in its population age 60 and over that also includes a great percentage of the vulnerable populations.

In projecting improvements for the next 10 years, the Area Plan utilizes the data provided in Section 5, the projections in the two first parts of Section 6, as well as its SWOT analysis and stakeholder and public input to create an intentional and integrated plan for response. Discussion of how the programs, policies, and services provided by AAACAP can be improved is based on the overall planning trends, strategies and goals that have been developed by AAACAP for the Area Plan, as well as the Key Topic Areas, State Goals, State Objectives and Outcomes past and future performance measures for OAAA Services that are included in the ACL-approved for FY 2023-2025. These will be discussed in depth in the final part of

Section 6 "Addressing Needs and Priorities within the PSA" as well as Section 8, "Goals, Objectives and Strategies."

Five Overall Planning Trends

In brief, five overall trends inform the strategies and goals for AAACAP-planned improvements:

1. The current and projected increase of the older adult population in the region;

2. The current and projected increase of vulnerable older adults in the rural counties of the region;

3. Transportation;

4. Health and wellness, including social inclusion, in-home and caregiver supports;

5. Financial Wellness and Resources.

Key Strategies

Based on these trends. key strategies were developed. and will provide improvements to the programs, policies, and services of AAACAP to the increasing older adult demographics within the region. As will be further discussed, these strategies are informed by the assumption that OAAA funding will also increase.

 These strategies are as follows:

A. Continue and expand outreach to "hard to reach" populations, especially those that are socially isolated and have limited English proficiency. (Trends #2 and 4; State Goal #1)

B. Increase access to long term services and supports, especially through staff retention and increase. (Trend #4, State Goal #1)

C. Transportation – continued participation with the Capital Area Regional Transportation Coordination Committee (RTCC); explore voucher options. (Trend #3; State Goal #2)

D. Provide Person-Centered Practices, focused on choice and empowerment for independent living. (Trends #4 and 5; State Goal 4)

E. Increase consumer-directed services. (Trends #2, #4, and #5; State Goal 4)

F. Ensure cultural competency. (Trend #2; State Goal #3)

G. Address social isolation. (Trend #3 and #4; State Goals #2)

H. Support family caregivers. (Trend #4; State Goal #5)

I. Enhance community collaborations. (Trends #3, #4, and #5; State Goal #4)

These strategies directly lead to the FY 2024 – 2026 plan goals that will explore issues and contribute to solutions for older individuals regarding:

i.   Emergency preparedness. (Strategies #A, D, E, G, H, I)

ii. Safe and affordable housing and homelessness prevention. (Strategies B, D, E, I)

iii. Support community partners across the region in developing "age-friendly" coalitions, workgroups, task forces, commissions, and interagency councils in rural areas. (Strategies H and I)

iv. Enhance coordination with public and private healthcare partnerships to promote public awareness, increase access to services and interventions supporting disease prevention and self-management, falls reduction, home safety, and health literacy. (Strategy G, H, I).

How much resource levels can be adjusted to meet the needs of the changing population of older individuals in the PSA:

Planning and funding are both critical to meeting the needs of the expanding and more financially vulnerable population of older individuals in the PSA.

In any response to large increases in service needs of OAAA targeted population, an area agency on aging has two means for meeting needs, one within its own determination and the other outside of its own purview. AAACAP can determine trends, strategies, and goals, which focus its resources vital regional priorities, and plans for service improvement/expansion through innovation; best practices; grants from other funders and community partnerships. These efforts are a key part of the plan response for FY 2024 – 2026 and the next 10 years. More specific discussion of resource levels adjusted to meet current needs will be provided in the last part of Section 6, "Addressing Needs and Priorities within the PSA".

In addition, to meet and plan to meet OAAA direct service expanding demands in a volume that will meet both ACL and HHSC state goals will depend on funding increases. The planning for FY 2024 – 26, as well as the next 10 years overall is based on a projection that as the older adult population and vulnerable populations increases in the region, that OAAA funding to AAACAP will also experience an increase, allowing for both the direct funding to subrecipients (for example, through the home-delivered and congregate meal programs) as well as staff increases (especially in benefits counseling, care coordination, and ombudsman programs).

Population projections: planning for supportive services needs of individuals age 85 and over

As discussed in Section 5 and demonstrated by Charts 3 and 4. Between 2011 – 2021, the growth rate of the age cohort 85 years and over, generally those most vulnerable and in need of services was well above the overall population growth rate, at 46.5%. In Section 5, Chart #4 demonstrated that in addition to having some of the highest percentages of older adults, the population to be served in the rural counties will also be as a group, older, with the resulting increase in disabilities and vulnerabilities. Llano and Fayette counties had the highest percentage of older adults age 85 years and over, while counties within the MSA had lowest proportion of these more vulnerable adult populations.

In preparing for 2025 – 20235, Chart #23 is useful in identifying not just the projected percentage increase in older adults in the region, but how the numbers of older adults will increase in proportion to their younger age cohorts. The population of the age cohort age 85 and over is predicted to almost double in number.

Chart #23: Projected Population Growth in the Region for Age 60 and Over and 85 and Over, 2020-2035
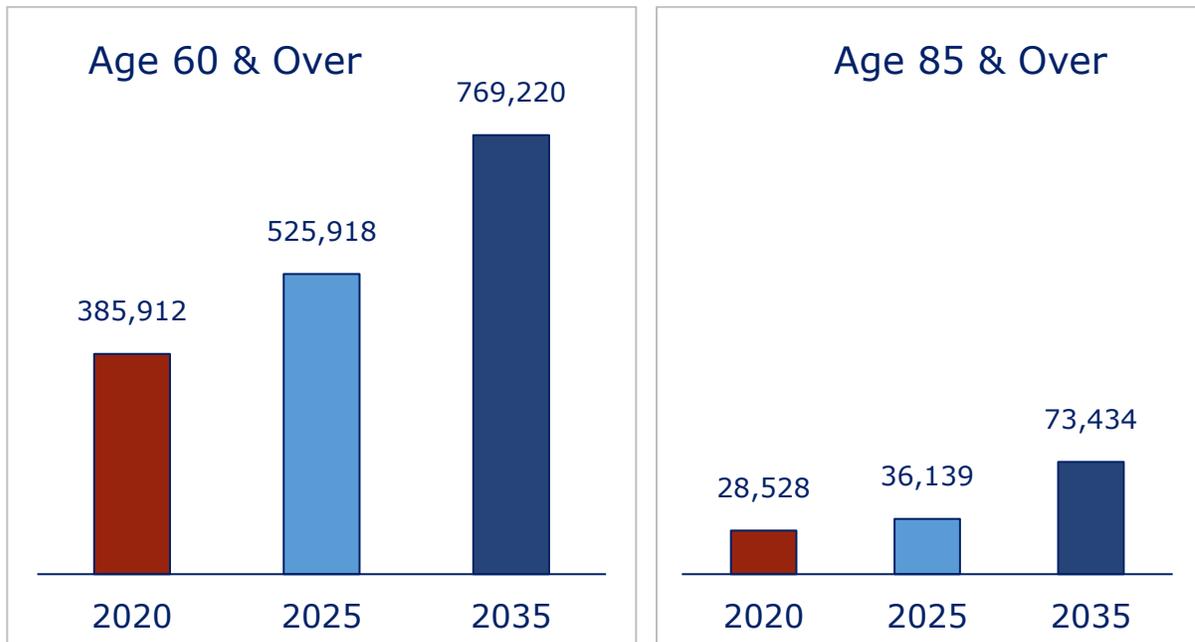
Age 60 & Over

2020	2025	2035
385,912	525,918	769,220

Age 85 & Over

2020	2025	2035
28,528	36,139	73,434

Source: U.S. Census Bureau, 2020 ACS 5-Year Estimates; Texas Demographic Center, 2025 and 2035 Projection Data

Based on the above numbers, while in 2020, adults age 85 and over made up 7.4% of the adults age 60 and over population, by 2035, that percentage will have risen to 9.5% of older adults. Overall, this population is expected to grow by 41%. The Chart #24 below provides specific information on how the percentage of adults age 85 above will increase relative to the number of individuals age 60 and above, by county in the next ten years. According to this data, the most rural counties will see the highest percentage of increase in proportion of the Age 85 and above age cohort relative to older adults age 60 and above – namely Fayette, Blanco, Llano, Burnet and Lee. This percentage of growth is far lower in the MSA counties, especially Travis, Williamson, and Hays – ironically, those with the most health care and transporation resources for the aging population.

Chart #24: Increase in Percentage of adults age 85 and over as a percentage of adults age 60 and over, as projected between 2025 – 2035

	Bastrop	Blanco	Burnet	Caldwell	Fayette	Hays	Lee	Llano	Travis	Williamson
% of 85+ in 60+ 2025	7.29%	8.36%	9.75%	8.30%	11.37%	6.50%	10.38%	10.04%	6.15%	7.11%
% of 85+ in 60+ 2035	12.23%	15.59%	13.76%	11.34%	16.21%	10.10%	13.49%	14.57%	8.08%	10.24%
% trend over time	4.94%	7.24%	4.02%	3.04%	4.85%	3.60%	3.10%	4.53%	1.93%	3.13%
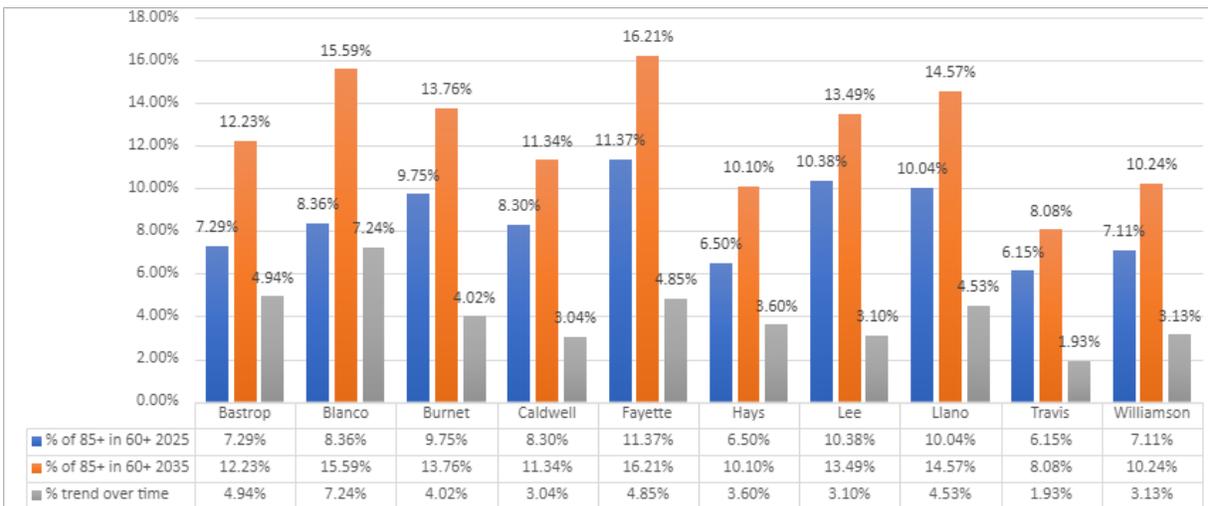
Source: Texas Demographic Center, projections based on migration 2010-2015, Updated July 2019

Adults in the older age cohort, age 85 and above, and especially those in rural communities are in most need of health care, in home supports, and at the same time at particular risk of lack of access to health care (especially specialized and mental health services), transportation, and disability services. This is a national trend as well – as per the USAging report on rural AAAs, compared with their rural counterparts, older adults living in rural areas have lower incomes, and have fewer years of formal education. The "export" of economically fragile older adults to more suburban and rural areas exacerbate demand on the region's already limited medical transportation systems (such as to dialysis). The regional 2-1-1 has emphasized their increased call volume from these geographic areas as tied to the "suburbanization" of poverty. These communities also face additional barriers in that community members are less likely to have information on community resources and sometimes face stigma or internal barriers in receiving assistance. For example, according to Feeding America, older persons in rural counties are the least likely to utilize SNAP benefits even when eligible.

- In planning for responding to these projected population trends, and informed by the overall trends, strategies, and goals, the AAACAP will focus on the following, as resources allow:
- Transportation (Strategy D): adults age 85 and over, especially those in rural areas are most likely to have limited access to alternative transportation and the longest distances to travel to needed services.

- Continue and expand outreach to "hard to reach" populations (Strategy A) and enhance community collaborations (Strategy I): ensure information is shared through partnerships with home-delivered meal providers, faith communities and medical providers as these are often only "outside-the-home" entities older adults in this cohort continue to access.

- Increase access to long-term services and supports (Strategy B): adults age 85 and over are those most likely to need assistance with activities of daily living and require home modifications.

- Ensure culture competency (Strategy F): As discussed, the racial and ethnic populations especially in rural areas will increase within the older adult population. A spirit of cultural humility and sensitivity will be crucial to establishing trust and creditability to serve.

- Address social isolation (Strategy G): adults in this cohort are most likely to experience social isolation, due to a variety of factors including lack of digital access, transportation, and the passing of long-time family and friends.

- Support family caregivers (Strategy H): Caregivers for persons age 85 and over are often in this vulnerable cohort themselves and experiencing similar challenges, such as lack of transportation.

Capacity Building

The trends, strategies, and goals of the AAACAP in projecting for the next 10 years, as well as the State of Texas Aging Service plan goals, objectives, and outcomes inform the AAACAP planning for capacity building the region. Based on these planning points, the AAACAP can provide a snapshot of how the agency plans to collaborate with government officials, State agencies and local entities to build the capacity in the PSA to meet the needs of older individuals. (Note: the AAACAP region does not include any tribal land-based organizations).

The status of AAACAP collaborations is also vital to the understanding of future capacity building. These current relationships are discussed in Section 5, "Role in Interagency Collaborative Efforts" in which a full picture of AAACAP's numerous and active partnerships, both at the leadership and direct service level are maintained with entities both public and private throughout the region.

The compiled plan trends, strategies and goals will be most fully discussed in the final part of Section 6, "Addressing Needs and Priorities within the PSA" as well as Section 8 "Goals Objectives, Strategies." Thus, in this discussion of Capacity Building, the trend, strategy, and/or goal that ties the following types of collaborations will be briefly identified, as well as several (non-inclusive) possible expanded partnerships.

- Health and human services: AAACAP will continue to work both government and nonprofit agencies on both the state and local level. Current state-level efforts include those with Texas HHSC programs such as Aging Texas Well and the Community Partner Program as well as other state agencies such as the Department of Family and Protective Services. Collaborations that may be expanded include Foster Grandparents and Department of Texas State Health Services. (Trend #4; Strategies A, H, I; State Goals #1, 5, 4).

- Land use and housing: AAACAP will continue to advocate for the needs of older adults in land use and housing plans, as well as educate the housing and homelessness service agencies on the issues of accessible and inclusive housing plans. It will continue its strong leadership on these issues through Commissions on Seniors in several counties, its relationship with the ADRC Housing Navigator program, with housing and homelessness coalitions. Collaborations that may be expanded include those with ECHO (Ending Community Homelessness Coalition), especially its healthcare systems component. (Trend #5; Strategies B, D, E, and I; State Goals #1 and #4)

- Transportation: AAACAP will continue to promote affordable and accessible transportation region-wide, in its participation with the Capital Area Regional Transportation Coordination Committee, volunteer driver programs, and Capital Metro. Collaborations that may be expanded include ride voucher options through Capital Area Regional Transportation System (CARTS) and subrecipient senior transportation programs. (Trend #3; Strategies B, C, and G; State Goal#2)

- Public safety: AAACAP will continue its promotion of emergency preparedness planning for older adults, as well as health and wellness in its role on government Commissions, its outreach to urban and rural S.A.L.T. (Seniors and Law Enforcement Together) programs, and CAPCOG Homeland Security WarnCentral Texas programs. Collaborations that may be expanded include that with the Capital Area of Texas Regional Advisory Council (CATRAC), particularly related to emergency planning and injury/falls prevention. (Trends #4 and #5; Strategies A, G, H, I; State Goal #2)

- Workforce and economic development: AAACAP will continue to advocate for employment and access, and social inclusion opportunities for older adults through its current partnerships with such agencies as Texas Workforce Commission Vocational Disabilities; The University of Texas Center for Disability Studies, AustinUp, Travis County engAGE (formerly the Retired Senior Volunteer Program, or RSVP) and rural interagency councils. It will also continue to promote and educate employers and the business community on the challenges and supports for family caregivers through its strong partnerships with Caregiver Café, the Aging Services Council and Alzheimer's Association. Collaborations that may be expanded include corporate and government Employee Assistance Programs. (Trend #5; Strategies D, G, H, I; State Goal #4)

- Recreation: AAACAP will continue its support for social inclusion and opportunities for older adults through its support of senior and congregate meal sites, health and fitness activities, through its partnerships with focal point senior centers, adult day centers (allowing caregivers time for recreation) and libraries. Collaborations that may be expanded include those with rural county parks and State parks located within the CAPCOG region. (Trends #3 and #4; Strategies D, F, G, H, I; State Goal #2 and #5)

- Education: AAACAP will continue to advocate for digital training and access, caregiver education, health and wellness education, and lifelong learning through its current partnerships with Community Tech Network; Texas A&M

Health Science Center Nursing Program (Round Rock). Concordia University, Texas AgriLife Extension. Collaborations that may be expanded include promotion of the Texas Education Code Section 54.365, which provides for six free credit hours of public higher education per semester (at participating institutions) and partnerships with university and community college continuing education programs. (Trend #4; Strategies D, E, G; State Goal #2)

- Civic engagement: AAACAP will continue its leadership in advocating for the needs of older adults and caregivers and encouraging older adult civic engagement through its leadership on city and county Commissions and Task Forces, support and promotion of the Texas Silver-Haired Legislature and promotion of both older adult membership and needs on committees such as the regional ADRC Steering Committee and interagency councils. Collaborations that may be expanded are "Changing the Care Conversation" a grant-funded initiative to educate caregivers in advocacy. (Trends #1 and #2; Strategies D, F, G, H, I; State Goal #3, #4, #5)

- Emergency preparedness: AAACAP will continue its promotion of emergency preparedness planning for older adults and CAPCOG Homeland Security WarnCentral Texas programs. Collaborations that may be expanded include that with the Capital Area of Texas Regional Advisory Council (CATRAC), particularly related to emergency planning and injury/falls prevention. (Trends #4 and #5; Strategies A, G, H, I; specified as a Goal i. in the FY 2024 – 2026 plan; State Goal #2).

- Protection from elder abuse, neglect, and exploitation: AAACAP will continue its leadership in educating the community on fraud and financial exploitation as well as ageism, risks of social isolation and protection from abuse in its leadership on Commissions and Task Forces and its partnerships with the Department of Family and Protective Services and Senior Medicare Patrol, and the Rainbow Connection (LGBTQIA+ Aging program). Collaborations that may be expanded include those with the Austin SAFE Alliance in educating domestic abuse advocates on the unique needs and protections for the older adult community. (Trend # and #5; Strategies B, D, F, G, H, I; State Goals #2 and #3)

- Assistive technology devices and services: AAACAP will include its promotion and partnership of the Texas Technology Access Program (TTAP), the state-wide program providing supports for assistive technology at as well as its promotion of digital literacy. Collaborations that may be expanded may

include those with Disability Rights and other senior-serving disability organizations to raise awareness of TTAP programs.   (Trend #4; Strategies D, G, and H; State Goals #2, #3, #4)

SWOT Analysis

The SWOT analysis consists of identifying Strengths, Weaknesses, Opportunities, and Threats. In Table 4, list the ways the AAA will address population changes in the PSA (during the 10-year period of 2025 – 2035), including: exploring new solutions to problems, identifying barriers that will limit the ability to achieve goals and/or objectives, deciding on the direction that will be most effective, revealing possibilities and limitations to change, and revising plans to best navigate systems, communities, and organizations.

Table 4. Strengths, Weaknesses, Opportunities, Threats (SWOT) Analysis

Strengths	Weaknesses	Opportunities	Threats
A service area that includes rural, urban, and suburban population ensuring agency attention and sensitivity to a variety of geographic areas.	Large geographic area, with diversity of needs posing service and outreach challenges.	Build stronger network of Age Friendly initiatives and new coalitions forming to support older adults in a variety of communities.	Increased growth in the number of older persons, especially those age 85 and over, living farther from healthcare, transportation, etc. supports.
Non-partisan social services provided through government funding ensuring seen as non-competitive with other non-profit providers and non-biased related to for-profit service providers.	Lack of information and knowledge of area agencies on aging and their services in the communities.	A strong, extensive, and effective network of over thirty senior-focused non-profits in all counties of the region to assist in promotion and validation of agency.	Distrust of government-funded services by some clients and client groups, primarily due to mis-information media campaigns.
Agency seen as a leader and subject matter expert in advocating for older adults and caregivers.	Numerous demands on AAACAP agency staff and leaders for community input and representation.	Strong call for and active participation in community commissions, coalitions, and collaboratives.	Misunderstandings of ability of agency to provide large amount of funding for non-OAAA projects.
Ability to successfully apply for and administer expanded need-based programs through external grants. This enables	Possibility of non-renewed funding for some programs.	Increased visibility and partnerships due to funding Aging Services Council and CAPABLE programs.	Possible duplication of efforts and expertise with other older-adult serving agencies.

Strengths	Weaknesses	Opportunities	Threats
much needed expansion of basic needs, health, and in home supports in rural counties in particular.			
Staff Retention due to established agency with good benefits & cost of living pay scale increase in FY 2022.	Some inexperienced staff due to past staff turnover.	Increasingly experienced staff ability to recruit and support volunteer program staff and internships to strengthen service expansion.	Increasing high cost of living in region creates the potential for great staff turnover, especially due to competitive state, county, and city government career opportunities.
Multi-lingual staff able to provide culturally sensitive care for race/ethnically diverse/persons with disabilities, including the deaf community/LGBTQIA+ clients.	Due to staff turnover and prior lack of bilingual staff, limited outreach to non-English speaking communities.	Partnerships with agencies serving OAAA target groups, especially refugees, diverse faith communities, and limited English speakers.	Target populations increasingly moving away from population centers due to high cost of living; increased social isolation.
Technological improvements including off-site abilities; virtual meetings & trainings; SharePoint shared files and iCarol internal Community Resource database.	Some processes that require multiple paper documents versus the use of e-documents; lack of e-mail and texting communication abilities for consumer services.	Expected Public Access in FY24 to iCarol Community Resource Database with over 400 older adult/disability/caregiver focused resources.	Lack of funding and policies related to increased use of texting and secure e-mail for consumer services.
Strong program of targeted outreach and community participation, including staff providing multi-program information throughout the region.	Limited use of social media for outreach especially as relates to reaching caregivers.	Increasing knowledge and requests for agency participation at events throughout region.	Lack of staffing and funding to support social media expansion.
Dedicated and experienced leadership promoting staff	Many demands on leadership unrelated to	Strategic planning and career development track	Lack of understanding and knowledge at other units

Strengths	Weaknesses	Opportunities	Threats
morale, well-being, and development	direct service, especially increased administrative requirements.	planning to develop future agency leaders.	regarding role and focus of agency.
Coordination between agency programs and ADRC that ensures clients and service providers have access to information about all AAACAP services.	Limitations on shared data systems that impact ability of staff to share some data easily.	Ability to increase data-driven understanding of the socio-economic factors and community trends affecting older adults and caregivers.	Complex issues of older adults facing multiple threats, such high housing costs, lack of family support, and medical needs for in-home services.
Understanding of the increasing need to reach socially isolated adults via e-mail, social media, and other non-traditional resources.	Limited interaction with some community resources that reach socially isolated adults, such as retirement associations and medical healthcare providers.	Increase the training and knowledge of staff in non-traditional outreach and follow-up such as text and chat communication.	Increasing social isolation as the baby boomer generation ages due to cultural trends – more divorced adults without partners; more older adults without children or relatives.

Stakeholder and Public Input (Statewide)

In 2021, as part of the [Aging Texas Well Initiative](), HHSC conducted a statewide survey to identify the current and future needs and priorities of older adults, informal caregivers of older adults, and social service providers supporting older adults. Data analysis identified the following top priorities for each group:

- Older Adults
  - Physical health
  - Access to services and support in the community
  - Access to social engagement opportunities
- Informal Caregivers of Older Adults
  - Mental health
  - Physical health
  - Work strains and issues
- Service Providers Supporting Older Adults
  - Collaboration and coordination
  - Funding
  - Staffing
  - Addressing social isolation
  - Addressing food insecurity
  - Supporting informal caregivers

Addressing Needs and Priorities within the PSA

Refer to the list above (in Stakeholder and Public Input subheading) and briefly describe how the identified statewide needs and priorities are potentially impacting the local AAA's planning and service area (PSA). Include information on how the AAA plans to address the identified needs and priorities of the PSA's older individuals, caregivers, and aging services providers over the next 10 years.

The sample size for the Aging in Texas Survey conducted in 2021 was 271 and included responses from 177 older adults, 22 informal caregivers and 72 organizations. The survey was conducted completely with on-line responses via SurveyMonkey, due to COVID-19 pandemic restrictions in 2021.

AAACAP Community Needs Assessment Survey, 2023

AAACAP also created and conducted a regional Community Needs Assessment to ensure a broad range of input from older adults, caregivers, and service providers specific to the CAPCOG region. In line with the Aging Texas Well Statewide Survey, the focus of the survey was on identifying current and future needs and priorities for older adult services. The survey was distributed/available March 20 through June 20, 2023, both in-person and electronically to older adults, informal caregivers, and service providers in each county within the region.

Survey Method

A Community Needs Assessment survey tool, based on the survey tool developed for use state-wide in FY 2020 was implemented in March 2023 for distribution via both SurveyMonkey as well as hard copies for on-site distribution throughout the 10 counties of the CAPCOG region. Surveys were targeted towards older adults, informal family caregivers and service providers to these groups.

Surveys were available in English, Spanish, and a bilingual English-Spanish version. Hard copies were distributed at sites serving the target populations in every county of the region, as well as mailed to past AAACAP consumers. The link for the SurveyMonkey on-line survey was e-mailed to service providers and IRA consumers, as well as posted on-line at the CAPCOG website. In addition, as mentioned, community leaders and key stakeholder groups such as the Aging Advisory Committee, the ADRC Steering Committee, the Aging Services Council, and interagency councils assisted in the survey distribution.

450 surveys were received between March – June 2023 from all 10 counties served. The total number of surveys exceeded the 289 surveys received during the last Area Plan process in FY 2020. 180 were completed on-line; 270 were completed manually and either mailed in or provided to AAACAP staff at an on-site event. 70.14% of responses came from older adults age 60 and above, while 14.35% identified as unpaid family caregivers. 34.26% of all respondents also identified themselves as either being paid or volunteer staff at an agency that provided services to older adults/unpaid family caregivers.

Additional information regarding the survey methodology used is provided in Appendix B.

Survey Results

The AAACAP survey focused its identification of priorities for the future and current needs and priorities of older adult services in general. Rather than differentiating between the needs expressed by certain demographics (older adults; caregivers; and social service providers), AAACAP assessed the overall data on the priorities expressed overall relating to older adults age 60 and over. Based on the AAACAP Community Needs Assessment regional assessment in 2023, data analysis identified the following top priorities for the needs of older adults. These needs were reflected in both the quantitative responses as well as the qualitative responses.

Chart #25 reflects by county, the percentage of respondents who provided information regarding their county of residence.

Chart #25: By County: Percentage of Responses to Survey Question #4: "If you selected A, B, C, or D for the question above, please select the county in which you live:"
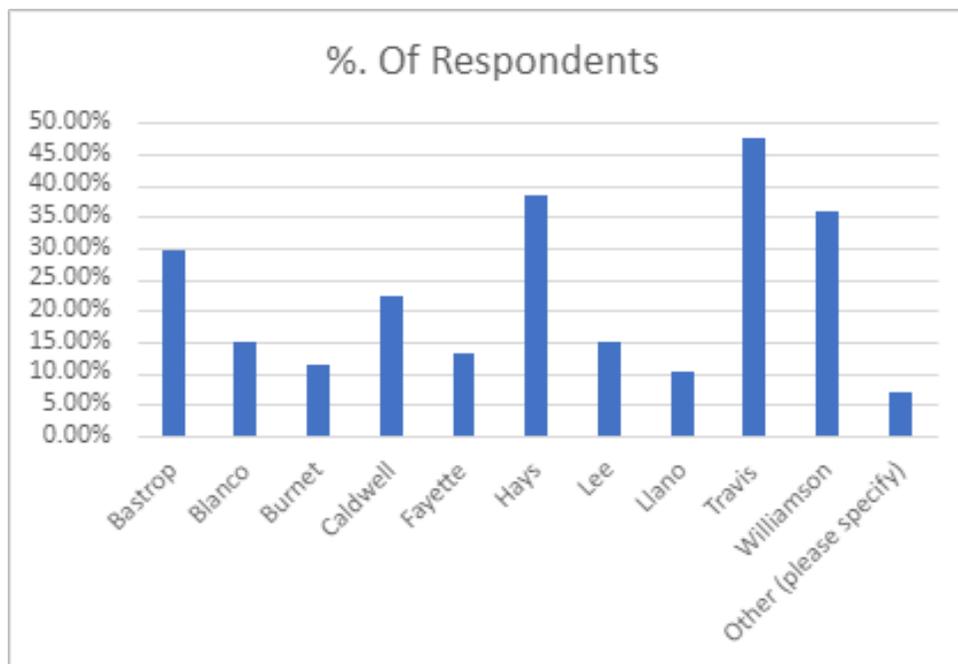
Chart #26: Responses to Survey Question #5: "In your opinion, how concerning are each of the following issues affecting older adults and their family caregivers?
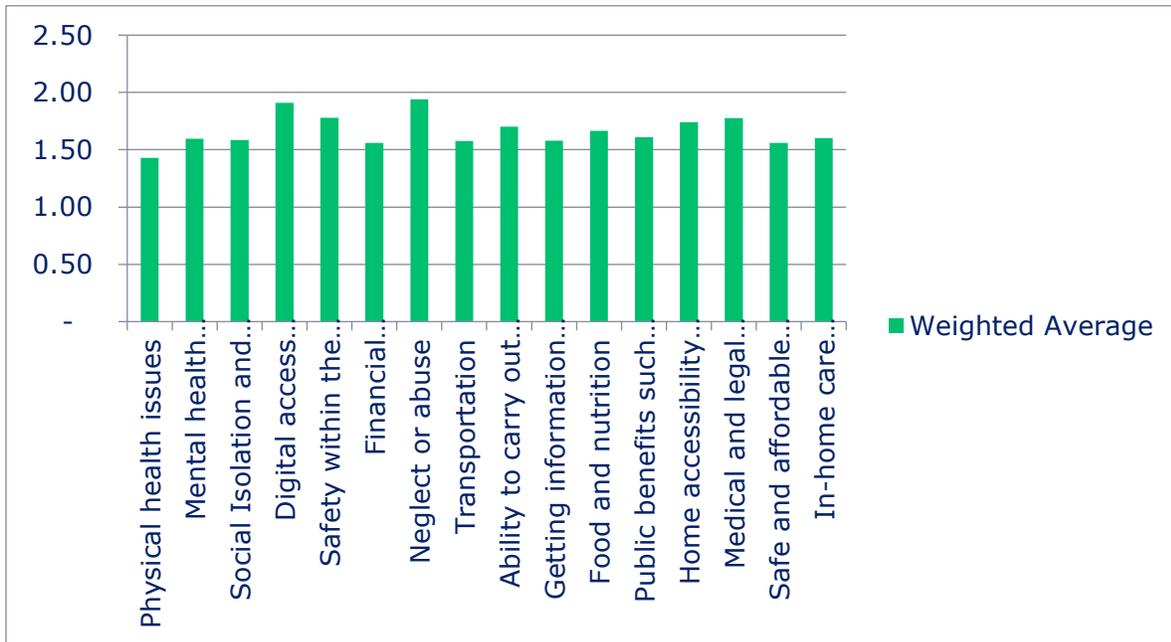
- Quantitively
  - ‣ Weighted Averages (persons putting these items as either Highest or rating them 2nd highest)
    - ◊ Neglect and Abuse
    - ◊ Digital Access (access to internet and training to use digital device)
    - ◊ Safety within the Community
  - ‣ Non-weighted – What is Your Highest Concern:
    - ◊ Physical Health Issues
    - ◊ Safe and Affordable Housing
    - ◊ Mental Health Issues (including depression)

Based on the AAACAP Community Needs Assessment, data analysis identified the following most AAACAP common services in importance for older adults and caregivers, in order: Home-Delivered Meals; Information, Referral and Assistance; Health and Wellness Programs; Benefits Counseling; Congregate Meals

Chart #27: Answer to Survey Question #7 "How Would you Rank the Importance of these Services to Older Adults and Family Caregivers in Your Community?"
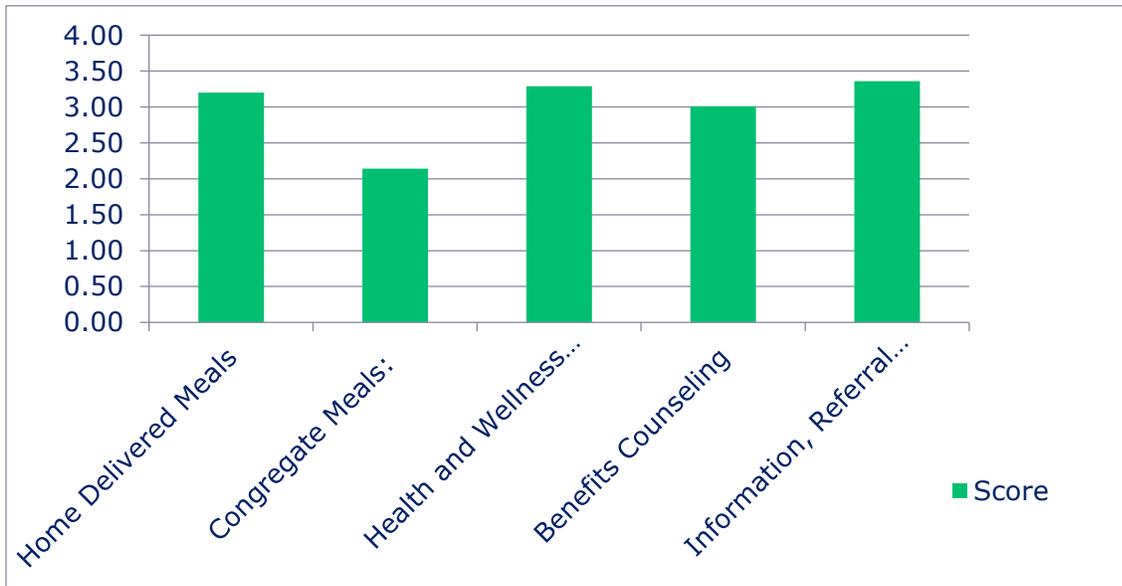
Quantitive Data related to AAA Services:

‣ Weighted Averages (persons putting these items as either Highest or rating them 2nd highest)

◊ Information, Referral and Assistance

◊ Health and Wellness Evidenced-based programs

◊ Home-Delivered Meals

◊ Benefits Counseling

◊ Congregate Meals (distant fifth)

‣ Non-weighted – What is Your Highest Concern:

◊ Home-Delivered Meals

◊ Information, Referral and Assistance

◊ Health and Wellness Evidenced-based programs

◊ Benefits Counseling

◊ Congregate Meals

Participants also were asked to rank the most important AAACAP core Care Coordination/Caregiver Support services for older adults and caregivers. Chart #28

demonstrates the ratings, in order of importance, as follows: Personal Assistance; Health Maintenance; Caregiver Education; Homemaker Assistance; Caregiver Respite/Residential Repair (equal rating).

Chart #28: Answer to Survey Question #8 "From the List of the Most Common Services Provided by the Care Coordination/Caregiver Support Program of the AAA, How Would you Rank the Importance of these Services to Older Adults and Family Caregivers in Your Community?"

Care Coordination/Caregiver Support Services ranked in importance to older adults and family caregivers in community (1 = most important)

Quantitively

- ▸ Weighted Averages (persons putting these items as either Highest or rating them 2nd highest)
  - ◊ Personal Assistance (help with bathing, dressing, eating, using the toilet and other personal care tasks)
  - ◊ Homemaker Assistance (housekeeping, light meal preparation)
  - ◊ Health maintenance (Assistance with the purchase of medications, nutritional supplements, glasses, dentures, hearing aids or health-related goods and services)
  - ◊ Residential repair (minor home repairs or modifications that are essential for health and safety)

◊ Caregiver Respite (temporary relief for family caregivers)

◊ Caregiver Education, Training, and Information (information about available resources, educational topics, and support for family members caring for aging loved ones with a focus on helping with their role as caregivers)

▸ Non-weighted – What is Your Highest Concern:

◊ Personal Assistance

◊ Health maintenance

◊ Caregiver Education, Training, and Information

◊ Homemaker Assistance

◊ Caregiver Respite

◊ Residential repair

Qualitative Data – two specific questions allowed respondents to share their concerns in their own words. Based on their responses, the following top priorities can be identified:

In your own words, what are the top three needs to be addressed so that older adults can continue to live independently? The top concerns expressed were as follows (the first concern listed by each respondent, of 373 of 450 persons answered this question):

1. Transportation; 2. In-Home supports; 3. Affordable Housing; 4. Medical/Health; 5. Safety; 6. Financial Concerns

Chart #29: Answer to Survey Question #6 "In your own words, list the top three needs to be addressed so that older adults can continue to live independently?"
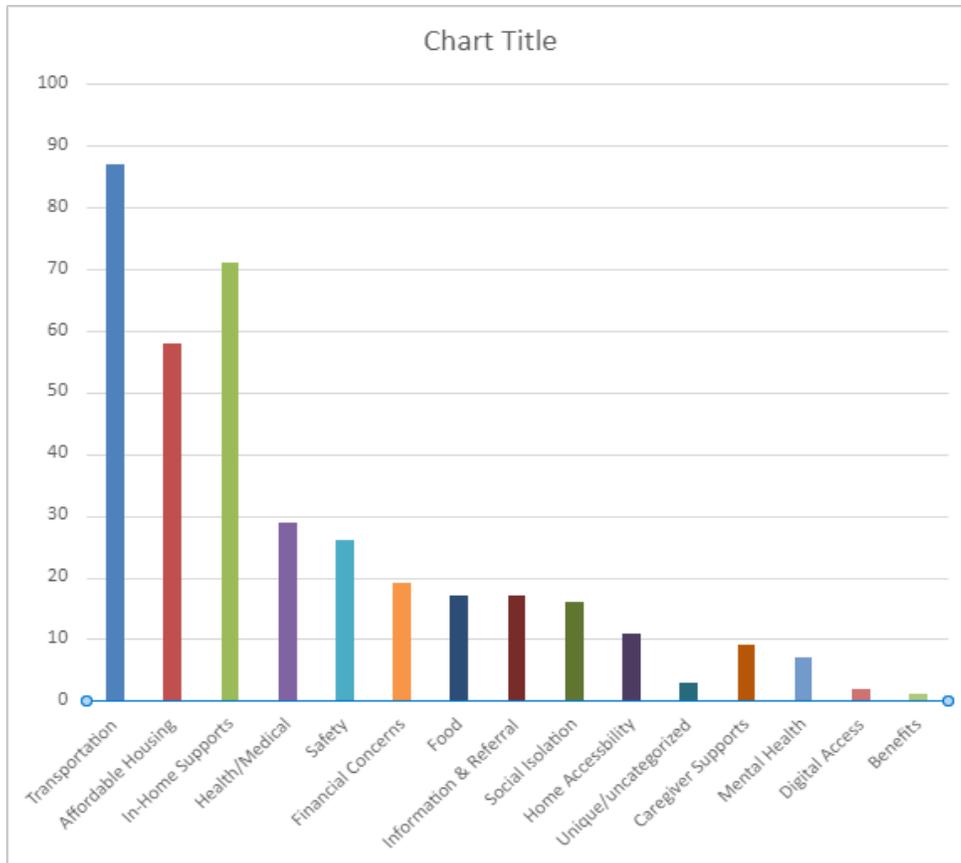
The other qualitative survey question was "In your own words, what is the concern related to services for older adults that keeps you up at night?" 316 responses were received, resulting in the following priorities expressed:

1. Financial concerns; 2. In-home supports; 3. Social isolation; 4. Caregiver supports; 5. Transportation; 6. Safety

Chart #30: Response to Survey Question #10 "In your own words, what is the concern related to services for older adults that keeps you up at night?"
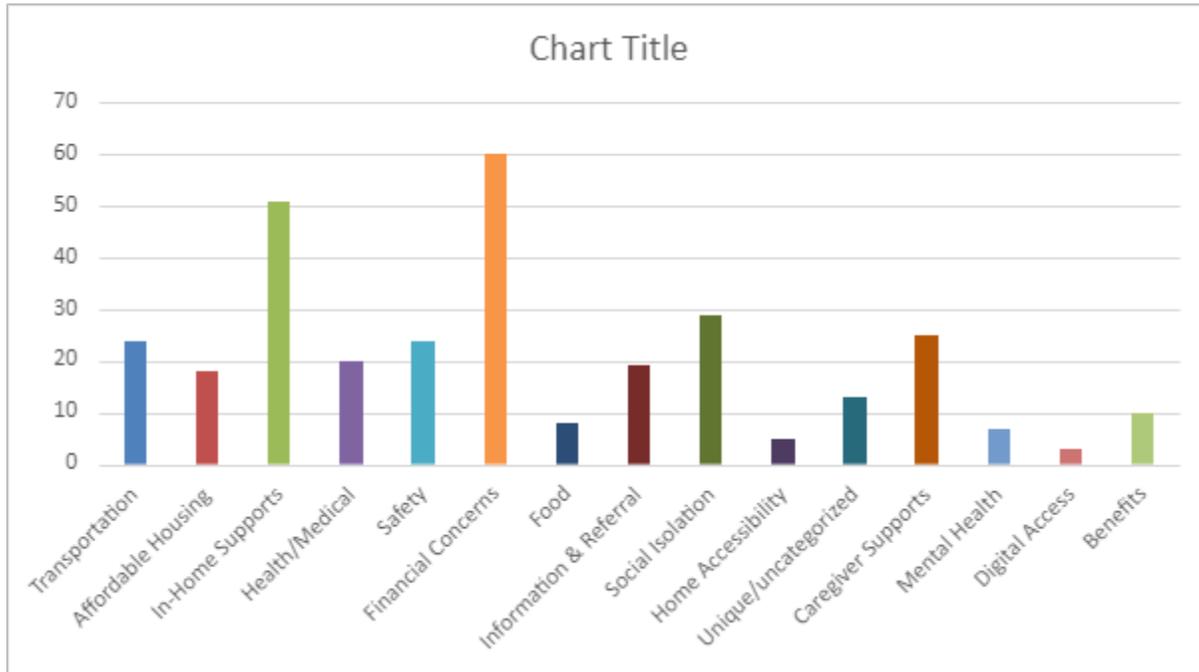
How identified statewide needs are potentially impacting the local AAA's planning and service area (PSA 12)

Funding: In any response to large increases in service needs of OAAA targeted population, an area agency on aging has two means for meeting needs, one within its own determination and the other outside of its own purview. AAACAP can determine trends, strategies, and goals, which focus its resources vital regional priorities, and plans for service improvement/expansion through innovation; best practices; grants from other funders and community partnerships. These efforts are a key part of the plan response for FY 2024 – 2026 and the next 10 years.

To truly plan for meeting OAAA direct services in a volume that will meet both ACL and HHSC state goals will depend on funding increases. This plan is based on a projection that as the older adult population and vulnerable populations increases in the region, that OAAA funding to AAACAP will also experience an increase, allowing for both the direct funding to subrecipients (for example, through the home-delivered and congregate meal programs) as well as staff increases (especially in benefits counseling, care coordination, and ombudsman programs).

Aging Texas Well Survey Findings and AAACAP Response in the PSA

The Aging Texas Well Survey, conducted on-line in 2021 identified the following needs and priorities. After each finding, is indicated the AAACAP Planning Trend and/or Strategy which addresses the finding:

- Physical Health: Rated as #1 priority of older adults; #2 priority of caregivers and addressed through AAACAP Planning Trend #4; Strategies B, G, and H; relevant to State Goal #1 and related objectives, outcomes, and strategies.

- Access to services and support in the community: Rated as #2 priority of older adults and addressed through AAACAP Planning Trends #3, #4, and #5; Strategies A, B, C, D, E, G; relevant to State Goals #1 and #4 and related objectives, outcomes, and strategies.

- Access to social engagement opportunities: Rated #3 priority for older adults; #4 of service providers and addressed through AAACAP Planning Trend #3 and #4; Strategies A, B, C, D, F, G, I; relevant to State Goal #2 and related objectives, outcomes, and strategies.

- Mental health: Rated as #1 priority of informal caregivers of older adults and addressed through AAACAP Planning Trend #4; Strategies B, D, E, F, G, H;

relevant to State Goals #2 and #4 and related objectives, outcomes, and strategies.

- Work strains and issues: Rated as #3 priority of informal caregivers of older adults and address through AAACAP Planning Trends #4 and #5; Strategies B, D, F, G, H; relevant to State Goal #4 and #5 and related objectives, outcomes, and strategies.

- Priorities expressed in survey that were unique to service providers: Rated as #1 priority: Collaboration and coordination: Rated #2: Funding; Rated #3: Staffing; Rated #5: Addressing food insecurity: Rated #6: Supporting informal caregivers. These concerns are addressed through AAACAP Planning Trends #4 and #5: Strategies A, B, D, E, F, G, H, I; relevant to State Goals #1, #3, #4, and #5 and related objectives, outcomes, and strategies.

The AAACAP Plan Trends, Strategies and Goals address the priorities identified in the Aging Texas Well Survey as identified above. In addition, the AAACAP planning elements utilized the priorities identified through current and projected socio-demographic trends in Sections 5 and 6, and the AAACAP Community Needs Assessment as described.

How the AAA plans to address the needs/priorities of older adults, caregivers, aging services providers

In examining how the programs, policies, and services provided by AAACAP can be improved, it is vital to start with the overall planning trends, strategies and goals that have been developed by AAACAP. In projecting improvements for the next 10 years, the Area Plan utilizes the data provided in Section 5, the projections in the two first parts of Section 6, as well as its SWOT analysis and stakeholder and public input to create an intentional and integrated plan for response.

Five significant planning trends to support improved AAACAP programs, policies, and services have been identified in the CAPCOG region related to older adults.

The first two trends relate to key socio-demographic factors, namely, the current and projected increase of the older adult population in the region and the current and projected even greater increase of older adults in the rural counties of the region.

The other three trends are key factors directly related to the quality-of-life of older adults in the region. These are, in priority order: Transportation; Health and Wellness; and Financial Wellness and Resources. These trends were identified and

selected as encompassing the top concerns and needs of older adults. They developed from a careful and extensive compilation and analysis of the concerns clearly demonstrated consistently from both the Aging Texas Well Statewide Survey and the AAACAP Community Needs Assessment, local government reports (such as the Age Friendly Analysis of the City of Austin); health care system community needs assessments, and caller data from both the CAPCOG Aging and Disability Resource Center and 2-1-1 Information and Referral Services.

Trend 1: Projected increase in both the numbers and the percentages of adults age 60 and over throughout the region.

Key Findings: Regionally, both in the period leading up to 2023 (2011 – 2021) as well as for the future (2025 – 2035), the most significant trend in the region is growth of the total population, but particularly for an increase in adults age 60 and above. Between 2011 – 2021, while the growth rates of those age cohorts between 0-54 years of age averaged 26.2%, the growth rates of those 55 and over averaged 59.2%, well over that average of 31.4%. Most dramatically, the population age cohort 65-74 years increased 98.9%, almost doubling in size in 2018 from what it was in 2011. In addition, the growth rate of the age cohort 85 years and over, generally those most vulnerable and in need of services was well above the overall population growth rate, at 46.5%.

The total population between 2025 – 2035 is projected to grow by over 1 million persons, with an overall growth rate of 41% in the region. For persons age 60 and over, the projected growth rate is 88% for the same period, in other words, this demographic is expected to grow more quickly than populations below the age of 60. This is a projected overall increase in percentage of older adults in the CAPCOG region of 22%. Many counties (Blanco, Caldwell, Hays, Travis and Williamson) will see an increase in older adults as a percentage of the population, while some counties will see a slight decrease (Bastrop, Burnet, Fayette, Lee, Llano). The increase of older adults in the region is supported by the 2-1-1 call data in terms of calls from adults age 60 and over. The calls from this demographic increased by 38.9% in the three-year period 2020-2022 compared to calls from this age demographic between 2017-2019.

Response: AAACAP is and will continue to increase the partnerships and programs serving older adults. This includes support to county commissions and coalitions related to older adults, such as the Age Friendly city initiatives and continuing partnerships and funding through the St. David's Foundation (which assessed older adults as one of its top three priorities). Services for the increasingly diverse older

adult population include such activities as continued support for the annual LGBTQIA+ Caregiver Support Fair, programs at the Asian American Community Center and the annual Central Texas African American Family Support Conference.

Challenges: There is some possible lack of awareness in some planning documents that have limited benchmarks/projections for the growth of the older adult populations. For example, in reviewing planning and programs in the region, the following was noted: The Community Advancement Network (CAN), the Travis County Dashboard, none of the eighteen indicators focus on older adults; the majority of the Community Health Needs Assessments do not specifically focus on older adult health needs; The national and local data on those experiencing homelessness does not specifically screen for older adults in the annual Point in Time Counts; and Travis County impact reports have a very limited component related to the need trends for the older adult population.

Validation: Data provided in Sections 5 and 6 of the Area Plan, from the American Community Survey, Texas Demographic Center, and U.S. Census; call data from 2-1-1, United Way of Greater Austin; Adult Protective Services Quarterly Report 2023; CAN Dashboard 2021; Community Health Needs Assessments for the region.

Trend 2: The current and projected increase of vulnerable older adults in the rural counties of the region.

Key Findings: Populations of older persons of minority race/ethnicity, as well as persons living alone, persons with disabilities and persons of limited English proficiency and persons below the poverty line will generally increase as the older adult population grows. In particular, these populations will, in general, reside in the more rural portions of the region. As discussed in Section 5 of the plan, as of 2021, the average percentage of adults age 60 and over is 10% in CAPCOG, but many of the rural counties have populations well above that. The regional percentage is slightly below the state average (12.8%) but as mentioned, many counties exceed the state average as well. This has significant service implications for AAACAP, as rural areas tend to have the greatest distance between support systems, limited public transportation and healthcare systems. The average of the population in the rural counties that is age 60 and above (non-MSA) is 26.68%.

Overall, the minority population of adults age 60 and over expected to increase by almost 175% by 2035 in the CAPCOG region, compared to an overall projected overall growth rate for adults age 60 and above which is just 88.3% during the same period. All counties consistently are projected to experience an increase in the percentage of minorities in this age cohort. This indicates that particularly in

counties projected for a smaller overall age cohort growth, the need for services to minority populations will still increase. As demonstrated in Section 6, the rural counties of Bastrop, Burnet, Caldwell, and the "mixed" rural-suburban counties of Hays and Williamson counties are projected to have a particularly high increase in the proportion of older adult minority populations by 2035.

Trends in Community Response: Spurred by the increase in minority older adult populations, there has been an increase to provide culturally aware older adult services to the community. Examples include the formation of Diversity, Equity and Inclusion positions and commissions in local governments and the Community Health Needs Assessments from Ascension-Seton Healthcare System, which serves many of the rural counties in CAPCOG in identifying the importance of both addressing social determinants of health as well as health equity in their regional Implementation Strategies for 2021 Community Health Needs Assessments. In the words of the assessment,

> "Social Determinants of Health - This need was selected because many of the counties in the Ascension Seton service area have multiple indicators related to social needs that are significantly worse than averages for Texas and the United States, including lower access to exercise opportunities, lower rates of home ownership, very high rates of childhood poverty and low median household incomes, among others. Focus groups also mentioned food security and housing as significant barriers to healthy living.

> Health Equity - This need was selected because significant gaps in health indicators and outcomes exist in the Ascension Seton service region according to County Health Rankings data and focus groups revealed narratives of cultural and language barriers to receiving care."

St. David's Healthcare system, which also serves the rural counties of Bastrop, Caldwell, and Hays emphasizes in its 2023 Community Health Needs Assessment the importance of health equity for rural and minority populations and includes as a response expanded outreach efforts and grants to organizations to maintain services that address barriers for children, women, older adults, and people of color.

Challenges: Older adults in rural communities are at particular risk of lack of access to health care (especially specialized and mental health services), transportation, and disability services. This is a national trend as well – as per the USAging report on the role of AAAs in Meeting the Needs of Older Adults Living in Rural Communities, compared with their urban counterparts, older adults living in rural areas have lower incomes, and have fewer years of formal education. The increase in minority populations, historically more economically fragile, older adults to more

suburban and rural areas exacerbate demand on the region's already limited medical transportation systems (such as to dialysis). The regional 2-1-1 has emphasized their increased call volume from these geographic areas as tied to the "suburbanization" of poverty. These communities also face additional barriers in that community members are less likely to have access to information on community resources (often due to language barriers) and sometimes face stigma or internal barriers in receiving assistance. For example, according to Feeding Texas, older persons in rural counties are the least likely to utilize SNAP benefits even when eligible.

Validation: Data provided in Section 5 and 6 of the Area Plan, from the Texas Demographic Center and the American Community Survey; Ascension-Seton Healthcare System, Implementation Strategies for 2021 Community Health Needs Assessment; call data from 2-1-1 United Way of Greater Austin; Feeding Texas; St. David's Foundation Strategic Implementation Plan 2023; USAging: Meeting the Needs of Older Adults Living in Rural Communities: The Roles of Area Agencies on Aging; United Way 2-1-1 Community Needs and Trends reports, 2016-2019.

Trend 3: Transportation

Key Findings: Transportation within the Capital Area is acknowledged as vital to the quality of life in the region. This is particularly true for older adults, who as they age may find personal driving unpalatable or impossible due to physical or cognitive disabilities. A variety of data sources and surveys demonstrated consistently that access to transportation is a high concern of older adults in the region. The national Eldercare Locator lists transportation as the top need of its callers; Calls for transportation assistance following the 2020 COVID-19 shutdown rose from the 10th requested service to the 7th in 2022, as per call data from 2-1-1 United Way of Greater Austin. The Community Needs Assessment conducted by AAACAP, which found that transportation was listed as the top need in response to the survey question "In your own words, what are the top three needs to be addressed so that older adults can continue to live independently?" The Texas State Plan on Aging, 2023 – 2025 also lists access to social engagement opportunities as the 2nd most selected current need or concern of older Texans. Social engagement opportunities are often dependent of transportation resources.

Resources for transportation outside of personal vehicle travel is available with limitations in certain areas. Travis County and the surrounding rural counties have public transportation systems. Capital Metro provides both fixed-route and paratransit services and the Capital Area Regional Transportation System (CARTS)

provides on-demand, accessible transportation throughout the nine more rural CAPCOG counties. Transportation in San Marcos, Hays County, accessible to the public as well as students, is provided by Texas State University. Other transportation services specifically for older adults only include Faith in Action, Georgetown (Williamson County) and Drive-A-Senior (Travis and Hays counties). These are volunteer driver-based services and cannot usually provide transportation to persons using wheelchairs. Fixed route, timely, and inexpensive transportation is difficult to access outside the City of Austin, and paratransit is available only for persons that are unable to use regular fixed route services. HousingWorks reports that in Travis County, 143 average annual mass transit trips are taken citywide, this falls to three trips in Bastrop, and zero trips in Hays County.

Trends in Community Response: AAACAP serves on the Capital Area Regional Transportation Coordination Committee (RTCC) and is exploring voucher options. Several Travis County cities voted to continue partnerships with Capital Metro to provide fixed route services in their communities; voters also approved Project Connect, a multi-pronged transportation plan that includes expanded light rail, park and ride locations, and commuter rail to the east of Austin to link Travis county and ease traffic. Age Friendly Austin planning includes goal and strategies to support transportation options for older adults, resulting in expanded access to the Capital Metro Reduced Fare ID for this demographic, as well as expanded Drive A Senior SendARide programs. The United Way of Greater Austin has administered several programs with ride-share companies for limited-ride transportation trips; AAACAP in partnership with other transportation providers supports transportation to senior centers and congregate meal sites. The acknowledged goal of the Capital Area Metropolitan Planning Organization, 2045 Regional Transportation Plan is to create a complete, cohesive Active Transportation network that connects the region for people of all ages and disabilities.

Challenges: Transportation generally does not cross county lines and persons in Travis find it almost impossible to take public transportation to another county. Uber and Lyft are outside the budget of older adults, and some do not have the means to use it, i.e., Smartphones and credit cards. Travel training to help older adults take public transportation is unavailable or not adequately promoted. Volunteer driver services are limited in scope, unavailable in many communities, and usually cannot provide trips that reduce social isolation, such as shopping or entertainment events in the evening and weekends. Even within the City of Austin, which has both paratransit and fixed route transportation, respondents to a survey

on "The City provides adequate access to safe and affordable transportation to older adults" advised that 69% disagreed with that statement, 24% were neutral, and only 5% agreed.

Validation: AAACAP Community Needs Assessment 2023 results; Capital Area Metropolitan Planning Organization, 2045 Transportation Plan; City of Austin, Age Friendly Austin, Progress Report, 2021; City of Austin, Office of the City Auditor, Auditor Report: City Services for Older Adults, October 2022; ElderCare Locator Making Connections; HousingWorks Communities at Glance 2022; Texas State Plan on Aging 2023 – 2025. call data from 2-1-1 United Way for the Greater Austin Area.

Trend 4: Health and Wellness: Physical Health; Mental Health and Social Inclusion; In-Home and Unpaid Caregiver Supports.

Key Findings related to physical health: As discussed in Section 5, Economic and Social Resources, the CAPCOG region is home to more than three major medical care systems, close to two VA Medical Centers, and includes several major health care learning institutions. In addition, it is a hub for specialty care in the central and south Texas regions. However, access to health care is noted as a top finding and key priority in the Community Health Needs Assessments conducted by all major health care systems as well as by several rural and urban counties. For those with proximity and means, the available healthcare is seen as high quality and a community asset. However, for those in the rural counties, persons without health insurance and persons lacking transportation, access to health care, especially specialty care can be challenging. CMS has documented that clinical care is worse for rural residents, especially regarding drug interactions for older patients with dementia. Physical and mental health concerns were first and third (the second being affordable housing) listed by respondents in the 2023 AAACAP Community Needs Assessment Survey. These results are consistent with the state Aging Texas Well survey conducted in 2021, and the priorities listed in the Texas State Plan on Aging, 2023 – 2025, which states physical health and the top need/concern of older adults in Texas.

In terms of health system access and needs, St. David's Foundation reported in their Community Health Needs Assessment Strategic Implementation Plan that the following regarding healthcare in the region:

"With contracted assistance from Texas Health Institute, a brief overview of the most critical quantitative and qualitative findings was presented to the groups. The criteria for selecting data points to present included the following:

- Health indicators significantly worse than the national and/or state averages

- Health indicators that have worsened over time, compared to previous" years

- Health indicators that represent significant disparities between demographic groups, such as gender, race and ethnicity, and/or geographic regions."

Trends in Community Response: As discussed, all of the major health care systems have identified access to health care in rural communities as a priority. Ascension Seton for example, initiated the Prescription Assistance Program in Bastrop County to get prescriptions at reduced price for residents, and more diabetes self-management courses. All health care systems have identified particular areas of focus as mental health, chronic disease, and social determinants of health, all of which support health care needs of older adults. St. David's Foundation actively advocates for increased services for older adults and rural communities, as well as grants such the CAPABLE program for older adult independence. The Texas Silver-Haired Legislature listed as in its top 10 resolutions support for improving the access to healthcare in rural areas of Texas and advocated for that during the 88th Texas Legislature for providing additional funding to rural healthcare facilities and providing incentives for practices in rural locations.

During COVID-19 many Medicare restrictions related to access to healthcare providers on-line were eliminated or reduced. This led to a great increase in telemedicine for older adults that has continued. In response to the AAACAP survey question on the top need, in a weighted average analysis, digital access was listed as the 2nd most important need. A number of community projects (some pilot projects; some on-going) from the Aging Services Council, Drive-A-Senior non-profits, Austin Housing Authority, and the Aging and Disability Resource Center focused on increasing older adult access to telemedicine and on-line services, including providing digital devices, training, and internet access.

Challenges: As mentioned, as more financially burdened older residents move to rural counties, it increases the burden on the available health care systems and transportation systems. Economics and race also play a major role in health outcomes, as both poverty and ethnicity are documented to impact access to lifetime access to affordable health care. For example, a report by CommUnity Care Health Centers advised that persons living their entire life in certain sections of Austin, are more than 2.4 times likely to have lost all their teeth by the time they

are 65 years old. The 2021 CAN report advised that in Travis County, the uninsured rate is highest for Hispanics, with 23% of Hispanics under age 64 uninsured. Hispanics are uninsured at a rate twice that of white residents. While telemedicine is now accessible to many, older adults were and often limited in their ability to fully access this alternative. The reasons include lack of digital devices, lack of knowledge to use these devices, lack of ability to pay for internet access, and especially in the rural areas, lack of broadband.

Validation Data: AAACAP Community Needs Assessment Survey 2023; Ascension Seton, St. David's Foundation, Baylor Scott & White, and Travis County Community Needs Assessments; CAN Dashboard 2022; Center for Medicare and Medicaid Rural-Urban Disparities in Health Care in Medicare; Travis County Community Health Assessment; Texas State Plan on Aging 2023 – 2025.

Health and Wellness – Key findings related to Mental Health/Social Isolation: Social Determinants of health are increasingly acknowledged as critical to the health of the population by the medical community, including the community needs assessments conducted by local health care systems. While this had already been known and studied, the impact of the COVID-19 shutdown, especially with the disease's high risks for older adults, brought much greater awareness and understanding of the intersection of mental health and social interaction.

This is particularly true related to older adults in terms of the effects of social isolation. Clinical studies from such major researchers as the University of California at San Francisco have linked loneliness to serious health problems among older adults, and that social factors play a major role in Older Adults' health. In recognition of this issue, USAging continues to promote its public awareness campaign specifically on preventing isolation and loneliness. Within the CAPCOG region, the potential for social isolation and supportive mental and social services is impacted by the other trends reported: moves from traditional neighborhoods due to housing costs; lack of access to mental health providers in rural areas; and transportation limitations, especially for social activities. All of the health care systems identify mental health services as one of the top three priorities in designing more responsive programs and AAACAP survey participants identified mental health, including depression as one of their top concerns (non-weighted response). While social isolation and depression/mental health are not identical issues, nor always in a causal relationship, these conditions can be especially linked for older adults, particularly those who live alone.

Trends in Community Response: Mental health services were originally including in the Affordable Care Act (ACA) as required by health plans, giving more individuals access to mental health supports. This has significantly altered as regulations for health plans have been loosed at the federal level and mental health services are no longer mandatory for ACA plans. The CAN dashboards for Travis County list mental health as one of the key measurements for quality of life, although the benchmark of access to mental health services remains unchanged. The local Mental Health Authorities have expanded their locations for increased accessibility.

As discussed in the response to providing physical health services during COVID-19, telemedicine alternatives for mental and behavioral health were greatly increased. Family Eldercare "Lifetime Connections Without Walls" a phone support program that connects older adults with social groups over the phone was also expanded and increased its service area throughout the region. As a post-pandemic study by UnitedHealth Group "Telehealth Enabled a 13 Percent Increase in Outpatient Behavioral Health Visits among Medicare Advantage Enrollees" indicated, "Medicare Advantage enrollees use of behavioral health care has exceeded pre-COVID levels, despite fewer in-person visits – because of substantial increase in telehealth visits."

Challenges: As discussed related to physical health, telemedicine for behavioral health is not universally available to many older adults and caregivers due to financial, skill, and broadband access constraints. It is to be noted that the UnitedHealth Group study related only to Medicare Advantage beneficiaries. Many older adults who do have Medicare are not Medicare Advantage enrollees (often due to financial limitations), and many older adults (those under age 65, those with limited time in the U.S.) and caregivers lack access to any type of Medicare or health insurance. For those needed mental health services in rural areas especially, providers are often inaccessible and there can be stigma in small communities about seeking assistance. Seton reported that an intensive outpatient psychiatric program for seniors in Bastrop was discontinued. Mental health services are usually unavailable or limited in access to persons at income levels above Medicaid eligibility and for those under the age for Medicare benefits and without insurance.

Validation: AAACAP Community Needs Assessment, 2023; 333 CAN Dashboard 2022; United Health Group; University of California at San Francisco Division of Geriatrics.

Key Findings related to in-home and unpaid caregiver supports: An additional facet of health care access, and somewhat overlooked in the health assessments, but clear in the data related to older adults specifically is access to in-

home supports to maintain independent living. These services are critical to the long-term health of older adults – keeping them safe from falls, ensuring they live in clean and sanitary environments, and have access to healthy meals and socialization. In-home supports, homemaker services, health maintenance were most highly valued of the AAACAP care coordination/caregiver supports offered. In both the AAACAP Community Needs Assessment, as well as the Texas State Plan on Aging, older adults and caregivers list this as a high priority. The USAging Policy Priorities 2023 reinforce the high value of home and community-services, which support older adult health and prevent institutionalization. Local data throughout the community also emphasizes this need, as 2-1-1 call center data shows that calls for in-home supports are consistently ranges between the top five to elven needs requests from 2017-2022.

Trends in Community Response: The ADRC of the Capital Area is known as a resource for information on long term support options and application assistance by helping professionals throughout the region. AGE of Central Texas has two-day centers for persons with moderate Alzheimer's and is opening a third in South Austin within the year.

Challenges: USAging notes that over 39 states, including Texas, have a waiting list for at least one Home and Community Based Services Waiver program that would increase in-home services for older adults and support for caregivers. Services are especially limited in the rural areas, where the private pay costs for this service can be double (due to costs of distance traveled) that in the urban core. In addition, the state-mandated rates paid to providers by Medicaid are low, affecting turn-over of in-home paid attendants providing homemaker and personal care services. Medicare does not cover these costs and there is little in-home care financial support available to persons are ineligible for Medicaid benefits.

Validation: AAACAP Community Needs Assessment 2023; Ascension Seton, St. David's Foundation, Baylor Scott & White, and Travis County Community Needs Assessments; Ascension Seton Community Health Implementation Strategy, Hays County; Williamson County Health Care Assessment. Travis County Community Health Assessment; Texas State Plan on Aging, 2023 – 2025; USAging Policy Priorities 2023.

Trend 5; Financial Wellness and Resources, especially access to safe and affordable housing options for older adults and older adults with disabilities

Key Findings: The Capital Area is acknowledged as one of the most expensive markets in Texas, and most significantly, the cost of a home versus median family income has grown exponentially. Results of the AAACAP Community Needs Assessment 2023 found that in response to questions related to top needs and concerns, financial needs and access to affordable and accessible housing was consistently either the top concern or within the top three. According to HousingWorks, a local non-profit which provides annual detailed analysis of the MSA counties notes that in 2022, a cost burden of 25-30% of income being needed for housing is not uncommon. This is also a finding of the 2022 CAN report, which found that in Travis County, since 2021, there was a 31% increase in the number of persons who were considered housing cost burdened. It also demonstrated that one in three persons in Travis County was cost burdened. Also, in terms of financial need, the Feeding America report for 2019 lists Texas as one of the top 10 states for food insecurity. As per 2-1-1 call reports for the region, the top need of all adults age 60 and was for utility and rent payment assistance, followed by food pantries, transportation, and low income/subsidized private rental housing. Assistance for home repair/modifications is also a top call to 2-1-1 to allow older adults to remain in their homes. The Texas State Plan on Aging states that caregivers list financial strains as one of their top five concerns. Due to the high costs in the urban core, more and more persons in low-to-mid income ranges are relocating.

Trends in Community Response: Austin is pursuing a plan to allow more dwelling units per acreage to reduce housing costs. Most of the counties in the MSA are increasing the building of subsidized housing units, as per HousingWorks data. The AAACAP is expanding its income support services, such as rent and utility assistance to Care Coordination and Caregiver Support clients. The Austin Housing Coalition and the Homelessness Coalition of Hays County continue to advocate for low-cost, accessible housing in the region. Home modification programs through both non-profits (Meals on Wheels, faith communities in rural areas) and government funding (Housing Bond funding) has also been of assistance in regard to housing.

Challenges: More older adults face being cost burdened or extremely cost burdened, and those that are homeowners have less ability, between costs and physical limitations to repair or modify homes. In addition, as persons leave Travis

County for more affordable areas, they have new challenges in increasing costs (Hays County residents are now more cost burdened than those in Travis), as well as lack of accessible services (for example the Meals On Wheels of Central Texas House Repair program is not available in most rural counties) and transportation.

Validation Data: AAACAP Community Needs Assessment 2023; American Community Survey; call data from 2-1-1 United Way of Greater Austin; HousingWorks Austin District/County/Precinct Analyses; CAN report 2022; Feeding America 2021.

In conclusion, it is interesting to confirm that the community trends identified above are in line with quality-of-life issues for older adults across the state, as per the Texas State Plan on Aging, 2023 – 2025 and across the nation, for example in the USAging Policy Priorities for 2023, the National Council on Aging utilizes almost identical topics in their tool, the Adult Well-Being Assessment created in partnership with the Institute for Healthcare Improvement (IHI) and the 100M Healthier Lives Initiative, and AARP Age Friendly Initiatives. Financial well-being can be closely correlated to the trends related to housing costs, and loneliness and isolation to transportation. The community trends that influence older adults and thus the priorities of AAACAP's response are empirically supported by consumers, local helping agencies, and aging policy institutions on national level.

AAACAP FY 2024 – 2026 Key Strategies and Goals

Based on these five trends, nine key strategies were developed to provide improvements to the programs, policies, and services of AAACAP to the increasing older adult demographics within the region. As will be further discussed, these strategies are informed by the assumption that OAAA funding will also increase.

These strategies are as follows:

A. Continue and expand outreach to "hard to reach" populations, especially those that are socially isolated and have limited English proficiency. (Trends #2 and 3; State Goal #1)

B. Increase access to long term services and supports, especially through staff retention and increase. (Trend #3; State Goal #1)

C. Transportation – continued participation with the Capital Area Regional Transportation Coordination Committee (RTCC); explore voucher options. (Trend #5; State Goal #2)

D. Provide Person-Centered Practices, focused on choice and empowerment for independent living. (Trend #3; State Goal #4)

E. Increase consumer-directed services. (Trends #2 and #3; State Goal #4)

F. Ensure cultural competency. (Trend #2; State Goal #3)

G. Address social isolation. (Trend #3; State Goal #2)

H. Support family caregivers. (Trend #3; State Goal #5)

I. Enhance community collaborations. (Trends 3, 4, 5; State Goal #4)

These strategies directly lead to four FY 2024 – 2026 plan goals that will explore issues and contribute to solutions for older individuals regarding:

i. Emergency preparedness. (Strategies #A, D, E, G, H, I).

ii. Safe and affordable housing and homelessness prevention. (Strategies B, D, E, I).

iii. Support community partners across the region in developing "age-friendly" coalitions, workgroups, task forces, commissions, and interagency councils in rural areas. (Strategies H and I).

iv. Enhance coordination with public and private healthcare partnerships to promote public awareness, increase access to services and interventions supporting disease prevention and self-management, falls reduction, home safety, and health literacy. (Strategy G, H, I).

Section 7. Outreach

Legal References: OAA 2020 306(a)(4) and 306(a)(5)

Strategy Effectiveness and Best Practices

In creating and implementing the Area Plan for FY 2021 - 2022 (extended to 2023 by HHSC), AAACAP recognized the critical importance of targeted outreach in effective service delivery. Throughout the document, AAACAP discussed and outlined various strategies to ensure that the community, especially vulnerable population groups, were made aware of agency services. Due to the COVID-19 pandemic national emergency, many of these strategies had to be adjusted or suspended. Most public events were suspended beginning mid-March of 2020 and gradually resumed between approximately June 2021 (when CAPCOG resumed full-time on-site staffing) to the summer months of 2022, when the majority of senior centers, as well as in-person events had been resumed by most local governments and non-profit agencies.

To understand the successes and obstacles of the targeted outreach conducted between FY 2021 and the current period, it is important to review the strategies created and submitted in the Area Plan for 2021 - 2022, as well as the measures put in place to adapt outreach to COVID-19 restrictions. Appropriate references and excerpts of the outreach elements in this plan are provided from the Targeted Outreach Plan Strategies and outcomes: FY 2021, 2022 and FY 2023 (October 1, 2022 – June 30, 2023).

FY 2021 – 2022 Strategy 1: Ensure outreach activities that serve all CAPCOG counties and target vulnerable populations:

Definition of Success: AAACAP will be pro-active in planning and participating in events, both presentations and information booths that target the categories of older adults in most need, older adults who are low-income and older adults in rural communities. **Specific goals included:**

- Rural Outreach: Ensure that at least 20% of its outreach efforts serve the seven rural counties and the rural parts of the other three CAPCOG counties.

This measure was met, with 54.7% of outreach in FY 2022 reaching rural populations.

- Outreach to persons with greatest economic need: at least 50% of outreach events each fiscal year (during the periods reported) targeted under-served and low-income communities in the urban Travis County, at senior centers, public senior housing, faith communities and neighborhood events serving Hispanic, Black and Vietnamese communities. *This measure was met, with 80.34% of outreach targeting persons with economic need.*

- Outreach to persons with Limited English Proficiency: Ensure has direct service staff that reflect local community that are bilingual in Spanish and English. AAACAP will ensure its accessibility to older adults with Limited English Proficiency and low-income minority populations. The agency will continue to actively promote a culture of cultural humility and provide training that assists the staff to provide outreach in culturally appropriate ways. It will also continue its best practice of ensuring all agency promotional materials are available a variety of languages. *This measure was met, including have bilingual and diverse AAACAP staff, materials about AAACAP and benefits in a variety of language, and 27.35% of outreach targeting person with limited English proficiency.*

Strategy 2: Collaborate with community allies in providing targeted outreach throughout the region, both building on successful collaborations and establishing relationships with new partners.

Definition of Success: AAACAP will serve in a leadership capacity with a minimum of four community coalitions and commissions and AAACAP will establish new relationships to increase outreach to vulnerable populations with at least five new partners during FY 2021 - 2022. Specific goals included:

- AAACAP will serve in a leadership capacity with a minimum of four community coalitions and commissions in at least three counties; *This measure was met, with AAACAP leadership and staff being active on the City of Austin Commission on Seniors; City of Buda Task Force on Aging; Georgetown Commission on Seniors; Older, Wiser, Leaders (OWL) of Bastrop County, as well as four interagency councils in Highland Lakes, Hays County, Blanco County, and East Williamson County.*

- The ADRC and AAACAP will also continue to co-host the Quarterly "Your Partner in Serving Older Adults, Persons with Disabilities and Caregivers" workshop for helping professionals that reaches a broad range of non-profit,

healthcare and for-profit providers with information for their consumers. *This measure was met, with nine workshops held FY 2021 through FY 2023 and 278 participants.*

- AAACAP will establish new relationships to increase outreach to vulnerable populations with at least five new partners during FY 2021 - 2022. *This measure was met, with new partnerships established with the Bastrop Veterans Coalition; Asian American Resource Center; Austin Asian Community Health Initiative; Llano County Community Resource Center; The Rainbow Connection (serving the LGBTQIA+ community) at Family Eldercare; Retired Nurses of Caldwell County; A Gift of Time (Caregiver Respite nonprofit.*

Strategy 3: Utilize best practices to ensure efficiency, such as continued specific selection of outreach activities, data tracking and analysis and ensure a variety of activities to reach different populations.

Definition of Success: AAACAP will have coordinated plans and documented results that correlate with the socio-economic demographics for vulnerable population within the CAPCOG region. Specific goals included:

- AAACAP leadership with the Program Specialist will continue to ensure centralized review and selection of outreach events. *This goal was met, supporting the focus of outreach events on vulnerable populations, supports organized coordination with agencies and standardization of materials and presentations.*

- AAACAP will continue to ensure appropriate inventory of materials on all AAACAP programs *This goal was met, with the Program Specialist serving as the central person for outreach materials in a variety of languages (Spanish, Vietnamese, Korean, Arabic) as well as promotional items to encourage participants to visit AAACAP outreach booths.*

- AAACAP will continue its practice of "Meet and Greet" outreach efforts. The practice of ensuring additional outreach and network, particularly when visiting rural counties will be continued. *This measure was met and was especially important during the COVID-19 shut-downs, as materials were distributed regularly at sites such as pharmacies, libraries, and community resource centers in lieu of congregate meal sites and outreach events.*

- AAACAP will grow its use of social media as the aging population increases in its use of technology. *This measure was met in part, as some activities, such*

as the Striking a Balance annual conference for caregivers and "Your Partner" workshops were promoted via CAPCOG website and Facebook; more potential for increased social media remains. Changes in staffing affected full implementation of this goal.

- AAACAP will ensure that outreach event data collection is standardized as it relates to targeting populations. AAACAP will increase its ability to record, organize and review data on its outreach activities in an efficient manner that provides staff and leadership with performance data on reaching targeted vulnerable communities. *This measure is in progress, due to staff changes.*

- AAACAP will utilize data from the U.S. Census American Community Survey in designing and implementing targeted outreach for each of the CAPCOG counties*. This measure is in progress, due to staff changes.*

Strategy 4: Ensure that AAACAP service providers (i.e., subcontractors) provide for targeted outreach:

Definition of Success: AAACAP will ensure that all subcontractors support outreach activities. AAACAP Nutrition RFPs and contracts require providers (subcontractors) to ensure outreach to Older Americans Act vulnerable populations. Specific goals included:

- The subcontractors providing this outreach cover all AAACAP counties. Combined Community Action serves Bastrop, Blanco, Caldwell, Fayette, Hays, and Lee Counties. Opportunities of Williamson and Burnet Counties serve Williamson and Burnet Counties. Meals on Wheels of Central Texas serves Travis County and parts of Fayette, Bastrop, Caldwell and Lee counties (with Frozen Meals Program) and Hill Country Community Action serves Llano County. *This goal was met, within the limitations posed by COVID-19. During this period, all subcontractors were heavily impacted by closure of congregate meal sites, a reduction in volunteer force (for safety reasons), and additional home-delivered meal requirements. Within the confines of these program changes, the subcontractors continued to provide outreach to vulnerable populations and met their OAAA/CAPCOG outreach requirements.*

Strategy 5: Collaboration with each county

Definition of Success: AAACAP will ensure that it provides for targeted outreach and community collaborations in each of its 10 counties. Specific goals included:

- AAACAP will build on its community partnerships and past outreach activities in each county. *This goal was met during the first full FY following COVID-19 pandemic shutdowns, during FY 2022. As per Chart #31 AAACAP outreach in FY 2022 was conducted in all of the 10 counties served and is on track to do so during FY 2023.*

Chart #31: Number of outreach events conducted by county, FY 2022

Bastrop	Blanco	Burnett	Caldwell	Fayette	Hays	Lee	Llano	Travis	Williamson
8	9	6	8	2	16	3	4	36	22

- AAACAP will provide for annual planning to support re-occurring events. *This goal was met, as AAACAP planned for scheduled outreach at events included in the planning cycle chart provided in the FY 2021 - 2022 Area Plan, including such events as The Central African American Family Support Conference (February); Older Americans Month events (May); Striking A Balance Caregiver Conference and Austin Energy Community Resource Fair (August); Falls Prevention Month activities (September); as well as newly established recurring events such as the LGBTQIA+ Caregiver event (June).*

Successes

During the fiscal years, FY 2021 to the current FY 2023, AAACAP has experienced significant success in achieving the strategies outlined in its plan. In addition to achieving most goals for targeted outreach outlined in the FY 2021 – 2022 Area Plan, as discussed above, additional overall successes include the following:

- Continuing increase in overall outreach and outreach events. Despite COVID-19 closures, AAACAP outreach has continued to increase each FY, as demonstrated by the following charts, based on data collection on events throughout the region.

Chart #32: Increase in total persons reached through AAACAP outreach:

Total Attendees

A bar chart titled "Total Attendees" with a vertical axis ranging from 0 to 6000 in increments of 1000. Bars: 2021 ≈ 2400, 2022 ≈ 3850, 2023 ≈ 4800.
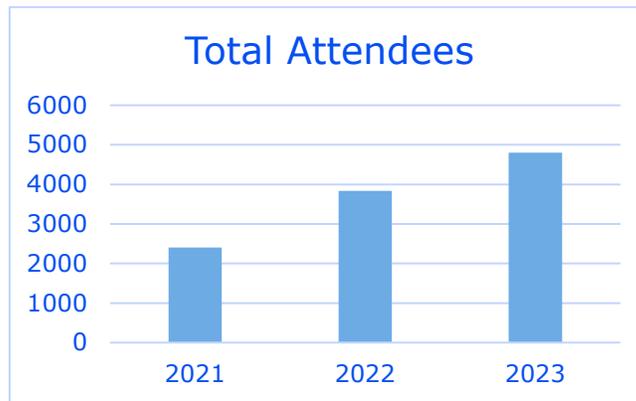
Chart #33: Increase in average outreach activities per month:

Average Events per Month

A combination bar and line chart titled "Average Events per Month." Left vertical axis ranges from 8.00 to 11.00. Right vertical axis ranges from 0 to 0.1. Bars (Average # per Month): 2021 ≈ 8.8, 2022 ≈ 9.75, 2023 ≈ 10.1. The line (% Increase from Previous FY) rises from 0 in 2021 to a peak near 0.095 in 2022, then declines to about 0.04 in 2023.

Legend:
- Average # per Month
- % Increase from Previous FY

- Improved outreach to vulnerable populations in the CAPCOG Region. Analysis of the results of outreach efforts between FY 2021 – FY 2023 demonstrated that the agency had increasingly reached out to vulnerable populations and those service providers who serve them. As per Chart #34 (Chart #29 in the FY 2021 – 2023 plan), during FY 2019 (the year in which 12 months of data were available), in several areas related to vulnerable populations. the percentage of AAACAP outreach activities did not exceed or match the percentage of these populations in the region.

Chart #34: FY 2019 Targeted Outreach to Vulnerable Populations - Results
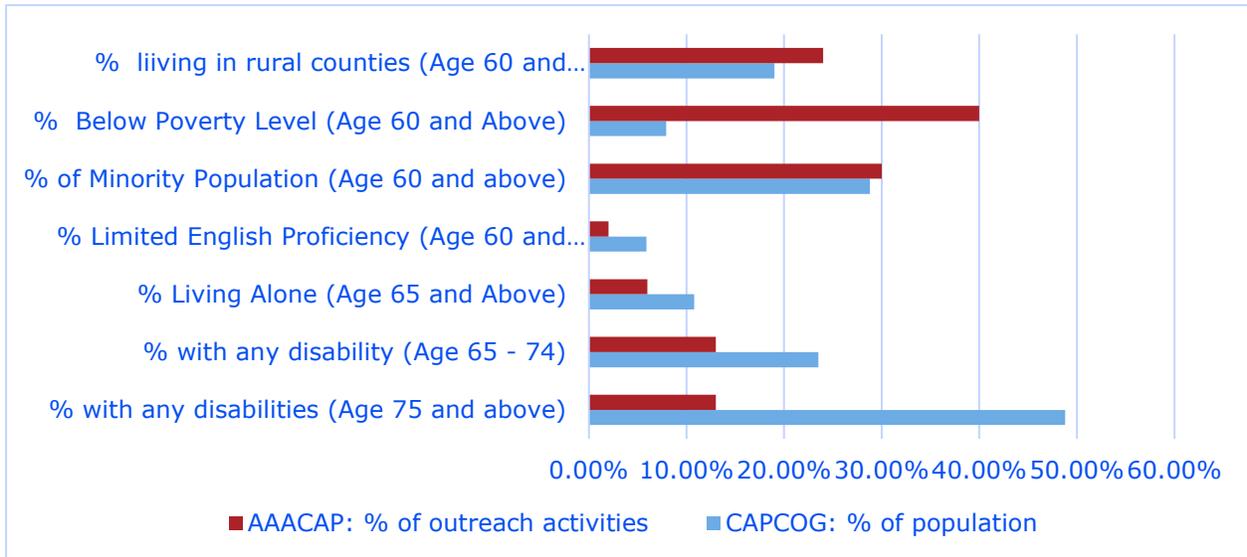
In comparison, during FY 2022, post-pandemic outreach to vulnerable groups exceeded the population served by AAACAP, increasing across the board FY 2019. A similar outcome for FY 2022, based on the data requested for this plan by HHSC,is reflected below in Chart #35:

Chart #35: FY 2022 Targeted Outreach to Vulnerable Populations - Results
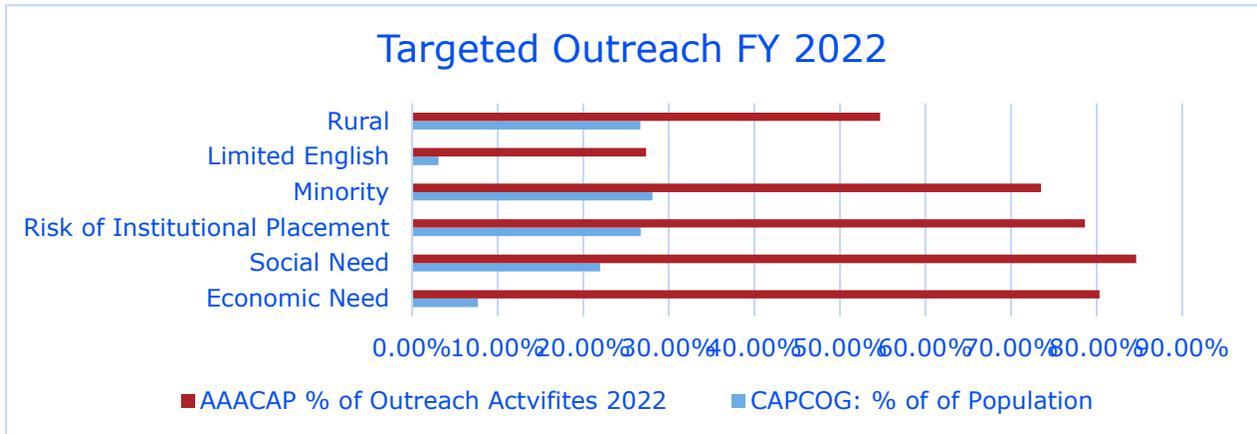
As shown in Chart #36 below, this outreach to vulnerable populations continues to grow each FY. While the FY 2023 figure is slightly lower than the FY 2022 figure, this reflects that just three-fourths of the year (October 2022 – June 2023) is reflected in these statistics.

Chart #36: Outreach Activities to Vulnerable Populations: Yearly Percentage, FY 2021 – FY 2023 (to date)

Best Practices by Year

Category	2021	2022	2023
Economic Need	71.70%	80.34%	91.21%
Social Need	43.40%	84.62%	74.73%
Risk of Institutional Placement	34.91%	78.63%	74.73%
Low Income Minority	75.47%	73.50%	89.01%
Limited English	23.58%	27.35%	13.19%
Rural	68.87%	54.70%	54.95%

- Increase in number of callers to AAACAP Information, Referral and Assistance (IRA): It is commonly understood that one of the indicators of effective outreach for an AAA is an increase in the number of persons aware of its services and seeking AAACAP services. AAACAP IRA serves both as a source of information on community resources for older adults, helping professionals and caregivers, but also as the main point of intake for other AAACAP services, such as Care Coordination, Evidenced Based Intervention courses and Caregiver Support services.

- An analysis of the increase in IRA services calls, as entered into the WellSky Statewide SPURS database, demonstrates that calls to AAACAP, while decreasing in FY 2021 then increased by 29% in FY 2022, in part because of the increased post-COVID outreach efforts of the entire AAACAP staff. While FY 2022 IRA calls were still slightly lower (0.33%) than FY 2020, overall, the statistics reflect a true trend towards increased public awareness of AAACAP services through outreach. (Data for FY 2023 not available)

Chart #37: Incoming calls for IRA Services, AAACAP FY 2020 - 2022

Fiscal Year	# of IRA Calls	Average Calls per month	Percentage Increase
2020	3997	333	N/A
2021	2811	234	29.67%
2022	3636	303	29.34%

Obstacles encountered:

As discussed, related to the FY 2021 – 2022 Area plan strategy outcomes for targeted outreach, some areas for growth exist in ensuring a stronger outreach program. Some of the obstacles encountered during the previous plan period include:

- COVID-19 pandemic closures: In March 2020, in concert with other U.S. states, the majority of non-profit and government agencies moved to telecommuting, while group events and gatherings were also suspended due to the risks of spreading the COVID-19 virus. As COVID-19 particularly posed risks for older adults and persons with disabilities, senior-serving organizations cancelled group events and adjusted practices, such as converting daily home-delivered meals to frozen meals and delivered to porches with no person-to-person contact. In-person activities at senior

centers, congregate meal sites, and outreach activities such as health fairs and community education events were cancelled. AAACAP was able to re-design and reformat its outreach activities, as discussed in the section related to Best Practices.

- AAACAP did increase some aspects but not all, in using social media to provide information on AAACAP programs, courses, and activities. However, the agency very quickly developed many on-line and virtual resources, such as workshops and presentations for the community to keep the community informed.

- AAACAP planning and data use. Primarily due to COVID-19 challenges, AAACAP had some challenges in creating a coordinated outreach plan based on the U.S. Census American Community Survey in designing and implementing targeted outreach for each of the CAPCOG counties.

Best Practices

COVID-19: AAACAP outreach activities during the COVID-19 Pandemic:

Internally, while AAACAP offices did not close and services continued, the majority of staff worked from home to provide services via phone, internet, and virtual platforms. AAACAP was fortunate in already having laptops and inter-active computer systems that allowed for a seamless transition for business continuity. During March and April of 2020, there were very limited opportunities for any type of outreach, but shortly after this period, most senior-serving organizations resumed serving older adults need for information through phone outreach and virtual interactive events. AAACAP staff began attending and/or hosting events such as interagency virtual meetings, caregiver information sessions, trainings and workshops. In addition, AAACAP staff brought information materials to sites remaining open, such as pharmacies, and provided AAACAP information at food distribution events to older adults. As socially distanced events resumed in 2021, AAACAP outreach provided booths and presentations. Most senior centers and congregate meal sites did not re-open until the fall of 2022, and AAACAP staff began resuming on-site presentations at senior-focused events.

- Drop-off materials and distribution through partner agencies. As an alternative to health fair booths and senior center presentations, the AAACP reached out to partner agencies to drop off materials and posters at a variety of sites that were essential services, including food pantries, home-delivery programs, and pharmacies.

- Continuation of interagency meetings, collaborations, and training workshops via virtual platforms. As per Chart #38, AAACAP ensured that information regarding AAACAP was available virtually on an ongoing basis, and then, as on-site events resumed, was able to pivot to provide in-person outreach, while still maintaining virtual events.

Chart #38: Percentage of Virtual events and In-Person Events, 2021 – 2023:
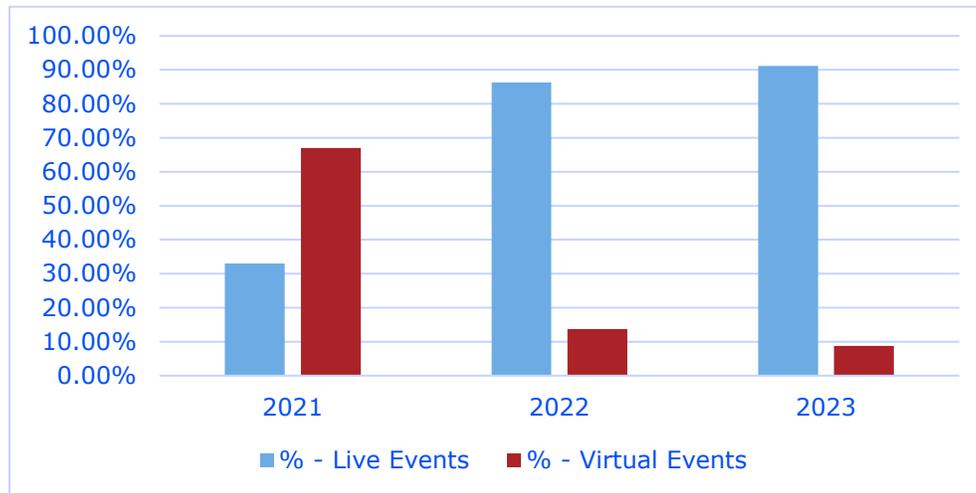
- One strategy used was the placement of advertisements related to Medicare Extra Help. In partnership with the ADRC, ads related to services were placed in rural-serving papers designed to reach people during the Medicare Open Enrollment period. Chart #39 provides a snapshot of these efforts.

Chart #39: Rural outreach efforts using community newspapers, Nov.2020:

Location	Estimated market reach	Date of Publication	County
Medicare Extra Help/AAA/ADRC Information Ad in Blanco County News	117, 258	11/4/2020	Blanco
Medicare Extra Help/AAA/ADRC Information Ad in Community Impact paper serving Round Rock, Hutto, Pflugerville	1300	11/4/2020	Travis, Williamson
Medicare Extra Help/AAA/ADRC Information Ad in Johnson City Record Courier	2800	11/4/2020	Blanco, Burnet
Medicare Extra Help/AAA/ADRC Information Ad in Llano News	2800	11/4/2020	Llano

- Short-term/temporary changes or longer-term/permanent changes caused by COVID-19. As demonstrated by Chart #39 above, reviewing virtual versus in-person outreach, the majority of changes due to the COVID-19 pandemic shut-down has been short-term and temporary. However, as a best practice, other permanent changes have resulted. These include continuing to offer virtual options to the community and drop-off/mailouts of AAACAP materials to distribution sites. For example, the annual Striking A Balance conference for both 2022 and 2023 included and will continue to include both a virtual and an on-site component. In addition, the quarterly AAACAP "Your Partner" workshop for helping professionals continues to be held virtually at least once per each FY.

Chart #40: Percentage of Outreach Activities FY 2021 – FY 2023 (to date), By Type of Area Served
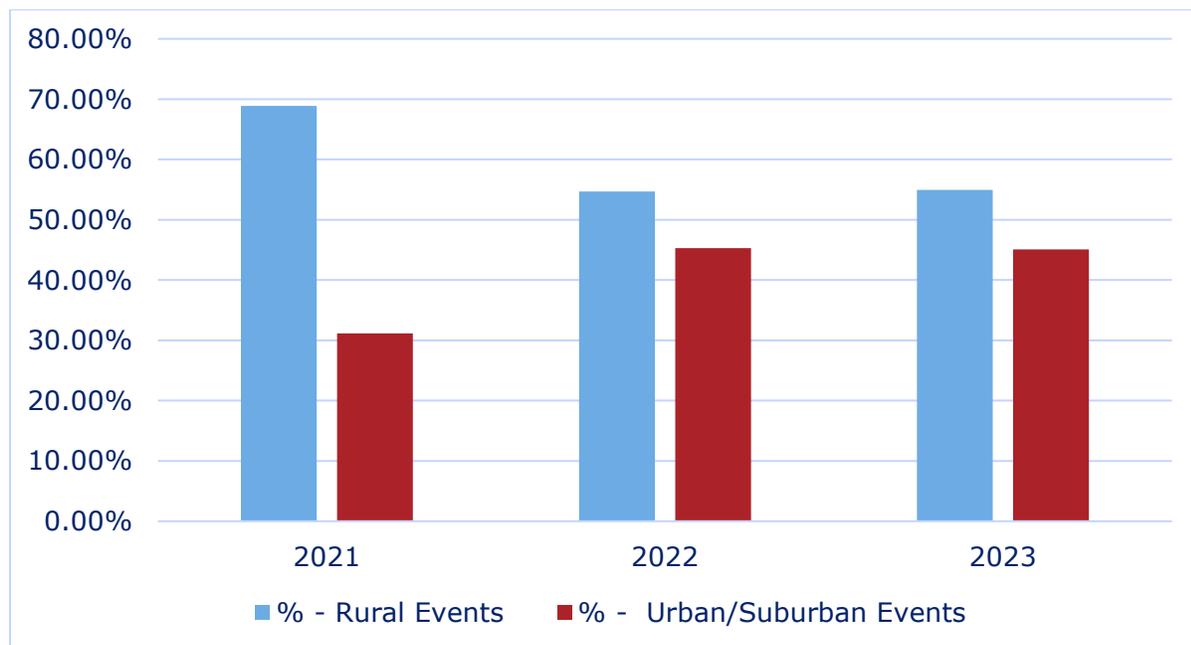
*Note: For the purpose of the analysis, an event was considered rural only if held in one of the following counties: Blanco, Burnet, Fayette, Lee and Llano. The data was compiled in this way to be consistent with the table discussed in the above section, "Increase in targeted outreach". In this table, events held in the MSA counties of Bastrop, Caldwell, Hays, Travis and Williamson and were not included in as rural outreach, although some individual events in these counties did serve primarily rural communities.

- Development of the Program Specialist position: In the latter part of FY 2018, AAACAP hired its first Program Specialist position to support Caregiver

Education, special project implementation and outreach activities. The development of the role and responsibilities of this position primarily took place during the period of the years FY 2021 through FY 2023, since FY 2019 was its first year of implementation, prior to the Area Plan for FY 2021 – 2022. The position was held primarily by one individual during this period, allowing for better coordination and integration into the AAACAP structure, especially in terms of support and training of other AAACAP staff on effective outreach. The time, skills and activities of this position allows the agency to better coordinate and support outreach efforts and ensure that targeted outreach to specific groups, identified above. The Program Specialist and Director meet weekly to review requests sent to AAACAP to participate in outreach events as well implement the agreed annual outreach strategies. In reviewing and selecting specific events, leadership confirms that AAACAP is providing outreach materials, presentations, and booths to the communities most in need of AAACAP services, such as older adults in rural areas and persons that are low-income and minority in under-served urban and rural areas. The Program Specialist can serve as one point of contact for partner agencies, community coalitions. The Program Specialist duties also include tracking and documentation of events, which allows AAACAP to better review the agency's results and areas for growth.

- Increased inter-program awareness and outreach efforts: The improved data collection system documents that AAACAP program staff have increased their intentional coordination of outreach across program lines, ensuring that all programs include information on AAACAP overall programs as well as the partner ADRC. The County reports over the last three full fiscal years document that whether the outreach activity is conducted by Care Coordination staff, Benefits Counselors, or the Program Specialist, information on all AAACAP programs is included. This is a result of practices instituted for FY 2020 to FY 2023 that include better information and coordination of outreach by the program managers as well as an in-depth orientation for all new staff on all the programs of AAACAP. In addition, the Program Specialist trains and supports new staff on the materials and information needed when they begin conducting outreach for the agency. This results in better information for the consumer and helping agencies on all the programs available to consumers from AAACAP.

- Collaboration and partnerships with community agencies serving older adults and caregivers: As described in Section 5 of this Area Plan, AAACAP has strong relationships with other helping entities both at the leadership and

service delivery levels. Throughout its 10-county region, AAACAP has built collaborations with government agencies, non-profit organizations, coalitions and for-profit service providers. These collaborative efforts have been and continue to be essential to AAACAP's ability to provide targeted outreach to older adults and caregivers, especially the most vulnerable. With the resumption of outreach events following the COVID-19 pandemic in FY 2022, AAACAP is able to support over 30-40 outreach events during the peak outreach seasons in the fall and spring because of its maintenance of current relationships and its openness to new partnerships. AAACAP also has reached out to expand its outreach through new associations to better reach vulnerable populations. During the period covered by the current area plan, AAACAP has supported the creation of new initiatives to serve older adults, such as the Rainbow Connection program at Family Eldercare (serving LGBTQIA+) and expanded programs of the City of Buda Task Force on Aging. These collaborations assist AAACAP in reaching older adults in rural areas, older adults who have low incomes and/or represent minority populations. New relationships have also been created with existing agencies such as the SALT (Seniors and Law Enforcement Together), Caldwell Retired Nurses Association and the Austin Asian Community Health Initiative. AAACAP's best practice of staying connected to its service population through local, community-based organizations results in being well represented at a great variety of events ranging from small health fairs to public housing resident seminars to large utility company resource events of over 1000 participants.

- "Your Partner in Serving Older Adults, Persons with Disabilities and Caregivers" workshop for helping professionals: Since October 2018, AAACAP has hosted a quarterly three-hour workshop that provides in-depth information on the Older Americans Act and AAACAP services. The workshop was temporarily postponed during the first six months of COVID-19 pandemic closures, as most helping agencies, such as Meals on Wheels and the Central Texas Food Bank had their personnel working full-time on new service models to provide consumer services to ensure services to consumers. However, beginning in October 2021, the workshop was held virtually each quarter. Beginning in April 2022, AAACAP resumed holding in-person workshops and also ensured they were held in surrounding counties, in Caldwell County (April 2022) and January 2023 (Burnet County). 278 participants from agencies serving primarily vulnerable populations and counties throughout the service region have attended the nine workshops held. This was an 18% increase from FY 2019 through FY 2020 (a total of 228 person) despite the pandemic. This best practice has been an efficient

and positive way of spreading information through other agencies to vulnerable populations and has resulted in AAACAP being asked to attend other outreach events hosted by the organizations that attended in the past.

- Emphasis on outreach to rural counties. Persons in rural counties often lack transportation, access to senior activity centers, and access to the internet due to limited or expensive broadband. As a best practice, AAACAP has ensured that its outreach in rural counties is expanding each FY, as demonstrated in the chart below:

Chart #41: Percentage of Outreach Activities by County, FY 2021 – FY 2023 (to date):
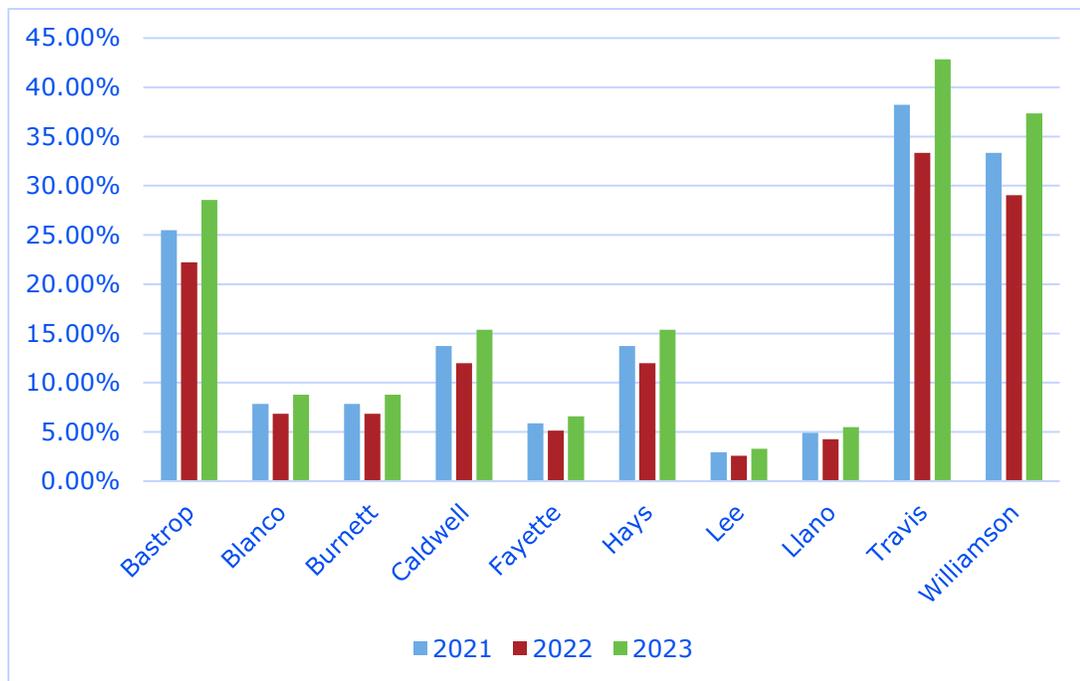
Targeted Outreach Plan

As discussed in the Performance Analysis, AAACAP has a strong outreach program that targets its most vulnerable populations, such as older adults who are of minority populations, older adults who are low-income and older adults in rural communities. AAACAP understands that outreach is an access service and is required under Title III-B and Title III-C of the Older Americans Act. In creating a plan for FY 2024 - 2026, the agency will build on its past strengths and ensure that areas for growth are addressed.

AAACAP will support efforts to increase its percentage of outreach to vulnerable populations is commensurate with the demographics of the CAPCOG area.

Input from AAACAP Community Needs Assessment Survey, 2023

In formatting its target outreach plan for FY 2024 – 202, AAACAP also drew on community input from older adults, caregivers, and service providers. As discussed in Section 6, Stakeholder and Public Input, AAACAP created and conducted a regional Community Needs Assessment in the spring of 2023, and 450 surveys from all 10 counties were received. Question #9 of the survey specifically asked respondents, "Please select the top three ways that you get information above services for older adults." This question was specifically designed to assess how adults age 60 and over obtained information on services, as well as how AAACAP and its partner agencies might plan for future outreach.

70.14% of responses came from older adults age 60 and above, while 14.35% identified as unpaid family caregivers. 34.26% of all respondents also identified themselves as either being paid or volunteer staff at an agency that provided services to older adults/unpaid family caregivers. 85.77% of respondents answered the question (386 responded; 64 respondents answered the question)

Chart #42 demonstrates that by far, respondents advise that their greatest source of information on older adult services is word-of-mouth from family and friends – almost 70% reported this in their list of their top three sources of information. The next two categories selected as top sources on information were far below that percentage, 46.37% regarding Senior Center/Community Center and 44.82% listing internet websites in their top three.

In reviewing the information regarding sources of information, two factors should be noted. First, 34.26% of respondents reported being paid or volunteer staff at agencies serving older adults – this would be expected to increase the number of

respondents indicating they used internet sites as a top source of information. In addition, 270 surveys were received manually, and the majority of these paper surveys were distributed directly at senior and/or community centers. This fact would also have an impact on the number of responses indicating these centers as a top source of information.

Of the 40 that listed "Other" as one of their top three responses, and provided information on other sources, the greatest majority listed a specific non-profit or government agency, including the Area Agency on Aging, home-delivered meal providers, libraries, and their senior living community. Five respondents stated they did not get any information or had no resource to get information.

Chart #42: Responses to Survey Question #9: "Please select the top three ways that you get information about services for older adults, "- By Percentage:

Answer Choices	Responses	Column1
Word-of-mouth from friends or family	69.69%	269
Senior Center or Community Center	46.37%	179
Internet websites related to older adults and/or family caregivers	44.82%	173
Health care provider	38.60%	149
Television	22.80%	88
Social media such as Facebook, Twitter, Instagram, Pinterest etc.	19.17%	74
2-1-1 (on the 2-1-1 Texas website or by calling 2-1-1)	16.06%	62
Newspaper or magazine	14.25%	55
Other (please specify)	10.36%	40
Radio	5.96%	23
Total answered **Answered**		**386**
Total skipped **Skipped**		**64**

Chart #43: Responses to Survey Question #9: "Please select the top three ways that you get information about services for older adults."
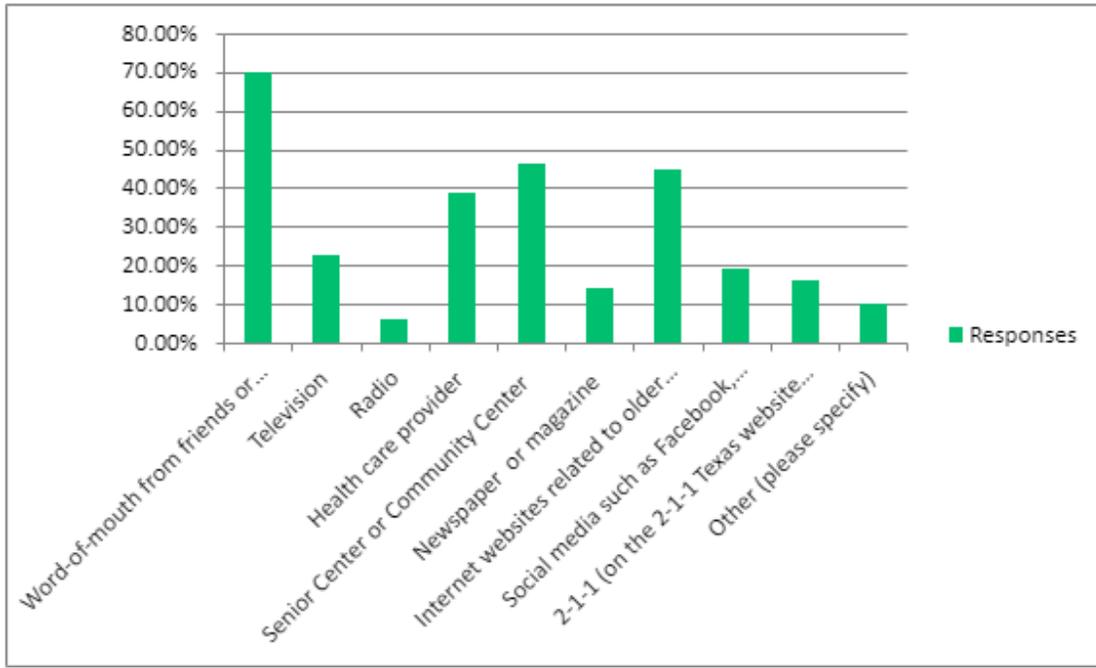
Strategies and Activities, FY 2024 - 2026

Strategy 1: Ensure outreach activities that serve all CAPCOG counties and target vulnerable populations:

Definition of Success: AAACAP will be pro-active in planning and participating in events, both presentations and information booths that target the categories of older adults in most need of older adults who are low-income and older adults in rural communities. AAACAP understands that outreach is an access service and is required under Title III-B and Title III-C of the Older Americans Act. In creating a plan for FY 2024 - 2026, the agency will build on its past strengths and ensure that areas for growth are addressed:

- AAACAP services, as identified in the Older American Act;

- Older adults residing in rural communities;

- Older adults with limited English Proficiency (LEP);

- Older Native Americans - Note: As an AAACAP that does not have a tribal presence, AAACAP does not specifically target this population;

- Older Adults with greater economic need, especially minority and rural.

- Older adults with greatest social need, especially minority and rural;

- Older adults with severe disabilities;

- Older adults with Alzheimer's disease and related disorders with neurological and organic brain dysfunction;

- Older adults at risk for institutional placement;

- Family caregivers for persons with Alzheimer's disease and related disorders with neurological and organic brain dysfunction;

- Caregivers who are older adults with greatest social need;

- Caregivers who are older adults with greatest economic need;

- Older relative caregivers, age 55 or older, who provide care to children or adults with severe disabilities.

Current Strengths: current activities to be continued through the next plan cycle:

- AAACAP will actively seek community outreach opportunities throughout the 10-county CAPCOG area, including having AAACAP staff promote attendance

at community events such as health fairs, National Night Out, senior resource fairs, advocacy events and presentations for adults in public housing. AAACAP will continue to plan and review suggested activities for their relevance to vulnerable populations.

- AAACAP will continue its success in reaching rural populations and work to ensure that at least 20% of its outreach efforts serve the five rural counties and the rural parts of the MSA CAPCOG counties.

- As per the table provided in the Targeted Outreach Performance Analysis, outreach to rural counties during the fiscal years 2018 – 2020 consisted of 21 – 26% of all its outreach. The data provided by U.S. Census and American Community Survey for 2021 states that of the total 10-county CAPCOG region, older adults 60 years of age and above make up 10% of the total population (Map #3, Section 5). The same data demonstrates that this average is higher for rural counties, 26.88%. Based on documented events during the past fiscal years, AAACAP is statistically meeting and exceeding outreach services to the rural communities, as in FY 2023, 55% of outreach was conducted for rural participants and plans to continue this positive effort.

Expansion of activities during the next plan cycle:

- AAACAP will continue its success in reaching older persons of limited English proficiency and low-income minority populations. AAACAP will ensure its accessibility to older adults with Limited English Proficiency and low-income minority populations.

- AAACAP will continue to ensure it has direct service staff, such as benefits counselors and care coordinators that reflect that local community and that are bilingual in Spanish and English. The agency will continue to actively promote a culture of cultural humility and provide training that assists the staff to provide outreach in culturally appropriate ways. It will also continue its best practice of ensuring all agency promotional materials are available in English and Spanish, and, as needed, other languages such as Vietnamese, Arabic, Chinese and Hindi.

Strategy 2: Collaborate with community allies in providing targeted outreach throughout the region, both building on successful collaborations and establishing relationships with new partners

Definition of Success: AAACAP will serve in a leadership capacity with a minimum of four community coalitions and commissions in at least three counties; AAACAP

will ensure collaboration with a variety of entities, including government, non-profit and faith-based agencies in each of its 10 counties; AAACAP will establish new relationships to increase outreach to vulnerable populations with at least five new partners during FY 2024 – 2026.

Current Strengths and current activities to be continued through the next plan cycle include:

- AAACAP will continue to serve as a leader and spokesperson for older adults on the City of Austin Commission on Seniors; the Aging Services Council; the City of Austin Age-Friendly Initiative; the ADRC Steering Committee; City of Buda Task Force on Aging; City of Georgetown Commission on Aging; Older, Wiser, Leaders (OWLs) of Bastrop County Cares; and the rural interagency councils. AAACAP will also ensure that the community leaders serving on the Aging Advisory Committee are a key source of input and guidance related to outreach. These key relationships ensure that Older Americans Acts programs and services are known and understood by elected officials, agency directors and philanthropic institutions, as well as key service providers.

- AAACAP will continue to partner with the Aging and Disability Resource Center of the Capital Area (ADRC). The ADRC is also an agency within CAPCOG and the Director of AAACAP supervises both AAACAP and the ADRC, with the assistant director providing direct supervisory support to the ADRC staff. This ensures a strong partnership that benefits outreach. The ADRC and AAACAP will continue to ensure that materials on both agencies are available at community events. The ADRC and AAACAP will also continue to co-host the Quarterly "Your Partner in Serving Older Adults, Persons with Disabilities and Caregivers" workshop for helping professionals.

- AAACAP will continue to maintain its variety of collaborative outreach activities with partners throughout the 10 CAPCOG counties. As described in Section 5, AAACAP has strong partnerships with a variety of agencies focused on improving the quality of life for older adults and caregivers. AAACAP will sustain relationships with key agencies across the spectrum. These include some of the following: Texas AgriLife Extension, Bastrop Public Housing; County Veteran Service Officers; non-profits serving older adults (AGE of Central Texas, Drive-A-Senior, Family Eldercare, AARP); agencies serving persons with disabilities and their caregivers (Alzheimer's Texas, Alzheimer's Association, Georgetown Parkinson's Disease Support Group); Local Authorities for Intellectual and Development Disabilities/Mental Health Centers (Integral Care; Hill Country Developmental and Mental Health

Centers, Bluebonnet Trails Community Services); faith-based entities; healthcare and health promotion entities (Public Health Departments, Austin Asian Community Health Initiative, , Wesley Nurses, County Indigent Health Programs); agencies serving persons with limited income (Central Texas Food Bank, Bastrop Emergency Food Pantry, Good Samaritan Center of Williamson County); and centers serving as meeting places for older adults (Austin Neighborhood Centers, Community Resource Centers, libraries); Advocacy groups for minority populations (the Rainbow Connection (LGBTQIA+ Aging).

Expansion of activities during the next plan cycle:

- AAACAP will utilize the resources in the agency's new Community Resource Database (iCarol data system) in seeking out non-traditional non-profits and government agencies to establish new collaborations. The Community Resource Database was implemented in 2023 for making referrals to consumers and includes over 400 community non-profit and government providers.

- AAACAP will establish new relationships to increase outreach to vulnerable populations with at least five new partners during FY 2024 – 2026. New partnerships may include the following:

  ‣ Human Resources/Employee Assistance Programs

  ‣ Diverse faith communities (such as Jewish synagogues; Muslim faith organizations; Hindu and Sikh congregations)

  ‣ Health Care providers, to include those serving older adults and low-income persons, to include healthcare geriatric programs; vision and audiology providers; in-home care agencies; CommunUnity Care and Lone Star Clinics; County Indigent Health Programs)

  ‣ Veteran organizations, including Veteran Service Officers. Texas Veteran Commission programs, and veteran service organizations such as Veterans of Foreign Wars.

  ‣ AAACAP will expand and strengthen partnerships with community health providers and MCOS, utilizing findings from their community health needs assessments to encourage partnership and outreach/services for older adults and caregivers in under-served communities.

Strategy 3: Utilize best practices to ensure efficiency, such as continued specific selection of outreach activities, data tracking and analysis and ensure a variety of activities to reach different populations.

Definition of Success: AAACAP will have coordinated plans and documented results that correlate with the socio-economic demographics for vulnerable population within the CAPCOG region.

Current Strengths – current activities to be continued through the next plan cycle:

- AAACAP leadership with the Program Specialist will continue to ensure centralized review and selection of outreach events. Upon receiving a request or identifying an outreach event, staff will notify the Program Specialist, who will work with the event organizer to register as an outreach provider, schedule the date, and work with managers to staff the event. All outreach events will be approved by the Director to ensure they support agency's outreach strategies. This practice supports the focus of outreach events on vulnerable populations, supports organized coordination with agencies and standardization of materials and presentations.

- AAACAP will continue its practice of "Meet and Greet" outreach efforts. The practice of ensuring additional outreach and network, particularly when visiting rural counties will be continued. Staff will visit community resource centers, chambers of commerce, libraries and other community locations to leave materials and ensure program information is shared with their staff.

Expansion of activities during the next plan cycle:

- AAACAP will grow its use of Social Media as the aging population increases in its use of technology. Best practices will include promoting outreach events and workshops through use of the CAPCOG website; consideration of utilization of social media sites to provide increased interest and access for outreach events and ensuring that AAACAP publicity materials are on the AAACAP page of the CAPCOG website.

- AAACAP will ensure that outreach event data collection is standardized as it relates to targeting populations. In reviewing and assessing event data from the previous period, not all events were clearly documented as to which target population (such as older adults living alone or older relatives caring for children under 18). AAACAP will increase its ability to record, organize

and review data on its outreach activities in an efficient manner that provides staff and leadership with performance data on reaching targeted vulnerable communities.

Strategy 4: Ensure that AAACAP service providers (i.e., subcontractors) provide for targeted outreach:

Definition of Success: AAACAP will ensure that all subcontractors support outreach activities.

Current Strengths – current activities to be continued through the next plan cycle:

- AAACAP Nutrition RFPs and contracts require providers (subcontractors) to ensure outreach to Older Americans Act vulnerable populations. The standard contract with AAACAP utilized for all nutrition funding provides the following language to ensure that the contractors support and provide outreach, as follows:

- Section 7, Targeting: *"Contractor shall, in accordance with 42 U.S. Code (U.S.C.) Section 3026, and as addressed in the approved Service Delivery/Operational Plan, assure it will use outreach efforts to identify individuals eligible for assistance under this Contract, with special emphasis on: (1) older individuals residing in rural areas, (2) older individuals with greatest economic need (with particular attention to low-income minority and older individuals residing in rural areas), (3) older individuals who have greatest social need (with particular attention to low-income minority individuals and residing in rural areas), (4) older individuals with severe disabilities, (5) older individuals with limited English proficiency, (6) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction and the caretakers of such individuals, and (7) older individuals at risk for institutional placement."*

- Section 12, Outreach: *"Contractor shall ensure that outreach efforts identify individuals eligible for assistance and inform them of available services under the OAA, with special emphasis on: (1) older individuals residing in rural areas; (2) older individuals with greatest economic need (with particular attention to low-income minority and older individuals residing in rural areas); (3) older individuals who have greatest social need (with particular attention to low-income minority individuals and residing in rural areas); (4) older individuals with severe disabilities; (5) older individuals with limited*

English proficiency; (6) older individuals with Alzheimer's Disease and related disorders with neurological and organic brain dysfunction and the caretakers of such individuals; and (7) older individuals at risk for institutional placement."

- The subcontractors providing this outreach cover all AAACAP counties. Combined Community Action serves Bastrop, Blanco, Caldwell, Fayette, Hays, and Lee Counties. Opportunities of Williamson and Burnet Counties serve Williamson and Burnet Counties. Meals on Wheels of Central Texas serves Travis County and parts of Fayette, Bastrop, Caldwell and Lee counties (with Frozen Meals Program) and Hill Country Community Action serves Llano County.

Expansion of activities during the next plan cycle:

- AAACAP will ensure that any new subcontractors also provide targeted outreach as per contract requirements.

Strategy 5: Collaboration with each county

Definition of Success: AAACAP will ensure that it provides for targeted outreach and community collaborations in each of its 10 counties.

Current Strengths – current activities to be continued through the next plan cycle:

- AAACAP will build on its community partnerships and past outreach activities in each county. AAACAP outreach has involved all of the following agencies and/or events below and will continue to do so. Examples include:
  - Bastrop County: Bastrop Cares Interagency Council; OWLs (Older Wiser Leaders); Smithville Health Fair; Front Porch Senior Program; Bastrop County Food Pantry Senior Fair;
  - Blanco County: Blanco Interagency Council; Good Samaritan Center; Gem of the Hills Activity Center; Community Resource Center; Johnson City;
  - Burnet County: Marble Falls Senior Center; Community Resource Center; Lone Star Circle of Care Clinic; Opportunities of Williamson and Burnet County, Highland Lakes Interagency Council;
  - Caldwell County: Golden Age Nursing Home; Caldwell County Seniors and Law Enforcement Together (SALT); Retired Nurses of Caldwell County;

- Fayette County: Randolph Senior Center; Senior Connections Senior Center; Library System; Veteran Services Officer;

- Hays County: La Vista Apartments (Services supporting the Deaf community); San Marcos Park and Recreation Lifelong Learning Program; Senior Volunteer Fair; Onion Creek Senior Center; Dripping Springs Community Library; Welled Outreach Events; City of Buda Task Force on Aging; Hill Country MHDD;

- Lee County: Giddings Senior Expo; Community Combined Action; Bluebonnet Trails Community Service;

- Llano County: Kingsland Public Library; Highland Lakes Interagency Council; Veteran Service Office; Llano Food Pantry; Hill Country Community Action;

- Travis County: Austin Commission on Seniors; City of Austin Neighborhood Centers; Integral Care; Central Texas Veterans Coalition; HIV and Aging Conference; Greater Seniors and Law Enforcement Together; Pflugerville, Manor, and Hutto Community Centers;

- Williamson County: YMCA of Greater Williamson County; Faith in Action (Drive A Senior); Georgetown; East Williamson County Interagency Council; Community Resource Center, Liberty Hill; The Caring Place.

Expansion of activities during the next plan cycle:

AAACAP will provide for annual planning to support re-occurring events. The following schedule of re-occurring events is included for the planning cycle FY 2024 - 2026, as required for this Area Plan.

AAACAP Targeted Outreach Plan: Re-Occurring Events 10/1/2024 - 9/30/2026					Targeted Outreach - Vulnerable Population Indicators									
Event Description and Location	Re-occurrence	County(ies)	Month - Final Date TBD	Anticipated Participation Count	Rural	Economic Need	Minority	Limited English Proficiency	Living Alone	Persons With Disabilities	Alzheimer's/neurolog. disease	Risk of Institutional Placement+	Caregiver - focused	TYPE of event
Blanco County Interagency Mtg.	Bi-Monthly	Blanco	2024-2026	15	X	X	X							meeting
Elgin Service Organization	Monthly	Bastrop	2024-2026	10	X									meeting
Bastrop Cares OWLS	Monthly	Bastrop	2024-2026	15	X									meeting
Caldwell County Network	Monthly	Caldwell	2024-2026	20	X									meeting
Interagency Support Council of Eastern Williamson Co.	Bi-Monthly	Williamson	2024-2026	20	X									meeting
Hays County Interagency Mtg.	Monthly	Hays	2024-2026	20	X									meeting
Williamson County CRC Interagency Working Group	Monthly	Williamson	2024-2026	20	X									meeting
Highland Lakes Interagency Mtg.	Monthly	Burnet/Llano	2024-2026	25	X									meeting
AAA "Your Partner" Workshop	Quarterly	Varies	Oct, Jan, Apr, July	30	X	x	X	x	x	X	x	x	x	presentation
National Night Out	Annual	Travis	October	100	X	X			X	x		X		booth
Austin Energy Community Connections Resource Fair	Annual	Travis	Oct.	2000	X	X			X				X	booth
LGBTQIA+ Caregiver Resource Fair	Annual	Travis	June	100			x						X	booth

AAACAP Targeted Outreach Plan: Re-Occurring Events 10/1/2024 - 9/30/2026					Targeted Outreach - Vulnerable Population Indicators									
Event Description and Location	Re-occurrence	County(ies)	Month - Final Date TBD	Anticipated Participation Count	Rural	Economic Need	Minority	Limited English Proficiency	Living Alone	Persons With Disabilities	Alzheimer's/neurolog. Disease	Risk of Institutional Placement	Caregiver - focused	TYPE
Central Texas African American Family Support Conference	Annual	Travis	February	600	x	X							x	booth
Caregivers Conference, Alzheimer's Association, Austin	Annual	Travis	Varies	100						X		X	X	booth
Juneteenth Event	Annual	Varies	June	100	X	X								booth
Texas Women's Veterans Day	Annual	Varies	June	100		X			X					booth
Striking a Balance Caregiver Conference	Annual	Travis	August	175		X						X	X	booth
Caregiver Café	Bi-Monthly	Travis	Varies	20									X	presentation
Pflugerville Senior Conference	Annual	Travis	May	100	x	x							X	booth
She Thrives - Caregiver Event	Annual	Travis	Oct - November	100									x	booth
Older Americans Month Events	Annual	Varies	May	300	X	X	X						x	booth
City of San Marcos Employee Expo	Annual	Hays	October	75									X	booth
HIV and Aging Conference	Annual	Travis	December	100			x		X				x	booth

Targeting Report

The purpose of the targeting report is to show how effective the AAA's targeting efforts were in serving specific population groups within the planning and service area (PSA).

Table 5: PSA Targeting Report

Characteristic	Population Age 60 and Over in PSA	Percent Population Age 60 and Over in PSA	Number of Registered Service Recipients in PSA	Percent Number of Registered Service Recipients in PSA	Targeting Goals for FFY 2024
Total 60 and over	408515	17.33%	6326	1.5%	1.5%
Poverty Level (at or below 100% FPL)	27995	7.7%	3324	52%	52%
Minority	114869	28.10%	3001	47%	47%
Rural Areas	no matching ACS data	no matching ACS data	832	13%	13%
Household Status (lives alone)	79535	22.0%	3126	49%	49%

Column "Percent Population Age 60 and Over in PSA" was calculated using data provided by CAPCOG Regional Services, from the US Census report for 2021, total population in PSA 12 as listed as 2,357,121 (See Chart #1) The 2019 total population in PSA was not available. Data for the columns, "Population Age 60 and Over in PSA" and "Percent Population Age 60 and Over in PSA" are derived from the U.S. Census Bureau Special Analysis 2015-2019 American Community Survey (ACS) Data Analysis for Population Age 60 and Over, with data located on U.S. Administration for Community Living's AGID (Aging, Independence, and Disability Program) Data Portal/Website. Data for the column, "Number of Registered Service Recipients in PSA" is from data pulled from the NAPIS (National Aging Program Information Services) report, where registered services include personal assistance, homemaker, chore, home delivered meals, day activity and health services, case management, assisted transportation, congregate meals, and nutrition counseling.

Section 8. Goals, Objectives, Strategies

Legal References: OAA 2020 306(a) and 307(a)

This area plan details the interrelated activities which support a responsive, consumer-directed long-term services system that supports older people for each of the Administration for Community Living (ACL) state plan key topic areas. The following Key Topic Areas, State Goals, State Objectives and Outcomes were derived from the ACL approved 2023-2025 Texas State Plan on Aging.

Each of the five State Goals is comprised of multiple State Objectives and Outcomes. For each objective and outcome, please provide the corresponding AAA Strategies. Strategies can be thought of as action steps that detail how the needs within the planning and service area (PSA) will be addressed. Identifying the AAA strategies can provide insight to HHSC on how the State Objectives and/or Outcomes are achieved at the local level. ***If there are no AAA strategies associated with a specific objective and/or outcome, please explain (in the AAA Strategies answer) the reason for why it is not applicable within the PSA.***

Key Topic Area 1: OAA Core Programs

OAA core programs are found in Titles III (Supportive Services, Nutrition, Disease Prevention/Health Promotion and Caregiver Programs), VI (Native American Programs), and VII (Elder Rights Programs) and serve as the foundation of the national aging services network.

State Goal 1

Promote excellence and innovation in the delivery of core Older Americans Act Programs to meet the unique and diverse needs of Older Texans and family caregivers.

State Objective 1.1

Provide administration and oversight of programs funded through the HHSC Office of Area Agencies on Aging, state general revenue funds, and other federal and/or state funds to ensure a consistent, coordinated, and accountable service delivery model.

Outcome 1.1

OAA funds are appropriately used to ensure older individuals and their caregivers have access to services that meet their needs and interests.

AAA Strategies 1.1

AAACAP (subrecipient, federal discretionary grant, state general revenue) and ADRCCAP (contractor, state general revenue and federal funding) provide programs and services with funding from the Texas Health and Human Services. All services are provided in accordance with state and federal grant guidance (CFR 200), Texas Administrative Code and administrative guidelines to ensure compliance with state and federal laws; and alignment with HHSC's policies and procedures. Quarterly fiscal and performance reports are submitted as required to assess the AAA and ADRC performance.

AAACAP and ADRCCAP use internal controls to monitor both fiscal and program performance on a monthly basis. In addition, the AAA Advisory Council and ADRC Steering Committee, comprised of required partner agencies, service providers,

representatives of the target populations served, and other community stakeholders assist in the evaluation of service delivery and planning activities.

State Objective 1.2

Ensure collaboration between Title III (Supportive Services, Nutrition, Disease Prevention and Health Promotion and Caregivers Programs) and Title VI (Native American Programs).

Outcome 1.2

Increase awareness of federally recognized tribes within the state to increase collaboration and appropriate referrals and ensure all eligible older individuals have access to OAAA services provided by Title III or Title VI grantees.

AAA Strategies 1.2

This strategy is not applicable to PSA 12 region as we do not have designated tribal entities in the region.

State Objective 1.3

Raise awareness and understanding of the impacts of malnutrition through comprehensive policy review, tool development, and marketing campaigns.

Outcome 1.3

Increase awareness of the signs and symptoms of malnutrition and how to mitigate malnutrition in older individuals.

AAA Strategies 1.3

1.3.1 Provide nutrition education overseen by a dietician or trained case managers to ensure consumer education and training on healthy dietary choices, dietary requirements and options for addressing risk factors related to poor nutrition.

1.3.2 Engage AAACAP care coordinators in nutrition education training provided by Meals on Wheels of Central Texas dietician to be shared with all care coordination and caregiver support program participants. In addition, lessons learned, and materials shared at this training will be made available at general outreach events where applicable.

State Objective 1.4

Protect older Texans from abuse, neglect and exploitation through services designed to detect, assess, intervene, and investigate elder abuse, neglect and financial exploitation.

Outcome 1.4

Increase awareness of the risk for abuse, neglect, and exploitation of older individuals.

AAA Strategies 1.4

1.4.1 Serve as an effective advocate to uphold and ensure the rights, quality of life and quality of care for nursing facility and assisted living facility residents.

1.4.2 Provide Ombudsman resident advocacy services in both nursing facilities and assisted living facilities located in PSA 12. Services are provided using the processes and protocols required by the State Long Term Care Ombudsman Office.

1.4.3 Recruit, train and oversee certified ombudsmen in accordance with the protocols established by the State Long Term Care Ombudsman Office.

State Objective 1.5

Enhance cross agency responses to elder abuse by the HHSC Office of the Ombudsman, legal assistance programs, law enforcement, health care professionals, financial institutions, and other essential partners across the state.

Outcome 1.5

Increase awareness of programs and services available for older individuals experiencing abuse, neglect or exploitation.

AAA Strategies 1.5

1.5.1 Partner with Adult Protective Services (APS) and local partners to disseminate hotline, education and support information across PSA 12.

1.5.2 Work closely with APS case managers to coordinate referrals and services to meet individual APS or AAA consumer needs. Referrals are made using the appropriate, required APS processes and protocols.

1.5.3 Provide education and training opportunities to Aging Advisory Council and Aging and Disability Resource Center Steering Committee related to issues of abuse, neglect and exploitation. Training to include both issues and available local, state and federal resources for enhancing responses to these issues.

1.5.4 Promote partnerships and vendor agreements between Benefits Counselors and local legal and elder rights organizations to support streamlined access to individualized support legal aid, assistance with appeals and issues with fraud.

State Objective 1.6

Strengthen efforts related to dementia and Alzheimer's Disease.

Outcome 1.6

Increase awareness of dementia and Alzheimer's disease.

AAA Strategies 1.6

1.6.1 Provide AAA staff with appropriate level of knowledge and skill specific to Alzheimer's disease or related dementias (ADRD). Engage and collaborate with entities possessing expertise in serving individuals with ADRD.

1.6.2 Partner with agencies whose mission is specific to serving individuals with ADRD. Organize and implement shared training events, streamline referrals and interact on workgroup and advisory committees addressing the needs of individuals with ADRD.

State Objective 1.7

Increase awareness of risks for fall related traumatic brain injuries for older individuals.

Outcome 1.7

AAAs, ADRCs, and providers are aware of risks for older individuals associated to falls and how to prevent them.

AAA Strategies 1.7

1.7.1 Health and Wellness Program Coordinator will participate in public and private health disease prevention initiatives across the ten-county region to work with

critical healthcare partners to raise public awareness about the risks for fall related traumatic brain injuries for older individuals by building a referral network to expand the geographic reach of the program.

1.7.2 Public Information and Instruction and Training services will be provided to ensure professional partners are aware of traumatic brain injury risks related to falls. Sessions will also be used to promote increased referrals and understanding of A Matter of Balance Falls Prevention evidence-based intervention provided by AAACAP.

State Objective 1.8

Strengthen Title III and Title VII services.

Outcome 1.8

Increase in public awareness of aging services across the state.

AAA Strategies 1.8

1.8.1 Ensure AAACAP staff attendance at interagency meetings, aging network coalitions and county commission initiatives across the ten-county service area.

1.8.2 Provide Instruction and Training experience or knowledge to individuals or professionals working with older individuals to acquire skills in a formal, informal, or individual or group setting.

1.8.3 Use Public Information Services and Caregiver Information Services to disseminate accurate, timely, and relevant information to potential participants, both older individuals and family caregivers, grandparents, or relatives caring for children 18 years of age and under, by way of, workshops, conferences and presentations.

1.8.4 AAACAP Aging Program Specialist coordinates all outreach activities planning for large group events, resource fairs, presentations and enhanced information and referral services based on person-centered needs and preferences. All staff shares information across units to ensure all points of contact share information about all services an individual may be seeking to access.

State Objective 1.9

Integrate discretionary grant activities with OAA core programs and services.

Outcome 1.9

Increase knowledge and awareness of SHIP, MIPPA and SMP programs and services.

AAA Strategies 1.9

1.9.1 Provide a system of access to information and services related to public benefits. These outreach activities, by phone, in-person or virtual meeting include screening for MIPPA eligibility and detailed information about fraud and Senior Medicare Patrol. Benefits Counselors (BC) ensure accurate and timely information for all potential beneficiaries. BCs provide HICAP outreach and legal awareness outreach activities to beneficiaries and partner with referral agencies. Beneficiaries may be 60+ year old or under 60 and qualifying for Medicare.

1.9.2 Recruit, train and oversee volunteer benefits counselors to assist with intake, outreach and open enrollment activities as needed.

Key Topic Area 2: COVID-19

COVID-19 highlighted the overall importance of the services that make it possible for older individuals to live independently, created a national awareness of the impact of social isolation on older individuals and caregivers, and increased awareness of the need to plan for future disasters. It also transformed the aging network by driving rapid innovation to create new approaches that will endure beyond recover. Finally, Congress approved the release of supplemental funding, some of which remains available until expended, for services to support evolving needs related to the pandemic nationwide.

State Goal 2

Prepare for and increase community engagement during emergencies and disasters that improve resiliency and reduce the impacts of social isolation and loneliness on the health and well-being of older Texans, people with disabilities and their caregivers.

State Objective 2.1

Support older individuals' behavioral health through awareness of the impacts of social isolation and loneliness and establishing resources and tools to encourage engagement.

Outcome 2.1

Increase awareness of the risks and impacts of social isolation for older individuals.

AAA Strategies 2.1

2.1.1 AAACAP funds senior center operations funding and support to agencies providing activities to enhance older individual's quality of life and decrease social isolation with formal activities, social engagement, health and wellness programs and services addressing individualized needs for social interaction and community living.

2.1.2 Provide funding for transportation of older individuals to activities and destinations which support a reduction in social isolation and an increase in optimal health, wellness, social engagement, independence and community living.

2.1.3 Staff continue to engage in state and local coalitions focused on activities related to reducing social isolation. These include but are not limited to projects related to digital access, funding for providers engaged in virtual social activities, referrals to telehealth interventions related to addressing behavioral health issues and support of agencies focused on volunteerism for older individuals, such as AARP, engAGE (formerly RSVP) and Foster Grandparents.

State Objective 2.2

Enhance awareness of the available assistive technology supports and strengthen HHSC partnership with the state assistive entity.

Outcome 2.2

Increase awareness of the state assistive technology entity and the need for assistive technology devices for older individuals.

AAA Strategies 2.2

2.2.1 Continue cross-training opportunities via quarterly ADRC Steering Committee meetings where staff from Texas Technology Access Program (TTAP) attends regularly. In addition to this AAACAP Director attends quarterly Texas Center for Disability Studies (TCDS) advisory group meetings also held quarterly. TTAP is a key program of the TCDS.

State Objective 2.3

Increase the aging services network's use of trauma-informed care practices for serving older individuals and their caregivers.

Outcome 2.3

Increase awareness of trauma-informed care and best practices.

AAA Strategies 2.3

2.3.1 Continue to provide education and training to AAA and ADRC staff on an annual basis.

2.3.2 Use existing advisory/steering committees, community coalitions and interagency groups to make available trauma informed training for service

providers and other community stakeholders to ensure increased person-centered assessments through a trauma-informed lens.

State Objective 2.4

Increase the aging services network's knowledge of suicide risks, prevention and resources.

Outcome 2.4

Increase awareness on how to assess a person's mental and behavioral health status.

AAA Strategies 2.4

2.4.1 Continue to provide education and training to AAA and ADRC staff on an annual basis. Ensure new staff enroll in Mental Health First Aid training when offered.

2.4.2 Use existing advisory/steering committees, community coalitions and interagency groups to make available education and training for service providers and other community stakeholders related to suicide risks, prevention and resources.

State Objective 2.5

Support the aging services network's preventative health efforts through the provision of resources and tools that highlight the importance of regular screenings and immunizations.

Outcome 2.5

Increase awareness of available resources and best practices related to preventative health measures.

AAA Strategies 2.5

2.5.1 Health and Wellness Program Coordinator will participate in public and private health disease prevention initiatives across the ten-county region to work with critical healthcare partners to raise public awareness build referral network and geographic reach of the program.

2.5.2 Instruction and Training services will be provided to ensure professional partners are aware of healthy behavior concerns of older adults and caregivers. Sessions will be used to promote increased referrals and understanding of AAA programs and services.

2.5.3 Provide Health Screening/Monitoring intended to assess the level of health and wellness of persons 60 years of age and older and should ensure participants are made aware of health services available to them in their community. Examples of allowable activities include blood pressure monitoring, hearing tests, vision tests, dental services, podiatry services, nutritional status, blood tests, urinalysis, home injury control safety, and depression screens. Activities can occur in the consumer's home or out of the home at senior centers, health fairs, nutrition centers, or other appropriate places.

2.5.4 Provide a system of access to information and services related to public benefits. Benefits Counselors (BC) ensure accurate and timely information for all potential beneficiaries. BCs provide HICAP and legal awareness outreach activities to beneficiaries and partner with referral agencies. Beneficiaries may be 60+ years old or under 60 and qualifying for Medicare. Awareness activities will include information about Medicare wellness and prevention services available to beneficiaries.

State Objective 2.6

Strengthen the aging services network's connections to public health and emergency response networks.

Outcome 2.6

Awareness of the availability of telecommunications and virtual sessions.

AAA Strategies 2.6

2.6.1 AAACAP will coordinate and support emergency preparedness and response activities with state and local emergency planning and disaster relief agencies across PSA 12.

2.6.2 Participate in cross training (on a bi-monthly basis) with the Capital Area Trauma Regional Advisory Council work group related to emergency preparedness best practices related to older individuals.

2.6.3 Continue regular coordination with CAPCOG's Homeland Security Division (HSD)as subject matter experts on emergency planning needs of older individuals and family caregivers. In addition, AAACAP will also provide input related to emergency preparedness plans developed by HSD.

2.6.4 Continue outreach partnership with County Emergency Management leaders to provide emergency preparedness training at Hands on Caregiver Training events at least twice a year.

State Objective 2.7

Increase access to services for older individuals with mobility and transportation issues.

Outcome 2.7

Increase awareness of existing public transportation services, the availability of volunteer and private transportation programs, and knowledge of accessible and assisted transportation services for older individuals.

AAA Strategies 2.7

2.7.1 Participate in bi-monthly meetings of the Regional Transit Coordination Committee (RTCC) in support of the current regional plan. The vision of the RTCC is to provide full mobility and access to healthcare, human services, employment, education, commerce, social, and community services for all persons in the region by fostering the development of a seamless public transportation system that achieves efficiencies, eliminates duplication, increases coordination and addresses service gaps.

2.7.2 Ensure the Access and Assistance team of AAA and ADRC Information and Referral specialist have the most up-to-date resource lists, local ride guide and details about access for transportation options (public, non-profit and volunteer) across the CAPCOG region.

Key Topic Area 3: Equity

Serving people with the greatest economic and social need means ensuring equity in all aspects of plan administration.

State Goal 3

Promote activities that ensure equity and access to services for those with the greatest economic and social need.

State Objective 3.1

Ensure meals can be adjusted for cultural considerations and preferences.

Outcome 3.1

Increase awareness for AAAs and service providers of nutritional needs based on cultural and ethnic preferences.

AAA Strategies 3.1

3.1.1 Development, implementation and oversight of congregate and home delivered meal services to reduce food insecurity, promote good health and increase social engagement. Services are delivered via subrecipient providers across PSA 12. Service delivery includes options for consumer choice culturally competent access and service coordination, and flexible delivery systems to ensure individual service preferences are considered.

State Objective 3.2

Prepare, publish, and disseminate educational materials dealing with the health and economic welfare of older individuals.

Outcome 3.2

Aging network staff are aware of trends impacting the health and economic welfare of older Texans.

AAA Strategies 3.2

Area Agency on Aging Advisory Council and Aging and Disability Resource Center Steering Committee membership receive ongoing updates at quarterly-bimonthly meetings/cross-trainings. Then as charged, these members spread the word to the older individuals, providers and other community stakeholders in their regions. Staff regularly share trends in demographics, economic challenges, service delivery changes and barriers to access to ensure adjustments to planning and program implementation to address these impacts.

State Objective 3.3

Increase awareness of available resources and services for older individuals living with Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS).

Outcome 3.3

HHSC OAAA, AAA, and ADRC staff are aware of information and data sources available for older individuals living with HIV/AIDS.

AAA Strategies 3.3

Strengthen the coordination and existing partnerships with organizations serving the LGBTQIA+ community to ensure AAACAP and ADRCCAP staff have the most up to date information and data available regarding older individuals living with HIV/AIDS across the CAPCOG region. Staff regularly participate in technical assistance calls and community coalitions with partners from the LGBTQIA+ community to provide continuous quality improvements in access to services and cultural competency of agency staff related to HIV/AIDS and broader needs of this target population.

State Objective 3.4

Support participant-directed and person-centered planning for older individuals and their caregivers across the spectrum of LTSS, including home, community, and institutional settings.

Outcome 3.4

Increase awareness of participant-directed and person-centered planning for older individuals and their caregivers.

AAA Strategies 3.4

3.4.1 Connect AAACAP and ADRCCAP staff to opportunities for training related to person-centered practices in assessment and service delivery.

3.4.2 Provide caregiver respite through the consumer directed service option whereby an individual provider is chosen by the caregiver. Services are provided on an intermittent or temporary basis while the primary caregiver is unavailable or needs relief.

3.4.3 Provide homemaker voucher services through consumer directed services option whereby the individual provider is chosen by the older individual. Homemaker activities involve the performance housekeeping and home management task, meal preparation, or escort task and shopping assistance. The objective is to help the consumer sustain independent living in a safe and healthful home environment.

3.4.4 Develop transportation voucher service model and if feasible implement a small pilot project in a rural county.

3.4.5 Conduct client satisfaction surveys to ensure individual needs, preferences and consumer rights are validated.

State Objective 3.5

Ensure access to services for all older individuals with greatest social need, including populations that experience cultural, social or geographic isolation due to minority religious affiliation, sexual orientation or gender identity.

Outcome 3.5

Increase in outreach efforts to underserved populations to ensure all older Texans have access to OAA services.

AAA Strategies 3.5

3.5.1 The Aging Program Specialist with guidance from AAACAP leadership will continue to ensure centralized review and selection of outreach events. All outreach events will be approved by the Director to ensure they support agency's outreach strategies. This practice supports the focus of outreach events on vulnerable populations, supports organized coordination with agencies and standardization of

materials and presentations. AAACAP will continue to collect outreach event data as it relates to targeting populations. AAACAP will increase its ability to record, organize and review data on its outreach activities in an efficient manner that provides staff and leadership with performance data on reaching targeted vulnerable communities.

3.5.2 AAACAP will continue to ensure appropriate inventory of culturally competent messaging and materials on all AAACAP programs. Materials will be available in English and Spanish and other languages using optimal communication techniques specific to persons with disabilities, including braille, sign language interpretation and large print materials to ensure accessibility. The AAACAP one-page information flyer in English and Spanish will continue to be used for community events and provide more accessibility to quick and simple information on accessing AAACAP services, especially for persons with limited English proficiency.

Key Topic Area 4: Expanding Access to Home and Community Based Services

Home and Community Based Services are fundamental to making it possible for older individuals to age in place.

State Goal 4

Provide a coordinated system of in-home and community-based long-term care services that enables older Texans and people with disabilities to be active, engaged and supported in their homes and communities.

State Objective 4.1

Develop a comprehensive, coordinated system of long-term care that enables older individuals to receive long-term care in settings of their choice and in a manner responsive to the needs and preferences.

Outcome 4.1

Increase awareness of long-term care services and supports that enable older individuals to receive long-term care in settings of their choice.

AAA Strategies 4.1

4.1.1 AAACAP will regularly coordinate (daily, weekly) with the local ADRC to streamline the exchange of referrals to improve access by older adults, their family members and their caregivers to long-term services and supports.

4.1.2 Directly support the partnership between the AAA and ADRC with attendance at quarterly ADRC Steering Committee meetings, regular communication with ADRC staff and leadership and the development of shared systems for outreach and client tracking where possible.

4.1.3 Coordinate with ADRC staff to provide streamlined client access to long-term services and supports using internal resource database.

4.1.4 Ensure older individuals and family caregivers have access to care coordination, caregiver support coordination and in-home supports to allow for services and supports to promote increased access to community-based options for long term care.

State Objective 4.2

Ensure care transitions for older individuals at risk of institutionalization.

Outcome 4.2

Coordinate information sharing across the aging services network to increase awareness of transition assistance services and facilitate connections with long term services and supports agencies and community programs at the local level.

AAA Strategies 4.2

Address coordination efforts with the local ADRC and HHSC regional staff to effectively utilize resources, avoid duplication and ensure older individuals receive timely referrals to the appropriate long-term services and supports.

State Objective 4.3

Enhance integration of health care and social services systems.

Outcome 4.3

Increase knowledge and awareness of all health care and social services available for older individuals.

AAA Strategies 4.3

4.3.1 Participate in county-level healthcare initiatives, coalitions and interagency meetings to learn about service options, public health initiatives, academic research projects and evidence-based programs available to older individuals and family caregivers to strengthen coordination and success at addressing the impacts of social determinants of health on the well-being of older adults across the region.

4.3.2 Support the development of local initiatives aimed at coordinating efforts to address the health care and social service needs of older adults and their caregivers. Support may include data analysis and provision, technical assistance as to structure, direction and funding, presentations around issues and trends,

facilitation of planning activities and ongoing communication and support for capacity building at the local level.

Key Topic Area 5: Caregiving

Enhance services and supports for caregivers.

State Goal 5

Promote and enhance activities that provide a coordinated system of services and supports for caregivers.

State Objective 5.1

Enhance awareness of caregiving services and supports.

Outcome 5.1

Increase awareness of caregiving services and supports.

AAA Strategies 5.1

5.1.1 Provide instruction and training, public information services, caregiver information services and caregiver training services to enhance awareness of available caregiving services and supports to both individuals caring for others and aging and disability network providers engaged in the provision of services and supports to caregivers.

5.1.2 Coordinate with Office of the Area Agencies on Aging and state level Aging Services Coordination Center to disseminate state level caregiver awareness information at the local level. Focus on RITE grant activities and the "Strengthen the Care You Give campaign".

State Objective 5.2

Coordinate Title III caregiving efforts with the Lifespan Respite Care program.

Outcome 5.2

Increase awareness of caregiving resources within the state to ensure appropriate referrals and assistance is provided by the Lifespan Respite Care program.

AAA Strategies 5.2

Provide ongoing communication and coordination between AAA Caregiver Support Program staff and ADRC program staff as well as access and intake staff across programs to ensure seamless referrals to both programs. Referrals will focus on connecting individuals to the service model which best meets their unique needs.

State Objective 5.3

Coordinate with the National Technical Assistance Center on Grandfamilies and Kinship families.

Outcome 5.3

Increase coordination with AAAs, ADRCs, and providers with the National Technical Assistance Center on Grandfamilies and Kinship families.

AAA Strategies 5.3

5.3.1 Use Caregiver Information Services to disseminate accurate, timely, and relevant information for informal caregivers, grandparents, or relatives caring for children 18 years of age and under, by way of workshops, conferences and presentations.

5.3.2 Directly support the partnership between the AAA and ADRC with attendance at quarterly ADRC Steering Committee meetings, regular communication with ADRC staff and leadership and the development of shared systems for outreach and client tracking for Grandfamilies and Kindship families.

5.3.3 Special Projects Coordinator and ADRC Coordinator will connect to National Technical Assistance Center on Grandfamilies and Kinship families to explore best practices, pertinent legislation, emerging issues and relevant resources.

State Objective 5.4

Monitor and implement recommendations from the Recognize, Assist, Include, Support, & Engage (RAISE) Family Caregiving Advisory Council and Advisory Council to Support Grandparents Raising Grandchildren.

Outcome 5.4

Increase coordination with AAAs, ADRCs, and providers with the National Technical Assistance Center on Grandfamilies and Kinship families.

AAA Strategies 5.4

Special Projects Coordinator and ADRC Coordinator will monitor and provide input on local recommendations from the Recognize, Assist, Include, Support, & Engage (RAISE) Family Caregiving Advisory Council and Advisory Council to Support Grandparents Raising Grandchildren. In addition, staff will work closely with the grant funded Aging Services Council/Aging and Disability Resource Center Network Coordinator to support and promote broader aging network coordination of local strategies for implementation of the National Strategy for Family Caregivers.

Section 9. Performance Measures

Complete Table 6. Performance Measures using *State Fiscal Year* (SFY) numbers.

Table 6. Performance Measures

Performance Measure	Actual SFY 2022	Projected SFY 2024	AAA Strategies
Number of unduplicated active certified Ombudsman	7	12	1.4,3.5
Number of unduplicated persons receiving care coordination	415	426	4.1.4,4.3,3.5
Number of unduplicated persons receiving legal assistance (age 60 and over)	129	531	1.9,3.5
Total care coordination expenditures	299,917	308,915	4.1.4,4.3,3.5
Average cost per care coordination client	722.69	725.15	4.1.4,4.3,3.5
Total legal assistance (age 60 and over) expenditures	110,622	113,941	1.9, 3.5
Average cost per person receiving legal assistance	857.53	214.57	1.9,3.5
Cumulative number of visits to assisted living facilities by a certified Ombudsman	505	820	1.4,3.5
Total expenditures Ombudsman program (federal, state, other federal, program income, and local cash)	339,720	$466,404	1.4,3.5
Unduplicated number of assisted living facilities visited by an active certified Ombudsman	172	182	1.4,3.5
Percentage of complaints resolved and partially resolved in nursing homes and assisted living facilities	91%	91%	1.4, 3.5
Number of unduplicated persons receiving congregate meals	1,129	1,746	1.3,3.1,3.5
Number of congregate meals served	31,289	94,322	1.3,3.1,3.5
Number of unduplicated persons receiving home-delivered meals	4569	3816	1.3,3.1,3.5

Performance Measure	Actual SFY 2022	Projected SFY 2024	AAA Strategies
Number of home-delivered meals served	469,808	458,636	1.3,3.1,3.5
Number of unduplicated persons receiving homemaker services	45	60	4.1.4,4.3,3.5
Number of unduplicated persons receiving personal assistance	23	28	4.1.4,4.3,3.5
Number of homes repaired/modified (residential repair service)	33	38	4.1.4,4.3,3.5
Number of one-way trips (demand response transportation service)	6,231	16,590	2.1.2, 2.7,3.5
Total congregate meal expenditures	215,644	665,913	1.3,3.1,3.5
Average cost per congregate meal	6.89	7.06	1.3,3.1,3.5
Total home delivered meal expenditures	2,969,919	2,340,190	1.3,3.1,3.5
Average cost per home-delivered meal	6.32	6.47	1.3,3.1,3.5
Total homemaker services expenditures	33,240	41,550	4.1.4,4.3,3.5
Average cost per person receiving homemaker services	738.67	692.50	4.1.4,4.3,3.5
Total personal assistance services expenditures	7,236	8,538	4.1.4,4.3,3.5
Average cost per person receiving personal assistance services	314.61	304.94	4.1.4,4.3,3.5
Average cost per modified home (residential repair service)	2,685	2406.59	4.1.4,4.3,3.5

Section 10. Summary of Services

Legal References: 2020 OAA 306(a)(1), 306(a)(2), 306(a)(7); 26 TAC 213(C)(3)

Provided Services

Please refer to the [HHSC Services Definitions for Area Agencies on Aging Federal Fiscal Year 2023](#).

Table 7. Services To Be Provided During This Area Plan (FFY 2024 – FFY 2026)

Service Name (As of FFY 2023)	Provided During this Area Plan? Yes or No	Direct Service of AAA? Yes or No
Area Agency Administration	Yes	Yes
Assisted Transportation	No	No
Care Coordination (Case Management)	Yes	Yes
Caregiver Counseling	No	No
Caregiver Information Services	Yes	No
Caregiver Support Coordination (caregiver Case Management)	Yes	Yes
Caregiver Support Groups	Yes	No
Caregiver Training	Yes	No
Chore Maintenance	Yes	No
Congregate Meals	Yes	No
Data Management	Yes	Yes
Day Activity and Health Services	No	No

Service Name (As of FFY 2023)	Provided During this Area Plan? Yes or No	Direct Service of AAA? Yes or No
Emergency Response	Yes	No
Evidence-Based Intervention (Health Promotion)	Yes	Yes
Health Screening and Monitoring (Health Promotion)	Yes	No
HICAP Assistance	Yes	Yes
HICAP Outreach	Yes	Yes
Home Delivered Meals	Yes	No
Homemaker	Yes	No
Homemaker - Voucher	Yes	No
Income Support	Yes	No
Information, Referral and Assistance	Yes	Yes
Instruction and Training	Yes	Yes
Legal Assistance – 60 years and older	Yes	Yes
Legal Awareness (Legal Outreach)	Yes	Yes
Mental Health Services (Health Promotion)	Yes	No
MIPPA Outreach and Assistance	Yes	Yes
Nutrition Consultation	No	No
Nutrition Counseling	No	No
Nutrition Education	Yes	No
Ombudsman	Yes	Yes
Outreach	No	No
Participant Assessment – Access and Assistance	Yes	No
Participant Assessment – Nutrition Services	No	No

Service Name (As of FFY 2023)	Provided During this Area Plan? Yes or No	Direct Service of AAA? Yes or No
Personal Assistance	Yes	No
Physical Fitness (Health Promotion)	No	No
Public Information Services	Yes	Yes
Recreation (Health Promotion)	No	No
Residential Repair	Yes	No
Respite In Home	Yes	No
Respite Out of Home	No	No
Respite Out of Home, Overnight	No	No
Respite - Voucher	Yes	No
Senior Center Operations	Yes	No
Social Reassurance	No	No
Special Initiative	No	No
Transportation	Yes	No
Transportation - Voucher	Yes	No
Visiting	No	No

Service Delivery Narratives

In this section, provide narrative descriptions for **all** services that are anticipated to be provided during this area plan period (FFY 2024 through FFY 2026). Please refer to Table 7 and include all services that were indicated as **Yes** in the column for: *Provided During this Area Plan*?

Describe each service using the "5 Ws and H" approach:

- What service is being provided in the PSA?

- Who is the targeted audience of the service within the PSA?

- Where will the service be provided in the PSA? (For example, the specific geographical area, facility or physical building, provided in-person and/or virtual, etc.).

- When will the service be provided in the PSA? Describe duration and frequency of the service.

- Why is it important to provide the service in the PSA? Describe unmet needs and barriers older individuals experience.

- How is the service being provided in the PSA? Include whether the service is contract, subrecipient agreement or provided as a direct service. Identify service providers in the PSA and the counties served by each provider.

This section includes sub-headings to categorize similar services together. Although a service may fit into multiple categories, it is only required to provide a single narrative for that particular service. The sub-headings/categories begin on the next page and are as follows: AAA Administrative Functions; Case Management Services; Information and Assistance Services; Transportation Services; Nutrition Services; Legal Services; Caregiver Services; In-Home Services; Health Services (physical, mental and behavioral); Evidenced-Based Interventions (EBIs); and All Other Services To Assist Independence.

AAA Administrative Functions

Service Definition – Activities to ensure the development and implementation of a comprehensive and coordinated system to serve older adults and family caregivers within the AAA's planning and service area.

Responsibilities include being the focal point for aging services; providing advocacy for older people in their service area; evaluating regional strengths and local resources; identifying service gaps, including people with the greatest economic and social need; developing and implementing an area plan based on the OAA; procuring services funded with federal and state funds; negotiating and managing contracts; reporting; reimbursement; accounting; auditing; monitoring; and quality assurance.

The Capital Area Council of Government (CAPCOG) was designated as the Area Agency on Aging of the Capital Area (AAACAP) in 1982. The AAACAP's organizational structure within CAPCOG supports its ability to effectively administer Older American Act (OAA), 42 U.S.C. § 3018 - U.S. Code, programs in compliance with OAA Assurances and by Texas Health and Human Services Area Agencies on Aging policies and procedures.

The Area Agency on Aging of the Capital Area (AAACAP) targets individuals in accordance with the Older Americans Act, as amended.

AAACAP processes identify older individuals who are:

> In greatest social and economic need,
>
> lower-income older adults,
>
> members of minority communities,
>
> those living in rural areas,
>
> have limited English proficiency,
>
> and are older individuals at risk of institutional care. The Area Agency on Aging of the Capital Area's (AAACAP) employs policies and procedures which ensure its accountability to meet programmatic and fiscal performance targets.

The Area Agency on Aging of the Capital Area (AAACAP) protects client information records and contractually requires that subcontractors protect client information records.

The Area Agency on Aging of the Capital Area's (AAACAP) quality assurance reviews and program and fiscal monitoring of service providers are performed in accordance with the Texas Health and Human Services (HHSC) rules, regulations, and policies and procedures completed on a regular and systematic basis.

The Area Agency on Aging of the Capital Area's (AAACAP) written procedures adequately assure proper development, maintenance and retention of all financial records, supporting documents, statistical records and all other records relating to its performance.

Data Management – Administrative activities directly related to data entry and reporting for services not directly provided by the AAA. Includes activities directly related to the direct purchase of service, service authorization and document verification to support the provision, tracking and reporting of congregate meals, home delivered meals and transportation services. Also includes the validation of complete and accurate data in the HHS statewide system and report preparation by AAA staff in support of the annual SPR and the QPR.

All services are provided to eligible individuals across the ten-county CAPCOG region.

Case Management Services

Care Coordination

Service Definition – A service to assess the needs of an older person and effectively plan, arrange, coordinate and follow up on services which most appropriately meet the identified needs as mutually defined by the older person, the access and assistance staff, and where appropriate, a family member(s) or other caregiver(s).

Caregiver Coordination services are provided on an ongoing basis to assess the needs of individuals seeking in-home support services following a hospitalization or recent health crises. Following the assessment AAACAP Care Coordinators develop person-centered care plans with older individuals and authorize services to meet the goals of the care plan. Staff are also required to provide information and referral to outside resources to help meet the needs of the caregiver. Services are brokered on behalf of the individual and provided by a vendor pool of contractors. Type, frequency, and duration of care plan services is determined by the unique needs of the individual accessing the Care Coordination Program.

An example of Care Coordination services includes the provision of a ramp to assist with access into a residence following a change in mobility status. Staff providing caregiver coordination and authorizing homemaker services are required to discuss both agency model service provision and the consumer-directed, homemaker voucher model of service provision. Funding and staff capacity limitations may limit our service plans to a shorter time frame. Throughout the length of a care plan staff provide guidance on options for more long term supports, referrals to external resources and training for the caregivers themselves to address ongoing needs.

Caregiver Support Coordination

Service Definition – An ongoing service provided to a caregiver to assess the needs of a caregiver to effectively plan, arrange, coordinate and follow up on services which most appropriately meet the identified needs of the caregiver, as mutually defined by the caregiver, the care recipient, and the access and assistance staff.

Caregiver Support Coordination is provided using many of the same processes used to provide Care Coordination Services. The major difference in the provision of this service the non-paid caregiver, typically family (but may be friend, neighbor, etc.) is considered the consumer. Caregiver Support Coordination includes assessments of both the needs of the care receiver and the needs of the identified caregiver. Staff care coordinators assess the functional needs of the care receivers and the

support needs for the caregiver. AAACAP care Coordinators then develop person-centered care plans with the caregiver and authorize services to meet the goals of the care plan. Staff are also required to provide information and referral to outside resources to meet the needs of the caregiver. One example may be referral to a support group provided by Alzheimer's Texas. AAACAP also provides this service to a small number of grandparents and other relatives age 55 years and older identified as the primary caregiver for relative children. Assessment of both the children and relative caregiver needs are provided. A different array of services and potential providers are used to address the needs of both the children and caregivers. Services may include after school programs, supplies for the children and necessary home living and safety equipment as needed.

Following the assessment of needs all authorized services for the care receiver must be directly related to the needs of the caregiver using a person-centered approach. For example, the provision of an in-home provider to provide personal assistance may directly supports a spousal caregiver who can no longer assist with personal care due to health issues of her own. Staff providing caregiver support coordination and authorizing respite care are required to discuss both agency model service provision and the consumer-directed, respite voucher model of service provision. One of the major challenges to providing this service is the caregiver is often providing care on an ongoing basis for a long-term period of time. Funding and staff capacity limitations may limit our service plans to a shorter time frame. Throughout the length of a care plan staff provide guidance on options for more long term supports, referrals to external resources and training for the caregivers themselves to address ongoing needs.

During this planning period AAACAP will be implementing Participant Assessment Services for both the Care Coordination and Caregiver Support Coordination Programs in order to streamline assessment processes, reduce participant interest lists and provide timely in-home supports for older individuals and caregivers.

Information and Assistance Services

Service Definition – A service that includes:

- assessing a person's needs and appropriate response modes;

- evaluating appropriate resources;

- identifying organizations capable of meeting those needs;

- providing enough information about each organization to help inquirers make an informed choice;

- locating alternative resources when services are unavailable; and

- when necessary, participating in linking the person to needed services and following up on referrals to ensure the service was provided.

Information, Referral and Assistance Services (IRA) are provided by AAACAP directly with one full-time employee dedicated to this service with back-up coordination and support provided by Care Coordination intake staff, Aging Program Specialist, Aging Administrative Assistant and ADRC IRA Navigator (when coordinating information for individuals 60 years of older) and temporary employees as needed.

Information, Referral and Assistance staff will screen for caller needs, provide effective and efficient operation ensuring access across diverse populations to provide appropriate referrals to meet identified needs in a timely manner.

The Aging Program Specialist staff responsible for outreach and resource information gathering across the ten-county region supports IRA services and addresses strategies by developing relationships with partner agencies and local governmental entities to increase awareness of the needs of the aging population. This staff position also ensures attendance at interagency meetings, aging network coalitions and county commission initiatives across the ten-county service area to gather local support resources to share with IRA.

In 2023, the AAACAP IRA Specialist received access to the ADRCCAP iCarol electronic community resource database. This database initially implemented by ADRCCAP is now used by both entities to ensure consistency in information sharing

and better tracking of call data, individual needs, community options and available service resources.

All services are provided with a focus on accessibility to ensure both streamlined language access and the necessary accommodations for individuals with disabilities. AAACAP ensures an appropriate inventory of culturally competent messaging and materials on all AAACAP programs. Materials will be available in English and Spanish and other languages using optimal communication techniques specific to persons with disabilities, including braille, sign language interpretation and large print materials to ensure accessibility.

The AAACAP Information & Referral Specialist completes (within two years of hire) and/or maintain Alliance for Information and Referral Systems (AIRS) Community Resource Specialist Aging/Disability Certification.

Transportation Services

Service Definition – Services that provide or arrange for taking an older person from one location to another. Does not include any other activity.

Demand Response: Transportation designed to carry an older person from a specific origin to a specific destination upon request.

Transportation Voucher Definition: A service which allows an eligible person.to choose an individual or commercial private or non-profit transportation provider. The rate and transportation schedule are negotiated with the provider by the eligible person. Service activity includes taking an eligible person from one location to another.

Demand-response transportation is provided through three contracted vendors through a negotiated rate setting process. Vendors use vans and transport groups of individuals to and from meal sites. Medical trips are typically scheduled in advance and may be individual or group trips. Services are provided in all ten counties of the region. Services are authorized by AAACAP staff.

Lack of access to transportation continues to be cited by older individuals, caregivers and aging network referral partners as the main barrier to meeting healthcare, food security and social engagement needs. AAACAP has worked with existing providers to fund additional medical trips. During throughout the last planning period.

During this planning period AAACAP will explore the possibility of additional trips related to person centered needs outside of food access and medical appointments. Other transportation may include trips for shopping, pharmacy, other health and wellness needs or trips to reduce social isolation. AAACAP will also develop a transportation voucher service model to expand transportation in rural areas where a traditional provider may not be able to meet the needs. Vouchers would allow the individual to choose a provider of their choice and use authorized funding for this purpose. As with our other AAA voucher programs, providers may also be family, friends or other individuals where there is a lack of traditional providers.

Nutrition Services

Congregate Meals

Service Definition – A hot or other appropriate meal served to an older person who is eligible in a congregate setting.

This hot or other appropriate meal is served to an eligible older adult meets and 33⅓ percent of the dietary reference intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences. Meals comply with the most recent Dietary Guidelines for Americans, as published by the U.S. Secretary of Agriculture, and are served in a congregate setting. The objective is to reduce food insecurity and promote socialization of older adults.

Services target adults 60 and older who are in greatest social and economic need, with particular attention to lower-income older adults, members of minority communities, those living in rural areas, people with limited English proficiency, and older adults at risk of institutional care.

Services are provided by four subrecipient contractors across the AAACAP ten-county region at 35 meal sites three to five days a week based on local community need. Congregate meals are typically provided at large senior or community centers in the larger cities like Austin, Round Rock and San Marcos but may be provided at a smaller recreation center or county rural community centers as well. Larger centers typically have a robust schedule of activities throughout the day in which meal participants may engage. In some eastern rural counties, meals may be provided in a faith-based community center or other venue with the proper equipment to provide meals which comply with the Older Americans Act requirements. In smaller venues activity choices may be more limited for participants.

Nutrition Education is provided to all participants during the initial assessment process. All educational information is reviewed and approved by a registered dietician. AAACAP also ensures site managers receive regular information and updates regarding other AAACAP services so they may refer participants as needed. This requirement ensure emerging issues for nutritional risk are assessed. Subrecipients use assessments to connect individuals to information, education and additional services and supports to mitigate these risks.

During COVID congregate meal participants were able to access their meals using a "grab and go" methodology where they could pick up meals and consume away from the site. During this planning period AAACAP will seek additional guidance from the Administration for Community Living and Texas Health and Human Services to move forward with this type of service methodology where possible. AAACAP has heard from older individuals and service providers that a majority of participants who used "grab and go" have a preference to continue to do so.

Home Delivered Meals

Service Definition – Hot, cold, frozen, dried, canned, fresh or supplemental food (with a satisfactory storage life) delivered to a person who is eligible in their place of residence.

Services target adults 60 and older who are in greatest social and economic need, with particular attention to lower-income older adults, members of minority communities, those living in rural areas, people with limited English proficiency, and older adults at risk of institutional care. In addition, home delivered meal recipients must complete a client needs assessment (CNE) and be assessed with a score of 20 or higher to ensure they meet the requirement to address a functional need for the service.

AAACAP contracts with four subrecipients to provide home delivered meals throughout the region. Hot, frozen and shelf-stable meals are provided by all sub-recipients. Some frozen meals are also authorized through Care Coordination for individuals who would not otherwise receive a meal due to lack of volunteers or rural geography. Most participants still receive five hot meals each week. Some choose a combination of hot and frozen due to frequently scheduled medical appointments which take them away from the home. In rural communities, individuals may choose all frozen meals due to volunteer availability and geographic challenges. Throughout the pandemic AAACAP saw a marked increase in the numbers of individuals receiving home-delivered meals, mainly due to fear of contracting COVID-19. As the fear of the pandemic subsided many of these individuals who continued to be eligible for services stayed on services producing long-term increases in the number of meals served. One provider serving five of our ten counties continues to exhibit a volume of service nearly doubled from pre-COVID time frames.

Nutrition Education is provided to all participants during the initial assessment process. All educational information is reviewed and approved by a registered

dietician. AAACAP also ensures site managers receive regular information and updates regarding other AAACAP services so they may refer participants as needed. This requirement ensure emerging issues for nutritional risk are assessed. Subrecipients use assessments to connect individuals to information, education and additional services and supports to mitigate these risks.

Legal Services

HICAP Assistance – Counseling or representation services

provided by a non-lawyer such as a certified benefits counselor, where permitted by law, to Medicare beneficiaries, family members, caregivers or others working on behalf of an eligible person. An eligible person is one of the following:

- A Medicare beneficiary;

- A new-to-Medicare enrollee;

- A dually eligible (Medicare and Medicaid) beneficiary;

- A Medicare beneficiary who is disabled as determined by Social Security Administration criteria;

- A person assisting a Medicare beneficiary and the person receives assistance related to a Medicare or State Health Insurance Assistance Program (SHIP) topic or both.

HICAP Outreach – A service that provides for the dissemination of accurate, timely, and relevant information, eligibility criteria, requirements, and procedures to Medicare beneficiaries and other target audiences about Medicare, public entitlements when related to low- income assistance for healthcare affordability, health and long-term care insurance, individual beneficiary rights, and health insurance planning and protection options.

Legal Assistance 60 years and older – Advice or representation by an attorney, including assistance by a paralegal or law student under the supervision of an attorney, or assistance provided by a certified benefits counselor to an older person, or their caregiver with economic and social needs. Service may include Advice and Counseling, Document Preparation and/or Representation (advocacy for appeals).

Legal Awareness – A service that provides for the dissemination of accurate, timely, and relevant information, eligibility criteria, requirements, and procedures to an older person about public entitlements, health and long-term care services, individual rights, planning and protection options, and housing and consumer needs.

MIPPA Outreach and Assistance – A service that provides for the dissemination of accurate, timely, and relevant information, eligibility criteria, requirements, and procedures to current or prospective Medicare beneficiaries and their caregivers specifically regarding Medicare Savings Programs (MSP), Low-Income Subsidy (LIS) and Medicare Preventive Benefits.

All services in these categories are provided by certified staff Benefits Counselors (BCs). Assistance services (HICAP, Legal and MIPPA) are provided by phone, through home visits and appointments or walk-ins at the AAACAP offices. Staff assist individuals in navigating the complex maze of public benefits and work closely with Medicare, Social Security, Health and Human Services and other local public benefits programs to ensure access to information, education and application assistance as needed. One of the BCs is also certified as a Benefits Counselor II which allows for assistance with Medicare Appeals as well.

The benefits counseling team works closely with Texas Legal Services Center to address the individual needs of each consumer. AAACAP has a dedicated intake line and process for this service to ensure streamlined access. Assistance services are provided on an individual basis but may be provided following a group presentation.

All BC staff also participate in outreach activities (HICAP, Legal Awareness and MIPPA to local providers to ensure a solid referral pipeline to Older Americans Act target populations. Referral partners include, faith-based organizations, senior activity centers meal program cites, local hospitals, supportive housing providers and non-profit aging network service organizations. Staff work with these local partners, who are trusted, visible, community gatekeepers to schedule outreach events for eligible Medicare beneficiaries. Ongoing education and training events highlight topics related to "new to Medicare", working past 65, Medicare Savings Programs and the full array of open enrollment topics.

Caregiver Services

The Caregiver Support Program at AAACAP provides services with funding from Title IIIE of the Older Americans Act. The non-paid family or informal caregiver is the target population for these services. All caregivers enter through the Caregiver Support Coordination Program where both the needs of the caregiver and the needs of the person they are caring for are assessed and care plans are developed to meet the needs of both individuals. Eligibility and assessment processes are described in detail in the Case Management Service Narrative Section of this plan. Care plan development includes a full array of services to address the health, safety and wellness of the caregivers and care receivers. Support services by contract vendor agencies or individuals, are provided using a direct purchase of service methodology and are authorized by care coordinator staff.0

Services may include the following:

- Caregiver Support Groups – A service to facilitate caregivers to discuss their common experiences and concerns and develop a mutual support system. Support groups are typically held on a regularly scheduled basis and may be conducted in person, over the phone, or online. Support groups are led by a trained person, moderator or professional licensed to practice in Texas, such as a social worker, counselor or therapist. This service is provided by a facilitator who possesses training or the required credentials.

- Caregiver Training – A service that provides family caregivers with instruction to improve knowledge and performance of specific skills relating to their caregiving roles and responsibilities. Skills may include activities related to health, nutrition, and financial management, providing personal care, and communicating with health care providers and other family members. Training may include the use of evidence-based programs, be conducted in-person or online, and be provided in individual or group settings.

- Respite In Home – Services are provided on an intermittent or temporary basis while the primary caregiver is unavailable or needs temporary relief. An eligible older care recipient must be unable to perform a minimum of two activities of daily living or require substantial supervision due to a cognitive or other mental impairment which causes the care recipient to behave in a manner that poses a serious health or safety hazard to themselves or to another person.

- Respite Voucher – A service provided through the consumer directed service option which allows the caregiver to choose an individual provider for in-home respite using a participant directed methodology in lieu of an agency model.

- Caregiver Information Services – A service that provides caregivers with for the dissemination of accurate, timely and relevant caregiver related information through public group activities such as handing out publications, conducting group presentations, seminars, health fairs and mass media. Also includes, developing a resource library and other informational resources for use in the dissemination of caregiver information is a component of this service.

- See the in-Home Services Narrative Section for other supportive services which are available to support eligible caregivers.

In-Home Services

In-home services at AAACAP are available throughout the service region and are provided with funding from Title IIIB and Title IIIE of the Older Americans Act (unless otherwise noted in definition). All individuals (with priority given to those in the Older Americans Act target population categories) seeking services enter through the Care Coordination or Caregiver Support Coordination Program where the needs of the older individual and if applicable the informal caregiver are assessed, and care plans are developed to meet the unique needs of individual needing in-home services. Eligibility and assessment processes are described in detail in the Case Management Service Narrative Section of this plan. Care plan development includes a full array of services to address the health, safety and wellness. Support services by contract vendor agencies or individuals, are provided using a direct purchase of service methodology and are authorized by care coordinator staff. Specific service definitions of available in-home services follow:

Chore Maintenance – A service to perform heavy household tasks which an older person is not able to perform on their own, such as heavy cleaning (e.g., scrubbing floors, washing walls, or washing windows inside and outside), moving heavy furniture or maintenance such as yard or sidewalk maintenance.

Emergency Response – Services for an older person to establish an automatic monitoring system which links to emergency medical services when the person's life or safety is in jeopardy. Emergency Response System (ERS) services include the installation of the individual monitoring unit, key lockbox, training associated with the use of the system, periodic checking to ensure that the unit is functioning properly, equipment maintenance calls, response to an emergency call by a medical professional, para-professional or volunteer, and follow up with the older person.

Homemaker (Title IIIB only)– Services provided by trained and supervised homemakers involving the performance of light housekeeping tasks and home management. Activities may include the performance of light housekeeping, home management, meal preparation, escort tasks, and shopping assistance.

Homemaker Voucher (Title IIIB only)– A service provided through the consumer directed services option whereby an individual provider is chosen by the older person. Service activities include the performance of housekeeping, home management, meal preparation, escort tasks, and shopping assistance, provided for an older person who requires assistance with these activities in their place of residence.

Personal Assistance (title IIIB only)- Services to assist an older person who has difficulty performing a minimum of two activities of daily living as identified in the assessment process, with tasks a person would typically perform if they were able. This includes assistance in all activities of daily living and health-related tasks.

Residential Repair – Services consisting of repairs or modifications of a dwelling occupied by an older person that are essential for the health and safety of the older person.

Health Services (physical, mental, and behavioral)

Health services at AAACAP are available throughout the service region and are provided with funding from Title IIIB and Title IIIE of the Older Americans Act (unless otherwise noted in definition). All individuals (with priority given to those in the Older Americans Act target population categories) seeking services enter through the Care Coordination or Caregiver Support Coordination Program where the needs of the older individual and if applicable the informal caregiver are assessed, and care plans are developed to meet the unique needs of individual needing in-home services. Eligibility and assessment processes are described in detail in the Case Management Service Narrative Section of this plan. Care plan development includes a full array of services to address the health, safety and wellness. Support services by contract vendor agencies or individuals, are provided using a direct purchase of service methodology and are authorized by care coordinator staff. Specific service definitions of available health services follow:

Health Maintenance – Services that include one or more of the following activities:

- Medical treatment by a health professional;

- Health education and counseling services for persons or groups about lifestyles and daily activities. Activities may include, but are not limited to: Art and dance – movement therapy;

- Programs in prevention or reduction of the effects of chronic disabling conditions;

- Alcohol and substance abuse;

- Smoking cessation;

- Weight loss and control;

- Stress management;

- Home health services include, but are not limited to, nursing, physical therapy, speech or occupational therapy;

- Provision of medications, nutritional supplements, glasses, dentures, hearing aids or other devices necessary to promote or maintain the health or safety of the older person;

- Also includes the provision of dosage alert systems and the purchase of software, technical support, and materials that connect an eligible older person to free or reduced cost prescription medication services.

Health Screening (Title IIIB only) - Activities to assess the level of health and wellness of an older person and ensure the eligible person is made aware of health services available in their community for appropriate follow-up care. Services may be provided in senior centers, nutrition sites, health fairs or other community settings or in a person's home. Activities may include screenings related to: Blood pressure, Hearing, Vision, Dental, Podiatry, Nutritional status, Blood tests, Urinalysis, Home injury control safety, Depression, Oral Health, Mental and Behavioral Health, and Falls Prevention.

Mental Health Services – Assessment by a mental health professional to determine a need for mental health service(s) (diagnosis or screening) or the provision of services to support and improve the emotional well-being of a person. Mental health services shall be provided for a person who has mental health, emotional or socialization needs. The person may require support services, treatment, and additional referrals to address these needs. Such support services may include education, prevention, screening, referral and intervention.

Evidence-Based Interventions (EBIs)

Service Definition – Activities related to the prevention and mitigation of the effects of chronic disease (including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease), infectious disease, vaccine-preventable disease, prevention of sexually transmitted diseases, as well as alcohol and substance abuse reduction, chronic pain management, smoking cessation, weight loss and control, stress management, falls prevention, physical activity and improved nutrition. Activities must meet the Administration for Community Living (ACL)'s definition for an evidence-based program.

AAACAP ensures all Evidence-Based Programs meet the following requirements:

- be demonstrated through evaluation to be effective for improving the health and well-being or reducing disease, disability, injury or both, among older adults; be proven effective with older adult population, using Experimental or Quasi-Experimental Design;

- be published in peer-review journal;

- be fully translated in one or more community site(s); and

- include developed dissemination products that are available to the public.

AAACAP provides the following evidence-based, direct service interventions across the CAPCOG region: Chronic Disease Self-Management, Diabetes Self-Management, Chronic Pain Self-Management and A Matter of Balance Falls Prevention. The staff Health and Wellness Coordinator is Master Trained in all self-management interventions and trains volunteer leaders as well as older individual participants.

Staff continue to research possibilities regarding additional options for expanding evidence-based offerings to address the needs of older adults and caregivers using methodologies focused on behavioral health supports, stress reduction to promote mental health well-being.

Strong community partnerships are the foundation upon which this program develops. Staff continues to provide outreach to new partners with the goal of ensuring available evidence-based classes in all ten counties of the CAPCOG region. Partners include but are not limited to Texas A&M School of Nursing, Texas AgriLife Extension agents, faith-based communities, aging network service partners,

housing communities, long-term care facilities, county/city health and human services and other civic organizations.

All Other Services to Assist Independence

Income Support Service Definition– Assistance in the form of a payment to a third-party provider for services or goods that support the basic needs of the person, on behalf of an older person or their caregiver. All individuals (with priority given to those in the Older Americans Act target population categories) seeking services enter through the Care Coordination or Caregiver Support Coordination Program where the needs of the older individual and if applicable the informal caregiver are assessed, and care plans are developed to meet the unique needs of individual needing income support services.

Public Information and Instruction and training are focused on information and education for the general public and/or aging network professionals to ensure expanded and equitable access to services and/or to support increased capacity to provide additional services to better meet the needs of older individuals and family caregivers.

Public Information Service Definition – A service that provides information to groups of current and potential participants on the resources and services available for older adults in their communities. Activities include providing information at senior fairs, handing out publications and answering questions, and initiating targeted mass media campaigns, including targeted internet websites.

Instruction and Training Service Definition – Services that provide experience or knowledge to people or professionals working with older people to acquire skills in formal or informal individual or group settings.

Senior Center Operations Service Definition – The operation of community facilities where older people gather to pursue mutual interests, receive services and take part in activities which will enhance their quality of life, support their independence, and encourage their continued involvement in and with the community. These services are provided by contracted subrecipients solicited through a competitive procurement.

Ombudsman Service Definition – Services to protect the health, safety, welfare, and rights of residents of nursing facilities and assisted living facilities, including identifying, investigating, and resolving complaints that are made by, or on behalf of, residents. (Older Americans Act, Section 712)

Ombudsman services are provided in compliance with the policies and procedures of the State Long Term Care Ombudsman Office (SLTCO). Five staff ombudsman and volunteers provide resident advocacy services in both nursing facilities and assisted living facilities located across the AAACAP region. Volunteer recruitment, training and oversight of certified ombudsmen volunteers is also provided in accordance with the protocols established by the SLTCO.

Section 11. Direct Service Waiver

> Legal References: OAA 2020 307(a)(8); 26 TAC 213.155

To ensure compliance with the OAA direct service provision requirements and the state's approved state plan on aging, AAAs must request HHSC approval to provide Title III services directly. Please refer to the Method of Service Provision column in the [HHSC Services Definitions for Area Agencies on Aging Federal Fiscal Year 2023](#).

As per AAA Bulletin 22-02 AAAs Providing Services Directly (from November 04, 2022), the following services **do not** require HHSC approval:

- Case Management (Care Coordination and Caregiver Support Coordination)
- Information and Assistance (Information, Referral and Assistance and Caregiver Information Services)
- Services directly related to the AAA's administrative functions (Area Agency Administration, Data Management, and Instruction and Training)
- Outreach (Legal Awareness, Outreach and Public Information Services)
- Legal Assistance services which are provided directly by a certified benefits counselor; and
- Ombudsman Services which are provided directly by a certified ombudsman.

Indicate (**yes** or **no**) whether the AAA will provide any direct service that requires HHSC approval during the effective period of this area plan (FFY 2024 through FFY 2026). If **yes**, also indicate the direct service(s).

Yes, AAA will provide the following direct services during the effective period of this plan: Evidenced-Based Intervention Services.

Direct Service Waiver Form 1

All area agencies on aging (AAAs) must complete a Direct Service Waiver form to request approval to provide supportive, in-home, or nutrition service as a direct service. A direct service is defined as a service activity provided to an eligible person performed directly by a AAA employee or volunteer.

Table 8. Direct Service Waiver Form 1

Topic	Response
Name of AAA.	Area Agency on Aging of the Capital Area
Identify the direct service being requested.	Evidence-Based Intervention. Subservices: A Matter of Balance, Chronic Disease Self-Management, Diabetes Self-Management, Chronic Pain Self-Management
Identify: the time period for which the AAA will provide the direct service, not to extend past the effective period of this area plan:	October 1, 2023, through Sept. 30, 2026
Condition A: Provision of the direct servic2023, the AAA is necessary to assure an adequate supply of such service. If yes, enter an explanation.	YES: There is no provider available to serve all counties Inadequate providers with proper EBI licensure and training to provide services, both training and workshops in order to meet the requirement for providing services across the region and expending all Title IIID funding allocations. We are the sole license holder in 9 of our 10 county service areas.
Condition B: The service is directly related to the AAA's administrative functions.	No.
Condition C: The service can be provided more economically, and with comparable quality, by the AAA.	No.
Specify the area(s) within the PSA for which the AAA will provide the direct service.	Bastrop, Blanco, Burnet, Caldwell, Fayette, Hays, Lee, Llano, Travis and Williamson counties

Direct Service Waiver Form 2

All area agencies on aging (AAAs) must complete a Direct Service Waiver form to request approval to provide a supportive, in-home, or nutrition service as a direct service. A direct service is defined as a service activity provided to an eligible person performed directly by a AAA employee or volunteer.

Table 9. Direct Service Waiver Form 2

Topic	Response
Name of AAA.	Enter text here
Identify the direct service being requested.	Enter text here
Identify the time period for which the AAA will provide the direct service, not to extend past the effective period of this area plan.	Enter text here
Condition A: Provision of the direct service by the AAA is necessary to assure an adequate supply of such service.	Respond with yes or no If yes, enter an explanation
Condition B: The service is directly related to the AAA's administrative functions.	Respond with yes or no If yes, enter an explanation
Condition C: The service can be provided more economically, and with comparable quality, by the AAA.	Respond with yes or no If yes, enter an explanation
Specify the area(s) within the PSA for which the AAA will provide the direct service.	Enter text here

Direct Service Wavier Form 3

All area agencies on aging (AAAs) must complete a Direct Service Waiver form to request approval to provide a supportive, in-home, or nutrition service as a direct service. A direct service is defined as a service activity provided to an eligible person performed directly by a AAA employee or volunteer.

Table 10. Direct Service Waiver Form 3

Topic	Response
Name of AAA.	Enter text here
Identify the direct service being requested.	Enter text here
Identify the time period for which the AAA will provide the direct service, not to extend past the effective period of this area plan.	Enter text here
Condition A: Provision of the direct service by the AAA is necessary to assure an adequate supply of such service.	Respond with yes or no If yes, enter an explanation
Condition B: The service is directly related to the AAA's administrative functions.	Respond with yes or no If yes, enter an explanation
Condition C: The service can be provided more economically, and with comparable quality, by the AAA,	Respond with yes or no If yes, enter an explanation
Specify the area(s) within the PSA for which the AAA will provide the direct service.	Enter text here

Section 12. Data Use Agreement

AAACAP is held accountable by HHSC and CAPCOG to follow the Data Use Agreement (DUA) October 2019. Under the terms of this DUA, AAACAP ensures that its staff, policies, procedures, and programs are in compliance with the DUA.

As per the purpose of the DUA to facilitate creation, receipt, maintenance, use, discloser, or access to Confidential Information with and describe AAACAP's rights and obligations with respect to the Confidential Information and the limited purposes for which AAACAP may create, receive, maintain, use, disclose or have access to Confidential Information.

AAACAP also understands that the DUA applies to both Business Associates and contractors who are not Business Associates who create, receive, maintain, use, disclose or have access to Confidential Information on behalf of HHSC, its programs or clients as described in the Base Contract. AAACAP further understands that as of the effective date of the DUA if any provision of the Base Contracts, including any General Provisions or Uniform Terms and Conditions, conflicts with the DUA, the DUA controls.

AAACAP utilizes security systems and procedures to safeguard all Confidential Information compliant with the Data Use Agreement agreed to by HHSC.

AAACAP ensures its compliance with the DUA through the following policies and processes:

CAPCOG Policies related to Facilities and IT*: CAPCOG has in place written policies related to the following, that are written, available on-line, and reviewed and implemented by leadership and staff: Facility Security Guidelines; HR HIPAA Policy; HR CAPCOG Personnel Polices; IT Data Backup; IT E-mail Monitoring; IT Internet Connection; IT Remote Access Policy; MS Social Media Policy.

CAPCOG Personnel Policies: HIPPA Policy and Privacy and Security Procedures are included in the written and on-line Employee Personnel Policies provided all AAACAP staff and outline requirements related to Confidential Information that complies with the DUA.

Contract Monitoring Questionnaire: A Contract Monitoring Questionnaire, utilized and reviewed by the Director of Aging Services, Director of Finance, Deputy Executive Director, and Executive Director is in place that supports the DUA

requirements. Section IV, Data Security, and Section VIII, Subcontractors specifically address Confidential Information use and requirements.

Privacy Officer: The Director of Aging Services is the designated Privacy Officer and ensures training, compliance, and reporting related to confidential information that complies with the DUA.

Staff compliance: All staff is made aware of the requirements mandated through the DUA for the proper handling of Confidential Information. Standardized HIPPA training is in place related to the use of Confidential Information that complies with the DUA and includes a final exam for employees. The training is conducted within two weeks for all new employees and annually for all staff. Job descriptions include requirements related to the proper handling of Confidential Information that is in compliance with the DUA. Management monitors staff e-mail, documents, and file cabinet security, fax and copy machine use to ensure compliance. Use of Confidential Information that is in compliance with the DUA is expected and included in performance management.

Subrecipients and subcontractors: All subrecipients doing business with AAACAP are required to sign and comply with the sub respondent agreement referenced in the DUA. This is included on the agency checklist of procedures related to sub-respondents.

Volunteer Policies: AAACAP written volunteer policies and training include training and requirements related to system access that complies with the DUA.

Section 13. Disaster Plan

> Legal References: OAA 2020 306(a)(17) and 307(a)(17); 26 TAC 213.11 and 213.151

The CAPCOG AAACAP Disaster Recovery and Business Continuity Plan addresses transition and ongoing operations. The plan provides for uninterrupted service delivery to the consumer whenever possible. Consumer needs are and will continue to be the mission and priority of AAACAP.

AAACAP, in coordination with its sister hosted agency, the ADRC-CAP will work CAPCOG leadership as well as local, state and federal officials for the following, in priority order: Comply with all directives related to the emergency; Safeguard the physical, mental and emotional health of first, its employees, secondly, support to its subrecipients, partners and consumers; Actively seek unique methods and means to work with consumers, subrecipients and partner agencies to ensure consumers' essential needs are met. It is understood that these needs are often acerbated by the emergency. AAACAP will continue its mission to serve as an advocate for the needs of the state's most vulnerable populations: older adults and their caregivers. The actual plan also includes an Additional Staff Authorization list.

Explanation of Plan Development

The following plan is excerpted from the CAPCOG Recovery and Continuity Plan, Rev. 2019. This plan includes guidance for all CAPCOG agencies, including AAACAP, on the following: Purpose and Assumptions, including potential hazards; Business Continuity and Recovery Planning Team; Communications Plan; Critical Assets; Critical Operations; Operations Contacts, Suppliers and Contractors; Computer Inventory Form; Information Technology Security, Data and Records Recovery; Continuity of Management Plan; Temporary/Alternate Agency Location; and Insurance Coverage.

Aging Services is one of the CAPCOG divisions. Aging Services. In the CAPCOG plan, Aging Services disaster and business continuity is addressed as follows:

- Section 1: Purpose and Assumption - Location and potential hazards that might affect AAACAP at CAPCOG

- Section 2.A: Business Continuity and Recovery (C&R) Planning Team - The Director of Aging Services is a member of the C&R Planning Team.

- Section 3: Communications - CAPCOG Member Services will support AAACAP's need to communicate with stakeholders and updating the CAPCOG website to provide information and instructions on how stakeholders can reach staff and updated program delivery information.

- Section 4.B.2: Critical Assets – AAACAP leadership, building, communications infrastructure, equipment, data resources and operations.

- Section 5.B. 2: Critical Operations – Essential functions of AAACAP in the first week.

- Section 6.B.2: Operations Contacts, Suppliers and Contractors – Essential procedures and procedures to restart operation after minimal and maximum disaster impact.

- Section 7: Computer Inventory - Computer equipment to support AAACAP operations.

- Section 8: Information Technology Security, Data and Records Recovery – Data backup processes and technical contacts to continue secure and confidential AAACAP operations.

- Section 9: Temporary/Alternate Agency Location: steps to relocate CAPCOG, including AAACAP operations if necessary.

- Section 10: Continuity of Management Plan – Chain of Command and line of succession to ensure leadership of CAPCOG and reporting chain for AAACAP.

- Section 11: Insurance Coverage: Information on liability, workers compensation and replacement of equipment as needed.

The intent of the plan is to provide guidance for actions taken by the CAPCOG Crisis & Response Team during the first week immediately following the event, those actions determining the work plan to reinstate, restore, or replace total functionality of the agency's operations.

Local rules and regulations

AAACAP will follow all local, state and federal rules and regulations. Local AAACAP disaster procedures include the following:

- CAPCOG will inform HHSC within one (1) business day of an unplanned catastrophe that affects performance of operations and a timeframe for initiating CAPCOG's Recovery and Continuity Plan. The Director of Aging Services or their designee shall contact OAAA HHSC, within one business day of an unplanned catastrophe that affect performance of operations. CAPCOG will send an e-mail to the designated e-mail and if necessary, contact by phone the leadership for the appropriate office. If not available, notification will go to the leadership at the Community Access/Access and Eligibility will be notified, or as per HHSC guidance. Notification will be by e-mail, unless e-mail is unavailable. If the operations of the OAAA are affected, CAPCOG will notify HHSC as per HHSC guidance for such situations.
- The Director or designee will notify OAAA, HHSC of the timeframe for initiating the CAPCOG Disaster Recovery and Business Continuity Plan.

The following are potential hazards that may realistically occur during operation, including, but not limited to instances such as natural disasters, situations when a facility is no longer available, etc.: High winds due to tornadic activity or severe storms; Fire or explosive device; Extreme power outages or interruption to operational communications and energy sources; Severe facility damage from other man-made causes; Damage to surrounding infrastructure; pandemic.

Outline of course of actions to address the above issues: As per the CAPCOG Continuity and Recovery Plan, Section 5: AAACAP will follow the directions of the CAPCOG Continuity and Recovery Team. Procedures to restart operation after minimal disaster impact and procedures to completely restore operation after significant disaster impact. Restoration of physical site or implementation of a satellite site to include complete workstation capabilities.

CAPCOG's Continuity and Recovery plan, Section 10, outlines the agency's approach to determining the disaster recovery site location. CAPCOG's outline in choosing a site includes:

Temporary/Alternate Agency Location initial steps after event will be to assess and determine the extent of damage to physical space and the feasibility of repairs

versus a longer-term impact requiring alternate temporary space or permanent relocation of the agency's primary location.

Sites appropriate for minor damage (in which AAACAP's physical space can be operational within 3-6 weeks.) and sites appropriate for major damage (reinstatement of operations feasible after 4-6 months allowing for repairs and reconstruction). Specifications on appropriate sites, including such factors as square footage required, data and phone communications requirements, parking and near major arterial highways.

The CAPCOG plan includes timeframe for backup and recovery procedures that will allow for restoring service (and whether the service restored is full or partial). These include actions to be taken within the first week to evaluate personnel safety and infrastructure needs. For AAACAP, the following procedures are outlined: Assess and report on status of availability of services to consumers; Restoration of physical site or implementation of a satellite site to include complete operations capabilities; Access to required reporting platforms to fulfill both program and fiscal contract obligations, including referral and assistance intake/call center functions.

CAPCOG's plan addresses interruptions to the established plan of AAACAP operations and outlining communication processes, short- and/or long-term resolutions, action steps and response time frame are as follows: Contingency plan addressing interruptions to the established plan of operations is being developed for AAACAP in conjunction with the existing CAPCOG plan. The current plan includes communication processes, such as: updating the CAPCOG website to provide information and instructions on how stakeholders can reach staff; Updated program delivery and deadline information and any information related to timelines for agency activities.

Communication will be initiated to HHSC, the local 2-1-1, the AAA, LIDDA and Center for Independent Living, as well as the AAA Advisory Committee and other key stakeholders with status updates. Updates to services status will be provided on a 48-business hour basis as needed until the resumption of normal services.

AAACAP will use the following documentation and tracking instruments that will allow HHSC to determine if performance measures are met. AAACAP will utilize its laptops and its cloud-based SharePoint system, as well as the CAPCOG VPN to continue client services and tracking for all core service performance measures. If electricity/batteries are not available, AAACAP will track client services using paper

intake forms. This data will be entered into the appropriate electronic trackers as soon as electricity to re-charge laptops is available.

AAACAP will use the following reporting mechanism specific to disaster recovery and contingency operations: The CAPCOG Plan, Section 5, AAACAP operations, directly states AAACAP will communicate with funding agencies. The Director, Aging Services, or their designee, will notify HHSC of the emergency and the agency response as soon as communication means are available. This will be by e-mail to the appropriate e-mail to the OAAA office at HHSC and by phone, if e-mail is not available. AAACAP will follow the guidance provided by OAAA, HHSC regarding notification during non-business hours.

AAACAP will ensure that it participates annually (or more frequently if required by HHSC) in an enterprise-wide test of the disaster recovery solution. AAACAP will actively seek unique methods and means to work with consumer needs that are related to the emergency.

AAACAP specific Preparedness and Response for conditions for remote services:

At the discretion of the CAPCOG Executive Director, and in compliance with local, federal, and state mandates, AAACAP may provide all services remotely or in a contact-free manner. This may occur due to pandemic conditions, natural disasters, or other emergencies.

The provision of IRA services is a key priority in such circumstances, as consumers may experience additional needs for vital services such as food, medical care, caregiver support, rental and utility financial assistance and social isolation during such times of crisis. AAACAP is committed to ensuring that whenever possible IRA services continue regardless of the need to operate remotely.

Key Response Policies:
- The safety of staff is the paramount requirement and is to be the first principle of any response.
- Every effort will be taken to ensure client services and Contract deliverables related to client services continue with no degradation of service, taking into consideration staff safety and the directives of CAPCOG and HHSC.
- HIPPA and protection of client and staff data will be followed at all times. Appropriate measures will include:

- Staff Training and written directives on the use of private data at remote locations

- Staff use of Google Voice or other means in making calls to clients that will protect the privacy of their personal cell and/or home phone numbers.

- No secure information will be stored on either personal or CAPCOG devices, to include Smartphones, laptops, tablets, desktop computers or jump drive.

- No client information is to be kept "hard copy". Any case notes, etc. taken at home must be kept in a secure location and brought to the office as soon as possible for shredding.

- NO information about or to clients will be scanned or transmitted by Smartphone or text messaging.

- Client information and discussions will be kept secure from unauthorized personnel in remote location.

Preparedness and planning

Ensure that the CAPCOG SharePoint is functional and can be used as follows:

- All AAACAP documents are to be stored on shared cloud-based file servers, to ensure access from remote locations.

- The SharePoint TEAMS system is functioning to allow for team meetings and chat and phone communications when necessary.

- Ensure that AAACAP has a virtual platform, such as GoToMeeting to meet with community partners and the Aging Advisory Committee as necessary.

- Ensure all staff has internet at home, or arrange for other alternatives, such as hotspots.

- Ensure all staff have access to and are familiar with laptops.

- Ensure training of staff related to the disaster response plan and HIPPA requirements.

- Ensure AAA voicemails are received via the AVAYA system to all staff e-mails.

- Ensure all e-mails to aaainfo@capcog.org are received by all Access and Assistance staff.

- Ensure all staff has Smartphone and Google Voice loaded on Smartphones.

Note: CAPCOG may provide stipends for use of personal Smartphones to staff based on the percentage of telecommuting required. This is at the discretion of the Executive Director.

Remote Access – general procedures:

AAACAP will ensure that key partner agencies are notified of continuation and adaptation of services. AAACAP will also confirm the availability of partner services for clients. These key partners include:

- United Way 2-1-1 of the Greater Austin Area
- ADRC-CAP
- OAAA, HHSC
- Aging Advisory Council
- Aging Services Council and members
- Back up options: If AAACAP or facility has been affected in such a way that AAACAP staff and CAPCOG systems are not functional.
- AAACAP will follow the directives of the Executive Director, CAPCOG and HHSC
- Consideration will be given to requesting that United Way/2-1-1 of the Greater Austin area serve as a back-up for consumer response.

FEMA recommendations for emergency preparedness

AAACAP is familiar with and encourages the use of FEMA (Federal Emergency Management Agency) recommendations for emergency preparedness. FEMA provides resources for both operational planning and preparedness for entities, such as template business continuity plans, as well as guidelines for employee personal preparedness. In conjunction with CAPCOG administration, AAACAP supports and promotes the use of these resources and recommendations for AAACAP preparedness, CAPCOG business continuity and disaster recovery and employee preparation.

These resources can be found at: FEMA Emergency Preparedness Resources for Business: Welcome - Preparedness Toolkit (fema.gov)

Appendices (*this section only in Capital plan)

Appendix A: Glossary

AAA; Area Agency on Aging

AAACAP: Area Agency on Aging of the Capital Area

ACL: Administration on Community Living (at U.S. Department of Health and Human Services)

ACS: American Community Survey

ADRC: Aging and Disability Resource Center

ADRCCAP: Aging and Disability Resource Center of the Capital Area

ADRD: Alzheimer's Disease and Related Dementias

AIRS: Alliance for Information and Referral Systems

APS: Adult Protective Services

ASC: Aging Services Council

BC: Benefits Counselor/Benefits Counseling

CAN: Community Advancement Network (Travis County/City of Austin)

CAPCOG: Capital Area Council of Governments

CARTS: Capital Area Transportation System

CATRAC: Capital Area of Texas Regional Advisory Council

CAN: Client Needs Assessment

CIL: Center for Independent Living

DFPS: (Texas) Department of Family and Protective Services

DUA: Date Use Agreement

EBI: Evidenced-Based Intervention (programs)

GIS: Geographic Information System

HHSC: (Texas) Health and Human Services Commission

HICAP: Health Insurance Assistance Program (for Texans)

HIPPA: Health Insurance Portability and Accountability Act of 1996 (often used to refer to confidentiality/privacy requirements included in this Act)

IRA: Information, Referral, and Assistance

LIDDA: Local Authority for Intellectual and Developmental Disabilities

MSA: Metropolitan Statistical Area

MHA: Mental Health Authority

OAA: Older Americans Act

PSA: Planning and Service Area for Texas HHSC

RITE: Respite Innovative Technology Enhancements (Federal grant)

RSVP: Retired Senior Volunteer Program

RTCC: Regional Transportation Coordination Committee

SALT: Seniors and Law Enforcement Together

SHIP: State Health Insurance Assistance Program

SLTCO: State Long Term Care Ombudsman Office

TCDS: Texas Center for Disability Studies at the University of Texas at Austin

TDC: Texas Demographic Center

Title III Services: Services funded through Title III of the Older Americans Act, as amended, and passed through Texas HHSC. While the bulk of the program funding is through the allocation of Title III dollars, AAACAP does derive support from client contributions/program income, match (in-kind and actual dollars) and donations.

Title VII Services: Services funded through Title III of the Older Americans Act, as amended, and passed through Texas HHSC to support services of long-term care Ombudsman programs.

TTAP: Texas Technology Access Program (at the Texas Center for Disability Studies at the University of Austin Texas).

Appendix B: Detailed Methodology of AAACAP Community Needs Assessment 2023

As discussed in Section 6, Stakeholder and Public Input (Statewide), AAACAP created and conducted a regional Community Needs Assessment to ensure a broad range of input from older adults, caregivers, and service providers specific to the CAPCOG region.

In line with the Aging Texas Well Statewide Survey, the focus of the survey was on identifying current and future needs and priorities for older adult services.

The survey was distributed/available March 20 through June 20, 2023, both in-person and electronically to older adults, informal caregivers, and service providers in each county within the region.

Overview (as provided in Section 6)

A Community Needs Assessment survey tool, based on the survey tool developed for use state-wide in FY 2020 was implemented in March 2023 for distribution via both SurveyMonkey as well as hard copies for on-site distribution throughout the 10 counties of the CAPCOG region. Surveys were targeted towards older adults, informal family caregivers as well as service providers to this demographic.

Surveys were available in English, Spanish, and a bilingual English-Spanish version. Hard copies were distributed at sites serving the target populations in every county of the region, as well as mailed to past AAACAP consumers. The link for the SurveyMonkey on-line survey was e-mailed to service providers and IRA consumers, as well as posted on-line at the CAPCOG website. In addition, as mentioned, community leaders and key stakeholder groups such as the Aging Advisory Committee, the ADRC Steering Committee, the Aging Services Council, and interagency councils assisted in the survey distribution.

450 surveys were received between March – June 2023 from all 10 counties served. The total number of surveys exceeded the 289 surveys receive3d during the last Area Plan process in FY 2020. 180 were completed on-line; 270 were completed manually and either mailed in or provided to AAACAP3 staff at an on-site event. 70.14% of responses came from older adults age 60 and over, while 14.35% identified as unpaid family caregivers. 34.26% of all respondents also identified

themselves as either being paid or volunteer staff at an agency that provided services to older adults/unpaid family caregivers.

Methodology

This narrative will explain the survey used, how participants were chosen, and the results of the survey.

The Survey: This Community Needs Assessment was based on one originally approved by the Texas Association of Area Agencies on Aging and utilized by state AAAs in assessing needs in 2019. It was extensively revised and updated by AAACAP to better understand the current needs and challenges from older adults in the CAPCOG region, and versions were made available in English and Spanish, both on-line and on paper.

While all three participant groups identified by the Aging in Texas Well Methodology (older adults; informal caregivers of older adults; organizations providing services and support to older adults) were included in the surveys, the AAACAP survey did not include differentiation by demographic group related to responses.

In accordance with the OAAA, the AAACAP study used the term "older adults" for persons that were 60 years old or above. The AAACAP study used the term "informal caregivers" for non-paid persons who provided support and assistance to older adults, usually family members but also including friends and neighbors.

Those determined to be associated with organizations providing services and support to older adults were any person providing paid or volunteer service to such agencies.

The AAACAP Community Needs Assessment was designed to use both quantitative and qualitive data that would provide a picture of community needs in both a numerative way and a narrative way. This was purposefully intended to allow the AAACAP to see trends in a data-based approach, and also allow for the human story of personal stories to be told. Both the paper and the on-line survey were created to express the concerns of the individual completing the survey; however, it is possible that some surveys were completed with or by a supporter of the person surveyed. AAAACAP used software from its Survey Monkey plan to provide the link, enter the data from the paper surveys completed, and to compile the data.

The AAACAP designed the survey so that it would allow participants to not answer irrelevant questions when completing the on-line survey. Using the Survey Monkey feature of "logic modeling", if the answer to a first question meant that some subsequent questions would be irrelevant, the survey would then skip the irrelevant questions automatically for the participants. Thus, service providers completing the survey were asked 10 questions, older adults and caregivers were asked to respond to 10 questions, and persons who identified as both were asked 11 questions.

AAACAP also wanted to ensure that participants were asked questions that allowed for a response in their own words (open-ended) as well as questions that would allow for comparative data to be collected (closed). Checkboxes and ranking questions allowed for this method. In addition, the survey provided participants the ability to provide additional information using text boxes. An "other" option was also provided for some questions.

The sample size included any survey in which more than Question 1 was completed. No differentiation was made between a fully completed or partially completed survey if at least two questions were completed. An additional four correspondents only completed the first question of the survey that asked them to identify their participant group. These responses were not considered to be a part of the sample size and were excluded from the data analysis.

Confidentiality and the protection of participant data was highly important to AAACAP in both the survey distribution and data analysis components. Data was collected on either paper surveys that required no personal information, or on-line with no personal information requested or needed. No personal information was collected either on-line or on the paper surveys, which were either collected on site by agency staff not involved in data compilation or which were mailed in using AAACAP self-addressed stamped envelopes. Since no personal information was collected, names and other information were not included in any reporting tool or narrative about the survey. The separate last page of the survey provided information (as a tear-away) on contacting the AAACAP if services were needed. Some quotes that were used from the narrative questions were redacted when needed to also ensure confidentiality.

Survey Distribution

The survey distribution began March 20, 2023, and was distributed using the following methodologies:

- Links to the e-survey were e-mailed with a "cover e-mail" to callers who requested IRA services from AAACAP and ADRCCAP between the dates of 10/1/2022 and 5/31/23.

- Social Media and E-newsletters: Information and survey link were posted on the CAPCOG Aging Services webpage and appeared in the Aging Services Council weekly E-blast for a two-month period.

- Paper copies mailed to AAACAP Care Coordination and Caregiver Support clients who utilized services in 2023.

- Paper surveys were distributed at 40 sites and included at all AAACAP and ADRCCAP of outreach presentations and information tables held during the months of April – June 2023. Participants had the choice of returning the surveys to the AAACAP staff member or mailing in to the AAACAP in a self-addressed, stamped envelope. Distribution sites included Drive-A-Senior non-profits, Community Resource Centers, Food Pantries, Senior Centers, libraries, and faith communities.

- As mentioned, 180 e-surveys were completed, and 270 hard-copies returned by mail or from outreach events. All hard copy survey data was entered into the Survey Monkey e-survey instrument for data compilation.

AAACAP Survey Distribution, e-mail or mail group distribution:

Method	Distribution Group	Number Sent
E-mail	AAACAP Aging Advisory Council members	17
Mail	AAACAP Care Coordination/Caregiver Clients 1/1/2023 - 5/15/2023	40
E-mail	AAACAP Information and Referral Services clients with emails 1/1/2023 - 5/31/2023	259
E-mail	AAACAP service providers	31
E-mail	ADRCCAP Information/Referral services clients with e-mails 10/1/2023 2022 - 5/31/2023	736
E-mail	ADRCCAP service providers	16

E-mail	ADRCCAP Steering Committee members	54
E-mail	Drive A Senior Programs for members	5
E-mail	Aging Services Council E-blast	188
N/A	Total sent by direct e-mail or mailed	1346

AAACAP Survey Distribution, on-site (paper survey) distribution data:
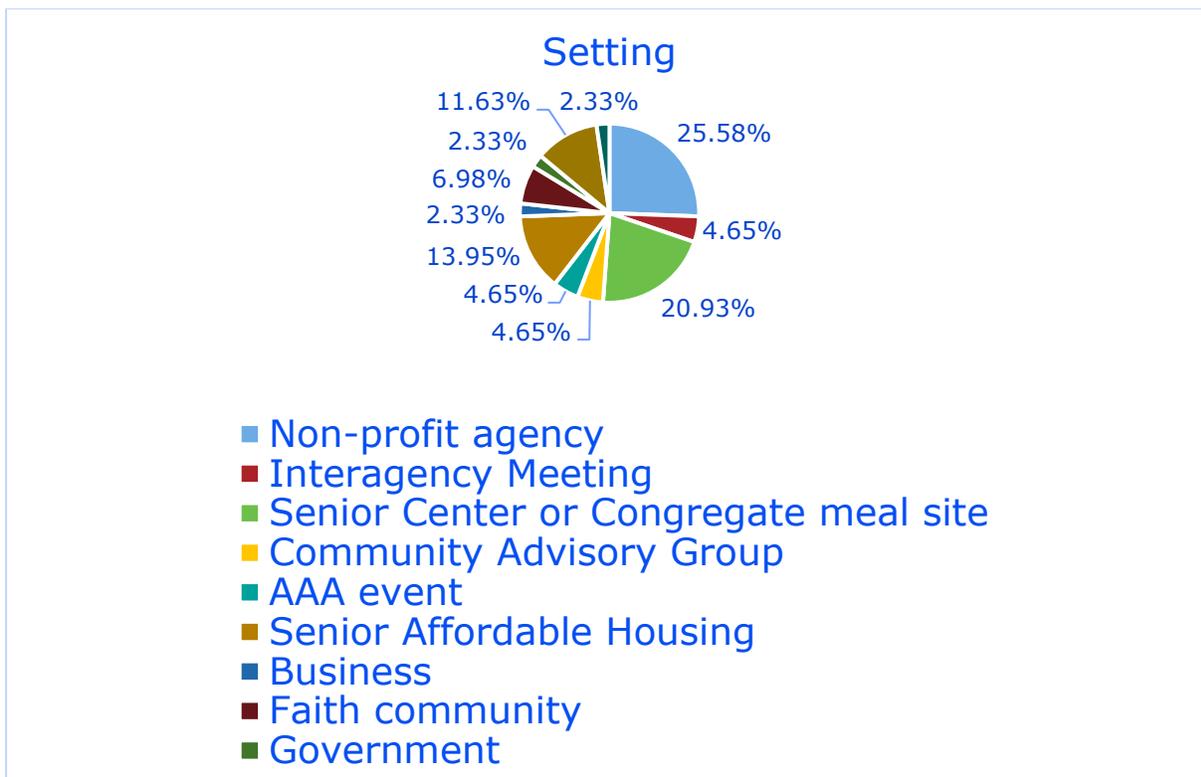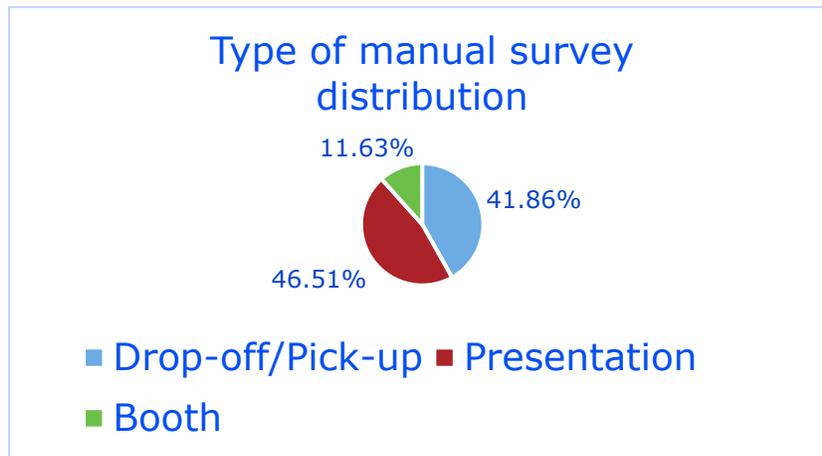
Type of manual survey distribution

11.63%

41.86%

46.51%

- Drop-off/Pick-up ■ Presentation
- Booth

Setting

11.63%   2.33%

2.33%   25.58%

6.98%

2.33%

13.95%   4.65%

4.65%

4.65%   20.93%

- Non-profit agency
- Interagency Meeting
- Senior Center or Congregate meal site
- Community Advisory Group
- AAA event
- Senior Affordable Housing
- Business
- Faith community
- Government

Survey Results

The AAACAP survey focused its identification of priorities for the future and current needs and priorities of older adult services in general. Rather than differentiating between the needs expressed by certain demographics (older adults; caregivers; and social service providers), AAACAP assessed the overall data on the priorities expressed overall relating to older adults age 60 and over. Based on the AAACAP

Community Needs Assessment regional assessment in 2023, data analysis identified the top priorities for the needs of older adults. These needs were reflected in both the quantitative responses as well as the qualitative responses.

Results by Question

Survey Question #1: Are you employed, or do you volunteer with an agency (nonprofit, government, or for-profit entity) which provides services to older adults/unpaid family caregivers?

Responses:

Answer Choices	Responses	
No	65.74%	284
Yes	34.26%	148
Answered		**432**
Skipped		**18**

Appendix B, Chart #1: Responses related to respondents who are service providers:
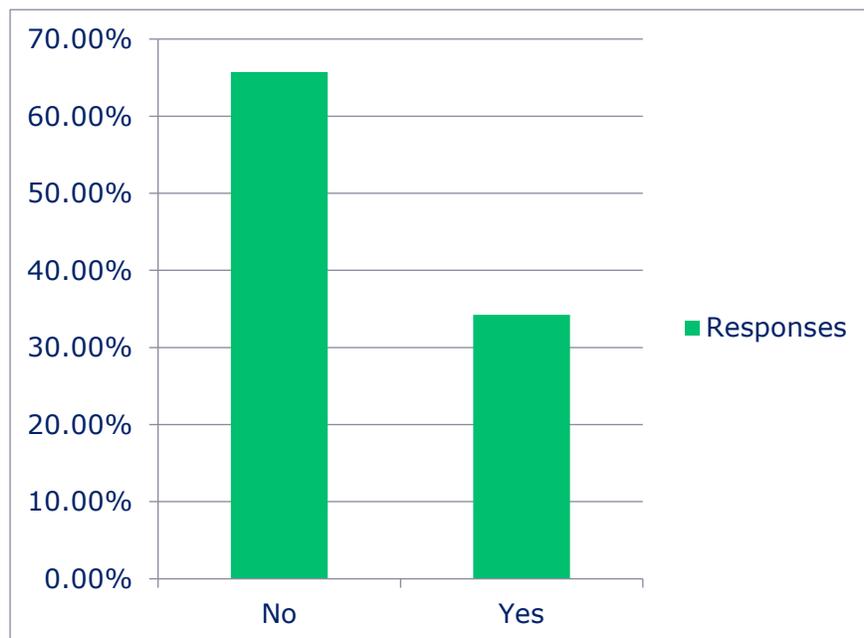
Survey Question #2 (Note: only answered if answered YES to Question #1 – only if a service provider): Select the counties (or county) in which your agency serves older adults/family caregivers. Check all that apply.

Responses:

Answer Choices	Responses	
Bastrop	29.71%	52
Blanco	14.86%	26
Burnet	11.43%	20
Caldwell	22.29%	39
Fayette	13.14%	23
Hays	38.29%	67
Lee	14.86%	26
Llano	10.29%	18
Travis	47.43%	83
Williamson	36.00%	63
Other (please specify)	6.86%	12
Answered		**175**
Skipped		**275**

Appendix B, Chart #2: Responses by counties served (service providers only):
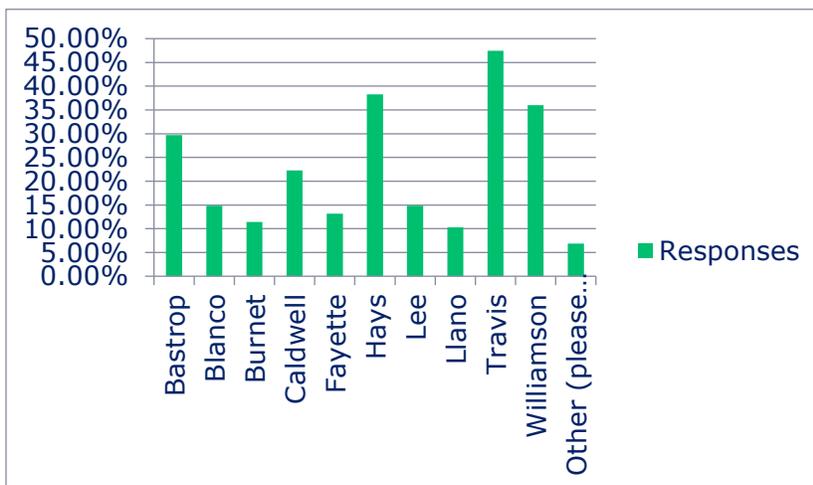
Survey Question #3: What categories best describe you?

Responses:

Which categories best describe you? (Please select all that apply.)

Answer Choices	Responses	
A. I am age 60 and above and have received services from the Area Agency on Aging.	20.14%	87
B. I am under age 60 and have received services from the Area Agency on Aging.	3.01%	13
C. I am age 60 or above and have NOT received services from the Area Agency on Aging.	50.00%	216
I am under age 60 and have NOT received services from the Area Agency on Aging.	0.00%	0
I am an individual who has a disability.	0.00%	0
D. I am a family caregiver (an unpaid caregiver who provides any type of physical/emotional care for an older adult who resides in a home setting).	14.35%	62
E. None of the above.	18.52%	80
Other (please specify)	0.00%	0
	Answered	**432**
	Skipped	**18**

Appendix B, Chart #3: Respondents by type:
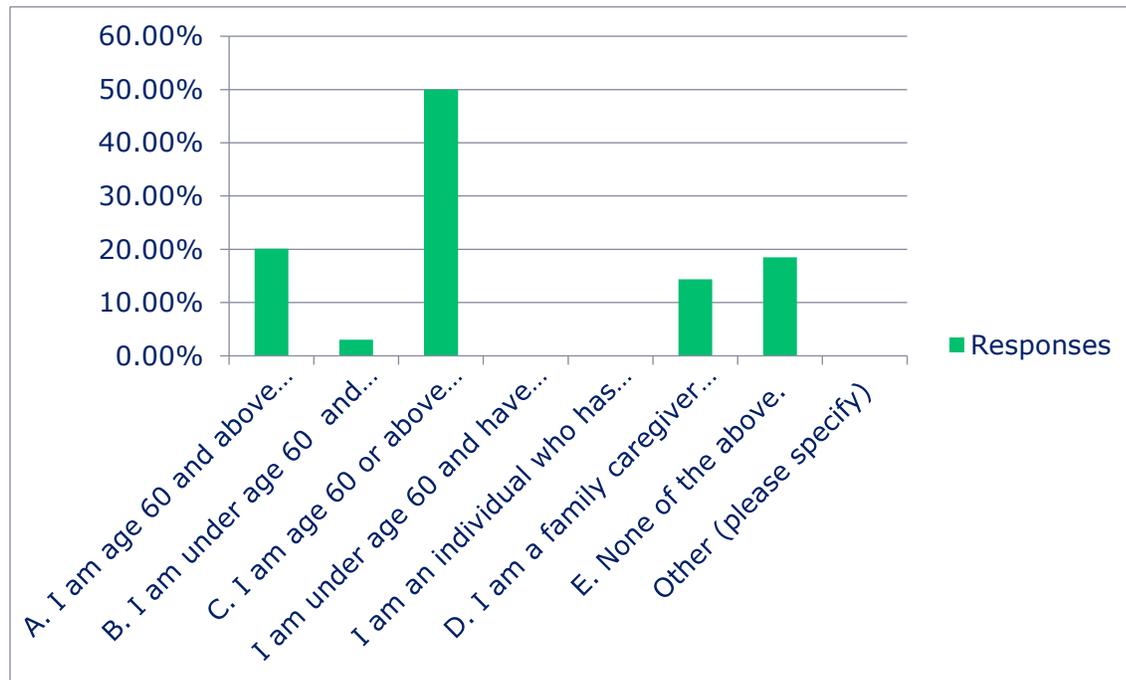
Survey Question #4: Please select the county in which you live:(Note: Only answered if did NOT respond "E" (none of the above for Question 3)

Responses:

Answer Choices	Responses	
Bastrop	6.05%	21
Blanco	1.44%	5
Burnet	0.86%	3
Caldwell	2.88%	10
Fayette	0.86%	3
Hays	21.61%	75
Lee	4.61%	16
Llano	1.15%	4
Travis	34.01%	118
Williamson	24.78%	86
Other	1.73%	6
If answer is Other, please specify the county you live in:		7
Answered		**347**
Skipped		**103**

Appendix B, Chart #4: Respondent counties of residence:
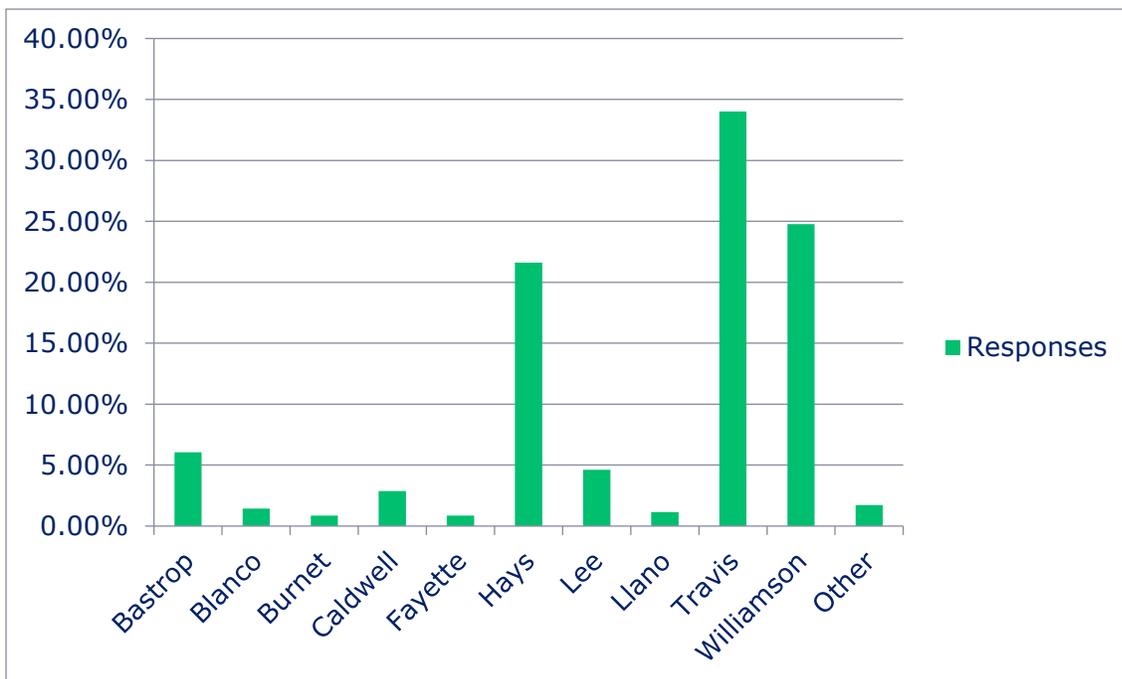
Survey Question #5: In your opinion, how concerning are each of the following issues affecting older adults and their family caregivers?

Responses:

| In your opinion, how concerning are each of the following issues affecting older adults and their family caregivers? | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Highly Concerning | | Somewhat Concerning | | Not Very Concerning | | Not Concerning At All | | Total | Weighted Average |
| Physical health issues | 67.32% | 274 | 24.82% | 101 | 5.65% | 23 | 2.21% | 9 | 407 | 1.43 |
| Mental health issues (including depression) | 59.71% | 243 | 27.52% | 112 | 5.90% | 24 | 6.88% | 28 | 407 | 1.60 |
| Social Isolation and loneliness | 59.56% | 243 | 25.49% | 104 | 8.58% | 35 | 6.37% | 26 | 408 | 1.59 |
| Digital access (access to Internet and training to use digital devic | 39.16% | 159 | 36.21% | 147 | 16.50% | 67 | 8.13% | 33 | 406 | 1.91 |
| Safety within the community | 45.34% | 185 | 34.56% | 141 | 14.95% | 61 | 5.15% | 21 | 408 | 1.78 |
| Financial Exploitation (including scams and fraud) | 58.74% | 242 | 29.13% | 120 | 7.52% | 31 | 4.61% | 19 | 412 | 1.56 |
| Neglect or abuse | 42.65% | 174 | 31.62% | 129 | 12.01% | 49 | 13.73% | 56 | 408 | 1.94 |
| Transportation | 56.81% | 221 | 29.56% | 115 | 7.46% | 29 | 6.17% | 24 | 389 | 1.58 |
| Ability to carry out activities of daily living, such as walking, bathin | 50.75% | 202 | 31.66% | 126 | 9.80% | 39 | 7.79% | 31 | 398 | 1.70 |
| Getting information about services and benefits available | 56.16% | 228 | 30.30% | 123 | 8.62% | 35 | 4.93% | 20 | 406 | 1.58 |
| Food and nutrition | 52.85% | 213 | 30.27% | 122 | 11.17% | 45 | 5.71% | 23 | 403 | 1.67 |
| Public benefits such as Medicare and Medicaid | 55.61% | 223 | 27.68% | 111 | 11.47% | 46 | 5.24% | 21 | 401 | 1.61 |
| Home accessibility and safety (i.e. grab bars, ramps) | 48.51% | 195 | 30.35% | 122 | 15.67% | 63 | 5.47% | 22 | 402 | 1.74 |
| Medical and legal concerns, such as powers of attorney and wills | 48.17% | 197 | 30.32% | 124 | 14.67% | 60 | 6.85% | 28 | 409 | 1.78 |
| Safe and affordable housing | 63.88% | 260 | 19.16% | 78 | 10.57% | 43 | 6.39% | 26 | 407 | 1.56 |
| In-home care services | 58.17% | 235 | 25.99% | 105 | 8.17% | 33 | 7.67% | 31 | 404 | 1.60 |
| | | | | | | | | | **Answered** | **417** |
| | | | | | | | | | **Skipped** | **33** |

Appendix B, Chart #5: Weighted Average Responses to how concerning each of the following issues affecting older adults and their family caregivers:
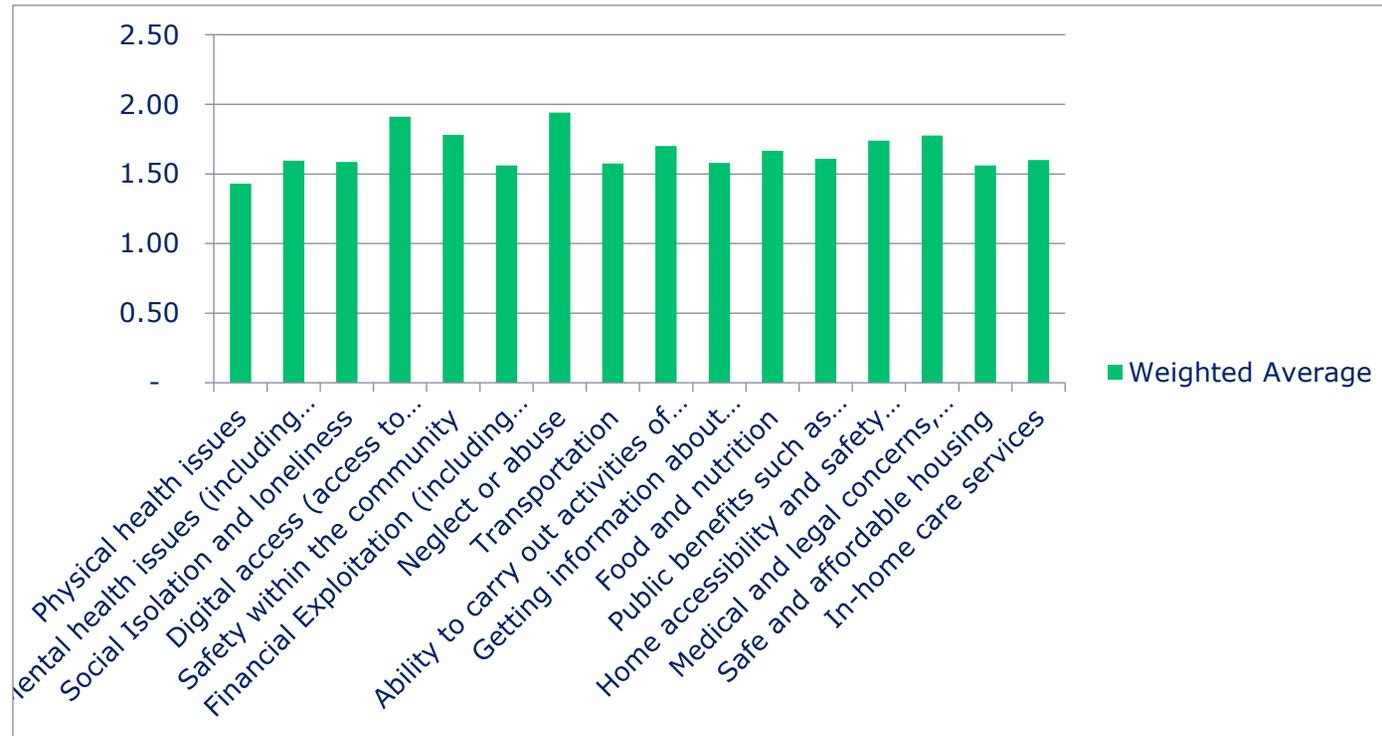
Survey Question #6, "In your own words, what are the top three needs to be addressed so that older adults can continue to living independently?" (Qualitative question)

Responses:

Answer Choices	Responses	
!.	100.00%	374
2.	94.39%	353
3.	89.84%	336
Answered		**374**
Skipped		**76**

Appendix B Chart #6a: Response by types of top needs expressed:

Categories	Number	Percentage
Transportation	**87**	**23.32%**
Housing, including Affordability	**58**	**15.55%**
In-home care	**45**	**12.06%**
Medica/Physical Health	**29**	**7.77%**
Safety	**26**	**6.97%**
Activities of Daily Living	26	6.97%
Financial Needs and Concerns	19	5.09%
Food	17	4.56%
IRA	17	4.56%
Social Isolation	16	4.29%
Home modifications/Repair	11	2.95%
Caregiving	9	2.41%
Mental Health	7	1.88%
Miscellany	3	0.80%
Digital Access	2	0.54%
Access to Public Benefits	1	0.27%
TOTAL	372	

Responses viewed by weighted and non-weighted averages:

- ‣ Weighted Averages (persons putting these items as either Highest or rating them 2nd highest)

  - ◊ Neglect and Abuse

  - ◊ Digital Access (access to internet and training to use digital device)

◊   Safety within the Community

‣   Non-weighted – What is Your Highest Concern:

◊   Physical Health Issues

◊   Safe and Affordable Housing

◊   Mental Health Issues (including depression)

Appendix B, Chart #6b: Percentage of responses by types of top needs expressed:
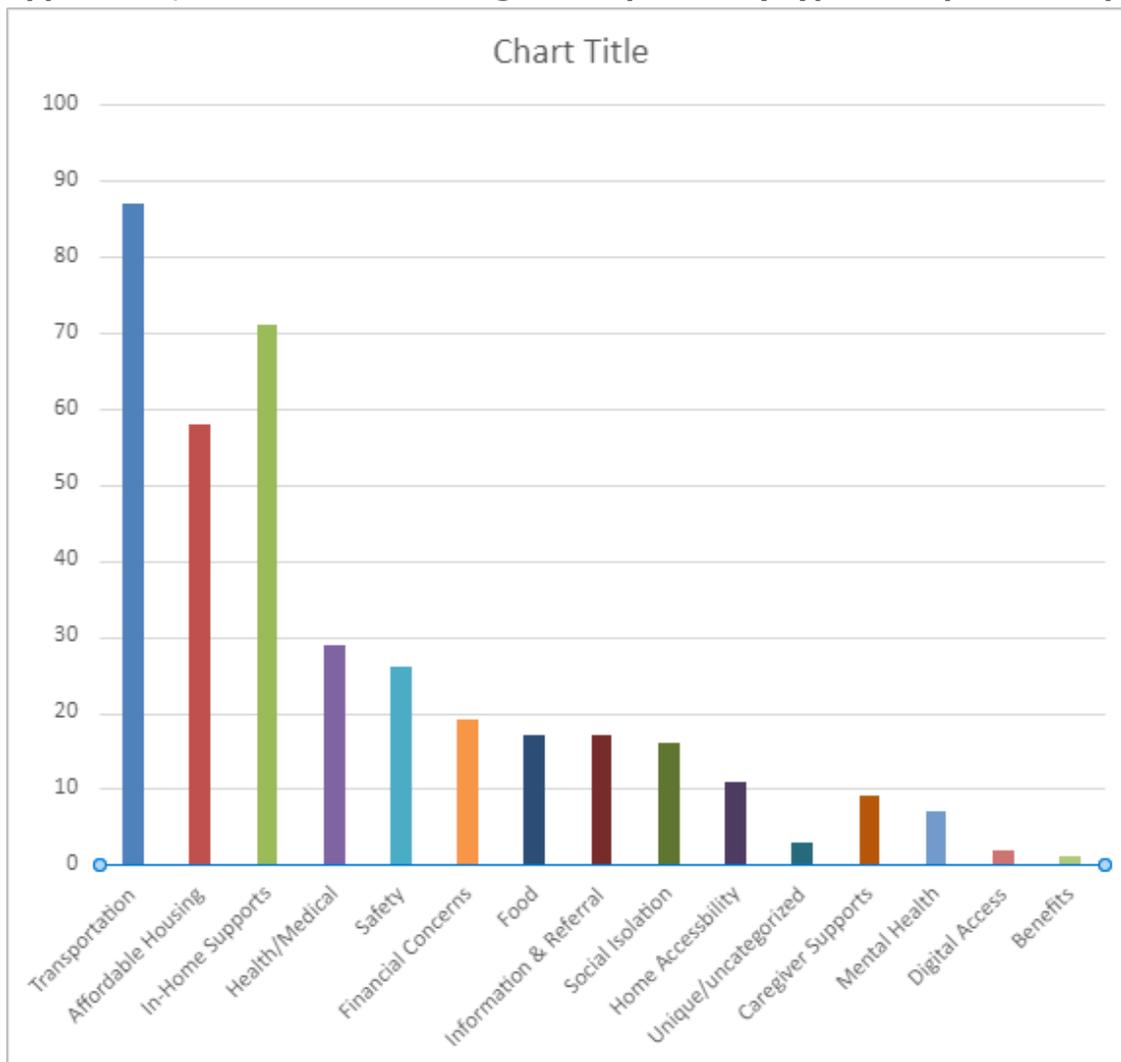
Survey Question #7, From the list of most common services listed below by the Area Agency on Aging, how would you RANK the IMPORTANCE of these services to older adults and family caregivers in your community? To rank, please move the items, with the top item being the most important.

Responses:

|	1		2		3		4		5		Total	Score		Score computation				
Home Delivered Meals: Pre-prepared & delivered meals for home	30.16%	95	12.38%	39	20.32%	64	21.59%	68	15.56%	49	315	3.20		475	156	192	136	49	3.20
Congregate Meals: Hot meals served at senior centers, housing	4.76%	15	14.60%	46	12.06%	38	26.98%	85	41.59%	131	315	2.14		75	184	114	170	131	2.14
Health and Wellness Evidenced-Based Programs: Programs th	23.81%	75	24.44%	77	22.54%	71	15.56%	49	13.65%	43	315	3.29		375	308	213	98	43	3.29
Benefits Counseling: Information and support that assists with M	13.97%	44	23.17%	73	28.25%	89	19.37%	61	15.24%	48	315	3.01		220	292	267	122	48	3.01
Information, Referral and Assistance: Information on various prog	27.30%	86	25.40%	80	16.83%	53	16.51%	52	13.97%	44	315	3.36		430	320	159	104	44	3.36
									Answered		315								
									Skipped		135								

Based on the AAACAP Community Needs Assessment, data analysis identified the following most AAACAP common services in importance for older adults and caregivers, in order: Home-Delivered Meals; Information, Referral and Assistance; Health and Wellness Programs; Benefits Counseling; Congregate Meals

Appendix B, Chart #7: Ranking in Importance of AAACAP Services to Older Adults and Family Caregivers in Your Community:
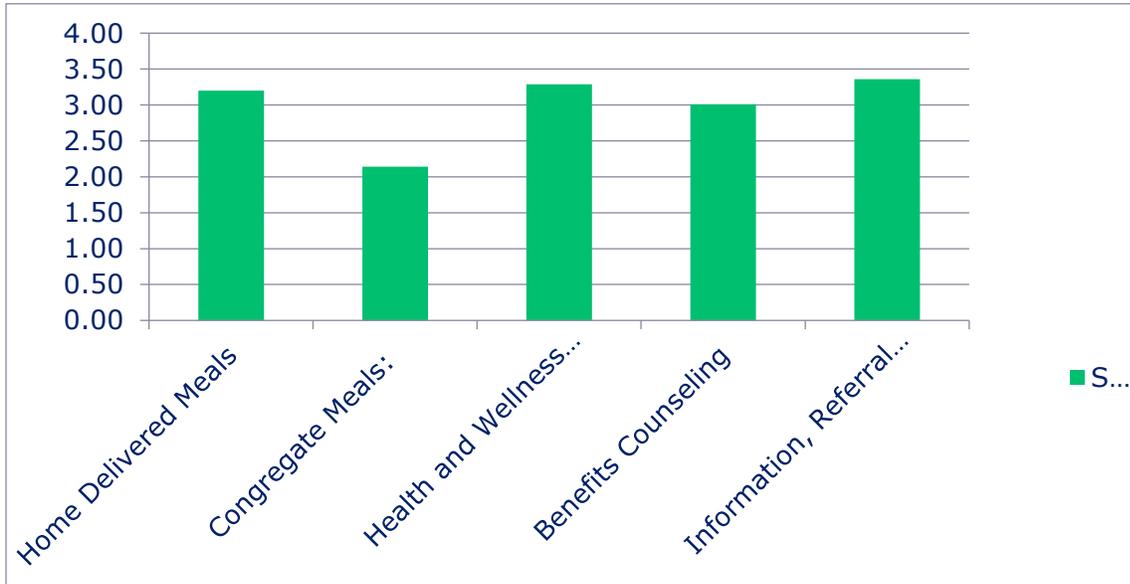
Responses viewed by weighted and non-weighted averages:

‣ Weighted Averages (persons putting these items as either Highest or rating them 2nd highest)

  ◊ Information, Referral and Assistance

  ◊ Health and Wellness Evidenced-based programs

  ◊ Home-Delivered Meals

  ◊ Benefits Counseling

  ◊ Congregate Meals (distant fifth)

‣ Non-weighted – What is Your Highest Concern:

  ◊ Home-Delivered Meals

  ◊ Information, Referral and Assistance

  ◊ Health and Wellness Evidenced-based programs

  ◊ Benefits Counseling

  ◊ Congregate Meals

Survey Question #8, From the list of most common services listed below by the Care Coordination/Caregiver Support program of the Area Agency on Aging, how would you RANK the IMPORTANCE of these services to older adults and family caregivers in your community? To rank, please move the items, with the top item being the most important.

Responses:

Personal Assistance: help with bathing, dressing, eating, using th	26.20%	82	24.28%	76	18.21%	57	13.10%	41	9.90%	31	8.31%	26	313	4.19
Homemaker Assistance: Housekeeping, light meal preparation, p	15.02%	47	24.28%	76	24.28%	76	15.02%	47	13.42%	42	7.99%	25	313	3.88
Residential Repair: Minor home repairs or modifications that are	10.22%	32	14.06%	44	15.97%	50	21.41%	67	17.25%	54	21.09%	66	313	3.15
Health Maintenance: assistance with the purchase of medication	22.68%	71	13.74%	43	20.77%	65	17.57%	55	16.93%	53	8.31%	26	313	3.83
Caregiver Respite: Temporary relief for family caregivers who are	10.22%	32	14.06%	44	9.90%	31	18.85%	59	23.00%	72	23.96%	75	313	2.98
Caregiver Education, Training and Information: information about	15.65%	49	9.58%	30	10.86%	34	14.06%	44	19.49%	61	30.35%	95	313	2.97
											Answered		**313**
											Skipped		**137**

Appendix B, Chart #8: Ranking in Importance of Care Coordination/Caregiver Support Services to Older Adults and Family Caregivers in Your Community:

Responses viewed by weighted and non-weighted averages:

▸ Weighted Averages (persons putting these items as either Highest or rating them 2nd highest)

◇ Personal Assistance (help with bathing, dressing, eating, using the toilet and other personal care tasks)

◇ Homemaker Assistance (housekeeping, light meal preparation)

◇ Health maintenance (Assistance with the purchase of medications, nutritional supplements, glasses, dentures, hearing aids or health-related goods and services)

◇ Residential repair (minor home repairs or modifications that are essential for health and safety)

◇ Caregiver Respite (temporary relief for family caregivers)

◇ Caregiver Education, Training, and Information (information about available resources, educational topics, and support for family

members caring for aging loved ones with a focus on helping with their role as caregivers)

▸ Non-weighted – What is Your Highest Concern:

◊ Personal Assistance (help with bathing, dressing, eating, using the toilet and other personal care tasks)

◊ Health maintenance (Assistance with the purchase of medications, nutritional supplements, glasses, dentures, hearing aids or health-related goods and services)

◊ Caregiver Education, Training, and Information (information about available resources, educational topics, and support for family members caring for aging loved ones with a focus on helping with their role as caregivers)

◊ Homemaker Assistance (housekeeping, light meal preparation)

◊ Caregiver Respite (temporary relief for family caregivers)

◊ Residential repair (minor home repairs or modifications that are essential for health and safety)

Survey Question #9: Please select the top three ways that you get information about services for older adults:

Responses:

Answer Choices	Responses	
Word-of-mouth from friends or family	69.69%	269
Television	22.80%	88
Radio	5.96%	23
Health care provider	38.60%	149
Senior Center or Community Center	46.37%	179
Newspaper or magazine	14.25%	55
Internet websites related to older adults and/or family caregivers	44.82%	173
Social media such as Facebook, Twitter, Instagram, Pinterest etc.	19.17%	74
2-1-1 (on the 2-1-1 Texas website or by calling 2-1-1)	16.06%	62
Other (please specify)	10.36%	40
	Answered	**386**
	Skipped	**64**

Appendix B, Chart #9: Percentage of responses to the top three ways that persons get information about services for older adults:
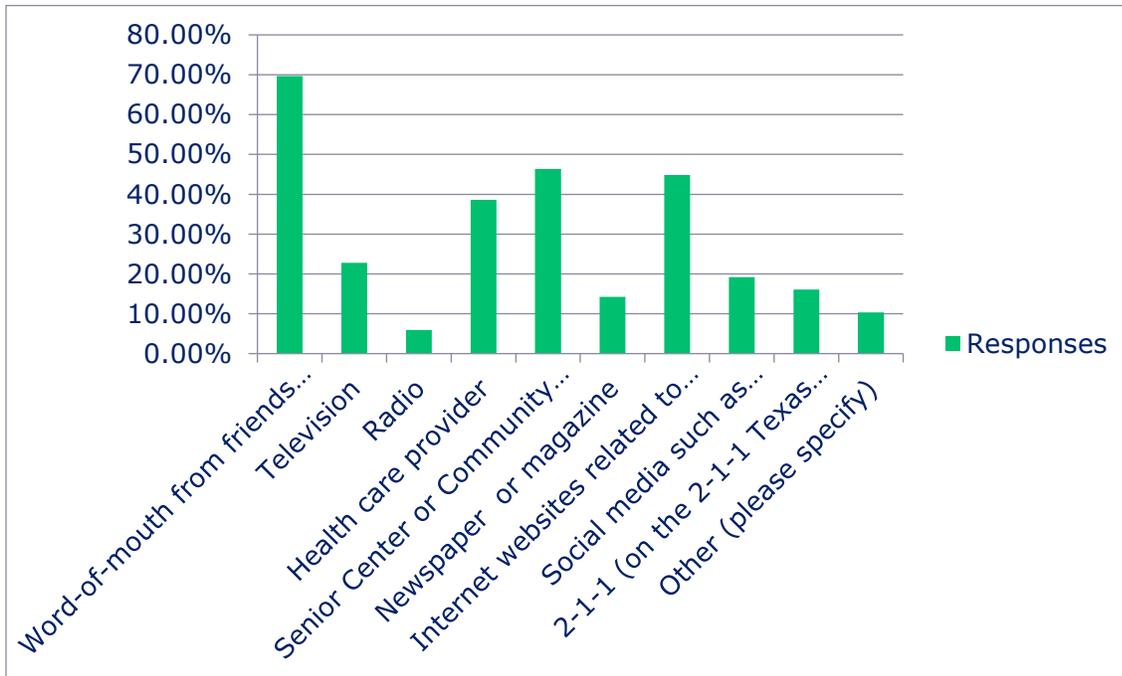

Survey Question #10: In your own words, what is the concern related to services for older adults that keeps you up at night? (Qualitative Question)

Responses (by type of response)

Categories	Number of responses	Percentage
Financial Needs and Concerns	60	18.99%
Social Isolation	29	9.18%
Activities of Daily Living	27	8.54%
Caregiving	25	7.91%
Transportation	24	7.59%
In-home care	24	7.59%
Safety	24	7.59%
Medica/Physical Health	20	6.33%
IRA	19	6.01%
Housing, including Affordability	18	5.70%
Miscellany	13	4.11%
Access to Public Benefits	10	3.16%

Food	8	2.53%
Mental Health	7	2.22%
Home modifications/Repair	5	1.58%
Digital Access	3	0.95%
TOTAL	316	

Appendix B, Chart #10: Response Percentages regarding the concern related to services for older adults that keeps you up at night:
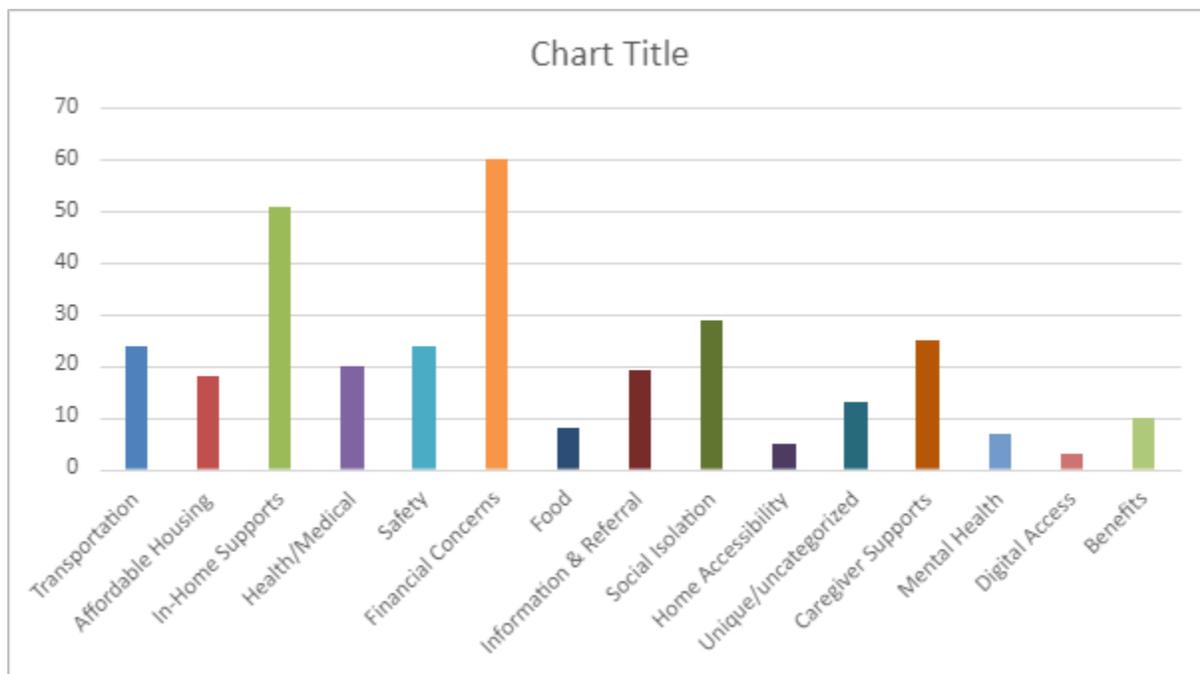
Survey Question #11: Do you have any additional feedback on the needs of older adults and family caregivers in the Capital Area Region?

This question was the only "optional" question on the Survey Monkey Electronic Survey (did not require a response).

Responses:

Answered   184
Skipped   266

Feedback responses to this question were not categorized for data analysis but are available upon request.

Sample Survey

Older Adults/Family Caregivers/Service Providers: Community Needs Assessment from the Area Agency on Aging of the Capital Area, 2023

The Area Agency on Aging serving the Capital Region is conducting this survey to collect your opinions about what matters most to the older adults and caregivers who live in your region.

Responses will guide their Area Plan for Aging Services and help determine the programs and services offered.

Please answer the following questions, which do not ask for your name or other identifying information. This survey takes approximately 10 minutes to complete.

Thank you in advance for your time and contributions. We value your perspective and greatly appreciate your participation in this important survey effort!

1. Are you employed or do you volunteer with an agency (nonprofit, government, or a for-profit entity) which provides services to older adults/unpaid family caregivers?
   o No **(Skip to Question #3)**
   o Yes

2. If you selected "Yes" for Question #1, please select the counties (or county) in which your agency serves older adults/family caregivers. Check all that apply.
   o Bastrop
   o Blanco
   o Burnet
   o Caldwell
   o Fayette
   o Hays
   o Lee
   o Llano
   o Travis
   o Williamson
   o Other (please specify)

3. Which categories best describe you? (Please select all that apply.)
    o A. I am age 60 and above and have received services
        from the Area Agency on Aging.
    o B. I am under age 60 and have received services from the
        Area Agency on Aging.
    o C. I am age 60 or above and have NOT received services
        from the Area Agency on Aging.
    o D. I am a family caregiver (an unpaid caregiver who
        provides any type of physical/emotional care for an older
        adult who resides in a home setting).
    o E. None of the above. **(Skip to Question #5)**

4. If you selected A, B, C, or D for the question above, please select
    the county in which you live:
        o Bastrop
        o Blanco
        o Burnet
        o Caldwell
        o Fayette
        o Hays
        o Lee
        o Llano
        o Travis
        o Williamson
        o Other (please specify) _____

5. In your opinion, how concerning are each of the following issues affecting older adults and their family caregivers?

	Highly Concerning	Somewhat Concerning	Not Very Concerning	Not Concerning At All
Physical health issues	○	○	○	○
Mental health issues (including depression)	○	○	○	○
Social Isolation and loneliness	○	○	○	○
Digital access (access to Internet and training to use digital devices)	○	○	○	○
Safety within the community	○	○	○	○
Financial Exploitation (including scams and fraud)	○	○	○	○
Neglect or abuse	○	○	○	○

	Highly Concerning	Somewhat Concerning	Not Very Concerning	Not Concerning At All
Transportation	○	○	○	○
Ability to carry out activities of daily living, such as walking, bathing, dressing, toileting, feeding, and grooming	○	○	○	○
Getting information about services and benefits available	○	○	○	○
Food and nutrition	○	○	○	○
Public benefits such as Medicare and Medicaid	○	○	○	○
Home accessibility and safety (i.e. grab bars, ramps)	○	○	○	○
Medical and legal concerns, such as powers of attorney and wills	○	○	○	○
Safe and affordable housing	○	○	○	○
In-home care services	○	○	○	○

6. In your own words, what are the top three needs to be addressed so that older adults can continue to live independently?

    a. _____

    b. _____

    c. _____

7. From the list of most common services listed below by the Area Agency on Aging, how would you RANK the IMPORTANCE of these services to older adults and family caregivers in your community? To rank, please label the items using the scale 1-5, with "1" being the most important and "5" the least important.

    _____ **Home Delivered Meals:** Pre-prepared & delivered meals for homebound individuals.

    _____**Congregate Meals:** Hot meals served at senior centers, housing complexes, and community centers.

    _____**Health and Wellness Evidenced-Based Programs:** Programs that assist older adults improve their health and wellbeing. Examples include: A Matter of Balance Program, Chronic Disease Self-Management program, Diabetes Self- Management program, and Building Better Caregivers.

    _____**Benefits Counseling:** Information and support that assists with Medicare enrollment and concerns, as well as access to Medicare Extra Help financial assistance programs, and advanced directives planning.

    _____**Information, Referral and Assistance**: Information on various programs and services available to older adults and family caregivers in order to connect them to the assistance needed to meet their needs.

8. From the list of most common services listed below provided by Care Coordination/Caregiver services by the Area Agency on Aging, how would you RANK the IMPORTANCE of these services to older adults and family caregivers in your community? To rank, please label the items using the scale 1-6, with "1" being the most important and "6" the least important.

_____ **Personal Assistance:** help with bathing, dressing, eating, using the toilet, or other personal care tasks.

_____**Homemaker Assistance**: Housekeeping, light meal preparation, provided for someone who cannot perform these tasks.

_____ **Residential Repair:** Minor home repairs or modifications that are essential for their health and safety.

___ **Health Maintenance**: assistance with the purchase of medications, nutritional supplements, glasses, dentures, hearing aids or health-related goods and services.

_____ **Caregiver Respite:** Temporary relief for family caregivers who are caring for someone 60 and older.

_____ **Caregiver Education, Training and Information:** information about available resources, educational topics and support for family members caring for aging loved ones with the focus on helping with their role as caregivers.

9. Please check the top three ways that you get information about services for older adults:

- o Word-of-mouth from friends or family
- o Television
- o Radio
- o Health care provider
- o Senior Center or Community Center
- o Newspaper or magazine
- o Internet websites related to older adults and/or family caregivers
- o Social media such as Facebook, Twitter, Instagram, Pinterest etc. 2--1-1 (on the 2-1-1 Texas website or by calling 2-1-1)
- o Other (please specify)

10. In your own words, what is the concern related to services for older adults that keeps you up at night?

_____

_____

11. Do you have any additional feedback on the needs of older adults and family caregivers in the Capital area region?

_____

_____

Please return your survey in the postage-paid envelope, provided for you,

as soon as possible or no later than June 20, 2023.

Thank you again for participating in this survey. Your feedback is vital to informing the community and increasing the ability of the Area Agency on Aging of the Capital Area to serve older adults and family caregivers!

To get more information on services for older adults and family caregiver, please contact:
Area Agency on Aging of the Capital Area Information and Referral services at: By phone: (Monday-to-Friday, 8 AM - 5 PM):
Toll free: 888-622-9111 or 512-916-6062
By e-mail:
aaainfo@capcog.org
Website:
www.capcog.org

Appendix C: References and Sources

Source	Title/Document Name	Retrieved From/WebLink
AARP Public Policy Institute	Home Alone Revisited (Authors: Reinhard, Young, etc.)	https://www.aarp.org/ppi/info-2018/home-alone-family-caregivers-providing-complex-chronic-care.html
AARP Public Policy Institute	Valuing the Invaluable (Authors: Reinhard, Feinberg etc.)	https://www.aarp.org/ppi/info-2015/valuing-the-invaluable-2015-update.html
AARP Public Policy Institute	Improving SNAP Update Among Eligible Older Adults: Federal Policy Options to Simplify and Streamline Administrative Processes	https://www.aarp.org/ppi/info-2023/federal-policy-improve-snap-uptake-eligible-adults.htm l
Administration for Community Living	Profile of Older Americans	2021 Profile of Older Americans (acl.gov)
Administration for Community Living	National Strategy to Support Family Caregivers	2022 National Strategy to Support Family Caregivers (acl.gov)
Administration for Community Living	Minority Aging	Minority Aging | ACL Administration for Community Living
American Community Survey	The Older Population 2020 Census Briefs	https://www.census.gov/library/publications/2023/decennial/c2020br-07.html
American Community Survey	Profile of Older Adults	The Population 65 Years and Older: 2019 (census.gov)
American Community Survey	Urban - Rural Classification Fact Sheets	2020 Census Urban-Rural Classification Fact Sheet
American Community Survey	Population 65 and Older - chart of U.S.	The Population 65 Years and Older: 2021 (census.gov)
Ascension Seton Healthcare - Bastrop	Community Health Needs Assessment & Implementation Strategy	https://healthcare.ascension.org/-/media/healthcare/compliance-documents/texas/2021-chna-ascension-seton-bastrop.pdf
Ascension Seton Healthcare - Hays Co.	Community Health Needs Assessment & Implementation Strategy	https://healthcare.ascension.org/-/media/healthcare/compliance-documents/texas/2021-is-ascension-seton-hays.pdf
Ascension Seton Healthcare - Highland Lakes	Community Health Needs Assessment & Implementation Strategy	https://healthcare.ascension.org/-/media/healthcare/compliance-documents/texas/2021-is-ascension-seton-highland-lakes.pdf

Source	Title/Document Name	Retrieved From/WebLink
Ascension Seton Healthcare - Smithville	Community Health Needs Assessment & Implementation Strategy	https://healthcare.ascension.org/-/media/healthcare/compliance-documents/texas/2021-is-ascension-seton-smithville.pdf
Ascension Seton Healthcare - Williamson	Community Health Needs Assessment & Implementation Strategy	https://healthcare.ascension.org/-/media/healthcare/compliance-documents/texas/2021-is-ascension-seton-williamson.pdf
Austin Business Journal	Even in a constrained economy, North Austin is epicenter of Central Texas' growth (Authors: Pope, Colin)	North Austin is epicenter of region's growth — with more on way - Austin Business Journal (bizjournals.com)
Austin Business Journal	Pope, Colin, Austin named hottest job market in America in analysis from The Wall Street Journal, Moody's Analytics	Hottest job markets ranked — Austin is No. 1 - Austin Business Journal (bizjournals.com)
Austin Chamber of Commerce	Economic Development	Greater Austin Profile	Austin Chamber of Commerce
Austin Public Health	Strategic Plan 2020-2025 Status Report	https://www.austintexas.gov/sites/default/files/files/Health/Administration/Strategic%20Plan%20Status%20Report.pdf
Austin/Travis County, Texas	Community Health Assessment	https://www.austintexas.gov/sites/default/files/files/Health/Austin%202022%20CHA_050622_FINAL_Corrected.pdf
Baylor, Scott & White - Greater Austin Region Health Community	Community Health Implementation Strategies	https://www.bswhealth.com/-/media/project/bsw/sites/bswhealth/documents/about/community-health-needs-assessments/implementation-2022/greateraustin-chna-implementation-plan-bid-final.pdf
Baylor, Scott & White - Williamson/Travis/Hays Counties	Community Health Needs Assessment	https://www.bswhealth.com/-/media/Project/BSW/Sites/BSWHealth/Documents/about/community-health-needs-assessments/CHNA-2022/Greater-Austin-Region-2022-CHNA-Report-Printable.pdf
Capital Area Metropolitan Planning Organization (CAMPO)	2045 Regional Active Transportation Plan	https://www.campotexas.org/regional-transportation-plans/2045-plan/
Center for Medicare & Medicaid Services	Rural-Urban Disparities in Health Care in Medicare	https://www.cms.gov/files/document/rural-urban-disparities-11-2022.pdf
Center for Medicare & Medicaid Services	Rural Health Strategy	https://www.cms.gov/files/document/cms-geographic-framework.pdf

Source	Title/Document Name	Retrieved From/WebLink
Center for Medicare & Medicaid Services	Examining Rural Telehealth During the Public Health Emergency	https://www.cms.gov/files/document/examining-rural-telehealth-jan-2023.pdf
Center for Medicare & Medicaid Services	CMS Framework for Advancing Health Care in Rural, Tribal, and Geographically Isolated Communities	https://www.cms.gov/files/document/cms-geographic-framework.pdf
Center for Medicare & Medicaid Services	Advancing Rural Health Equity	https://www.cms.gov/files/document/advancing-rural-health-equity-11-2022.pdf
Center for Social and Demographic Research on Aging, University of MA, Boston	Elder Index - Measuring the income older adults need to live independently, 2023	https://elderindex.org/
Central Texas Food Bank	Food Insecurity rates by Texas Counties	https://www.centraltexasfoodbank.org/learn-more/hunger-around-us
City of Austin	Open Data Portal	https://data.austintexas.gov/
City of Austin Commission on Seniors	Annual Internal Review	https://www.austintexas.gov/content/commission-aging
City of Austin Parks and Recreation	List of senior services/sites?	https://www.austintexas.gov/department/seniors-programs-and-services
City of Austin, Age Friendly Austin	Progress Report 2021	age-friendly-austin-progress-report-2021-final.pdf (brightspotcdn.com)
City of Austin, Office of the City Auditor,	City of Austin, Office of the City Auditor, Auditor Report: City Services for Older Adults, October 2022	City_Services_for_Older_Adults_HIGHLIGHTS_October_2022.pdf (austintexas.gov)
Community Advancement Network	CAN Dashboard, 2022	http://dashboard.canatx.org/
CommUnity Care Health Centers	Community Health Needs Assessment	https://communitycaretx.org/wp-content/uploads/2022/02/CUC-Strategic-Plan-2022-24.pdf
Feeding America	Food Insecurity among Older Adults (50-59) and Seniors (60+)	Overall (all ages) Hunger & Poverty in the United States	Map the Meal Gap (feedingamerica.org)
Health and Human Services (US)	Telehealth and Covid-19 changes and ongoing benefits	https://telehealth.hhs.gov/providers/telehealth-policy/policy-changes-after-the-covid-19-public-health-emergency#permanent-medicare-changes

Source	Title/Document Name	Retrieved From/WebLink
HousingWorks	County and Precinct Analyses 2022	County and Precinct Analyses HousingWorks Austin: Affordable Housing Advocacy and Policy
Meals on Wheels of Central Austin	More than a Meal - Impact Report	Impact Report for 2021 | Meals on Wheels Central Texas
Opportunities for Williamson & Burnet Counties	Community Assessment 2020	https://owbc-tx.org/wp-content/uploads/2020/07/2020-Community-Assessment.pdf
St. David's Foundation	Community Health Needs Assessment	https://stdavidsfoundation.org/grantmaking/community-needs-assessments/
Texas Demographic Center	Aging in Texas: An Introduction	2016_06_07_Aging.pdf (texas.gov)
Texas Demographic Center	Texas Population Projections 2010-2050	20210415_HouseholdsTrendsProj_Brief.pdf (texas.gov)
Texas Demographic Center	Texas' Most Vulnerable Populations	20200918_ACS2019Brief_TexasMostVulnerablePopulations.pdf
Texas Department of Family and Protective Services	Adult Protective Services - Strategic Plan 2022-2026	Adult Protective Services Strategic Plan Fiscal Years 2022-2026, November 2022 (Revised) (texas.gov)
Texas Department of Family and Protective Services	Adult Protective Services Quarterly Legislative Report, FY 2023, 2nd Quarter	Adult Protective Services Quarterly Legislative Report, FY 2023, 2nd Quarter (texas.gov)
Texas Health and Human Services	Aging Texas Well Strategic Plan 2022-2023	2022-23 Aging Texas Well Strategic Plan
Texas Health and Human Services	Texas State Plan on Aging, 2023-2025	Texas State Plan on Aging for Public Comment
Texas Hospital Association	The Financial Impact of COVID-19 on Texas Hospitals	The Financial Impact of COVID-19 on Texas Hospitals (tha.org)
Texas Hospital Association	Rural Issues: Reeling in Rural Texas	Rural Issues - Texas Hospital Association (tha.org)
Texas Organization of Rural and Community Hospitals	Rural Hospital Closures	Rural Hospital Closures| TORCH - TEXAS ORGANIZATION OF RURAL & COMMUNITY HOSPITALS (torchnet.org)
Texas Silver-Haired Legislature	Texas Silver-Haired Legislature Report, 20202	2021-2023 Legislative Report - Final2 - 07.05.22 (tshl.org)
Travis County Health and Human Services	Community Impact Report, 2022	FY22_Community_Impact_Report.pdf (traviscountytx.gov)
U.S. Census	The Older Population	The Older Population: 2020 (census.gov)

Source	Title/Document Name	Retrieved From/WebLink
U.S. Census	Disability Rates Higher in Rural Areas Than Urban Areas	Disability Rates Higher in Rural Areas Than Urban Areas (census.gov)
United Health Foundation	America's Health Rankings (suicide)	ahr_2023seniorreport_executivebrief_final_web.pdf (americashealthrankings.org)
United Health Group	Telehealth Enabled a 13 Percent Increase in Outpatient Behavioral Health Visits among Medicare Advantage Enrollees	Telehealth Enabled Increase in Outpatient Behavioral Health Visits (unitedhealthgroup.com)
United Way of Greater Austin	Community Needs and Trends Report, 2021	Community Needs & Trends Report 2021 (unitedwayaustin.org)
University of California, San Francisco, Division of Geriatrics	Loneliness linked to Serious Health Problems (Author: Kim, L.)	Loneliness Linked to Serious Health Problems and Death Among Elderly | UC San Francisco (ucsf.edu)
US Administration on Aging	A Toolkit for Serving Diverse Communities	https://www.usaging.org/files/Toolkit%20for%20Serving%20Diverse%20Communities.pdf
US News and World Report	The Best Places to Retire	Best Places to Retire in the U.S. in 2022-2023 | U.S. News (usnews.com)x
USAging	Policy Priorities, 2023	https://www.usaging.org/Files/Policy-Priorities-2023-508.pdf
USAging	Annual Report	https://www.usaging.org/Files/USAging%202022%20Annual%20Report.pdf
USAging	engAGED: The National Resource Center for Engaging Older Adults	https://www.engagingolderadults.org/
USAging	Meeting the Needs of Older Adults Living in Rural Communities: The Roles of AAAs	Meeting the Needs of Older Adults Living in rural Communities: The Roles of Area Agencies on Aging (usaging.org)
USAging	Innovations from the Field: AAAs Work to Improve Diversity, Equity and Inclusion	https://www.usaging.org//Files/AAA-Case-Study-DEI-508.pdf

Assurances

Older Americans Act, As Amended in 2020

Section 306, Area Plans

By signing this document, the authorized officials commit the Area Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2020.

(a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State Agency, aka Texas Health and Human Services Commission (HHSC), prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period, as determined by HHSC, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with Section 307(a)(1). Each such plan shall –

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older adults with low incomes residing in such area, the number of older adults who have greatest economic need (with particular attention to low income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or

multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services.

(A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services);

(B) in-home services, including supportive services for families of older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance;

and assurances that the area agency on aging will report annually to HHSC in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

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

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

(4)   (A)(i)(I) provide assurances that the area agency on aging will -

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will -

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English

proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(iii) with respect to the fiscal year preceding the fiscal year for which such area plan is prepared -

(I) identify the number of low-income minority older individuals in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).

(B) provide assurances the area agency on aging will use outreach efforts that will

(i) identify individuals eligible for assistance under this Act, with special emphasis on -

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

(i) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

(C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems

development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

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

(6) provide that the area agency on aging will –

(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

(C)(i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

(ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42 U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 676B of the Community Services Block Grant Act; and

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

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

(E) establish effective and efficient procedures for coordination of –

(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

(ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

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

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

(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

(I) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

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

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

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

(i) respond to the needs and preferences of older individuals and family caregivers;

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and

(iii) target services to older adults at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

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

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

(i) the need to plan in advance for long-term care; and

(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

(8) provide that case management services provided under this title through the area agency on aging will –

(A) not duplicate case management services provided through other Federal and State programs;

(B) be coordinated with services described in subparagraph (A); and

(C) be provided by a public agency or a nonprofit private agency that -

(i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;

(ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individuals of such statement;

(iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or

(iv) is located in a rural area and obtains a waiver of these requirements described in clauses (i) through (iii)

(9)   (A) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend

not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;

(B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title.

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans") including -

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

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

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

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

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

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

(B) disclose to the Assistant Secretary for Aging and HHSC-

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

(ii) the nature of such contract or such relationship;

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

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

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

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

(15) provide assurances funds received under this title will be used –

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

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212

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

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

(18) provide assurances that the area agency on aging will collect data to determine –

(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and

(19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

(b)(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(2) Such assessment may include –

(A) the projected change in the number of older individuals in the planning and service area;

(B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural area, and older individuals with limited English proficiency;

     (C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and

     (D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.

(3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for –

     (A) health and human services;

     (B) land use;

     (C) housing;

     (D) transportation;

     (E) public safety;

     (F) workforce and economic development;

     (G) recreation;

     (H) education;

     (I) civic engagement;

     (J) emergency preparedness;

     (K) protection from elder abuse, neglect, and exploitation;

     (L) assistive technology devices and services; and

     (M) any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of

individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

(e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.

(f)(1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of funds to the area agency on aging available under this title.

(2)   (A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.

        (B) At a minimum, such procedures shall include procedures for –

        (i) providing notice of an action to withhold funds;

        (ii) providing documentation of the need for such action; and

        (iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

(3)   (A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this tile in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).

        (B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

(g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through –

(1) contracts with health care payers; or

(2) consumer private pay programs; or

(3) other arrangements with entitles or individuals that increase the availability of home and community-based services and supports.

Assurances Signatures

Standard Assurances of Compliance

The Grantee (aka Area Agency on Aging) provides these assurances in consideration and for the purpose of obtaining federal grants, loans, contracts, property, discounts or other federal financial assistance from the U.S. Department of Health and Human Services. The Grantee agrees that it will comply with:

1. **Title VI of the Civil Rights Act of 1964** (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the AAA receives federal financial assistance from HHSC.

2. **Section 504 of the Rehabilitation Act of 1973** (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the AAA receives federal financial assistance from HHSC.

3. **Title IX of the Education Amendments of 1972** (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the AAA receives federal financial assistance from HHSC.

4. **The Age Discrimination Act of 1975** (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the AAA receives federal financial assistance from HHSC.

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

Authorized Signature Page

Legal Name of Agency: **Capital Area Council of Governments**

Mailing Address: 6800 Burleson Rd., Bldg. 310, Ste.165, Austin TX 78744

Main Telephone Number: 512-916-6000

Federal Tax Identification Number: 174-16893810

The FFY 2024 – 2026 Area Plan is hereby submitted by the organization identified above for the period covering October 1, 2024, through September 30, 2026. By signing this document, the authorized officials commit the Area Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2020, and agreeing to comply with the Standard Assurances of Compliance. In addition, the signatures on this page certify that the Area Plan has been reviewed and approved by the AAA's Board of Directors and/or Governing Body and/or Executive Committee.

Authorized Official - Executive Director

Name: Betty Voights

Signature: _____
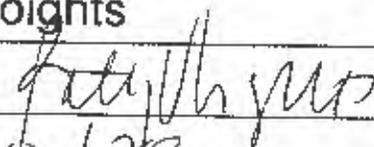
Date: 7/12/23

Authorized Official - Board of Directors/Governing Body/Executive Committee

Name: Judge James Oakley

Signature: _____
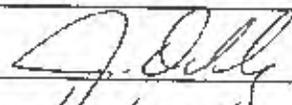
Date: 7/2/23

Authorized Official - AAA Advisory Council Chair/President

Name: Mary Moody

Signature: _Mary moody_

Date: 07/20/2023

Authorized Official - AAA Director

Name: Patricia Bordie

Signature: _PBordie_

Date: 7.17.23