



*Funding provided by the  
Texas Health & Human Services*



# Area Plan

FFY 2021–2022

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**GOLDEN CRESCENT  
Area Agency on Aging**

**PSA 17**

**1908 N. Laurent, Suite 600  
Victoria, Texas 77901**

**[www.gcrpc.org](http://www.gcrpc.org)**

**Submitted March, 2020**

# Table of Contents

|   |           |
|---|-----------|
| <b>Table of Contents</b> .....                          | <b>2</b>  |
| <b>1. Area Plan Certification</b> .....                 | <b>5</b>  |
| <b>2. Executive Summary</b> .....                       | <b>7</b>  |
| <b>3. Mission and Vision Statements</b> .....           | <b>8</b>  |
| Vision .....  | 8         |
| Mission.....  | 8         |
| <b>4. Board of Directors</b> .....                      | <b>9</b>  |
| Membership Composition .....                            | 9         |
| Frequency of Meetings.....                              | 9         |
| Officer Selection Schedule .....                        | 9         |
| Board Officers .....                                    | 10        |
| <b>5. Advisory Council</b> .....                        | <b>11</b> |
| Council Composition .....                               | 11        |
| Frequency of Meetings.....                              | 11        |
| Member Selection Schedule .....                         | 11        |
| Advisory Council Members.....                           | 13        |
| <b>6. Agency Description and PSA Profile</b> .....      | <b>18</b> |
| Identification of Counties and Major Communities .....  | 18        |
| Socio-Demographic and Economic Factors.....             | 20        |
| Economic and Social Resources .....                     | 32        |
| Description of Service System.....                      | 33        |
| Focal Points .....                                      | 41        |
| Role in Interagency Collaborative Efforts.....          | 41        |
| <b>7. Plan Development</b> .....                        | <b>45</b> |
| Resources Used .....                                    | 45        |
| <b>8. Regional Needs Assessment/SWOT Analysis</b> ..... | <b>46</b> |
| Regional Needs Assessment Development Process.....      | 46        |
| Survey or Public Forum Participants .....               | 48        |
| Key Findings .....                                      | 49        |
| Analysis .....  | 53        |
| <b>9. Targeted Outreach</b> .....                       | <b>55</b> |
| Performance Analysis .....                              | 55        |
| Targeted Outreach Plan .....                            | 55        |
| Targeting Report.....                                   | 60        |

|   |            |
|---|------------|
| <b>10. Top Needs and Service Constraints .....</b>        | <b>61</b>  |
| Priority Area 1: NUTRITION SERVICES .....                 | 61         |
| Priority Area 2: IN-HOME & COMMUNITY BASED SERVICES ..... | 61         |
| Priority Area 3: ADVOCACY & ACCESS.....                   | 61         |
| <b>Goals, Objectives and Strategies.....</b>              | <b>62</b>  |
| <b>11. Performance Measures.....</b>                      | <b>86</b>  |
| LBB Performance Measures.....                             | 86         |
| Agency-Specific Performance Measures .....                | 89         |
| <b>12. Units of Service Composite.....</b>                | <b>90</b>  |
| <b>13. Summary of Services .....</b>                      | <b>91</b>  |
| <b>14. Service Narratives.....</b>                        | <b>93</b>  |
| Congregate Meals .....                                    | 93         |
| Home Delivered Meals .....                                | 95         |
| Transportation.....                                       | 96         |
| Caregiver Support Coordination.....                       | 98         |
| Legal Assistance .....                                    | 99         |
| <b>15 Direct Service Waiver.....</b>                      | <b>100</b> |
| <b>16. Data Use Agreement .....</b>                       | <b>101</b> |
| <b>17. Disaster Plan.....</b>                             | <b>122</b> |
| <b>18. Assurances.....</b>                                | <b>125</b> |
| Section 306(a), Older Americans Act.....                  | 125        |
| Standard Assurances of Compliance.....                    | 134        |

# **Area Plan**

**FFY 2021–2022**

# 1. Area Plan Certification

## AAA INFORMATION

LEGAL NAME OF AGENCY: **GOLDEN CRESCENT AREA AGENCY ON AGING**

MAILING ADDRESS: 1908 N. LAURENT, SUITE 600 VICTORIA, TEXAS 77901

TELEPHONE: 361-578-1587

FEDERAL ID NUMBER: 74-1597204

**CERTIFICATION BY <AAA GOVERNING BODY> BOARD OF DIRECTORS  
AUTHORIZED OFFICIAL, AAA ADVISORY COUNCIL CHAIR, <AAA  
GOVERNING BODY> EXECUTIVE DIRECTOR AND AAA DIRECTOR**

I HEREBY CERTIFY THAT:

- The attached document reflects input from the recipients of services under the area plan who are representative of all areas and culturally diverse populations of the PSA.
- The attached document incorporates the comments and recommendations of the AAA Advisory Council.
- The attached document has been reviewed and approved by the AAA Board of Directors.
- The AAA has coordinated the planning, identification, assessment of needs and provision of services for older adults with disabilities with agencies that provide services to people with disabilities.

ADDITIONALLY:

- Signatures below indicate that the area plan has been reviewed and approved by the respective governing bodies.

I further certify that the contents are true, accurate and complete statements. I acknowledge that intentional misrepresentation or falsification may result in the termination of financial assistance. I have reviewed and approved this 2021–2022 Area Plan.

Signing this form verifies that the Golden Crescent Regional Planning Commission Board of Directors, AAA Advisory Council and AAA understand that they are responsible for the development and implementation of the area plan and for ensuring compliance with Section 306, OAA.

**GOLDEN CRESCENT REGIONAL PLANNING COMMISSION EXECUTIVE DIRECTOR**

NAME: **MICHAEL ADA**

SIGNATURE: \_\_\_\_\_

DATE: MARCH 25, 2020

**GOLDEN CRESCENT REGIONAL PLANNING COMMISSION PRESIDENT BOARD OF DIRECTORS AUTHORIZED OFFICIAL**

NAME: **KEVIN LAFLEUR**

SIGNATURE: \_\_\_\_\_

DATE: MARCH 25, 2020

**AAA ADVISORY COUNCIL CHAIR**

NAME: **SHARRON ELLISOR**

SIGNATURE: \_\_\_\_\_

DATE: MARCH 24, 2020

**AAA DIRECTOR/AUTHORIZED OFFICIAL**

NAME: **CINDY CORNISH**

SIGNATURE: \_\_\_\_\_

DATE: MARCH 24, 2020

## 2. Executive Summary

In 1974, the Golden Crescent Regional Planning Commission was designated as the Area Agency on Aging (AAA) to serve the needs of the elderly in the seven county region. The AAA is dedicated exclusively to policy development, planning and the delivery of supportive and community-based services for senior adults and their caregivers. This is accomplished by administering grants under Title III of the Older Americans Act.

The major responsibility of the AAA is to develop a comprehensive and coordinated plan that identifies priority needs and demonstrates how those needs will be met. It is known as the AREA PLAN. The Area Plan strategies and objectives typically span 2-4 years. The Plan is based on analysis of demographic data obtained through the Census Bureau and the Texas Health & Human Services Commission-Office of Area Agencies on Aging; a needs assessment survey; and research of related economic and trend reports. The Plan draws on these components to identify service strategies and outcomes.

### **The primary goals identified within the Golden Crescent AREA PLAN 2021-22 are to**

- Capitalize on core competencies of **nutrition and access services** while promoting healthy lifestyles and informed choices for senior adults and caregivers;
- Promote independence through the **provision of home and community-based services;** and
- Serve as a **visible advocate** and a **trusted source to connect** older adults and family caregivers to both AAA and community resources.

## 3. Mission and Vision Statements

### Vision

Golden Crescent Area Agency on Aging: A regional community with services and supports that enable older adults and their caregivers to flourish and thrive in an environment of self-sufficiency and independence.

### Mission

The overall mission of the Golden Crescent Area Agency on Aging echoes the guiding principles of the grantee organization which include

- Optimize
- Nurture
- Innovate
- Improve

Golden Crescent AAA strives to serve as an advocate for persons 60 years and older to achieve a better quality of life; to secure and maintain self-determination and dignity; and, to remove individual and social barriers to economic and personal independence. The Golden Crescent AAA will fund Title III Older Americans Act programs in an ethical, transparent, and fiscally responsible manner.



## 4. Board of Directors

### Membership Composition

|  |   |
|--|---|
| President  | 1 |
| First Vice-President                                   | 1 |
| Second-Vice President                                  | 1 |
| Third Vice-President                                   | 1 |
| Secretary-Treasurer                                    | 1 |
| Immediate Past-President                               | 1 |
| Directors-at-Large                                     | 3 |
| County Representative<br>(One per County)              | 7 |
| City Representative<br>(One per County)                | 7 |
| Water and River Authority<br>District Representative   | 1 |
| Soil and Water Conservation<br>District Representative | 1 |
| Citizens-at-Large Members                              | 2 |
| County Hospital and/or<br>Hospital District            | 1 |

### Frequency of Meetings

Monthly

### Officer Selection Schedule

Officers are elected annually

Current Board Officers elected to Serve 9/1/2019-8/31/2020

## Board Officers

**Table 2 Board Officers**

| <b>Title</b>                                       | <b>Name</b>      | <b>Term</b>        |
|--|------------------|--------------------|
| <b>Chair or president</b>                          | Kevin T. LaFleur | 9/1/2019-8/31/2020 |
| <b>1<sup>st</sup> Vice chair or vice president</b> | Josephine Soliz  | 9/1/2019-8/31/2020 |
| <b>2<sup>nd</sup> Vice chair or vice president</b> | Alonzo Morales   | 9/1/2019-8/31/2020 |
| <b>3<sup>rd</sup> Vice chair or vice president</b> | Tony Allen       | 9/1/2019-8/31/2020 |
| <b>Secretary-Treasurer or equivalent position</b>  | Annie Rodriguez  | 9/1/2019-8/31/2020 |
| <b>Immediate past chair or president</b>           | Tramer Woytek    | 9/1/2019-8/31/2020 |
| <b>Director-At-Large</b>                           | Robert A. Kubena | 9/1/2019-8/31/2020 |
| <b>Director-At-Large</b>                           | Mike Atkinson    | 9/1/2019-8/31/2020 |
| <b>Director-At-Large</b>                           | Julio Espinosa   | 9/1/2019-8/31/2020 |

## **5. Advisory Council**

### **Council Composition**

The Advisory Council for the Golden Crescent Area Agency on Aging is called the Regional Health & Human Services Advisory Committee (RH&HSAC). The membership is composed of appointed members and community stakeholders. This committee is well established and has long term experience in advising the staff and the Golden Crescent Regional Planning Commission Board of Directors on matters related to the Area Agency on Aging, the Aging & Disability Resource Center and the Golden Crescent 211 services.

### **Frequency of Meetings**

Two – Three times a year or more frequently if action is required by the Committee. Meetings are usually held in February and August each year.

### **Member Selection Schedule**

Local elected officials within the cities and counties of the region appoint representatives to the Advisory Committees to assist the Golden Crescent Regional Planning Commission Board of Directors in their decision making. Representatives of cities and counties appoint committee members annually. In addition, there are other members including business leaders, advocates and stakeholders who also serve on the committee.

**Table 3 Advisory Council Composition**

| <b>Category</b>  | <b>Number of Members *</b><br><i>Members represent multiple categories</i> |
|--|--|
| <b>1. Older adults residing in rural areas</b>   | 4  |
| <b>2. Clients of Title III services</b>  | 2  |
| <b>3. Older adults</b>   | 13   |
| <b>4. Minority older adults who participate or are eligible to participate in OAA programs</b> | 3  |
| <b>5. Local elected officials</b>  | 2  |
| <b>6. General public</b>   | 13   |
| <b>7. Veterans' health care providers, if applicable</b>                                       | 13   |
| <b>8. Service providers</b>  | 27   |
| <b>9. Family caregivers of older adults who are minority or who reside in rural areas</b>      | 1  |
| <b>10. Business community representatives</b>  | 45   |
| <b>11. Representatives of older adults</b>   | 32   |
| <b>12. Representatives of health care provider organizations</b>                               | 18   |
| <b>13. People with leadership experience in the private and voluntary sectors</b>              | 28   |
| <b>14. Representatives of supportive services provider organizations</b>                       | 27   |

## Advisory Council Members

**Table 4 Advisory Council Members**

| <b>Name</b>               | <b>Occupation or Affiliation</b> | <b>County of Residence</b> | <b>Member Since</b> | <b>Current Office Term</b> | <b>Name of Agency Group Represented<sup>1</sup></b> |
|---------------------------|----------------------------------|----------------------------|---------------------|----------------------------|---|
| <b>APPOINTED MEMBERS:</b> |                                  |                            |                     |                            |   |
| <b>Bobby Vickery</b>      | Calhoun County Sheriff           | Calhoun                    | 7-9-18              | 9/1/2019-8/31/2020         | Elected Official                                    |
| <b>Clyde Syma</b>         | County Commissioner              | Calhoun                    | 7-9-18              | 9-1-19 to 8-31-2020        | Elected Official                                    |
| <b>Judy Krupala</b>       | Cuero Regional Hospital          | Dewitt                     | 3+ yrs              | 9-1-19 to 8-31-2020        | Cuero Regional Hospital                             |
| <b>Donna Coleman</b>      | Jackson County Hospital District | Jackson                    | 7-9-18              | 9-1-19 to 8-31-2020        | Jackson County Hospital                             |
| <b>James Sudik</b>        | Jackson County Hospital District | Jackson                    | 7-9-18              | 9-1-19 to 8-31-2020        | Jackson County Hospital                             |
| <b>Lance Smiga</b>        | Jackson County Hospital District | Jackson                    | 7-9-18              | 9-1-19 to 8-31-2020        | Jackson County Hospital                             |
| <b>Penny Christian</b>    | Case Manager                     | Gonzales                   | 3+ yrs              | 9-1-19 to 8-31-2020        | Gonzales Community Health Center                    |

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<sup>1</sup> Enter "N/A" if not applicable

| <b>Name</b>  | <b>Occupation or Affiliation</b>               | <b>County of Residence</b> | <b>Member Since</b> | <b>Current Office Term</b> | <b>Name of Agency Group Represented<sup>1</sup></b> |
|--|--|----------------------------|---------------------|----------------------------|---|
| <b>Henry Salas</b>   | Director                                       | Gonzales                   | 3+ yrs              | 9-1-19 to 8-31-2020        | Gonzales Community Health Center                    |
| <b>Mary Wade</b>   | Director, Goliad Senior Services               | Goliad                     | 3+ yrs              | 9-1-19 to 8-31-2020        | Goliad County Senior Citizens Assoc, Inc            |
| <b>Debbie Fishbeck</b>   | Lavaca county EMS                              | Lavaca                     | 3+ yrs              | 9-1-19 to 8-31-2020        | Lavaca County                                       |
| <b>Becky Janak</b>   | Director, Lavaca Senior Services               | Lavaca                     | 3+ yrs              | 9-1-19 to 8-31-20          | Lavaca Community Connections                        |
| <b>Dana Johnson</b>  | Staff of County Judge                          | Lavaca                     | 3+ yrs              | 9-1-19 to 8-31-2020        | Local elected Official                              |
| <b>Sharron Ellisor</b>   | Community Advocate                             | Victoria                   | 3+ yrs              | 9-1-19 to 8-31-20          | n/a   |
| <b>Wayne Dierlam</b>   | Business Owner                                 | Victoria                   | 3+ yrs              | 9-1-19 to 8-31-2020        | n/a   |
| <b>Susan Morrison</b>  | Community Advocate                             | Victoria                   | 3+ yrs              | 9-1-19 to 8-31-2020        | n/a   |
| <b>Other Members including Business Leaders, Advocates and Stakeholders:</b> |  |                            |                     |                            |   |
| Vicki Smith  | Executive Director, Community Action Committee | Victoria                   | 3+ yrs              | 9-1-19 to 8-31-2020        | Community Action Committee Victoria, Texas          |
| Monica Pelech  | Executive Director, Calhoun Senior Services    | Calhoun                    | 3+ yrs              | 9-1-19 to 8-31-2020        | Calhoun County Senior Citizens Association Inc      |
| Dan Williams-Capone  | Executive Director-Victoria Senior Services    | Victoria                   | 3+ yrs              | 9-1-19 to 8-31-2020        | Victoria Senior Citizens Center-Meals on Wheels     |

| <b>Name</b>              | <b>Occupation or Affiliation</b>                | <b>County of Residence</b> | <b>Member Since</b> | <b>Current Office Term</b> | <b>Name of Agency Group Represented<sup>1</sup></b>                  |
|--------------------------|---|----------------------------|---------------------|----------------------------|--|
| Julia Gonzales           | Executive Director-<br>Jackson Senior Services  | Matagorda                  | 3+ yrs              | 9-1-19 to<br>8-31-2020     | Friends of Elder<br>Citizens   |
| Kari Brietschopf         | Executive Director-<br>Gonzales Senior Services | Gonzales                   | 3+ yrs              | 9-1-19 to<br>8-31-2020     | Gonzales County<br>Senior Citizens<br>Association                    |
| Cindy Perez              | Community Liaison                               | Multi-County               | 3+ yrs              | 9-1-19 to<br>8-31-2020     | United Healthcare  |
| Rachel Galvan            | Enrollment Broker,<br>Managed Care              | Multi-County               | 3+ yrs              | 9-1-19 to<br>8-31-2020     | Texas Health<br>Steps/Star Plus                                      |
| Karen Slusher            | Business Development                            | Multi-County               | 3+ yrs              | 9-1-19 to<br>8-31-2020     | Comfort Keepers  |
| Dale Rodriguez           | Outreach  | Multi-County               | 3+ yrs              | 9-1-19 to<br>8-31-2020     | Texas A&M Healthy<br>South Texas                                     |
| Marjorie Anders          | Case Manager                                    | Multi-County               | 3+ yrs              | 9-1-19 to<br>8-31-2020     | San Antonio<br>Independent Living<br>Centers                         |
| Cathy Clymer-<br>Barrera | Case Management                                 | Multi-County               | 3+ yrs              | 9-1-19 to<br>8-31-2020     | HHSC, local office   |
| Marc Hinojosa            | Executive Director                              | Victoria                   | 3+ yrs              | 9-1-19 to<br>8-31-2020     | Victoria Christian<br>Assistance Ministry                            |
| Melissa Garcia           | Administrative Support                          | Multi-County               | 3+ yrs              | 9-1-19 to<br>8-31-2020     | Gulf Bend Center-<br>local mental health<br>authority                |
| Dr. Derrick Hun          | Director  | Victoria                   | 3+ yrs              | 9-1-19 to<br>8-31-2020     | Golden Crescent<br>Workforce Solutions-<br>Communities in<br>Schools |

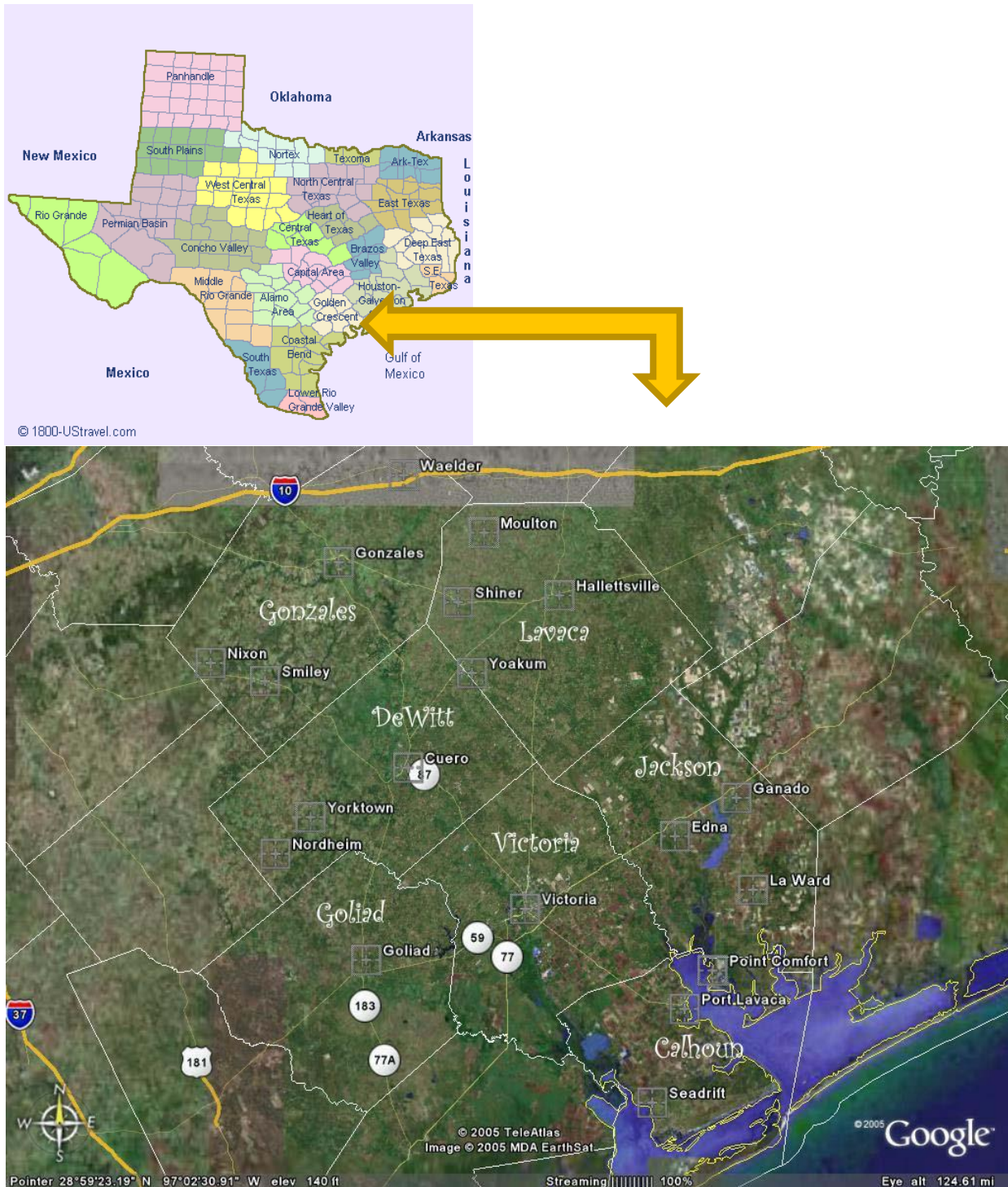
| <b>Name</b>            | <b>Occupation or Affiliation</b> | <b>County of Residence</b> | <b>Member Since</b> | <b>Current Office Term</b> | <b>Name of Agency Group Represented<sup>1</sup></b> |
|------------------------|----------------------------------|----------------------------|---------------------|----------------------------|---|
| Jessica Dodds          | Executive Staff                  | Multi-County               | 3+ yrs              | 9-1-19 to 8-31-2020        | Gulf Bend Center-local mental health authority      |
| Christine Butler       | Case Management & Outreach       | Multi-County               | 3+ yrs              | 9-1-19 to 8-31-2020        | Coastal Bend Independent Living Center              |
| Lane Johnson           | Executive Staff                  | Multi-County               | 3+ yrs              | 9-1-19 to 8-31-2020        | Gulf Bend Center-local mental health authority      |
| Marie Esparza          | Employment Services              | Multi-County               | 3+ yrs              | 9-1-19 to 8-31-2020        | Golden Crescent Workforce Solutions                 |
| Linda Kohleffel        | Outreach                         | Multi-County               | 3+ yrs              | 9-1-19 to 8-31-2020        | Texas A&M Healthy South Texas                       |
| Shelia Edwards         | Regional Director                | Multi-County               | 3+ yrs              | 9-1-19 to 8-31-2020        | HHSC, local office                                  |
| Candy Camacho          | Outreach & Community Services    | Victoria                   | 3+ yrs              | 9-1-19 to 8-31-2020        | Department of State Health Services                 |
| Dr. Kitty Brietzke, JD | Executive Director               | Multi-County               | 3+ yrs              | 9-1-19 to 8-31-2020        | San Antonio Independent Living Center               |
| Jennifer Catalani      | Supervisor                       | Multi-County               | 3+ yrs              | 9-1-19 to 8-31-2020        | Department of Family & Protective Services          |
| Denise Pacheco         | Consumer Services                | Multi-County               | 3+ yrs              | 9-1-19 to 8-31-2020        | Department of Family & Protective Services          |
| Elza Welder            | Discharge Planner                | Victoria                   | 3+ yrs              | 9-1-19 to 8-31-2020        | DeTar Hospital                                      |



| <b>Name</b>       | <b>Occupation or Affiliation</b> | <b>County of Residence</b> | <b>Member Since</b> | <b>Current Office Term</b> | <b>Name of Agency Group Represented<sup>1</sup></b> |
|-------------------|----------------------------------|----------------------------|---------------------|----------------------------|---|
| James Phelps      | Discharge Planner                | Victoria                   | 3+ yrs              | 9-1-19 to 8-31-2020        | Citizens Medical Center                             |
| Yvette Pettus     | Director                         | Victoria                   | 3+ yrs              | 9-1-19 to 8-31-2020        | Detar Senior Care                                   |
| Christy Hernandez | Executive Staff                  | Multi-County               | 3+ yrs              | 9-1-19 to 8-31-2020        | Gulf Bend Center-local mental health authority      |
| James Howard      | Case Manager                     | Victoria                   | 3+ yrs              | 9-1-19 to 8-31-2020        | Methodist Healthcare Ministeries                    |
| Becky Seibert     | Administration                   | Lavaca                     | 3+ yrs              | 9-1-19 to 8-31-2020        | Shiner Nursing & Rehabilitation Center              |
| Megan Bennett     | Case Manager                     | Multi-County               | 3+ yrs              | 9-1-19 to 8-31-2020        | Department of Assistive Rehabilitative Services     |
| Cheryl Dodd       | Business Owner                   | Multi-County               | 3+ yrs              | 9-1-19 to 8-31-2020        | Caring Companions of the Gulf Coast                 |
| Wayne Dodd        | Business Owner                   | Multi-County               | 3+ yrs              | 9-1-19 to 8-31-2020        | Caring Companions of the Gulf Coast                 |
| Nancy Wyant,RN    | Business Development & Outreach  | Multi-County               | 3+ yrs              | 9-1-19 to 8-31-2020        | Kindred at Home                                     |
| Michael Cruz      | Administration                   | Lavaca                     | 3+ yrs              | 9-1-19 to 8-31-2020        | The Arboretum Group Shiner/Moulton                  |

## 6. Agency Description and PSA Profile

### Identification of Counties and Major Communities



**CITIES AND TOWNS LOCATED IN THE GOLDEN CRESCENT REGION**

**Calhoun County**

**Port Lavaca**  
**Seadrift**  
**Port O'Conner**  
**Point Comfort**  
Unincorporated communities:  
 Alamo Beach  
 Long Mott  
 Magnolia Beach

**DeWitt County**

**Cuero**  
**Yorktown**  
Nordheim  
Unincorporated Communities:  
Arneckeville  
 Concrete  
 Edgar  
Hochheim  
Lindenau  
 Meyersville  
 Pearl City  
 Thomaston  
Westhoff

**Goliad County**

**Goliad**  
Unincorporated Communities:  
 Angel City  
Berclair  
 Fannin  
Weesatche  
 Weser

**Gonzales County**

**Gonzales**  
**Nixon**  
**Smiley**  
Waelder  
Unincorporated Communities:  
Bebe  
 Belmont  
 Cost  
 Glaze City  
 Harwood  
 Leesville  
Monthalia  
Ottine  
 Pilgrim  
 Sandy Fork  
 Thompsonville  
Wrightsboro

**Jackson County**

**Edna**  
**Ganado**  
**La Ward**  
**Vanderbilt**  
**Lolita**  
Unincorporated Communities:  
Francitas  
 El Toro  
 La Salle  
 White Hall  
Weedhaven

**Lavaca County**

**Hallettsville**  
**Shiner**  
**Yoakum**  
**Moulton**  
Unincorporated communities:  
Breslau  
Hope  
Henkhaus  
Kinkler  
Kormensky  
Sweet Home  
Speaks  
Sublime  
Williamsburg  
Worthing

**Victoria County**

**Victoria**  
**Bloomington**  
**Inez**  
Placedo  
**Quail Creek**  
Unincorporated Communities:  
 Guadalupe  
McFaddin  
 Mission Valley  
 Nursery  
 Raisin  
 Telferner  
Moursund  
 Wood-Hi

The Golden Crescent Area Agency on Aging is a program of the Golden Crescent Regional Planning Commission. The Commission is a council of governments and considered a political subdivision of the state. The Golden Crescent region is located in southeast Texas. The region encompasses the seven counties of Calhoun, DeWitt, Goliad, Gonzales, Jackson, Lavaca and Victoria. According to the U.S. Census Bureau 2017 estimates, the total population of the region is 197,830. It is predominately rural, with the City of Victoria being its largest metropolitan area with a population of 67,106. The seven county region covers an area of approximately 6,097 square miles.

## Socio-Demographic and Economic Factors

The Administration for Community Living issued a comprehensive view of the older population in the United States. The "2017 Profile of Older Americans" reveals that by 2040, there will be about 82.3 million older persons living in America, over twice the number in 2000. As recently as 2016, people over age 65 represented 15.2% of the nation's population or about 1 in 7 residents. By 2040, that number will grow to 21.7% or 1 in 5 people will be age 65 and over.


According to AARP, 10,000 baby boomers are turning 65 every single day, and this is expected to continue into the 2030s. This means that nearly seven baby boomers are turning 65 every minute. Over one-third of the "baby boom" generation, those born between 1946 and 1964, is now age 65 or older.

In the State of Texas, one in five residents are over the age of 60. In the Golden Crescent region, more than 27% of the projected 2021 population will be age 60 and over. The region's population is older than the state-wide average. Regional growth of the older population into 2031 will be about 10%. Within the senior population, adults age 85+ comprise about 8.5% of the sector.

Racial and ethnic minorities will make up an increasing share of the older population in the Golden Crescent region. Seniors of minority ethnicity represent 36% of the senior adult population. Hispanic seniors dominate at 28% of the 60+ demographic group. Minority seniors will steadily increase to 43% of the 60+ population over the next eleven years.

The region is considered predominately rural. Over 60% of older residents are living in areas outside the Victoria city metroplex. Rural living presents its challenges in terms of accessing services and engaging with the community.

In the Golden Crescent region, the **population age 60 and over**, currently represents over 27% of the total population of the region. Goliad and Lavaca counties are home to the highest percentages of seniors compared to total population.



**Golden Crescent 60+ POPULATION ESTIMATE BY COUNTY**

|                        | <b>Total Population, 2017 Estimate<sup>1</sup></b> | <b>60+ Population 2021 Estimate</b> | <b>Percent of Population that is 60+ in 2021</b> | <b>60+ Population 2022 Estimate</b> | <b>Percent of Population that is 60+ in 2022</b> |
|------------------------|--|-------------------------------------|--|-------------------------------------|--|
| CALHOUN                | 21,744   | <b>6,401</b>                        | 29.44%   | <b>6,572</b>                        | 30.22%   |
| DEWITT                 | 20,226   | <b>5,874</b>                        | 29.04%   | <b>5,921</b>                        | 29.27%   |
| GOLIAD                 | 7,562  | <b>3,002</b>                        | 39.70%   | <b>3,110</b>                        | 41.13%   |
| GONZALES               | 20,893   | <b>5,702</b>                        | 27.29%   | <b>5,872</b>                        | 28.11%   |
| JACKSON                | 14,805   | <b>3,944</b>                        | 26.64%   | <b>3,998</b>                        | 27.00%   |
| LAVACA                 | 20,062   | <b>6,872</b>                        | 34.25%   | <b>6,994</b>                        | 34.86%   |
| VICTORIA               | 92,084   | <b>21,732</b>                       | 23.60%   | <b>22,137</b>                       | 24.04%   |
| <b>REGIONAL TOTAL:</b> | <b>197,376</b>                                     | <b>53,527</b>                       | <b>27.12%</b>                                    | <b>54,604</b>                       | <b>27.66%</b>                                    |
| <b>State of Texas</b>  | <b>28,304,596</b>                                  | <b>5,909,007</b>                    | <b>20.88%</b>                                    | <b>6,126,816</b>                    | <b>21.65%</b>                                    |

*Data Sources:* Area Plan Demographic Data Files provided to Area Agencies on Aging by HHSC-OAAA via email 5-24-19. 1. Texas State Data Center at the University of Texas at San Antonio. Population projections for 2014 thru 2025 based on the Population Migration Growth Scenario 2000-2010 (1.0). November 2014. US Census Bureau. American Community Survey (ACS) for Texas, 2012-2016. Prepared by: Demography/GIS Team, Center for Analytics and Decision Support, Texas Health & Human Services Commission. December 3, 2018. <sup>1</sup> Golden Crescent Five-Year Comprehensive Economic Development Strategy 2020-2025

Over the next eleven years, the **region's population age 60 and over is expected to increase 10.46%**. The greatest increases are projected for Calhoun County, where the senior population will grow by 1,392 people. Calhoun County is bordered on its eastern edge by beach land. It is a highly desirable retirement community. Other growth areas include Goliad and Gonzales counties.




## Golden Crescent Projected Population Age 60+ from 2021 - 2031

| County                    | 2021<br>Population<br>Age 60 + | 2022<br>Population<br>Age 60 + | 2023<br>Population<br>Age 60 + | 2024<br>Population<br>Age 60 + | 2025<br>Population<br>Age 60 + | 2026<br>Population<br>Age 60 + | 2027<br>Population<br>Age 60 + | 2028<br>Population<br>Age 60 + | 2029<br>Population<br>Age 60 + | 2030<br>Population<br>Age 60 + | 2031<br>Population<br>Age 60 + | Total Change<br>60+ 2021-2031 | Change in<br>Percentage 60+<br>from 2021-2031 |
|---------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|-------------------------------|---|
| Calhoun                   | 6,401                          | 6,572                          | 6,778                          | 6,930                          | 7,128                          | 7,276                          | 7,412                          | 7,506                          | 7,599                          | 7,711                          | 7,793                          | 1,392                         | 21.75%  |
| De Witt                   | 5,874                          | 5,921                          | 5,956                          | 6,016                          | 6,050                          | 6,078                          | 6,084                          | 6,051                          | 6,044                          | 6,036                          | 6,018                          | 144                           | 2.45%   |
| Goliad                    | 3,002                          | 3,110                          | 3,185                          | 3,264                          | 3,331                          | 3,403                          | 3,450                          | 3,498                          | 3,540                          | 3,583                          | 3,632                          | 630                           | 20.99%  |
| Gonzales                  | 5,702                          | 5,872                          | 6,042                          | 6,182                          | 6,307                          | 6,412                          | 6,490                          | 6,556                          | 6,667                          | 6,775                          | 6,850                          | 1,148                         | 20.13%  |
| Jackson                   | 3,944                          | 3,998                          | 4,052                          | 4,097                          | 4,140                          | 4,151                          | 4,125                          | 4,116                          | 4,104                          | 4,076                          | 4,042                          | 98                            | 2.48%   |
| Lavaca                    | 6,872                          | 6,994                          | 7,118                          | 7,201                          | 7,307                          | 7,359                          | 7,412                          | 7,439                          | 7,460                          | 7,472                          | 7,478                          | 606                           | 8.82%   |
| Victoria                  | 21,732                         | 22,137                         | 22,480                         | 22,816                         | 23,052                         | 23,202                         | 23,238                         | 23,245                         | 23,233                         | 23,306                         | 23,313                         | 1,581                         | 7.27%   |
| <b>Regional<br/>Total</b> | <b>53,527</b>                  | <b>54,604</b>                  | <b>55,611</b>                  | <b>56,506</b>                  | <b>57,315</b>                  | <b>57,881</b>                  | <b>58,211</b>                  | <b>58,411</b>                  | <b>58,647</b>                  | <b>58,959</b>                  | <b>59,126</b>                  | <b>5,599</b>                  | <b>10.46%</b>                                 |
| <b>STATE OF<br/>TEXAS</b> | <b>5,909,007</b>               |                                |                                |                                |                                |                                |                                |                                |                                |                                | <b>7,968,526</b>               | <b>2,059,519</b>              | <b>35%</b>                                    |

Data Sources: Area Plan Demographic Data Files provided to Area Agencies on Aging by HHSC-OAAA via email 5-24-19. 1. Texas State Data Center at the University of Texas at San Antonio. Population projections for 2014 thru 2025 based on the Population Migration Growth Scenario 2000-2010 (1.0). November 2014. US Census Bureau. American Community Survey (ACS) for Texas, 2012-2016. Prepared by: Demography/GIS Team, Center for Analytics and Decision Support, Texas Health & Human Services Commission. December 3, 2018.

The U.S. Census Bureau projects that **the population age 85** and over could grow from 5.5 million in 2010 to 19 million by 2050. In 2021, individuals over age 85 represent about 8.55% of the senior population in the Golden Crescent region. By 2031, those 85+ will increase slightly to 9.67% of the elder population. Calhoun and Victoria Counties will see the greatest numerical increase in the 85+ population.



### Golden Crescent Projection Adults 85+ 2021 to 2031

| County Name                             | 2021           | 2022          | 2023         | 2024         | 2025         | 2026         | 2027         | 2028         | 2029         | 2030         | 2031           | Numeric Increase 2021 to 2031 | Percent Increase for 85+ 2021 to 2031 |
|---|----------------|---------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|----------------|-------------------------------|---------------------------------------|
| <b>Calhoun</b>                          | <b>550</b>     | <b>574</b>    | 590          | 604          | 614          | 636          | 660          | 699          | 733          | 760          | 785            | <b>235</b>                    | <b>42.73%</b>                         |
| <b>DeWitt</b>                           | <b>603</b>     | <b>615</b>    | 607          | 608          | 604          | 602          | 605          | 616          | 623          | 640          | 653            | <b>50</b>                     | <b>8.29%</b>                          |
| <b>Goliad</b>                           | <b>219</b>     | <b>219</b>    | 237          | 241          | 256          | 277          | 292          | 305          | 324          | 336          | 347            | <b>128</b>                    | <b>58.45%</b>                         |
| <b>Gonzales</b>                         | <b>418</b>     | <b>425</b>    | 426          | 442          | 455          | 460          | 479          | 488          | 504          | 511          | 517            | <b>99</b>                     | <b>23.68%</b>                         |
| <b>Jackson</b>                          | <b>357</b>     | <b>355</b>    | 360          | 363          | 373          | 381          | 392          | 407          | 414          | 420          | 421            | <b>64</b>                     | <b>17.93%</b>                         |
| <b>Lavaca</b>                           | <b>634</b>     | <b>646</b>    | 649          | 657          | 648          | 656          | 670          | 699          | 717          | 718          | 724            | <b>90</b>                     | <b>14.20%</b>                         |
| <b>Victoria</b>                         | <b>1,793</b>   | <b>1,817</b>  | 1,841        | 1,881        | 1,912        | 1,947        | 1,998        | 2,053        | 2,116        | 2,179        | 2,270          | <b>477</b>                    | <b>26.60%</b>                         |
| <b>Regional Total 85+</b>               | <b>4,574</b>   | <b>4,651</b>  | <b>4,710</b> | <b>4,796</b> | <b>4,862</b> | <b>4,959</b> | <b>5,096</b> | <b>5,267</b> | <b>5,431</b> | <b>5,564</b> | <b>5,717</b>   | <b>1,143</b>                  | <b>24.99%</b>                         |
| <i>Regional 60+</i>                     | <b>53,527</b>  | <b>54,604</b> | 55,611       | 56,506       | 57,315       | 57,881       | 58,211       | 58,411       | 58,647       | 58,959       | 59,126         |                               |                                       |
| <b>85+ Percent of Senior Population</b> | <b>8.55%</b>   | <b>8.52%</b>  | 8.47%        | 8.49%        | 8.48%        | 8.57%        | 8.75%        | 9.02%        | 9.26%        | 9.44%        | 9.67%          |                               |                                       |
| <b>STATE OF TEXAS</b>                   | <b>413,830</b> |               |              |              |              |              |              |              |              |              | <b>630,252</b> | <b>216,422</b>                | <b>52.30%</b>                         |

*Data Sources: Area Plan Demographic Data Files provided to Area Agencies on Aging by HHSC-DAAA via email 5-24-19. 1. Texas State Data Center at the University of Texas at San Antonio. Population projections for 2014 thru 2025 based on the Population Migration Growth Scenario 2000-2010 (1.0). November 2014. US Census Bureau. American Community Survey (ACS) for Texas, 2012-2016. Prepared by: DemographyGIS Team, Center for Analytics and Decision Support, Texas Health & Human Services Commission. December 3, 2018.*

The 60+ population in the Golden Crescent from **minority heritages** in 2021 comprise about 36% of the total elder population in the region. Over the next ten years, the number will rise to about 42.8% of the total 60+ population. The number of minority elders will climb from 19,284 to 25,308 by 2031.



### Golden Crescent Projected Minority Population Age 60+ from 2021 - 2031

| County                    | 2021<br>Population<br>Age 60 +<br>Minority | 2022<br>Population<br>Age 60 +<br>Minority | 2023<br>Population<br>Age 60 +<br>Minority | 2024<br>Population<br>Age 60 +<br>Minority | 2025<br>Population<br>Age 60 +<br>Minority | 2026<br>Population<br>Age 60 +<br>Minority | 2027<br>Population<br>Age 60 +<br>Minority | 2028<br>Population<br>Age 60 +<br>Minority | 2029<br>Population<br>Age 60 +<br>Minority | 2030<br>Population<br>Age 60 +<br>Minority | 2031<br>Population<br>Age 60 +<br>Minority | Total Change<br>60+ Minority<br>2021-2031 | Change in<br>Percentage 60+<br>Minority from<br>2021-2031 |            |
|---------------------------|--|--|--|--|--|--|--|--|--|--|--|---|---|------------|
| Calhoun                   | 2,506                                      | 2,626                                      | 2,772                                      | 2,885                                      | 3,029                                      | 3,159                                      | 3,291                                      | 3,395                                      | 3,491                                      | 3,602                                      | 3,690                                      | 1,184                                     | 47.25%  |            |
| De Witt                   | 2,051                                      | 2,128                                      | 2,189                                      | 2,246                                      | 2,312                                      | 2,382                                      | 2,423                                      | 2,462                                      | 2,525                                      | 2,550                                      | 2,592                                      | 541                                       | 26.38%  |            |
| Goliad                    | 989  | 1,033                                      | 1,066                                      | 1,105                                      | 1,127                                      | 1,159                                      | 1,184                                      | 1,214                                      | 1,242                                      | 1,271                                      | 1,307                                      | 318                                       | 32.15%  |            |
| Gonzales                  | 2,248                                      | 2,354                                      | 2,464                                      | 2,576                                      | 2,681                                      | 2,770                                      | 2,857                                      | 2,939                                      | 3,047                                      | 3,160                                      | 3,238                                      | 990                                       | 44.04%  |            |
| Jackson                   | 1,218                                      | 1,267                                      | 1,313                                      | 1,357                                      | 1,401                                      | 1,430                                      | 1,436                                      | 1,452                                      | 1,468                                      | 1,478                                      | 1,480                                      | 262                                       | 21.51%  |            |
| Lavaca                    | 1,110                                      | 1,148                                      | 1,195                                      | 1,236                                      | 1,272                                      | 1,298                                      | 1,333                                      | 1,358                                      | 1,376                                      | 1,401                                      | 1,440                                      | 330                                       | 29.73%  |            |
| Victoria                  | 9,162                                      | 9,486                                      | 9,792                                      | 10,114                                     | 10,391                                     | 10,626                                     | 10,801                                     | 10,992                                     | 11,175                                     | 11,372                                     | 11,561                                     | 2,399                                     | 26.18%  |            |
| <b>Regional<br/>Total</b> | <b>19,284</b>                              | <b>20,042</b>                              | <b>20,791</b>                              | <b>21,519</b>                              | <b>22,213</b>                              | <b>22,824</b>                              | <b>23,325</b>                              | <b>23,812</b>                              | <b>24,324</b>                              | <b>24,834</b>                              | <b>25,308</b>                              | <b>6,024</b>                              | <b>31.24%</b>   |            |
| <b>STATE OF<br/>TEXAS</b> | <b>2,470,517</b>                           |  |  |  |  |  |  |  |  |  |  | <b>4,013,512</b>                          | <b>1,542,995</b>  | <b>62%</b> |

Data Sources: Area Plan Demographic Data Files provided to Area Agencies on Aging by HHSC-OAAA via email 5-24-19. 1. Texas State Data Center at the University of Texas at San Antonio. Population projections for 2014 thru 2025 based on the Population Migration Growth Scenario 2000-2010 (1.0). November 2014. US Census Bureau. American Community Survey (ACS) for Texas, 2012-2016. Prepared by: Demography/GIS Team, Center for Analytics and Decision Support, Texas Health & Human Services Commission. December 3, 2018.




The Golden Crescent region is home to a large population of residents of **Hispanic ethnicity**. Of the 53,527 persons over age 60 in the region in 2021, 28%, or 14,938 are Hispanic. By 2031, Hispanic elderly will comprise 35% of the senior population.

|  |  | Golden Crescent Projected Minority and Hispanic Population Age 60+ from 2021 - 2031 |  |   |   |   |   |   |   |   |   |   | Total                 |  |
|--|--|---|--|---|---|---|---|---|---|---|---|---|-----------------------|--|
|  |  | 2021<br>Population<br>Age 60+<br>Hispanic   | 2022<br>Population Age<br>60+ Hispanic | 2023<br>Population<br>Age 60+<br>Hispanic | 2024<br>Population<br>Age 60+<br>Hispanic | 2025<br>Population<br>Age 60+<br>Hispanic | 2026<br>Population<br>Age 60+<br>Hispanic | 2027<br>Population<br>Age 60+<br>Hispanic | 2028<br>Population<br>Age 60+<br>Hispanic | 2029<br>Population<br>Age 60+<br>Hispanic | 2030<br>Population<br>Age 60+<br>Hispanic | 2031<br>Population<br>Age 60+<br>Hispanic | 2021-2031<br>Increase | Percent<br>60+<br>Hispanic<br>from 2021-<br>2031 |
| <b>60+ Population</b>                                  |  | 53,527  | 54,604                                 | 55,611                                    | 56,506                                    | 57,315                                    | 57,881                                    | 58,211                                    | 58,411                                    | 58,647                                    | 58,959                                    | 59,126                                    |                       |  |
| <b>60+ Minority Regional Total</b>                     |  | 19,284  | 20,042                                 | 20,791                                    | 21,519                                    | 22,213                                    | 22,824                                    | 23,325                                    | 23,812                                    | 24,324                                    | 24,834                                    | 25,308                                    | 6,024                 | 31.24%   |
| <b>Percent of the 60+ Population that are Minority</b> |  | 36.0%   | 36.7%                                  | 37.4%                                     | 38.1%                                     | 38.8%                                     | 39.4%                                     | 40.1%                                     | 40.8%                                     | 41.5%                                     | 42.1%                                     | 42.8%                                     |                       |  |
| <b>Black</b>   |  | 3,194   | 3,272                                  | 3,348                                     | 3,406                                     | 3,472                                     | 3,489                                     | 3,497                                     | 3,499                                     | 3,500                                     | 3,480                                     | 3,461                                     | 267                   | 8.36%  |
| <i>Black, percent of total 60+ Minority</i>            |  | 16.6%   | 16.3%                                  | 16.1%                                     | 15.8%                                     | 15.6%                                     | 15.3%                                     | 15.0%                                     | 14.7%                                     | 14.4%                                     | 14.0%                                     | 13.7%                                     |                       |  |
| <b>Hispanic</b>  |  | 14,938  | 15,567                                 | 16,188                                    | 16,805                                    | 17,406                                    | 17,960                                    | 18,422                                    | 18,889                                    | 19,378                                    | 19,911                                    | 20,401                                    | 5,463                 | 36.57%   |
| <i>Hispanic, percent of total 60+ Minority</i>         |  | 77.5%   | 77.7%                                  | 77.9%                                     | 78.1%                                     | 78.4%                                     | 78.7%                                     | 79.0%                                     | 79.3%                                     | 79.7%                                     | 80.2%                                     | 80.6%                                     |                       |  |
| <b>Other</b>   |  | 1,152   | 1,203                                  | 1,255                                     | 1,308                                     | 1,335                                     | 1,375                                     | 1,406                                     | 1,424                                     | 1,446                                     | 1,443                                     | 1,446                                     | 294                   | 25.52%   |
| <i>Other, percent of total 60+ minority</i>            |  | 6.0%  | 6.0%                                   | 6.0%                                      | 6.1%                                      | 6.0%                                      | 6.0%                                      | 6.0%                                      | 6.0%                                      | 5.9%                                      | 5.8%                                      | 5.7%                                      |                       |  |

Data Sources: Area Plan Demographic Data Files provided to Area Agencies on Aging by HHSC-GA/AA via email 5-24-19. 1. Texas State Data Center at the University of Texas at San Antonio. Population projections for 2014 thru 2025 based on the Population Migration Growth Scenario 2000-2010 (1.0), November 2014. US Census Bureau. American Community Survey (ACS) for Texas, 2012-2016. Prepared by: Demography/GIS Team, Center for Analytics and Decision Support, Texas Health & Human Services Commission. December 3, 2018.

According to the Kaiser Family Foundation, the poverty rate in 2018 among those over age 65 in Texas was 11%. In the Golden Crescent region, those living in poverty will represent about 10% of the total 60+ population in 2021. By 2031, those living in poverty will remain stable at 10.18% of the population over age 60.



**Projected Population Age 60+ Living in Poverty from 2021 to 2031**

| County                                    | 2021 Total 60+ Poverty | 2022 Total 60+ Poverty | 2023 Total 60+ Poverty | 2024 Total 60+ Poverty | 2025 Total 60+ Poverty | 2026 Total 60+ Poverty | 2027 Total 60+ Poverty | 2028 Total 60+ Poverty | 2029 Total 60+ Poverty | 2030 Total 60+ Poverty | 2031 Total 60+ Poverty | Total Change 60+ Living in Poverty 2021-2031 | Change in Percentage 60+ Living in Poverty from 2021-2031 |     |
|---|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|--|---|-----|
| Calhoun                                   | 521                    | 535                    | 552                    | 564                    | 580                    | 592                    | 603                    | 611                    | 618                    | 627                    | 634                    | 113  | 22%   |     |
| De Witt                                   | 772                    | 778                    | 782                    | 790                    | 795                    | 798                    | 799                    | 795                    | 794                    | 793                    | 791                    | 19   | 2%  |     |
| Goliad                                    | 205                    | 212                    | 217                    | 222                    | 227                    | 232                    | 235                    | 238                    | 241                    | 244                    | 248                    | 43   | 21%   |     |
| Gonzales                                  | 679                    | 699                    | 719                    | 736                    | 751                    | 763                    | 773                    | 781                    | 794                    | 807                    | 816                    | 137  | 20%   |     |
| Jackson                                   | 464                    | 471                    | 477                    | 482                    | 487                    | 489                    | 485                    | 484                    | 483                    | 480                    | 476                    | 12   | 3%  |     |
| Lavaca                                    | 655                    | 666                    | 678                    | 686                    | 696                    | 701                    | 706                    | 709                    | 711                    | 712                    | 712                    | 57   | 9%  |     |
| Victoria                                  | 2,184                  | 2,224                  | 2,259                  | 2,293                  | 2,316                  | 2,331                  | 2,335                  | 2,336                  | 2,335                  | 2,342                  | 2,343                  | 159  | 7%  |     |
| <b>REGIONAL TOTAL 60+ Poverty</b>         | <b>5,480</b>           | <b>5,585</b>           | <b>5,684</b>           | <b>5,773</b>           | <b>5,852</b>           | <b>5,906</b>           | <b>5,936</b>           | <b>5,954</b>           | <b>5,976</b>           | <b>6,005</b>           | <b>6,020</b>           | <b>540</b>                                   | <b>10%</b>  |     |
| Regional 60+                              | 53,527                 | 54,604                 | 55,611                 | 56,506                 | 57,315                 | 57,881                 | 58,211                 | 58,411                 | 58,647                 | 58,959                 | 59,126                 |  |   |     |
| Poverty Percent of Senior Population      | 10.24%                 | 10.23%                 | 10.22%                 | 10.22%                 | 10.21%                 | 10.20%                 | 10.20%                 | 10.19%                 | 10.19%                 | 10.19%                 | 10.18%                 |  |   |     |
| STATE OF TEXAS, age 60+ Living in Poverty | 613,534                |                        |                        |                        |                        |                        |                        |                        |                        |                        |                        | 837,801                                      | 224,267   | 37% |

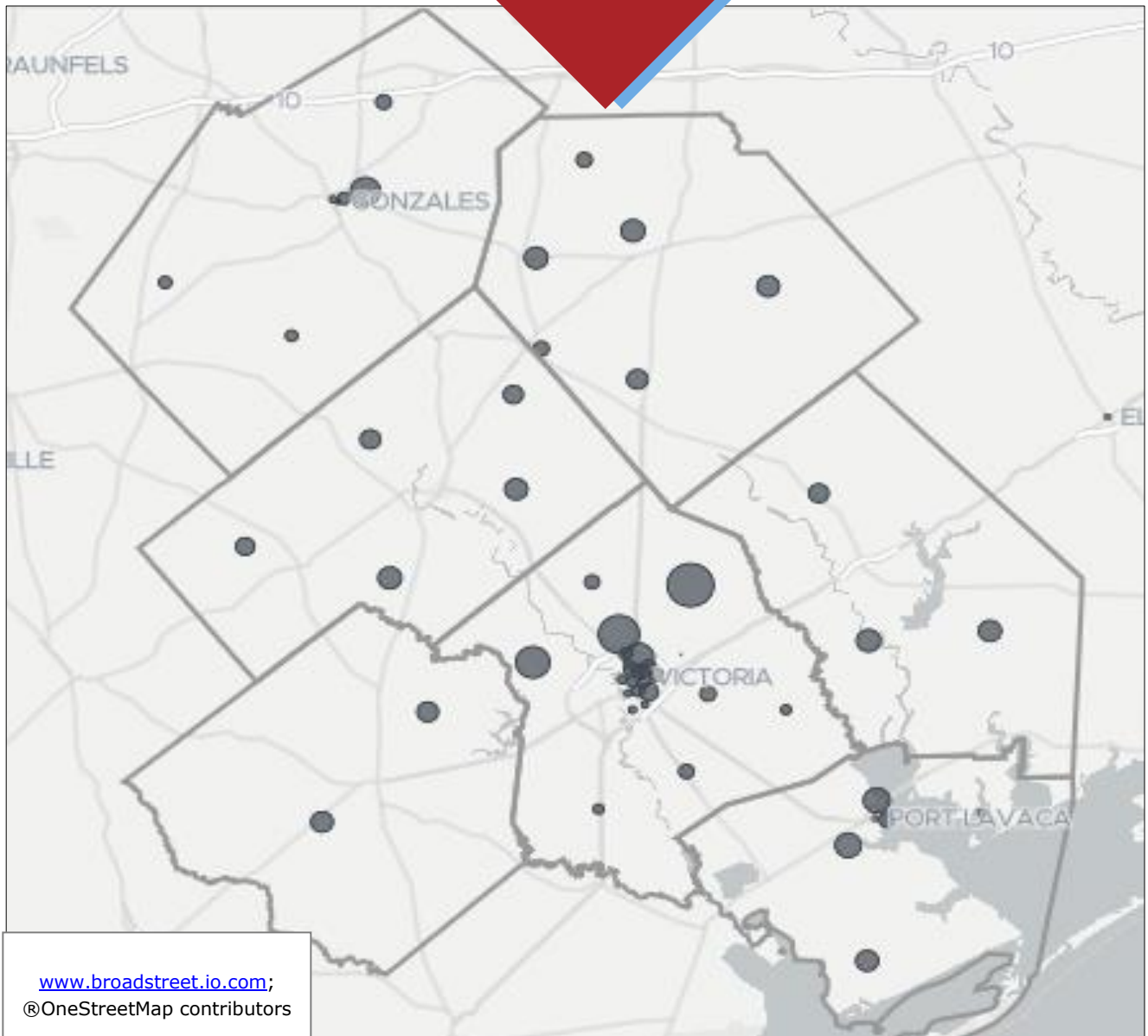
Data Sources: Area Plan Demographic Data Files provided to Area Agencies on Aging by HHSC-OAAA via email 5-24-19. 1. Texas State Data Center at the University of Texas at San Antonio. Population projections for 2014 thru 2025 based on the Population Migration Growth Scenario 2000-2010 (1.0). November 2014. US Census Bureau. American Community Survey (ACS) for Texas. 2012-2016. Prepared by: Demography/GIS Team Center for Analytics and Decision Support, Texas Health & Human Services Commission. December 3, 2018.

The region is predominately rural, with one large metropolitan area, the City of Victoria. About 60% of the senior population live in rural counties and 40% in Victoria County. A strong local provider network and continuous outreach will be critical to reaching rural, isolated seniors.

|  | Total Population, 2017 Estimate <sup>1</sup> | 2022 Population Age 60 + | 2022 Population Age 60 + | 2023 Population Age 60 + | 2024 Population Age 60 + | 2025 Population Age 60 + | 2026 Population Age 60 + | 2027 Population Age 60 + | 2028 Population Age 60 + | 2029 Population Age 60 + | 2030 Population Age 60 + | 2031 Population Age 60 + |
|--|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| CALHOUN-Rural  | 21,744                                       | 6,401                    | 6,572                    | 6,778                    | 6,930                    | 7,128                    | 7,276                    | 7,412                    | 7,506                    | 7,599                    | 7,711                    | 7,793                    |
| DEWITT-Rural   | 20,226                                       | 5,874                    | 5,921                    | 5,956                    | 6,016                    | 6,050                    | 6,078                    | 6,084                    | 6,051                    | 6,044                    | 6,036                    | 6,018                    |
| GOLIAD-Rural   | 7,562  | 3,002                    | 3,110                    | 3,185                    | 3,264                    | 3,331                    | 3,403                    | 3,450                    | 3,498                    | 3,540                    | 3,583                    | 3,632                    |
| GONZALES-Rural   | 20,893                                       | 5,702                    | 5,872                    | 6,042                    | 6,182                    | 6,307                    | 6,412                    | 6,490                    | 6,556                    | 6,667                    | 6,775                    | 6,850                    |
| JACKSON-Rural  | 14,805                                       | 3,944                    | 3,998                    | 4,052                    | 4,097                    | 4,140                    | 4,151                    | 4,125                    | 4,116                    | 4,104                    | 4,076                    | 4,042                    |
| LAVACA-Rural   | 20,062                                       | 6,872                    | 6,994                    | 7,118                    | 7,201                    | 7,307                    | 7,359                    | 7,412                    | 7,439                    | 7,460                    | 7,472                    | 7,478                    |
| <b>TOTAL RURAL:</b>                                    | <b>105,292</b>                               | <b>31,795</b>            | <b>32,467</b>            | <b>33,131</b>            | <b>33,690</b>            | <b>34,263</b>            | <b>34,679</b>            | <b>34,973</b>            | <b>35,166</b>            | <b>35,414</b>            | <b>35,653</b>            | <b>35,813</b>            |
| <b>TOTAL URBAN-VICTORIA COUNTY *</b>                   | <b>92,084</b>                                | <b>21,732</b>            | <b>22,137</b>            | <b>22,480</b>            | <b>22,816</b>            | <b>23,052</b>            | <b>23,202</b>            | <b>23,238</b>            | <b>23,245</b>            | <b>23,233</b>            | <b>23,306</b>            | <b>23,313</b>            |
| <b>TOTAL URBAN + RURAL</b>                             | <b>197,376</b>                               | <b>53,527</b>            | <b>54,604</b>            | <b>55,611</b>            | <b>56,506</b>            | <b>57,315</b>            | <b>57,881</b>            | <b>58,211</b>            | <b>58,411</b>            | <b>58,647</b>            | <b>58,959</b>            | <b>59,126</b>            |
| <b>60+ POPULATION, PERCENT RESIDING IN RURAL AREAS</b> |  | <b>59.40%</b>            | <b>59.46%</b>            | <b>59.58%</b>            | <b>59.62%</b>            | <b>59.78%</b>            | <b>59.91%</b>            | <b>60.08%</b>            | <b>60.20%</b>            | <b>60.39%</b>            | <b>60.47%</b>            | <b>60.57%</b>            |
| <b>60+ POPULATION, PERCENT RESIDING IN URBAN AREA</b>  |  | <b>40.60%</b>            | <b>40.54%</b>            | <b>40.42%</b>            | <b>40.38%</b>            | <b>40.22%</b>            | <b>40.09%</b>            | <b>39.92%</b>            | <b>39.80%</b>            | <b>39.61%</b>            | <b>39.53%</b>            | <b>39.43%</b>            |

Data Sources: Area Plan Demographic Data Files provided to Area Agencies on Aging by HHSC-OAAA via email 5-24-19. 1. Texas State Data Center at the University of Texas at San Antonio. Population projections for 2014 thru 2025 based on the Population Migration Growth Scenario 2000-2010 (1.0). November 2014. US Census Bureau. American Community Survey (ACS) for Texas, 2012-2016. Prepared by: Demography/GIS Team, Center for Analytics and Decision Support, Texas Health & Human Services Commission. December 3, 2018. <sup>1</sup> Golden Crescent Five-Year Comprehensive Economic Development Strategy 2020-2025. \* Urban is defined as areas with population of 50,000+.

# WHERE DO SENIORS LIVE IN THE GOLDEN CRESCENT REGION?



**To summarize the census data,** predictions from the Administration for Community Living set the growth of the 60+ population in Texas over the next eleven years at about 35%. In the Golden Crescent, the population growth among senior adults will hover around 10%. In 2021, elderly persons living in poverty in Texas will account for about 11% of the senior population, while in the Golden Crescent the number averages 10.2%. The minority composition of the elderly population in Texas will be about 38.9%. In the Golden Crescent region, minority seniors will comprise over 33% of the area’s 60+ population. More seniors live in rural areas of the region than in the urban community surrounding Victoria.



### Golden Crescent Population 60+ REGIONAL FACTORS 2021 - 2031

| County   | 2021          | 2022          | 2023   | 2024   | 2025   | 2026   | 2027   | 2028   | 2029   | 2030   | 2031   | Total Change 2021-2031 | Change in Percentage from 2021-2031 |
|--|---------------|---------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------------------------|-------------------------------------|
| <b>Total 60+ Regional Population</b>                   | <b>53,527</b> | <b>54,604</b> | 55,611 | 56,506 | 57,315 | 57,881 | 58,211 | 58,411 | 58,647 | 58,959 | 59,126 | 5,599                  | 10.46%                              |
| <b>Total 60+ Regional Population Living in Poverty</b> | <b>5,480</b>  | <b>5,585</b>  | 5,684  | 5,773  | 5,852  | 5,906  | 5,936  | 5,954  | 5,976  | 6,005  | 6,020  | 540                    | 9.85%                               |
| <i>Percent Living in Poverty</i>                       | <b>10.24%</b> | <b>10.23%</b> | 10.22% | 10.22% | 10.21% | 10.20% | 10.20% | 10.19% | 10.19% | 10.19% | 10.18% | -0.06%                 |                                     |
| <b>Total 60+ Regional Minority Population</b>          | <b>19,284</b> | <b>20,042</b> | 20,791 | 21,519 | 22,213 | 22,824 | 23,325 | 23,812 | 24,324 | 24,834 | 25,308 | 6,024                  | 31.24%                              |
| <i>Percent Minority</i>                                | <b>36.03%</b> | <b>36.70%</b> | 37.39% | 38.08% | 38.76% | 39.43% | 40.07% | 40.77% | 41.48% | 42.12% | 42.80% | 6.78%                  |                                     |

Data Sources: Area Plan Demographic Data Files provided to Area Agencies on Aging by HHSC-DAAA via email 5-24-19. 1. Texas State Data Center at the University of Texas at San Antonio. Population projections for 2014 thru 2025 based on the Population Migration Growth Scenario 2000-2010 (1.0), November 2014. US Census Bureau. American Community Survey (ACS) for Texas, 2012-2016. Prepared by: Demography/GIS Team, Center for Analytics and Decision Support, Texas Health & Human Services Commission. December 3, 2018.

In Texas, there are currently 340,000 people living with **Alzheimer's disease**, according to the Texas Alzheimer's Research Consortium statistical report released in March 2010. This number represents about 14% of the total Texas population. The National Alzheimer's Association estimates by 2025, that number is expected to rise to 470,000. The source notes, one out of eight people age 65 and older has Alzheimer's disease. The report indicates for every person with Alzheimer's disease, there are about 2.5 unpaid caregivers. The demographics, coupled with a regional interest list for AAA services with over 100 names, validate strategies that include services and information for caregivers.

The *Texas State Plan for Alzheimer's Disease 2019-2023* identifies Education and Awareness as a major priority area for state agencies and community-based organizations. The Golden Crescent AAA is uniquely positioned to support this priority by providing caregiver information, respite, supportive services, and efficient ways of locating and applying for these services.

The US Census bureau estimates that in 2018, around 2,178 **grandparents responsible for their own grandchildren** under age of 18 live in the Golden Crescent region. This represents about 4% of the 60+ population. The Area Agency on Aging will continue to address the information and support needs of grandparents raising grandchildren by offering benefits counseling and, as funding permits, providing limited income support to help the grandchildren with clothes and school supplies.

A recent publication developed by Suzannah Smith of the Texas A&M Health Science Center cites the World Health Organization predicting over 15 percent of adults over age 60 suffer from with a mental disorder. In the Golden Crescent region, that could involve about 8,000 individuals. A common mental disorder among seniors is depression, occurring in seven percent of the elderly population. Outreach efforts must promote the **mental health** advantages of staying connected and engaged by participation in senior center activities and through volunteerism. The AAA will address the issue with its evidenced-based disease intervention program, "Stress Busters for Family Caregivers". The Golden Crescent AAA will continue its partnership with Gulf Bend Center, the local mental health authority, to facilitate referrals and serve on its Advisory Committee.

The Behavioral Risk Factor Surveillance System (BRFSS) conducts telephone surveys nationwide to collect data on health-related risk behaviors, chronic health conditions, and the use of **preventive services**. The results are reported by the Centers for Disease Control & Prevention. For example, a 2018 survey in Texas, revealed 17.2% of respondents over age 65, which numbered almost 4,000, reported having coronary heart disease. The prevalence of chronic health issues among the elderly calls for a concerted effort to make them aware of preventive services, many of which are covered by Medicare. The Golden Crescent AAA conducts many presentations on the importance of disease prevention and the related services that are offered by Medicare.

According to *Healthy People 2020*, **Social Determinants of Health** are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. AAA services contribute positive results on several Determinants.



Adapted from: Healthy People 2020

In Economic Stability, food insecurity and poverty are key areas. AAA nutrition programs and benefits counseling activity impact economic stability.

In Social and Community Context, AAA Congregate meals offer important opportunities for socialization and maintaining a community connection.

In Neighborhood and Built environment, a key area includes access to foods that support healthy eating patterns. AAA meals are developed by a dietician to meet rigorous nutrition standards. The nutrition education offered with senior meals is important in raising awareness and changing behaviors for better health outcomes.

## Economic and Social Resources

The Golden Crescent Region is resilient and adaptive, having experienced many recent challenges. Oil exploration was robust in 2008, then ebbed as prices slid from 2014 to 2016. Hurricane Harvey hit the region in August of 2017 and left the community with the need for major long-term recovery efforts. According to the Golden Crescent Regional Planning Commission Five Year Comprehensive Economic Development Strategy, 2020-2025, the overall economic outlook for the region is neutral, neither overly optimistic nor negatively pessimistic. Senior center operations are impacted directly as the organizations rely heavily on local support. The prospect of significant local financial resources is also not as promising as it was during the height of the oil production period surrounding the Eagle Ford Shale discovery.

The region is a medical hub with a broad array of health care facilities, including community hospitals in the rural counties and two major hospital systems in Victoria. There are several post-acute rehabilitation complexes. There are 20 long term care facilities, with a new nursing facility having opened in Port Lavaca. There are 19 assisted living facilities and over 25 home health agencies. For senior adults, the medical expertise concentrated in the region allows seniors to be treated and to recover close to home.

Victoria is home to the University of Houston-Victoria, a renowned four-year university, that is expanding and adding several major student facilities to its campus. Victoria College specializes in allied health programs that contribute to the technical workforce needed for the area's medical facilities. There are also programs targeted for senior adults in the Institute of Life-Long Learning, sponsored by the College.

Throughout the region, there many historic and cultural opportunities for leisure enrichment. There are numerous civic and non-profit agencies offering volunteer experiences of interest to older residents.



## Description of Service System

The Golden Crescent Regional Planning Commission (GCRPC) is designated as the Area Agency on Aging (AAA) to serve the needs of older persons in the 7-county region. The major responsibility of the AAA is to develop a comprehensive and coordinated plan that demonstrates how the needs of the elderly in the region will be met. Within the grantee agency, the Area Agency on Aging, the Aging & Disability Resource Center (ADRC) and 2-1-1 Informational & Referral operate together in the combined Aging and Community Services Department. The business model includes services provided directly by AAA staff, coupled with services that are purchased from community provider organizations.

### **DIRECT SERVICES:**

- **Information & Referral.** The Golden Crescent Regional Planning Commission holds a contract with the Texas Health & Human Services Commission to serve as the Area Information Center for 2-1-1 Texas. There is a symbiotic relationship between the AAA, the ADRC and 2-1-1. Activities for all three services are conducted within the same physical location and managed within a single department. Many of the same staff persons share their talents between the services. A call to 2-1-1 or the ADRC provides seamless access to Title III services, advocacy and benefits counseling. Title III services are enhanced by the internet-based features of the 2-1-1 telephone system, cross-trained staff, and the comprehensive database of health and human service agencies. The Aging & Disability Resource Center includes Title III resources in referrals and frequent referrals for caregiver and in-home services are made to the AAA.

- **Benefits Counseling/Legal Assistance.** The service consists of activities focused on individual customer assistance related to Medicare and Medicaid programs. Benefits counseling is designed to inform consumers of the eligibility criteria for public benefit programs. Information is provided to assist seniors and caregivers make informed choices about Medicare and Medicaid services. Consumers are assisted personally and staff routinely travel to all areas of the region to reach rural, isolated seniors. The services of attorneys are purchased through Texas Rio Grande Legal Aid to serve individuals whose issues, related to public benefits, require the representation of an attorney.

- **Care Coordination.** Care Coordination is an ongoing process to include assessing the needs of an older individual and effectively planning, arranging, coordinating and following-up on services which most appropriately meet the identified needs as mutually defined by the older individual, the access and assistance staff, and where appropriate, a family member(s) or other caregiver(s). Care coordination is provided when individuals have complex needs that are met by multiple AAA services or assistance in accessing other public benefit programs. A temporary array of services, such as personal assistance and home delivered meals, is funded by the AAA for the consumer. In addition, care coordination is needed when we help persons with medication assistance, dental and glasses.

- **Ombudsman.** The service consists of trained and certified staff. Together with a team of volunteers, they advocate for residents of nursing and assisted living facilities. The program originated in the Older Americans Act and is operated under the supervision of Office of the State Long Term Care Ombudsman to provide reliable, confidential, resident-focused service. Residents are visited routinely to identify concerns about their care and life in the facility. Ombudsmen work with residents, families and facility staff to protect residents' rights, resolve complaints, and enhance the experiences that are important to residents. Information on resident's rights is given to prospective residents and their families. Training is provided to facility staff and community groups. Ombudsman volunteers are provided numerous training opportunities and are paid mileage reimbursements.

- **Family Caregiver Support.** The AAA offers the Title III E National Family Caregiver Support Program for the region to include caregiver support coordination, relief and supportive services to assist caregivers of those over 60 and for grandparents raising grandchildren. Temporary services are funded such as respite and home delivered meals.

- **Administration, Quality Control, Monitoring, Budgeting, Rate Setting, Person-Centered Planning and Contract Compliance.** Accountability and compliance are the goals of the AAA's administrative functions. Activities include planning; personnel management; policy & procedure development; internal quality control for data management and customer service; performance measure monitoring; client satisfaction surveying; disaster response; targeting services; procurement and rate setting; budgeting; and directing and analyzing performance to meet contractual goals.

While the programs do not require certain income levels to qualify, limited funding requires targeting to those most needy. Eligibility includes persons 60 and older, especially those who have low incomes, are socially isolated, live in rural areas, those caring for loved ones with Alzheimer's, those with limited English-speaking proficiency, and those of ethnic minority.

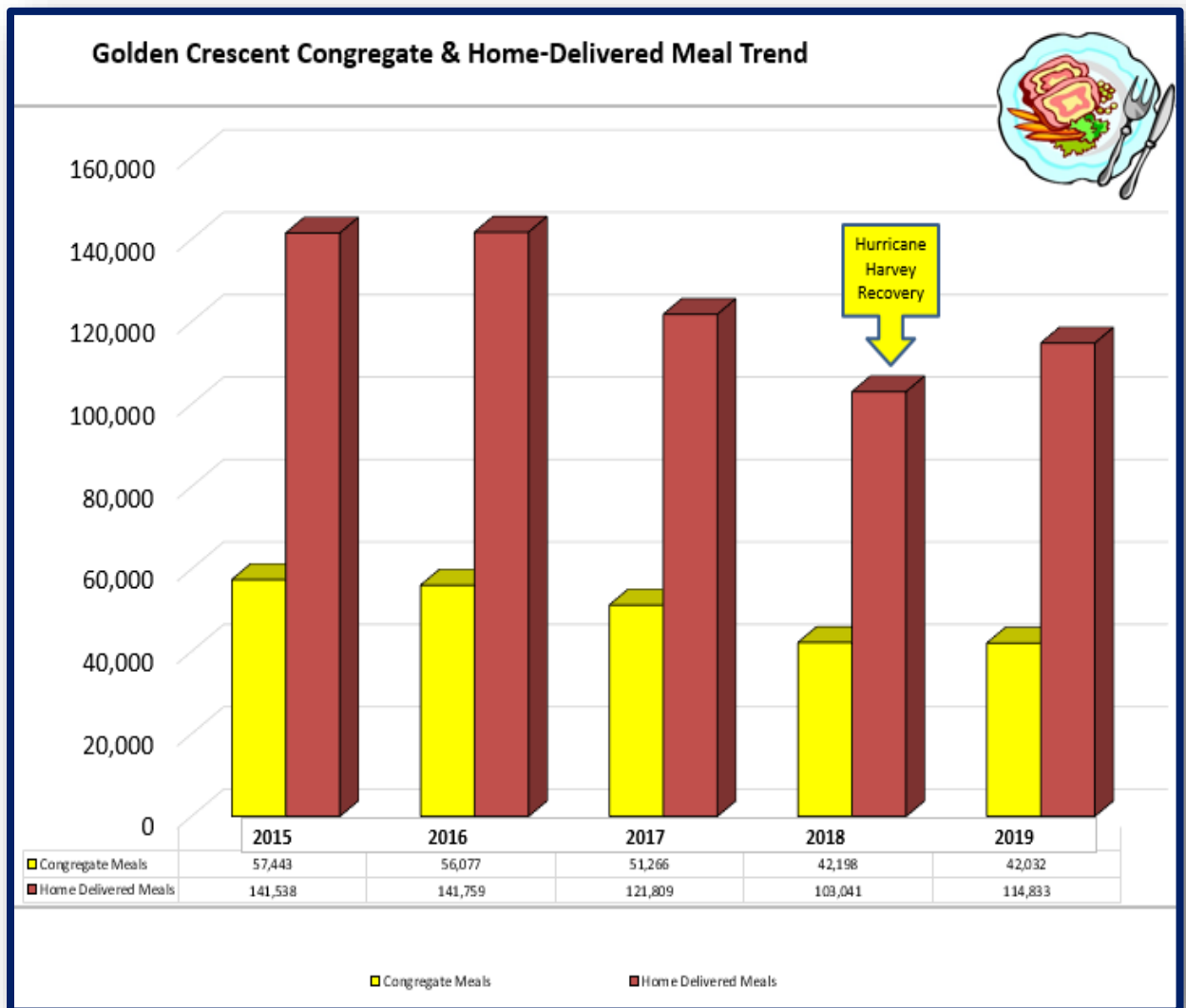
The AAA strongly **supports person-centered care planning and service delivery**. Consumer focus is demonstrated by through the periodic needs assessment process that derives service priorities that best reflect the input of older individuals and their caregivers. Care plans are developed to address individual family needs and preserve their rights to excellent service and self-determination. Consumer choice is respected through the establishment of a service provider pool from which clients may select their preference. Dignity and well-being are honored through strict compliance with confidentiality concerning client matters. When unsafe conditions are observed, staff are trained on the reporting procedure, including involving Adult Protective Services, if needed. Teamwork and partnerships are essential to expanding service and maximizing resources. Teamwork among the staff is demonstrated by cross-training and frequent communication. Community partnerships are strong as evidenced by the collaboration of multiple agencies with the AAA in outreach events, mutual referrals, and participation on the Advisory Committee.

**PURCHASED SERVICES:**

The Golden Crescent AAA conducts an annual open enrollment to identify contractors to provide services in the region. Contract services include

- **Congregate Meals Served at Senior Centers and Home Delivered Meals**

**Nutrition services are the major priority** of the Golden Crescent Area Agency on Aging. Meals are served at senior centers and nutrition sites across the region and delivered to frail elderly in their homes. The AAA funds less than half of all the meals provided in the region. Over three times as many home-delivered meals are served than meals served at senior centers. Meals



are provided with a combination of Title III and financial resources generated locally. Other funding sources include the voluntary donations made by participants in the program, as well as, fundraising and city/county support. The need for home delivered meals is evident in the region. Quality assurance is maintained through the use of regional menus and an annual customer satisfaction survey process. The AAA contracts with a licensed Dietitian to provide technical assistance and staff training for senior center personnel at kitchens throughout the region. The Dietitian provides training on food service sanitation. The dietitian also develops new menus for the senior centers. Volunteers are essential to operations in senior centers. They help with administrative and clerical tasks, deliver meals, and assist with recreational activities.

- **Evidence Based Disease Prevention Initiatives.** The Golden Crescent AAA provides “ Stress Busting for Family Caregivers” .
- **Transportation.** The service primarily enables seniors to receive transportation to senior center meal programs.
- **Personal Emergency Alert Response.** The device can be activated through the telephone to signal for help in the event of a fall or other medical emergency. The service is a service option for clients
- **Preventive Health Services.** The primary requests are for emergency medications and assistive devices.
- **Income Support.** Financial assistance for basic needs and support of grandparents raising grandchildren.
- **Residential Repair.** Through contractor agreements, ramps and other minor home repairs are accomplished.

The Golden Crescent AAA consistently **targets its services** to older individuals with greatest economic and social need, low income minority individuals, older individuals living in rural areas and those with limited English proficiency. This is primarily demonstrated by the regional funding formula which allocates the grant funding based on the number of individuals age 60+, the number of persons 60+ minority, the number of persons age 60+ minority, and by performance factors. In

addition, clients are authorized based on the targeting criteria as evidenced in demographic reports available within the client information system. Over 75% of clients served with Title III funding meet a targeting criteria. Clients who are considered for services from waiting lists are also selected according to the criteria.

With the region being predominately **rural**, services and outreach efforts are focused on reaching senior adults who are often physically and socially isolated. This is done by having broad, multi-county representation on the Advisory Committee, as well as the governing Board. Services are purchased from local providers. Outreach always includes presentations in small cities and towns throughout the region. Advertising is placed in all area newspapers and radio stations. Other strategies include maintaining a system of local contractors for service delivery; conducting routine visits by AAA staff to outlying areas; and conducting home visits to isolated seniors for assessment and care plan development, as well as for benefits counseling.

The needs of older individuals with **limited English speaking proficiency** are served through the use of bi-lingual applications, surveys, brochures, and advertising. There are Spanish-speaking staff within the AAA and all staff have access to Language Line services.

The AAA maintains a **Business Continuity Plan** that addresses protocols and procedures for disaster preparedness and response. The Plan includes office procedures, regional procedures specific to AAA services and coordination efforts with local responders and relief organizations. The AAA has and will continue to serve on unmet needs committees following disasters, as needed. Contractors are also required to maintain current disaster response plans.

The Golden Crescent AAA follows a **detailed fiscal management procedure**. It involves a process of collaborative review of the program and fiscal components required for effective administration of the Area Agency on Aging. The collaboration includes the grantee Deputy Executive Director who conducts fiscal management activities for the AAA, the AAA Director, any AAA staff relevant to the review process, and the Executive Director, when appropriate. The Golden Crescent AAA engages in an evaluation of services levels as the budget is prepared for the new fiscal year. Of primary consideration is the status and needs of current clients. Care

plans are reviewed to determine the level of services needed as the fiscal year begins. The client characteristics (ie targeting criteria) of those receiving Congregate, Home Delivered and Transportation services are reviewed. Demand for services in each county is evaluated by reviewing performance levels and waiting lists. Demographic trends are also considered. Funding and service levels for direct purchase of services are also determined based on the Area Plan priorities, purposes of the funding sources, categorical transfer limits, adequate proportion, performance measure objectives, the current client levels by service, waiting lists and maintenance of effort requirements. Funding and performance are tracked with the use of general ledger fiscal expenditure reports, Request for Reimbursement worksheets, Notices of Funding Award and the State Unit on Aging Programs Uniform Reporting System. The AAA maintains an internal Aging Services Analysis Worksheet that is linked to the Quarterly Performance Reports and the budget. Requests for Reimbursement are posted to this worksheet. Funding balances and the percent of utilization are evident each time a Request is recorded. Variances to the Performance Report are also evident and can be readily addressed. At least quarterly, a comprehensive review is conducted and shared with management, which includes utilization by service; progress toward meeting Legislative Budget Board goals; status carry-over funding; progress toward meeting adequate proportion requirements and recommendations to address any issues that may have arisen within the review.

**Other funding sources**, including local cash, fundraising, program income and in-kind contributions, are critical to maintaining service levels. While some services have waiting lists across the region, specifically in home delivered meals, hundreds of consumers are served with other resources. In FY2019 alone, 65 % of the total resources reported to the AAA from service providers were from non-Title III sources.

The Golden Crescent AAA engages in **continuous data quality** review and performance measure testing to assure data is recorded accurately and timely. Staff time sheets are compared to daily activity logs and the logs are checked to data in the client information database. Procedures are in place to address error rates and remedies. Vendor data is reviewed monthly and a risk assessment is conducted annually. The dietician provides annual training and technical assistance on food service to each kitchen in the region. An annual Client Satisfaction Survey is conducted to assure quality services are being delivered to consumers.

The primary goal of the Golden Crescent AAA is to deliver a comprehensive, **coordinated system** of long-term services and supports in home and community based settings, in a manner that is responsive to the needs and preferences of older individuals and their families. This is accomplished by offering the AAA's signature services to facilitate access including Information & Referral, Care Coordination, Caregiver Support Coordination, and Legal Assistance. Coupled with the Direct Purchase of Services, older individuals can receive supportive services and the coordination skills of case managers to assure they have access to AAA services, as well as other public benefits for which they may be eligible. The AAA is one of many agencies that have the same goal and vision of independence and self-determination for senior adults. Many collaborative working relationships are maintained to assure the needs of older individuals are met. With the designation as the region's Aging and Disability Resource Center, formal referral protocols have been adopted between the AAA, the local Mental Health Authority-Gulf Bend Center, and the Local Community Services office for Medicaid services. The Golden Crescent AAA, the ADRC and the 211 Area information Center are all services of the Golden Crescent Regional Planning Commission and are managed under the unified Aging and Community Services Department. Working partnerships are also in place between Texas A&M AgriLife Extension, Citizens Medical Center, Victoria and Calhoun county Community Resource Coordination Groups, Homeless Coalition, Victoria Health Alliance, the Food Bank of the Golden Crescent, Community Action Committee, Christian Assistance Ministries, and community volunteer groups.

**Mental health services** are critically important to the region. The local mental health authority, Gulf Bend Center, has diversified and expanded services under Medicaid waivers and private funding sources. It operates counseling centers in Victoria and Port Lavaca and has manages a Wellness Community that features clinical and behavioral health treatment and supportive housing. A staff person in the AAA serves on the Gulf Bend Advisory Committee. A AAA staff person also serves on the Gulf Bend stakeholder committee for their Regional Support Team. This working relationship promotes mutual support of the programs and increases public awareness of mental health services.

**Barriers to service provision** primarily revolve around scarce resources and growing demand. Other barriers identified include the loss of service providers and the staffing turnover within some organizations. At times, in-home services cannot be initiated or continued due to personnel shortages. The AAA will continue to



support current contractors and seek out new contractors for the direct purchase of services pool to assure choices are available for the consumers.

### Focal Points

|           | <b>Community Served</b> | <b>Name and Address of Focal Point</b>   | <b>Services Provided</b>   | <b>Services Coordinated with Other Agencies</b>  |
|-----------|-------------------------|--|--|--|
| <b>1.</b> | Calhoun County          | Calhoun County Senior Citizens Association<br>2104 W. Austin<br>Port Lavaca, Tx<br>77979     | Senior Center Meals, Home Delivered Meals, Senior and Public Transit, thrift Store, Volunteering, Civic Events, Information & Referral | Public Transit, Health Care Providers, AAA Nutrition & Benefits Counseling, Medicaid Home Delivered Meals, Faith-Based Organizations |
| <b>2.</b> | Goliad County           | Goliad County Senior Citizens Association<br>601 W. Pearl<br>Goliad, Texas<br>77963          | Senior Center Meals, Home Delivered Meals, Senior and Public Transit, Volunteering, Civic Events, Information & Referral               | Public Transit, Health Care Providers, AAA Nutrition & Benefits Counseling, Faith-Based Organizations                                |
| <b>3.</b> | Lavaca County           | Lavaca County Community Connections<br>326 LaGrange<br>Hallettsville, Tx<br>77964            | Senior Center Meals, Home Delivered Meals, Senior and Public Transit, Volunteering, Civic Events, Information & Referral               | Public Transit, Health Care Providers, AAA Nutrition & Benefits Counseling, Faith-Based Organizations                                |
| <b>4.</b> | Victoria County         | Victoria Senior Citizens Center/Meals on Wheels<br>603 E. Murray<br>Victoria, Texas<br>77901 | Senior Center Meals, Home Delivered Meals, Senior Transit, Volunteering, Civic Events, Information & Referral                          | Health Care Providers, AAA Nutrition & Benefits Counseling, Faith-Based Organizations  |

### Role in Interagency Collaborative Efforts

An important way in which interagency collaboration is demonstrated in the Golden Crescent is through the combination of aging and community services into one unified department within the grantee agency. The joint presence of the Area

Agency on Aging, the Aging & Disability Resource Center and 211 Information & Referral assures a seamless connection to services and supports.

Other **community collaborations** in which staff participate include:

- Gulf Bend Center Local Mental Health Authority Advisory Committee, a AAA staff serves on the committee.
- Methodist Healthcare Ministries and Methodist church groups in the region. Many AAA outreach events are held at the churches.
- Senior Citizens Centers, rural libraries, community hospitals in the region. Open enrollment clinics for Medicare are conducted at these locations.
- The Advisory Committee for the Aging & Community Services Department is supported by a wide variety of consumer and agency representatives.
- Social Security Administration where a local referral system has been established to increase efficiency of mutual referrals
- Victoria Area Homeless Coalition (VAHC): The VAHC is an organization made up of community groups, organizations and members who are committed to helping individuals and families who are homeless or at risk of being homeless in the Golden Crescent area.
- Victoria Area Health Alliance, sponsored by Texas A&M Agri-Life, convenes many local stakeholders to promote healthy behaviors and good health to residents in the Victoria area.
- Golden Crescent Regional Transit Planning Advisory Committee: Staff participate on the Advisory Committee and provides I&R to committee members and assists with identification of unmet needs.
- Community Resource Coordination Group (CRCG): Golden Crescent staff participates in a community resource coordination group known as CRCG. The group is a local interagency group, comprised of public and private providers

who come to together to develop service plans for individuals and families whose needs can be met only through interagency coordination and cooperation.

- Victoria County Long-Term Recovery Group (VCLTRG): Golden Crescent AIC provides I&R to assist the Victoria County Long Term Recovery Group in their efforts to provide case management, spiritual, emotional, physical and financial resources to those affected by Hurricane Harvey. Golden Crescent AIC staff has sat on the board of the VCLTRG and currently assists with community planning and provides input in the organization and management of the group.
- Golden Crescent Community Organizations Active in Disasters (GCCOAD): provides education, training, and preparedness. Golden Crescent I&A staff member sits on the board to provide I&R to the group at large and input and support in community disaster planning.
- Healthy South Texas Victoria County Coalition: The coalition seeks to help with efforts to reduce preventable disease and help the community make healthier lifestyle choices through interagency efforts to educate and advocate for a healthier community
- Gulf Bend Community Collaborative: A collaborative effort to educate key community agencies on how to interact with persons with mental disabilities in order to assist with medical needs such as keeping appointments and filling prescriptions.
- Be Well Victoria Collaborative: A collaboration between agencies and citizens to identify the needs of Victoria County. It is an upstream approach to better mental and physical health in an inclusive community.
- Emergency Food & Shelter Board, conducted by the Community Action Committee of Victoria Texas, allocates funding for area food pantries, food bank and other agencies assisting with food and housing.

- Victoria College Institute of Life-Long Learning. AAA benefits counselor has developed and presented a class for the Institute's curriculum centered on Medicare coverage options and programs that help with the cost of Medicare health and drug plans.

## 7. Plan Development

### Resources Used

- AGID
- American Community Survey
- American FactFinder
- ALICE
- BRFSS Survey Data
- NAPIS
- NASUAD
- POMP
- A Profile of Informal Caregiving in Texas
- SPURS
- The University of Texas at Austin Bureau of Business Research
- Texas Demographic Center
- Texas Comptroller of Public Accounts in Depth Resources
- Texas HHS Records and Statistics
- WOW Index
- Healthy People 2020
- Administration for Community Living 2017 Profile of Older Americans
- American Association of Retired Persons (AARP)
- Golden Crescent Five-Year Comprehensive Economic Development Strategy, 2020-2025
- Texas State Plan on Aging 2019-2021
- United States Census Bureau
- Population Reference Bureau
- HHS Business Plan: Blueprint for a Healthy Texas
- Kaiser Family Foundation
- Texas State Plan for Alzheimer’s Disease 2019-2023
- Texas Alzheimer’s Research Consortium
- Texas A&M Today, “10 Common Elderly Health Issues” by Suzannah Smith

## 8. Regional Needs Assessment

### Regional Needs Assessment Development Process

The Golden Crescent Area Agency on Aging conducted a comprehensive Needs Assessment to determine the services that best meet the needs of seniors and caregivers in the region. The

Assessment consisted of

- Community forums held throughout the region
- A Needs Assessment survey was distributed to the Board of Directors, Advisory committee members, health care professionals and influential stakeholders, service providers, consumers, and caregivers
- Wide distribution of the Needs Assessment Survey to the Aging and Disability Resource Center partner group, including local newspaper coverage of the survey and its goal
- Analysis of Information & Referral calls
- Demographic Analysis
- Outcomes from Collaborative Participation in other health initiatives, such as the Victoria Regional Health Alliance, Texas A&M Agri-Life Extension "Healthy South Texas", and Be Well Victoria Coalition
- Review of Research Studies and Trends in Literature

The 28 Texas Area Agencies on Aging partnered with the Texas Association of Regional Councils to develop and **conduct a state-wide Needs Assessment Survey**. The survey was available on-line and in paper form. Each Area Agency on Aging promoted the survey link and presented the paper version in local communities.

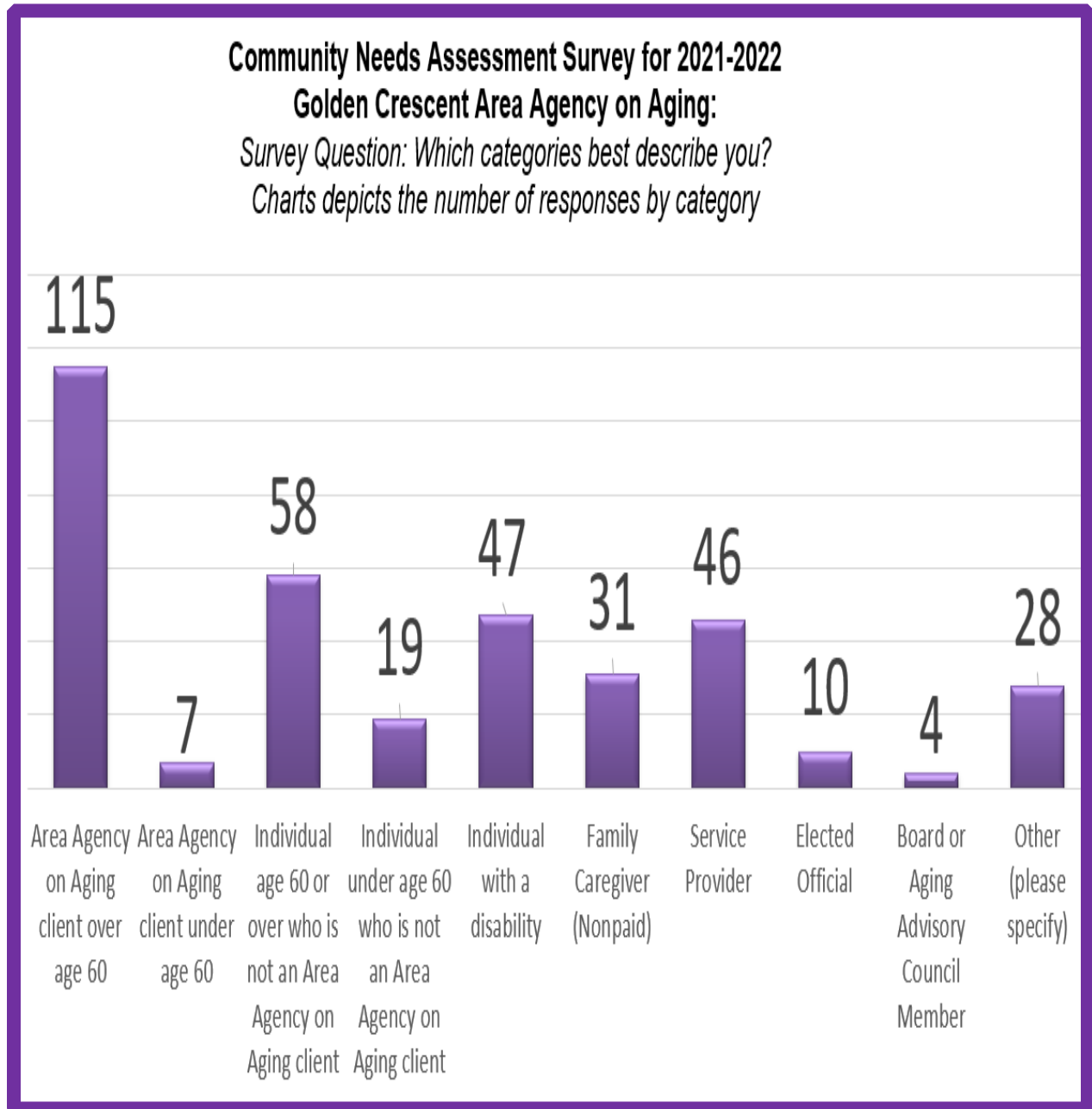
In the Golden Crescent, the formal Needs Assessment survey was widely distributed. The link to the survey was shared with many e-mail groups maintained by the AAA. Collaborating agencies resent the link to their constituents. The AAA coordinated with Citizens Medical Center to distribute the survey to medical professionals. The Needs Assessment/Area Plan development purpose was promoted in an article in the largest newspaper in the region, *Victoria Advocate*, on September 28, 2019. The survey was presented during community forums held at senior centers. The survey was presented in a bi-lingual format.

**A total of 256 completed surveys were received and tabulated for the Golden Crescent region.**

- The most responses came from Area Agency on Aging Clients, Individuals age 60+, Individuals with a Disability, and Service Providers.
- When asked what issue was **"Most Concerning"**, respondents most frequently cited health issues, safety, inability to carry out activities of daily living, food/nutrition, and safe affordable housing.
- **Services most often ranked as "Most Important"** among all responder groups included home delivered meals, transportation, senior center meals, personal assistance, and information & referral.
- **Caregivers were asked** what was their greatest challenge in caring for their loved one. Many experienced financial difficulties, either associated with lack of paid time off at their work when they had to take their family member to the doctor or due to fixed incomes that prevented them from paying someone to help them with daily caregiving tasks. Other comments were related to the stress associated with the 24 hour a day commitment it took to provide care. Others described lack of their own physical ability to help with bathing,

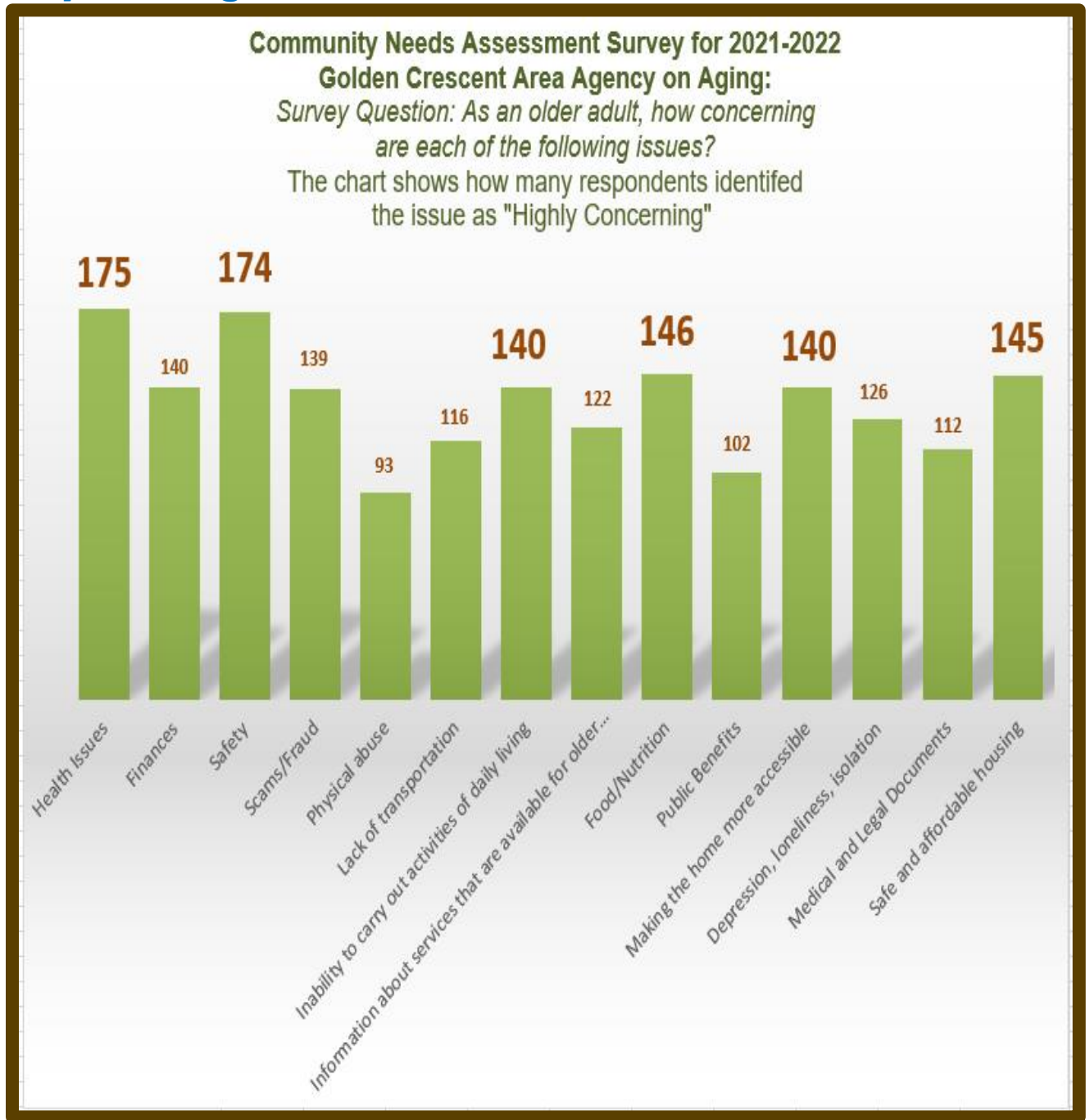
dressing, ambulation, and to keep up with repairs on their house and property.

## Survey or Public Forum Participants

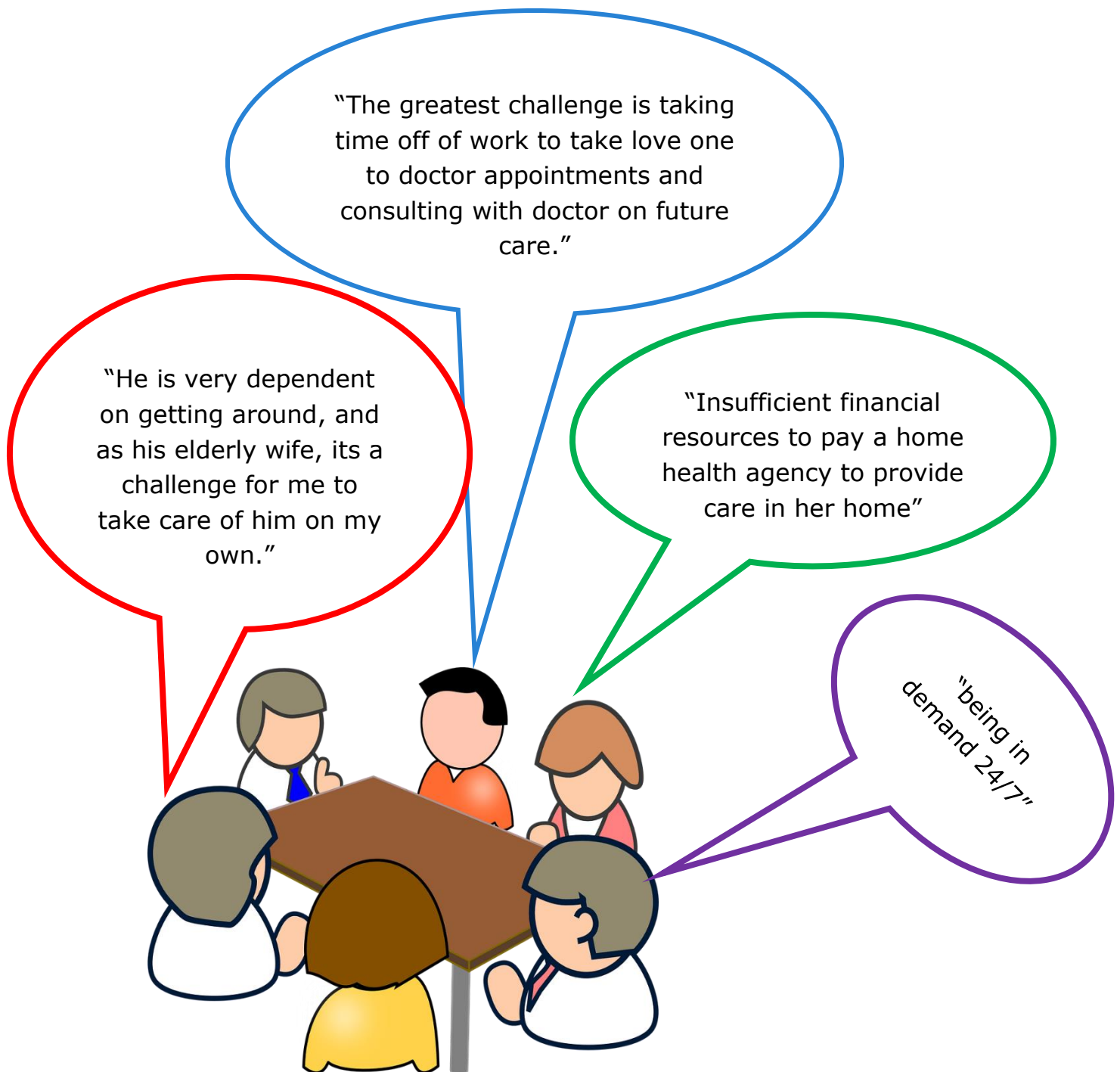




## Key Findings



## As a family caregiver, what is the greatest challenge encountered in providing care for your loved one?

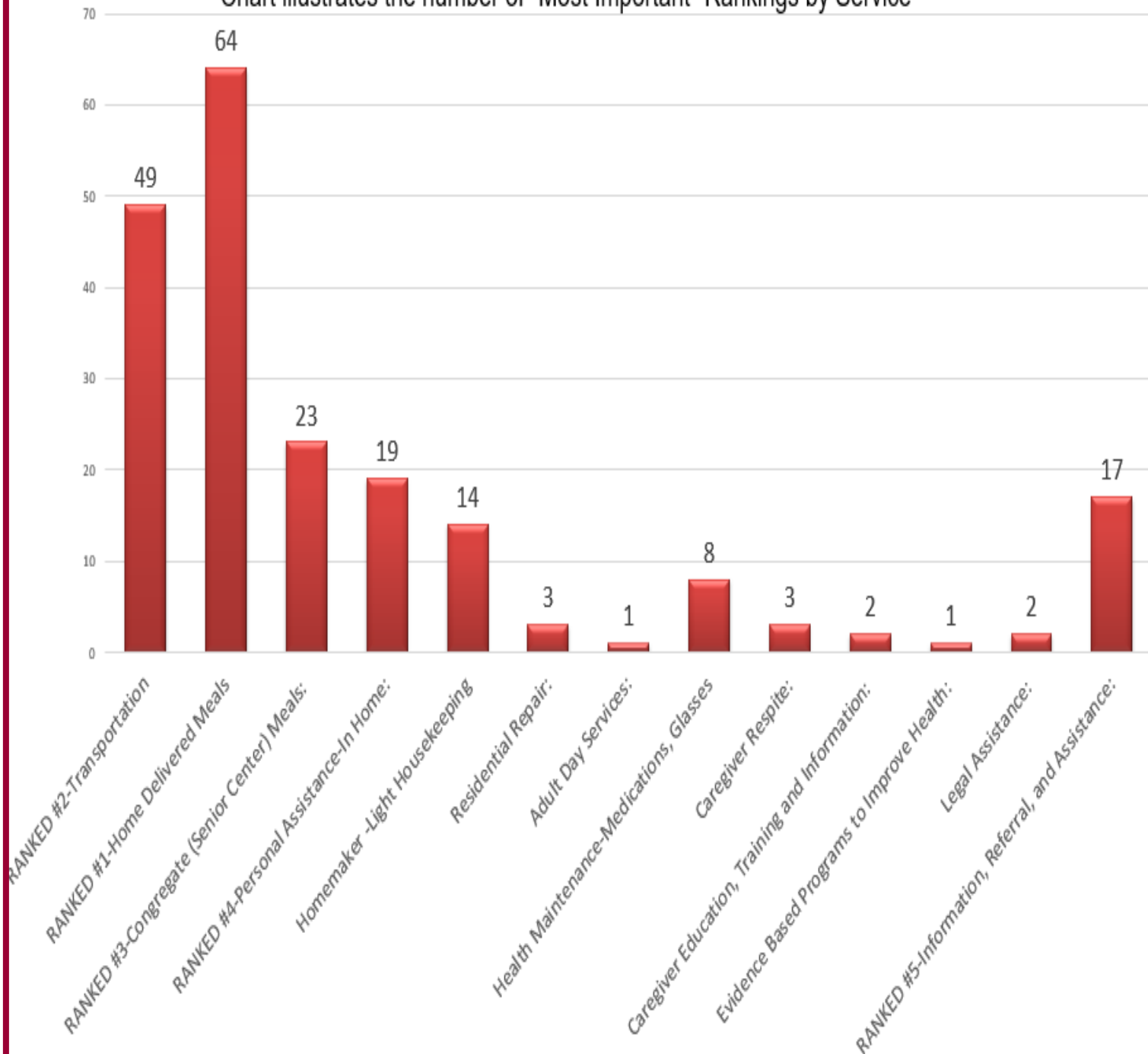


## Community Needs Assessment Survey for 2021-2022

### Golden Crescent Area Agency on Aging:

*Survey Question: Among the most common services provided by Area Agencies on Aging, how would you **RANK the IMPORTANCE** of these services to older adults and family caregivers in your community?*

Chart illustrates the number of "Most Important" Rankings by Service



## **Information & Referral Top Ten Most Requested Needs from Callers age 60+**

1. Area Agency on Aging
2. Aging & Disability Resource Center
3. Electric Payment Assistance
4. Transportation
5. Personal Care
6. Food Pantries
7. General Benefits Assistance
8. Rent Payment Assistance
9. Medicare
10. Medicaid



## Analysis

A **SWOT analysis** is a tool used to evaluate internal and external influences that affect an organization's ability to succeed. Using the Golden Crescent Regional Needs Assessment results, customer satisfaction survey comments, unmet needs of older individuals derived from interest lists, and interactions with consumers and caregivers, the following SWOT analysis was developed.



### **Strength:**

*What are our advantages?*

1. One stop shop for information, access, referrals and service authorizations
2. Experienced and committed staff, volunteers and management
3. Service providers knowledgeable and dedicated to their clients

### **Weakness:**

*What are the gaps?*

1. Demand for services far outpaces available resources, creating long waits on interest lists
2. Due to limited funding, some popular services are only temporary, such as caregiver respite
3. Reaching isolated, rural consumers is challenging for both AAA and providers

### **Opportunity**

*What area can grow?*

1. Enhance technology and create a vibrant digital presence to expand access for senior adults and their families
2. Actively pursue funding opportunities and collaborations that will increase capacity of the regional aging network

### **Threat**

*What are the obstacles and challenges?*

1. Funding is most often identified
2. Contract compliance requirements vary widely among the myriad of funding sources



## **Direction for the Golden Crescent**

In summary, the Golden Crescent Area Agency on Aging and its service providers play a significant role in maintaining independence for senior adults. It is one of many organizations serving the region working together with a shared vision. The strengths of the AAA are to serve as the “gap filling” agency and to coordinate information and access to the variety of services that may be available for consumers. The service delivery system will center around Nutrition Services, In-Home Supports and Access & Advocacy.

**Based on the Assessment, the priority services for the 2021-2022 AREA PLAN are**

- 1. NUTRITION SERVICES : Home Delivered meals and Congregate meals**
- 2. IN HOME & COMMUNITY BASED SERVICES: Care Coordination, Personal Assistance and Caregiver Respite**
- 3. ACCESS & ADVOCACY: Transportation/Information & Referral/Benefits Counseling/Ombudsman**

**Other services to be provided include:**

**-Evidenced Based Disease Prevention**

**-Income Support**

**-Residential Repair**

**-Health Maintenance**

## 9. Targeted Outreach

### Performance Analysis

Demographic data for the 60+ population in the region supports the importance of reaching isolated, rural consumers and ethnic minorities, especially those of Hispanic descent. In 2019, almost 700 contacts were made with Medicare beneficiaries to assist them with Medicare related questions. Of those, 115 were conducted with the individual in their homes. At the AAA office or at an event site within the seven counties, an additional 320 people were helped. More than 45% of those served were beneficiaries of ethnic minority origin.

### Targeted Outreach Plan

The Golden Crescent AAA consistently targets its services to older individuals with special emphasis on:

- Older adults residing in rural areas;
- Older adults with limited English proficiency;
- Older Native Americans;
- Older adults with greatest economic need, with particular attention to:
  - ▶ Low-income minority adults, and
  - ▶ Older adults residing in rural areas;
- Older adults with greatest social need, with particular attention to:
  - ▶ Low-income minority adults, and
  - ▶ Adults residing in rural areas;
- 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 of older adults 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; and

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

Targeting efforts are primarily demonstrated by the regional funding formula which allocates the grant funding based on criteria that includes (1) the number of individuals age 60+; (2) the number of persons 60+ in poverty; (3) the number of persons age 60+ minority, and by performance factors. In addition, clients are authorized based on the targeting criteria, as evidenced in demographic reports available within the client information system. Over 75% of clients served with Title III funding meet a targeting benchmark. Clients who are considered for services from waiting lists are also selected according to the criteria.

With the region being predominately rural, services and outreach efforts are focused on reaching senior adults who are often physically and socially isolated. This is done by having broad, multi-county representation on the Advisory Committee, as well as the governing Board. Services are purchased from local providers. Outreach includes presentations in small cities and towns throughout the region. Public service announcements and media outreach are placed in all area newspapers and radio stations. Other strategies include maintaining a system of local vendors for service delivery; hosting routine events by AAA staff in rural areas; and conducting home visits to isolated seniors for assessment and care plan development, as well as, for benefits counseling.

The needs of older individuals with limited English-speaking proficiency are considered through the use of bi-lingual applications, surveys, brochures, and media outreach. There are Spanish-speaking staff within the AAA and all staff have access to Language Line services.



| <b>PLANNED OUTREACH ACTIVITIES</b>   |  |  |  |
|--|--|--|--|
| <b>Activity</b>  | <b>Collaborating Agency</b>  | <b>Date/Location</b>                         | <b>Anticipated Participants</b>                                  |
| <p><b>Presentations:<br/>Focus: Medicare Preventive Services.</b></p> <p>All presentations include packets with information about the AAA/ADRC/211, as well as, other information about Medicare health and drug plans provided by Centers for Medicare and Medicaid Services.</p> | <ul style="list-style-type: none"> <li>-Heritage Center,Port Lavaca (Calhoun County)</li> <li>-SOAR Retirees Group, Port O'Connor (Calhoun County)</li> <li>-Yorktown Senior Nutrition Site (Dewitt County)</li> <li>-Goliad Senior Citizens Center (Goliad County)</li> <li>-Gonzales Public Library (Gonzales County)</li> <li>-Senior Nutrition Site-Edna (Jackson County)</li> <li>-Jackson County Hospital (Jackson County)</li> <li>-Hallettsville, Shiner, Yoakum Senior Nutrition sites (Lavaca County)</li> <li>-Shiner Public Library (Lavaca County)</li> <li>-Victoria Senior Citizens Center/Meals on Wheels (Victoria County)</li> </ul> <p>Ignite the Connection, ADRC Interagency Training Events-3 per year, dates and locations to be determined</p> | <p>January through March, on-site events</p> | <p>500</p>   |
| <p><b>MEDIA Outreach promoting Medicare Preventive Services</b> <i>(based on available funding for this purpose)</i></p>   | <p>11 newspapers, including the Spanish-language paper. 10 of the 11 papers are circulated in rural counties. One Television outlet-Victoria Television Group- that airs English and Spanish-language networks</p>   |  | <p>Collectively, reaches about 20,000 Medicare Beneficiaries</p> |

| <b>PLANNED OUTREACH ACTIVITIES</b>   |   |                      |                                 |
|--|---|----------------------|---------------------------------|
| <b>Activity</b>  | <b>Collaborating Agency</b>   | <b>Date/Location</b> | <b>Anticipated Participants</b> |
| <p><b>Wide Distribution</b> following updates related to Poverty Levels typically released in March each year.:</p> <p><b>FOCUS: Medicare Savings Programs and Low Income Subsidy for Medicare Part D</b></p> <p><b>On-Site Presentations and Application Assistance</b></p> | <p>Update the flyer, print supply for presentations, intakes, information packets used for 211/ADRC and AAA functions. Include materials provided by the Office of Area Agencies on Aging for outreach events. Distribute to providers, senior housing facilities, partner agencies and email groups.</p> <p>Conduct a minimum of 7 presentations, 5 of which in rural areas.</p>   | April-June           | 3,000                           |
| <p><b>Presentations: Focus: Open Enrollment for Medicare health and drug plans</b></p>   | <ul style="list-style-type: none"> <li>-Heritage Center, Port Lavaca (Calhoun County)</li> <li>-SOAR Retirees Group, Port O'Connor (Calhoun County)</li> <li>-Yorktown Senior Nutrition Site (Dewitt County)</li> <li>-Goliad Senior Citizens Center (Goliad County)</li> <li>-Gonzales Public Library (Gonzales County)</li> <li>-Senior Nutrition Site-Edna (Jackson County)</li> <li>-Jackson County Hospital (Jackson County)</li> <li>-Hallettsville, Shiner, Yoakum Senior Nutrition sites (Lavaca County)</li> <li>-Shiner Public Library (Lavaca County)</li> <li>-Victoria Senior Citizens Center/Meals on Wheels (Victoria County)</li> </ul> <p>And other locations, as requested.</p> | August-September     | 500                             |

| <b>PLANNED OUTREACH ACTIVITIES</b>  |  |                                  |  |
|---|--|----------------------------------|--|
| <b>Activity</b>   | <b>Collaborating Agency</b>  | <b>Date/Location</b>             | <b>Anticipated Participants</b>                                  |
| <p><b>OPEN ENROLLMENT EVENTS:</b></p> <p><b>Focus:</b><br/> <b>Presentations and individual plan comparison and enrollment assistance</b></p> | <ul style="list-style-type: none"> <li>-Heritage Center,Port Lavaca (Calhoun County)</li> <li>-Yorktown Senior Nutrition Site (Dewitt County)</li> <li>-Goliad Senior Citizens Center (Goliad County)</li> <li>-Gonzales Public Library (Gonzales County)</li> <li>-Senior Nutrition Site-Edna (Jackson County)</li> <li>-Hallettsville,(Lavaca County)</li> <li>-Shiner Public Library (Lavaca County)</li> <li>-Victoria Senior Citizens Center/Meals on Wheels (Victoria County)</li> </ul> | <p>October 15 to November 20</p> | <p>500</p>   |
| <p><b>MEDIA Outreach promoting Medicare Open Enrollment</b> <i>(based on available funding for this purpose)</i></p>                          | <p>11 newspapers, including the Spanish-language paper. 10 of the 11 papers are circulated in rural counties. One Television outlet-Victoria Television Group- that airs English and Spanish-language networks</p>   |                                  | <p>Collectively, reaches about 20,000 Medicare Beneficiaries</p> |

# Targeting Report

**Table 6 Targeting Report**

| 2021–2022 Targeting Report |                                       |                                  |   |              |                |                |
|----------------------------|---------------------------------------|----------------------------------|---|--------------|----------------|----------------|
| Characteristic             | PSA 60+ Population Count <sup>2</sup> | % <sup>3</sup> of State-wide 60+ | No. of Registered Service Recipients in PSA <sup>4</sup> <i>In Golden Crescent, "registered services" includes only Personal Assistance, Home Delivered Meals and Congregate Meals funded by Title III only</i> | % of PSA 60+ | Goals for 2021 | Goals for 2022 |
| <b>All 60+</b>             | 53,527                                | 1%                               | 1637  | 3%           | 1700           | 1750           |
| <b>Poverty Level</b>       | 5,480                                 | 1%                               | 512   | 10%          | 530            | 550            |
| <b>Minority</b>            | 19,284                                | 1%                               | 503   | 3%           | 600            | 625            |
| <b>Rural Areas</b>         | 31,796                                |                                  | 1080  | 4%           | 1150           | 1200           |

<sup>2</sup> To complete this column, pull census data from the county-level comparative performance data.

<sup>3</sup> See instructions for example calculations of figuring both percentages.

<sup>4</sup> To complete this column, pull data from the NAPIS report. Registered services include personal assistance, homemaker, chore, home delivered meals, day activity and health services, case management, escort and congregate meals.

## 10. Top Needs and Service Constraints

### Priority Area 1: NUTRITION SERVICES

**The need is identified as CONGREGATE and HOME DELIVERED MEALS.**

The Golden Crescent AAA will address the need by funding Congregate and Home Delivered meals with Title III resources.

Constraints in addressing the need center around adequate funding, both from Title III and local cash sources.

### Priority Area 2: IN-HOME & COMMUNITY BASED SERVICES

**The need is identified as Care Coordination, Caregiver Support Coordination, in-home Personal Assistance and Caregiver Respite.**

The Golden Crescent AAA will address the need by funding the services with Title III resources.

Constraints in addressing the need center around adequate funding.

### Priority Area 3: ACCESS & ADVOCACY

**The need is identified as Transportation, Information & Referral, Benefits Counseling, and Ombudsman.**

The Golden Crescent AAA will address the need by funding the services with Title III resources.

Constraints in addressing the need center around adequate funding.

|  |   |
|--|---|
| <b>Goal 1: Empower older adults and their caregivers to live active, healthy lives and to improve their mental and physical health status through access to high-quality, long-term services and supports.</b> |   |
| <b>Objective</b><br><b>1.1</b>   | <b>Screen potential clients and provide effective linkage to information and services</b>   |
| <b>Measure/<br/>Outcome</b>  | <b><i>Provide INFORMATION, REFERRAL &amp; ASSISTANCE, BENEFITS COUNSELING, LEGAL ASSISTANCE, CARE COORDINATION and CAREGIVER SUPPORT while achieving the following outcomes: (1) services identified as Legislative Budget Board measures will be met within allowable variances; (2) access and benefits counseling services will increase at least 5% annually; and (3) customer satisfaction levels will meet or exceed 95%.</i></b>   |
| <b>Strategy</b><br><b>1.1.1</b>  | Maintain the <b>region’s integrated access and assistance</b> service delivery system that includes AAA Title III Information & Referral, 2-1-1 Information & Referral and the Golden Crescent Aging & Disability Resource Center as a universal access point, to effectively guide the older client, their family member and/or other caregiver through a progression of service options, in order to adequately address each of the client’s specific needs, based on their individual choice, in a coordinated and timely manner. The availability of the three services together within the Aging & Community Services Department creates a comprehensive, seamless service delivery. |

|  |  |
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| <b>Goal 1: Empower older adults and their caregivers to live active, healthy lives and to improve their mental and physical health status through access to high-quality, long-term services and supports.</b> |  |
| <b>Objective</b>   | <b>Screen potential clients and provide effective linkage to information and services</b>  |
| <b>1.1</b>   |  |
| <b>Strategy</b>  |  |
| <b>1.1.2</b>   | <p>Recruit/train/retain <b>skilled and qualified AAA personnel</b> to enhance the quality of services delivered by the access and assistance team; deliver reliable, quality service by integrating the standards set forth for Area Information Centers into the information, assistance &amp; referral service. The standards include a <b>uniform data entry policy</b>; use of a national taxonomy to classify programs and agencies within the I&amp;R database; trained and certified I&amp;R Specialists; adoption of an emergency operations plan and training guide; and adherence to the operational requirements set for by the Texas Information &amp; Referral network and the Alliance of Information &amp; Referral Systems (AIRS). Maintain accreditation through AIRS for the 211 system. As a dual service provider of Title III and 2-1-1 services, the department will provide 24-hour/7 days a week service with live voice, personal assistance. Maintain the computer network system that links AAA personnel to the <b>comprehensive resource database</b> to assure efficient reference to these resources and consistency by staff. Maintain the contract with AT&amp;T Language Line to <b>assure equal access</b> by all residents in the service area. Contribute content, promote and widely distribute the <b>Resource Directories</b> created by the Aging &amp; Disability Resource Center.</p> |
| <b>Strategy</b>  |  |
| <b>1.1.3</b>   | <p>Designate a <b>focal point(s) for comprehensive service delivery in rural communities</b>, giving special consideration to designating multipurpose senior centers as such focal points. Promote the location of focal points in procurement processes and contractor agreements.</p> <p>Support the AAA toll-free number and comply with all phone listing requirements.</p>   |

**Goal 1: Empower older adults and their caregivers to live active, healthy lives and to improve their mental and physical health status through access to high-quality, long-term services and supports.**

**Objective      Screen potential clients and provide effective linkage to information and services**

**1.1**

**Strategy**

**1.1.4**

Provide a comprehensive **Public Benefits Counseling Program, also known as the State Health Insurance Program (SHIP)** that combines both direct consumer assistance and community awareness for older clients, caregivers and family members. Benefits counseling centers on helping consumers with questions and applications related to Medicare and Medicaid programs. Topics include Medicare coverage options and the Prescription Drug Program, supplemental insurance, long-term care insurance, consumer protection, Medicaid programs, and other publicly funded programs. Consumers will receive income and resource eligibility guidelines, when these limits are applicable, and application assistance by AAA staff will be completed upon request. Impartial health and drug plan comparisons and benefits explanations will be provided. Participate with the Community Partner Program to facilitate on-line applications for consumers. Staff will maintain the required Benefits Counseling certifications required by SHIP and the Centers for Medicare and Medicaid Services (CMS). Attend all required trainings relating to Medicare Part D and Centers for Medicare and Medicaid Services ensuring all information provided to older individuals, family members and caregivers is up-to-date and reporting processes are accurate and complete. Assure availability of **on-site benefits counseling** in the counties in the AAA's region on a routine basis by professional AAA benefits Counselor. Maintain visible, accessible counseling sites, which comply with the Americans with Disabilities Act.



|  |  |
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| <b>Goal 1: Empower older adults and their caregivers to live active, healthy lives and to improve their mental and physical health status through access to high-quality, long-term services and supports.</b> |  |
| <b>Objective</b>   | <b>Screen potential clients and provide effective linkage to information and services</b>  |
| <b>1.1</b>   |  |
| <b>Strategy</b>  |  |
| <b>1.1.5</b>   | <b>Conduct outreach activities.</b> Awareness and visibility of the program is accomplished through media and conducting presentations in local communities. The Golden Crescent AAA staff will use networking, advertising, social media and community involvement to increase awareness. Visibility of the program will also be promoted using methods such as flyers, public service announcements, newspaper articles, community calendars, radio and television including Spanish-language media outlets. |
| <b>Strategy</b>  |  |
| <b>1.1.6</b>   | Provide a <b>holistic approach to the continuum of supportive needs</b> identified by the consumers. Offer Information, Referral and Assistance, Benefits Counseling, Care Coordination, including multiple needs Care Management, Long-Term Care Ombudsman and Caregiver Support Coordination by the AAA. Maintain confidentiality of information in accordance with the Data Use Agreement.  |
| <b>Strategy</b>  |  |
| <b>1.1.7</b>   | Promote and seek opportunities for <b>public-private sector collaborations</b> in an effort to enhance the system access and visibility by older consumers and their families. This will be accomplished by actively participating with inter-agency coordination efforts such as the Victoria Health Alliance, Community Resource Coordination Group, Homeless Coalition, and serving on advisory boards.   |
| <b>Strategy</b>  |  |
| <b>1.1.8</b>   | Procure the services of legal professionals to provide <b>Legal Assistance</b> to those consumers with an issue requiring representation by an attorney.   |

**Goal 1: Empower older adults and their caregivers to live active, healthy lives and to improve their mental and physical health status through access to high-quality, long-term services and supports.**

**Objective      Screen potential clients and provide effective linkage to information and services**

**1.1**

**Strategy**

**1-1-9**

Engage in **Care Coordination** activities that include care plan development by AAA staff and purchasing **short term personal assistance services**. Care coordination, combined with short term supports, are designed to help individuals recover more quickly and prevent re-hospitalization. The target population for Care coordination activities are older consumers, with no caregiver, having experienced an acute health crisis or a recent hospital stay. Care Coordination staff also complete the intake and assessments needed for one-time purchases such as medication assistance or residential repair.

**Strategy**

**1.1.10**

Conduct a **Caregiver Support** Program to include caregiver support coordination performed by AAA staff, respite, and supplemental services for family caregivers of frail senior adults so they may effectively cope with the challenges and rewards of being a caregiver. Target services to caregivers caring for loved ones with Alzheimer’s dementia. **Provide approved training on Alzheimer’s disease for AAA staff and volunteers. Authorize temporary respite and supplemental services** through approved contractors to meet the care plan designed for the family, utilizing the AAA’s Access & Assistance Direct Purchase procurement system. **Assist caregivers to learn about their options** in community-based and/or state-funded programs and provide application assistance, as needed. **Conduct ongoing outreach**, especially in rural areas with emphasis on bi-lingual formats, with hospital social workers, discharge planners and physicians to enhance awareness of available respite services. Integrate the Caregiver Specialist work as an integral component of the AAA’s caregiver service continuum to supplement the special needs of caregivers identified by the IR&A Specialist, benefits counselors, nursing home ombudsmen and the AAA’s Care Coordination staff. Through the provision of the care/caregiver support coordination make every effort to include clear direction and support regarding **client directed service**, voucher and promoting independence options available to eligible older individuals residing in Texas. Offer technical assistance and monitoring of respite program activities to ensure that quality services are being afforded to respite caregivers caring for loved ones with Alzheimer’s disease.

Older individual, caregiver and care recipient needs are met through the **service authorization, care management and/or referral processes, based on their individual choices**. Unmet needs are addressed and consistently reviewed to identify possible resolution.

**Strategy**

Increase **outreach to culturally and ethnically diverse populations**. Provide **staff training** on Benefits Counseling, utilize the CMS training opportunities and include training

**Goal 1: Empower older adults and their caregivers to live active, healthy lives and to improve their mental and physical health status through access to high-quality, long-term services and supports.**

**Objective      Screen potential clients and provide effective linkage to information and services**

**1.1**

**1.1.11**

in cultural sensitivity. Utilize **Texas Legal Services Center** Hotline to provide legal consultation and back-up to Benefits Counselors.

Fund **Legal Assistance** as a direct service within the AAA and maintain a contractor agreement with the area legal aide agency, the Texas RioGrande Legal Aid, to assure the availability of legal representation for indigent senior adults when needed. Provide service for individuals over 60 and for Medicare beneficiaries under age 60, as funding is available for this activity from the CMS.

|  |  |
|--|--|
| <b>Goal 1: Empower older adults and their caregivers to live active, healthy lives and to improve their mental and physical health status through access to high-quality, long-term services and supports.</b> |  |
| <b>Objective</b><br>1.1  | <b>Screen potential clients and provide effective linkage to information and services</b>  |
| <b>Objective</b><br>1.2  | <b>Use volunteers to supplement the AAA workforce and support the delivery of services to the aging network.</b>   |
| <b>Measure/<br/>Outcome</b>  | <b><i>Recruit and certify a minimum of 5 new volunteers annually in the Ombudsman program to increase advocacy efforts on behalf of residents in long term care facilities.</i></b>  |
| <b>Strategy</b><br>1.2.1   | Recruit, train, recognize and retain skilled <b>volunteers for the Ombudsman program.</b> Adhere to the agency’s volunteer management plan and certification training materials required by the Office of the State Long-Term Care Ombudsman. Provide regular training programs for volunteer ombudsmen focusing on resident’s rights, abuse, neglect and exploitation. Provide active, on-site supervision, and monitoring of certified volunteers. Identify special training needs and encourage each certified volunteer to contribute at least two hours per week to the program. Support and participate with the State Long Term-Care Ombudsman in efforts to expand volunteer participation in the Ombudsman program statewide. |

**Goal 1: Empower older adults and their caregivers to live active, healthy lives and to improve their mental and physical health status through access to high-quality, long-term services and supports.**

**Objective      Screen potential clients and provide effective linkage to information and services**

**1.1**

**Strategy**

**1.2.2**

Engage in **public awareness activities to recruit volunteers**, with particular attention to activities for culturally diverse populations. Participate in health fairs, senior expos, and other scheduled events at which information can be disseminated and volunteers recruited. Conduct public awareness presentations to civic groups, churches, service clubs, and other organizations to promote awareness of services offered by the nursing home ombudsman program. Provide regular news releases to area media to promote awareness of nursing home ombudsman services and to solicit volunteers.

|                             |   |
|-----------------------------|---|
| <b>Objective 1.3</b>        | <b>Promote the adoption of healthy behaviors in older adults through evidence-based programs.</b>   |
| <b>Measure/<br/>Outcome</b> | <b><i>Promote and support participation in AAA Evidenced-Based programs to assure funding for the specialized service is fully utilized each year.</i></b>  |
| <b>Strategy 1.3.1</b>       | <p>Conduct <b>evidenced-based programs</b>, including but not limited to, “Stress-Busting Program for Family Caregivers” and a “Matter of Balance” Fall Prevention. Procure the services according to the AAA’s direct purchase of services contract methodology. Maintain required client intake data, service delivery documentation, and customer satisfaction feedback.</p> |

|                             |  |
|-----------------------------|--|
| <b>Objective 1.4</b>        | <b><i>Fund Services to Support Independence and Self Sufficiency for Senior Adults in Community-Based Settings</i></b>   |
| <b>Measure/<br/>Outcome</b> | <b><i>Supportive services identified as Legislative Budget Board measures will be met within allowable variances and customer satisfaction levels will meet or exceed 95%.</i></b>   |
| <b>Strategy 1.4.1</b>       | Fund temporary <b>Respite</b> services to give family caregivers a break from the daily demands of caring for a loved one in the home. Respite consists of personal assistance and light housekeeping tasks. The service is typically funded for up to 90 days and procured from home health agencies according to the AAA’s direct purchase of service contracting methodology. |
| <b>Strategy 1.4.2</b>       | Fund temporary <b>Personal Assistance</b> services for consumers with no caregiver support. Personal Assistance tasks are the same as those in Respite and are also procured through home health agencies.   |
| <b>Strategy 1.4.3</b>       | Fund <b>Personal Emergency Alert Response</b> services for consumers as part of a temporary Caregiver support or Care Coordination care plan. Services are procured through approved contractors procured through the AAA direct purchase of service methodology.<br><br>Fund <b>Health Maintenance and Income Support</b> activities.   |



**Strategy 1.4.4**

Fund **Congregate & Home Delivered Meals.** The AAA will assure the provision of nutritionally balanced meals in a congregate setting and for frail home-bound .for a minimum of 250 days per year to persons 60 years of age or older and other eligible recipients. The purpose of Nutrition service is to promote a healthier lifestyle through proper nutrition, provide socialization, reduce hunger and food insecurity, to promote the health and well-being of older individuals by assisting such individuals to gain access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health.

Conduct Open Enrollment for the Direct Purchase of Services for Congregate meal and Home Delivered meal services for the fiscal years identified in the current area plan cycle; contracting with approved provider for services. Monitor service delivery to assure compliance with the Older Americans Act as amended, the provider service agreement, and the Texas Administrative Code (TAC). Maintain a process by which the OAA targeting criteria, specified in assurance 306(a)(4)(A), is evident when authorizing services. Require provider to provide nutrition education, nutrition counseling and other nutrition services, as appropriate, based on the needs of meal participants; and maintain supporting documentation of any nutrition education and other nutrition services for monitoring activities as required by TAC. Require posting of the full cost of the meal, complaint/grievance and program income policies and procedures at each nutrition site in a conspicuous location providing clear and concise information to older individuals participating in the congregate meal program. Additionally, the nutrition provider must ensure each meal participant receives a copy of the required Client Rights & Responsibilities. Allow private-pay methodologies among vendors, in accordance with approved procedures. Require all menu cycles and substitutions to be developed and approved by a qualified dietitian annually. Procure professional services contract with a licensed and/or registered dietitian to develop menu cycles

**Objective 1.4*****Fund Services to Support Independence and Self Sufficiency for Senior Adults in Community-Based Settings***

that meet the criteria set for in the Texas Administrative Code and the Older American's Act. **Provide the menus, analysis, substitution policy and recipes to contractors for use in the nutrition programs in the region.** As funding allows, procure the services of the dietician to provide training and technical assistance and to design an approved regional Nutrition Education Plan. A regional plan provides consistent, quality nutrition education so participants may learn how to make appropriate nutrition choices in their own households. Implement menus that are compliant with the Dietary Reference Intakes for nutrient content. Require providers to conduct Nutrition Education in accordance with the regional plan. Require contractor compliance with Dietary Guidelines for Americans, published by the Secretary and the Secretary of Agriculture and the dietary reference intake requirements as required by the 2007 reauthorized OAA. **Require voluntary contributions** to be used to increase the number of meals served by the provider, to facilitate access to such meals and to expand the provision of congregate meal program. Require provider to use procedures that are in compliance with all applicable state and local fire, health, sanitation and safety laws and regulations including the Texas Department of Health Division of Food and Drug "Rules on Food Service Sanitation. Require provider to implement **nutritional risk assessment and functional assessment** for each referred homebound client as a means to verify eligibility prior to initiating services and a reassessment to be completed at no less than annually. Establish coordination and referral protocols for frail elderly clients identified through the Home Delivered Meals program to the AAA's care coordination service. Require provider to have a **contingency plan for emergency home delivered meal services** to those homebound elderly at greatest risk. Require providers to coordinate with Regional and Local Services (RLS) Family Care Program to ensure timely transition from AAA Title III resources

**Objective 1.4**

***Fund Services to Support Independence and Self Sufficiency for Senior Adults in Community-Based Settings***

to Title XX sources when clients are eligible for RLS services. Home Delivered Meal reimbursement **rates will be negotiated using the rate setting methodology** provided by Office of Area Agencies on Aging and if provider is a “common” Title XX provider the process will be negotiated jointly with the region’s RLS Title XX representative. Evaluate outreach methodologies utilized by provider to identify individuals eligible for assistance with special emphasis on older individuals residing in rural areas; older individuals with greatest economic need and/or social need; older individuals with severe disabilities; older individuals with limited English proficiency, and low-income minority older individuals. Conduct annual client satisfaction survey with selected users of the congregate meal program services. Require provider to utilize and implement any and all required reporting documentation/forms, source documentation forms and reporting procedures. Congregate and Home Delivered Meal reimbursement rates will be negotiated using the rate setting methodology provided by Office of Area Agencies on Aging.

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| <b>Objective 1.4</b>  | <b><i>Fund Services to Support Independence and Self Sufficiency for Senior Adults in Community-Based Settings</i></b>   |
| <b>Strategy 1.4.5</b> | Fund <b>Health Maintenance</b> services to include emergency medications and assistive devices. for consumers as part of a temporary Caregiver support or Care Coordination care plan. Health Maintenance is provided if funding is available.   |
| <b>Strategy 1.4.6</b> | Fund <b>Income Support</b> to pay a third-party providers for goods and services considered as basic needs of the elder consumer, such as utility assistance or rental assistance to avoid homelessness. Income assistance is offered grandparents age 55+ raising their grandchildren. Income Support is provided if funding is available.  |
| <b>Strategy 1.4.7</b> | Fund <b>Residential Repair</b> to build ramps and address safety issues in the homes of frail elderly persons. Residential Repair is provided if dedicated funding is obtained for the activity.   |
| <b>Strategy 1.4.8</b> | Fund <b>Demand Response Transportation</b> to facilitate access to senior center meal sites and medical treatment. Identify and authorize one-way trips for the elderly eligible for these services. Monitor monthly ridership to ensure one-way trips billed by provider comply with authorized service categories. Conduct annual client satisfaction survey with selected users of the demand-response transportation system. Link eligible individuals to Medicaid Medical Transportation, public transit voucher program and promote the public transit system, as appropriate. Require provider to utilize and implement any and all required reporting documentation/forms, source documentation forms and reporting procedures. Procure the service under the direct purchase of service contract methodology. |

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| <b>Goal 2: Identify, strengthen and enhance collaboration with local community partners to promote the benefits and needs of the aging population.</b>  |  |
| <b>Objective 2.1</b>  | <b>Increase public awareness and understanding of the interests of older adults, their family members and their caregivers.</b>  |
| <b>Measure/<br/>Outcome</b>   | <b>Increase the total number of consumers served by AAA programs by 5% as evidenced by call volume and performance data reported in the National Aging Program Information System (NAPIS).</b> |
| <p><b>Strategy 2.1.1</b></p> <p>Engage in a <b>Targeted Outreach Plan</b> that includes community presentations, newspaper press releases and ads, brochures, and flyers. Conduction presentations as outlined in the Targeting Plan. Collaborate with the Aging &amp; Disability Resource Center, 2-1-1 Information and Referral and other community partners to provide mutual support of shared initiatives.</p> |  |

**Objective 2.2**

**Lead the development of AAA programs that advance the interests of older adults, their family members and their caregivers.**

**Strategy 2.2.1**

Conduct **Needs Assessment activities** to identify appropriate strategies to address the identified needs of senior adults and their caregivers. **Contribute relevant data** for other assessment efforts being conducted in the region. **Support new programming** and the pursuit of funding opportunities, both within the AAA and among other organizations serving the elderly. **Participate with coalitions**, advisory committees and stakeholder events to support the needs of the elderly across a wide spectrum of activities.

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| <b>Objective 2.3</b>  | <b>Coordinate with the local ADRC and center for independent living (CIL) to streamline the exchange of referrals to improve access by older adults, their family members and their caregivers to long-term services and supports.</b>   |
| <b>Strategy 2.3.1</b>   | The <b>ADRC is an integral component of the Golden Crescent Aging &amp; Community Services Department.</b> Together with the Area Agency on Aging and 2-1-1 Information & Referral, a comprehensive access system is available for the region. Participate in distributing the ADRC Resource Directory to the public, including all AAA functions. |
| <b>Goal 3: Enable older adults to maintain or improve their quality of life and self-determination through engaging in the community and social interactions.</b> |  |
| <b>Objective 3.1</b>  | <b>Promote social connectivity, community service and lifelong learning to promote positive mental health.</b>   |
| <b>Measure/<br/>Outcome</b>   | <b>Conduct 60% or more of the AAA outreach events in rural areas.</b>  |
| <b>Strategy 3.1.1</b>   | Support <b>Congregate Meal sites for both socialization</b> and volunteer opportunities.   |
| <b>Strategy 3.1.2</b>   | Conduct Presentations and outreach activities in isolated, rural communities, using bi-lingual materials.  |

**Goal 4**      **Protect and enhance the legal rights and prevent the abuse, neglect and exploitation of older adults and people with disabilities while promoting self-determination.**

**Objective 4.1**      **Increase public awareness and remove barriers to prevent abuse, neglect and exploitation.**

**Measurable Outcome:**      **Increase referrals between Adult Protective Services and the AAA by 5%**

**Strategy 4.1.1**

Participate in **joint training opportunities**, continue to use the joint **referral protocol**, fund supportive services such as meals and in-home services for eligible APS referrals. Provide training materials to nutrition providers to assure their staff can detect and report suspected cases of abuse, neglect or exploitation.



**Goal 4      Protect and enhance the legal rights and prevent the abuse, neglect and exploitation of older adults and people with disabilities while promoting self-determination.**

**Objective 4.2      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.**

**Measurable Outcome:**      Increase Ombudsman volunteers by 5. Maintain a complaint resolution rate of 95% or more.

**Strategy 4.2.1      Fund Ombudsman, advocacy for residents living in nursing and assisted living facilities.** Provide quality advocacy efforts to achieve the best outcome for nursing and assisted living facility residents through the Local Managing Ombudsman and the volunteer Ombudsmen.

Include Ombudsman services as part of the integrated system of access and assistance throughout the AAA’s region.

Maintain **adequate staff** to be responsible for (a) advocacy on behalf of elderly residents; (b) seeking to improve the quality of care provided in a licensed long term care facility; (c) and to offer consultation to elderly clients and their families who are researching long term care placement options available in the community, the costs of services offered within each setting, and other financing options available to them (i.e. Medicaid, V.A., private-pay, Medicare).

Conduct **required hours or more of in-service training** per year for certified volunteers including review of residents rights, confidentiality issues, advanced directives, complaint handling techniques, referral procedures, case studies analysis, and other training as identified or requested.

Participate in educational initiatives that advocate for the prevention of abuse, neglect and exploitation of older adults region-wide. Coordinate with the Texas

Department of Family and Protective Services to conduct events to publicize awareness of abuse prevention.

Deliver in-service training annually in each nursing facility in the region on Resident's Rights.

Provide technical assistance and serve as a resource to facilities in forming family and residents' councils.

Maintain current listings of all licensed nursing home facilities, assisted living facilities, personal care homes (licensed and unlicensed), board and care homes, and foster homes in the Golden Crescent area, including a description of services offered and their costs. Promote the use of the *LTC Quality Reporting System*.

Maintain survey and inspection reports of all licensed facilities for review by clients upon request. Make the information available to Ombudsman volunteers.

Participate in inspections and surveys conducted by the Long Term Care Regulatory agency.

Advocate on behalf of nursing facility residents, engaging family members, facility staff or other resources in order to achieve preservation of the residents' rights. Maintain a minimum of 95% partial or complete complaint resolution in nursing and assisted living facilities.

Engage in public awareness activities with particular attention to activities for culturally diverse populations. Participate in health fairs, senior expos, and other scheduled events at which information can be disseminated and volunteers recruited. Conduct public awareness presentations to civic groups, churches, service clubs, and other organizations to promote awareness of services offered by the nursing home ombudsman program. Provide regular news releases to area

media to promote awareness of nursing home ombudsman services and to solicit volunteers.

Maintain the presence of the ombudsman program in Assisted Living Facilities meeting all funding performance expectations.

Support staff participation in State Ombudsman sponsored training. Complete monthly and quarterly reports and monitor achievement of performance measures, as established by the AAA and the State Ombudsman.

Maintain a group of certified Volunteer Ombudsmen to increase the capacity of the program throughout the region, adhering to Volunteer management standards set forth by the State Ombudsman. Recruit, train and recognize the volunteers.

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| <b>Goal 5</b>         | <b>Apply person-centered practices throughout all services provided, programs operated and goals.</b>  |
| <b>Objective 5.1</b>  | <b>Provide services, education and referrals to meet the needs of individuals with Alzheimer’s disease or related dementias (ADRD).</b>  |
| <b>Strategy 5.1.1</b> | Target AAA Caregiver Support Coordination and Respite to families caring for individuals with Alzheimer’s disease or related dementias.  |
| <b>Strategy 5.1.2</b> | Coordinate efforts to establish, facilitate and /or provide technical assistance to caregiver support groups organized throughout the region (either with special emphasis such as Alzheimer’s disease, or with a generic focus reaching all caregivers). Train staff and volunteers on Alzheimer’s disease. |
| <b>Strategy 5.1.3</b> | Develop caregiver information packets, with a focus on Alzheimer’s caregiving, for dissemination by the AAA’s Care Coordination staff, hospital discharge planners, nursing home ombudsmen and/or benefits counselors.   |
| <b>Strategy 5.1.4</b> | Coordinate with the ADRC to promote and participate with Texas Lifespan Respite. The program utilizes the AAA network of Respite Providers and the AAA authorization, care planning and monitoring system for its clients in the Texas Lifespan Respite program.   |

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| <b>Objective 5.2</b>  | <b>Promote the delivery of services to caregivers based on their individualized needs.</b>  |
| <b>Strategy 5.2.1</b> | Conduct assessments and develop care plans based on client’s specific needs. Provide appropriate referrals to other services and assist in completing applications, as requested. |

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| <b>GOAL 6: Agency Specific Goal-ADMINISTRATION</b> |   |
| <b>Objective 6.1</b>                               | <b>Administer Title III programs in an efficient, transparent, and fiscally responsible manner, adhering to contract management requirements.</b>   |
| <b>Measurable Outcome:</b>                         | <b>Successful results of state monitoring activities.</b>   |
| <b>Strategy 6.1.1</b>                              | <p>Conduct accurate Data Management and client/fiscal record maintenance procedures to assure variances in data are minimized and successful accomplishment of Performance Measures Testing, both internally and at State-level review, is achieved. Accept Participant Assessments from outside sources and provide funding for the process as needed.</p> <p>Provide the system Administration, budgeting, procurement, monitoring, reporting, long-range planning, and program development necessary to support the comprehensive access and service delivery system. Maintain and update the Emergency Operations Plan to assure business continuity and community coordination in the event of a disaster.</p> |

## 11. Performance Measures

Each strategy from the goals, objectives and strategies section must be tied to a corresponding performance measure in Table 7 or Table 8.

### LBB Performance Measures

**Table 7 LBB Performance Measures**

| LBB Performance Measures          |  |              |            |            |              |
|-----------------------------------|--|--------------|------------|------------|--------------|
| Performance Measure               |  | Actual SFY19 | Proj SFY21 | Proj SFY22 | AAA Strategy |
| <b>Unduplicated People Served</b> |  |              |            |            |              |
| <b>1</b>                          | Unduplicated number of people receiving care coordination funded by MSS – SUA                  | 72           | 65         | 60         | 1.1.9        |
| <b>2</b>                          | Unduplicated number of people receiving legal assistance (age 60 and over) funded by MSS – SUA | 70           | 75         | 80         | 1.1.8        |
| <b>3</b>                          | Unduplicated number of people receiving congregate meals funded by MSS – SUA                   | 379          | 325        | 300        | 1.4.4        |
| <b>4</b>                          | Unduplicated number of people receiving home-delivered meals funded by MSS – SUA               | 470          | 500        | 525        | 1.4.4        |
| <b>5</b>                          | Unduplicated number of people receiving homemaker services funded by MSS – SUA                 | 2            | 0          | 0          | N/A          |
| <b>6</b>                          | Unduplicated number of people receiving personal assistance funded by MSS – SUA                | 19           | 20         | 21         | 1.4.2        |

| <b>Expenditures</b> |  | <b>Actual SFY19</b> | <b>Proj SFY21</b> | <b>Proj SFY22</b> | <b>AAA Strategy</b>                                     |
|---------------------|--|---------------------|-------------------|-------------------|---|
| <b>7</b>            | MSS - SUA funded care coordination expenditures                          | 21,451              | 21,500            | 21,600            | 1.1.9   |
| <b>8</b>            | MSS - SUA funded legal assistance (age 60 and over) expenditures         | 8,945               | 9,000             | 9,000             | 1.1.8   |
| <b>9</b>            | MSS - SUA funded congregate meal expenditures                            | 173,158             | 165,000           | 160,000           | 1.4.4   |
| <b>10</b>           | MSS - SUA funded home delivered meal expenditures                        | 459,681             | 480,000           | 495,000           | 1.4.4   |
| <b>11</b>           | MSS - SUA funded homemaker services expenditures                         | 6,206               | 0                 | 0                 | <i>Functions are provided under Personal Assistance</i> |
| <b>12</b>           | MSS - SUA funded personal assistance services expenditures               | 23,162              | 25,000            | 26,000            | 1.4.2   |
| <b>13</b>           | MSS - SUA funded modified home (residential repair service) expenditures | 13,138              | 5,000             | 5,000             | 1.4.7   |
| <b>Average Cost</b> |  |                     |                   |                   |   |
| <b>14</b>           | Average cost per care coordination client funded by MSS - SUA            | 139                 | 150               | 150               | 1.1.9   |
| <b>15</b>           | Average cost per person receiving legal assistance funded by MSS - SUA   | 128                 | 140               | 145               | 1.1.8   |
| <b>16</b>           | Average cost per congregate meal funded by MSS - SUA                     | 8.07                | 8.15              | 8.20              | 1.4.4   |
| <b>17</b>           | Average cost per home-delivered meal funded by MSS - SUA                 | 5.97                | 6.00              | 6.15              | 1.4.4   |
| <b>18</b>           | Average cost per person receiving homemaker services funded by MSS - SUA | 3103                | 0                 | 0                 | N/A   |

|                      |  |                     |                   |                   |                     |
|----------------------|--|---------------------|-------------------|-------------------|---------------------|
| <b>19</b>            | Average cost per person receiving personal assistance services funded by MSS - SUA                   | 1219                | 1300              | 1390              | 1.4.2               |
| <b>20</b>            | Average cost per modified home (residential repair service) funded by MSS - SUA                      | 2190                | 2500              | 3000              | 1.4.7               |
| <b>Ombudsmen</b>     |  | <b>Actual SFY19</b> | <b>Proj SFY21</b> | <b>Proj SFY22</b> | <b>AAA Strategy</b> |
| <b>21</b>            | Unduplicated number of active certified Ombudsmen  | 10                  | 12                | 12                | 4.2.1               |
| <b>22</b>            | Cumulative number of visits to assisted living facilities by a certified Ombudsman                   |                     | 80                | 80                | 4.2.1               |
| <b>23</b>            | Total expenditures Ombudsman program (federal, state, other federal, program income, and local cash) | 89,962              | 89,962            | 89,962            | 4.2.1               |
| <b>24</b>            | Unduplicated number of assisted living facilities visited by an active certified Ombudsman           | 19                  | 19                | 19                | 4.2.1               |
| <b>25</b>            | Percentage of complaints resolved and partially resolved in NH and ALF                               | 95%                 | 95%               | 95%               | 4.2.1               |
| <b>Service Units</b> |  |                     |                   |                   |                     |
| <b>26</b>            | Number of congregate meals served funded by MSS - SUA  | 21,451              | 20,245            | 19,512            | 1.4.4               |
| <b>27</b>            | Number of home-delivered meals served funded by MSS - SUA  | 77,060              | 80,000            | 80,488            | 1.4.4               |
| <b>28</b>            | Number of homes repaired/modified (residential repair service) funded by MSS - SUA                   | 6                   | 2                 | 2                 | 1.4.7               |
| <b>29</b>            | Number of one-way trips (demand response transportation service) funded by MSS - SUA                 | 8843                | 8900              | 9000              | 1.4.8               |



## Agency-Specific Performance Measures

Use the table below to enter performance measures specific to the PSA needs.

**Table 8 Agency-Specific Performance Measures**

| Agency-Specific Performance Measures |   |              |             |            |              |
|--------------------------------------|---|--------------|-------------|------------|--------------|
| Performance Measure                  |   | Actual SFY19 | Proj SSFY21 | Proj SFY22 | AAA Strategy |
| 1                                    | Caregiver Support Coordination (Hours)        | 347          | 380         | 400        | 1.1.10       |
| 2                                    | Caregiver Respite In-Home (Expenditures)      | 96,026       | 97,000      | 98,000     | 1.4.1        |
| 3                                    | Benefits Counseling (Contacts)                | 655          | 700         | 750        | 1.1.4        |
| 4                                    | Health Maintenance (Clients)                  | 17           | 15          | 15         | 1.4.3        |
| 5                                    | Income Support (Clients)                      | 19           | 15          | 15         | 1.4.3        |
| 6                                    | Outreach Events                               | 31           | 40          | 45         | 1.1.5        |
| 7                                    | Evidence-Based Intervention (Contacts)        | 94           | 150         | 175        | 1.3.1        |
| 8                                    | Information, Referral & Assistance (Contacts) | 884          | 900         | 950        | 1.1.1        |

## 12. Units of Service Composite

**Table 9 Units of Service Composite**

| Golden Crescent Units of Service Composite    |  |                         |                                |                         |                                |
|---|--|-------------------------|--------------------------------|-------------------------|--------------------------------|
| Service Name                                  | Baseline Units FY19,<br><i>DAAA Funded &amp;<br/>Program Income Units<br/>Only</i> | Projected<br>Units FY21 | Change<br>from<br>Baseline (%) | Projected<br>Units FY22 | Change<br>from<br>Baseline (%) |
| <b>Access &amp; Assistance Services:</b>      |  |                         |                                |                         |                                |
| Care Coordination (Hour)                      | 214  | 200                     | -6.5%                          | 185                     | -13.6%                         |
| Caregiver Support Coordination (Hour)         | 320  | 350                     | 9.4%                           | 375                     | 17.2%                          |
| Information, Referral, Assistance (Contact)   | 924  | 975                     | 5.5%                           | 1,000                   | 8.2%                           |
| Legal Assistance age 60+, Contracted (Hour)   | 150  | 150                     | 0.0%                           | 150                     | 0.0%                           |
| <b>Nutrition Services:</b>                    |  |                         |                                |                         |                                |
| Congregate Meals                              | 31,078   | 30,000                  | -3.5%                          | 28,000                  | -9.9%                          |
| Home Delivered Meals                          | 86,535   | 88,000                  | 1.7%                           | 90,000                  | 4.0%                           |
| <b>Assist Independence:</b>                   |  |                         |                                |                         |                                |
| Caregiver Respite In Home (Hour)              | 5,280  | 5,400                   | 2.3%                           | 5,500                   | 4.2%                           |
| Emergency Response (Months)                   | 12   | 12                      | 0.0%                           | 12                      | 0.0%                           |
| Evidence-Based Intervention (Contact)         | 106  | 120                     | 13.2%                          | 125                     | 17.9%                          |
| Health Maintenance (Contact)                  | 14   | 15                      | 7.1%                           | 15                      | 7.1%                           |
| Income Support (Contact)                      | 36   | 36                      | 0.0%                           | 36                      | 0.0%                           |
| Personal Assistance (Hour)                    | 1,536  | 1,600                   | 4.2%                           | 1,650                   | 7.4%                           |
| Residential Repair (Dwelling)                 | 5  | 8                       | 60.0%                          | 10                      | 100.0%                         |
| Transportation Demand Response (One Way Trip) | 9,378  | 9,500                   | 1.3%                           | 9,600                   | 2.4%                           |

## 13. Summary of Services

Identify all services that will be administered under the area plan by funding source.

### GOLDEN CRESCENT Area Agency on Aging

Table 10 Summary of Services

| Services to be Provided                      | III B | III C | III D | III E | VII | Program Income | Local Funds | In Kind | Other Funds (SGR, MIPPA, HICAP, Housing Bond, VII) |
|--|-------|-------|-------|-------|-----|----------------|-------------|---------|--|
| Administration                               | X     | X     |       | X     |     |                |             |         | X  |
| Ombudsman                                    | X     |       |       |       |     |                |             |         | X  |
| Benefits Counseling                          |       |       |       |       |     |                |             |         | X  |
| Care Coordination (Hour)                     | X     |       |       |       |     |                |             |         |  |
| Caregiver Support Coordination (hour)        |       |       |       | X     |     |                |             |         |  |
| Information, Referral & Assistance (Contact) | X     |       |       |       |     |                |             |         |  |
| Legal Assistance age 60 and over (Hour)      | X     |       |       |       |     |                |             |         |  |
| Congregate Meals (Meal)                      |       | X     |       |       |     | X              | X           | X       |  |
| Home Delivered Meals (Meal)                  |       | X     |       | X     |     | X              | X           | X       |  |
| Nutrition Education (contact)                |       |       |       |       |     |                | X           |         |  |
| Nutrition Consultation                       |       | X     |       |       |     |                |             |         |  |
| Caregiver Respite In Home (Hour)             |       |       |       | X     |     |                |             |         |  |
| Emergency Response (Month ERS Service)       | X     |       |       |       |     |                |             |         |  |
| Evidenced-Based Intervention (Hour)          |       |       | X     |       |     |                |             |         |  |
| Health Maintenance (Contact)                 | X     |       |       |       |     |                |             |         |  |
| Income Support (contact)                     | X     |       |       | X     |     |                |             |         | X  |

| <b>Services to be Provided</b>                       | <b>III B</b> | <b>III C</b> | <b>III D</b> | <b>III E</b> | <b>VII</b> | <b>Program Income</b> | <b>Local Funds</b> | <b>In Kind</b> | <b>Other Funds (SGR, MIPPA, HICAP, Housing Bond, VII)</b> |
|--|--------------|--------------|--------------|--------------|------------|-----------------------|--------------------|----------------|---|
| <b>Personal Assistance</b>                           | <b>X</b>     |              |              |              |            |                       |                    |                |   |
| <b>Residential Repair (Dwelling)</b>                 | <b>X</b>     |              |              |              |            |                       |                    | <b>X</b>       | <b>X</b>  |
| <b>Transportation Demand-Response (One Way Trip)</b> | <b>X</b>     |              |              |              |            | <b>X</b>              | <b>X</b>           | <b>X</b>       |   |

## 14. Service Narratives

### Congregate Meals

#### Service definition

Hot or other appropriate meal served to an eligible older adult which meets 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 and complies with the most recent Dietary Guidelines for Americans, published by the Secretary of Agriculture, and which is served in a congregate setting. The objective is to reduce food insecurity and promote socialization of older adults.

#### Detailed description of how service is provided

Congregate meals are served at senior centers throughout the region. The meal programs are administered by local non-profit organizations, a community action committee, and a county government. The Golden Crescent Area Agency on Aging (AAA) purchases congregate meals from these entities for consumers authorized by the AAA. The service is defined as contracted. Clients are authorized based on targeting criteria that includes those who are low-income and minority, with specific attention to those who live in rural areas. The AAA funds less than 50% of the congregate meals served in the area. Other funding sources include participant contributions, fundraising, grants, United Way, and city/county support.

Menus are designed to meet the nutritional requirements of the Older Americans Act. The AAA procures the professional services of a registered dietician to create menus for use by all providers in the region. The dietician also conducts on-site technical assistance on food handling practices and provides staff training at each kitchen location. The dietician develops nutrition education lessons for use throughout the region.

Nutrition Education is a contract requirement. The policy is to provide it in accordance with AAA Program Instruction 313 *Nutrition Screening and Education Documentation and Reporting Requirements*. Program participants receive nutrition education annually in conjunction with their Nutritional Risk

Assessment, which is also required. Participants sign to acknowledge receipt of nutrition education and the signed documentation is provided to the AAA.

Service Providers:

- Calhoun County Senior Citizens Association, Inc. for Calhoun County
- Community Action Committee Victoria, Texas for Dewitt County
- Goliad County Senior Citizens Association, Inc. for Goliad County
- Friends of Elder Citizens for Jackson County
- Lavaca County for Lavaca County
- Victoria Senior Citizens Center for Victoria County (City of Victoria)

*Note: There is no congregate service being provided in Gonzales County.*

The primary barrier to participation in the Congregate meal program is the evolution of the traditional congregate participants into home delivered meal service. An aging population, characterized by health issues and greater levels of frailty, are increasing the demand for home delivered meals. By contrast, younger senior adults have many more options for meal service and socialization than they did 30 years ago when senior centers were popular. New seniors coming into the congregate programs are on the decline. In the past four years, there has been a marked decrease in attendance at congregate meal sites across the Golden Crescent region.

In an effort to address the issue, Golden Crescent AAA will support and contribute to an important state-wide initiative designed to determine the reasons for congregate meal. The project, *Texas Congregate Meal Initiative: Modernizing Congregate Meal Programs in Texas*, will explore obstacles in the congregate meal program. Research from this project will be used to explore how to overcome such obstacles.

## Home Delivered Meals

### Service definition

Hot, cold, frozen, dried, canned, fresh or supplemental food (with a satisfactory storage life) which provides a minimum of 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 and complies with the most recent Dietary Guidelines for Americans, published by the Secretary of Agriculture, and is delivered to an eligible participant in their place of residence. The objective is to reduce food insecurity and help the recipient sustain independent living in a safe and healthful environment.

### Detailed description of how service is provided

Home Delivered meals are procured and delivered through many of the same contractors as the congregate service in the region. The same regional menus are prepared for the home delivered meal programs. The Nutrition Education procedure applies to both congregate and home delivered meal participants.

#### Service Providers:

- Calhoun County Senior Citizens Association, Inc. for Calhoun County
- Community Action Committee Victoria, Texas for Dewitt County and the rural areas in Victoria County
- Goliad County Senior Citizens Association, Inc. for Goliad County
- Gonzales County Senior Citizens Association, Inc. for Gonzales County
- Friends of Elder Citizens for Jackson County
- Lavaca County for Lavaca County
- Victoria Senior Citizens Center for Victoria County (in City limits of Victoria)

In the region, home delivered meals represent about 75% of the total meals provided, while congregate meals constitute about 25% of the service mix. The demand for home delivered meals is rising. To accommodate the growing demand, the AAA is currently participating with the Office of Area Agencies on Aging on the Home Delivered Meal Pilot project. The Pilot affords greater flexibility in service delivery and the type of meal offered. The goal of the Pilot is to increase service to consumers on interest lists because of lack of capacity by any agency to meet their need for home delivered meals. The flexible strategies afforded within the Pilot are expected to result in savings for meal providers, especially with delivery costs.

## Transportation

### Service definition

|   |
|---|
| Taking an older adult from one location to another but does not include any other activities. |
|---|

### Detailed description of how service is provided

The Golden Crescent Area Agency on Aging funds demand response transportation for consumers over age 60 throughout the region. The primary purpose of AAA transportation is to facilitate access to senior nutrition sites and health services. The service is procured and administered under the same contract methodology as other purchased services offered by the AAA. Seven of the eight contractors also provide public transportation that is funded and managed through the Planning Commission's Transportation Department. The AAA benefits from the experience, training and fleet management policies these public transit organizations are required to maintain.

In addition to AAA and public transit, there are other unique transportation options available in many areas across the region. "Choose My Ride" offers vouchers for eligible riders to use both public transit and private taxi services for their transportation needs. It is available in four counties. In the city limits of Victoria, a large fixed route bus service operates six days a week.



A significant barrier to Title III-funded participation includes finite resources to fully meet the demands of elder transportation, while addressing equally important pressures for funding from consumers needing nutrition and in-home services. To mitigate the barrier, the AAA will participate in cooperative efforts among all transit providers to increase awareness of transportation options; to advocate for the needs of AAA consumers; and to support the pursuit of funding for transportation projects.

Service Providers:

- Calhoun County Senior Citizens Association, Inc. for Calhoun County
- Golden Crescent Regional Planning Commission R-TRANSIT for Dewitt county and rural areas of Victoria County
- Goliad County for Goliad County service area
- Gonzales County Senior Citizens Association, Inc. for Gonzales County
- Friends of Elder Citizens for Jackson County
- Lavaca County for Lavaca County
- Victoria Senior Citizens Center for Victoria County (in City limits of Victoria)

# Caregiver Support Coordination

## Service definition

Continuous process of assessing the needs of a caregiver and care recipient to effectively plan, arrange, coordinate and follow-up on services which best meet the identified needs, as defined by the caregiver, care recipient and case management staff.

## Detailed description of how service is provided

Caregiver support Coordination is delivered as a direct service of the AAA. Caregiver coordination is designed to provide information, resources, and benefits counseling to informal caregivers such as family and friends. Caregiver support coordination focuses on those who take care of people age 60 and over in a home environment. The focus is to provide a variety of support, including Respite, that will temporarily relieve them of some of their day-to-day responsibilities. Caregivers learn about services available for them and gain access to programs and services. They are provided with educational opportunities to assist them in making decisions and solving problems relating to their caregiver role.

The greatest barrier caregivers face is often lack of financial resources to continue the Respite assistance after the temporary service funded through the AAA expires. Some caregivers do not qualify for state-supported, community-based services but lack money to pay individuals to help them with their caregiving responsibilities. The Golden Crescent AAA has focused much of its eligible funding to actual Respite services in order to serve more caregivers who have no other options.

## Legal Assistance

### Service definition

Legal Assistance programs are designed to protect older adults from direct challenges to independence, choice and financial security. These programs also help older adults understand their rights, exercise options through informed decision-making and achieve optimal benefit from the support and opportunities promised by law. Ensure the capacity to address priority legal issues related to the following: health care (Medicare and Medicaid), income (Social Security), long-term care (in the community and institutions), nutrition (SNAP), housing, utilities, discrimination (in employment and services), protection from guardianship, rights of disaster victims and fraud.

### Detailed description of how service is provided

The Golden Crescent AAA contracts with the Texas Rio Grande Legal Aid to provide legal services for senior adults when the issue requires the intervention of an attorney. Such cases may include executing a durable power of attorney; guiding a guardianship case; or executing a transfer on death deed.

Many of the same activities identified as Legal Assistance in the definition above are performed by certified Benefits Counselors as a direct service of the AAA under other service definitions, such as HICAP (Health Insurance counseling & Advocacy Program) and MIPPA (Medicare Improvements for Patients and Providers Act). The height of the service delivery season is during annual open enrollment into Medicare health & drug plans held October 15 to December 7 each year. During this time, benefits counselors work directly with consumers to compare plans and provide impartial information so consumers can make informed choices for their Medicare coverage. Benefits Counselors also conduct enrollment events in each county to serve rural, isolated beneficiaries. Counselors help clients screen for eligibility and apply for Medicare Savings Programs and the Low Income Subsidy to help low income beneficiaries with the cost of Medicare plans. All year round, AAA staff help seniors turning 65 understand their Medicare options, compare plans and make presentations throughout the region.

## 15. Direct Service Waiver

- AAA will not provide any direct service that requires approval during the effective period of this area plan.**
  
- AAA is requesting approval to provide direct service(s) during the effective period of this area plan.** The Direct Service Waiver form(s) is included in Appendix A. [Direct Service Waiver Form](#)

## 16. Data Use Agreement

The Golden Crescent Regional Planning Commission-Area Agency on Aging (GCRPC-AAA) is required to gather, retain, and share Confidential Information in the course of its business. In doing so, it is bound by the Data Use Agreement (DUA) between Golden Crescent Regional Planning Commission (GCRPC) and the Texas Health and Human Services Commission (HHS) with an executed copy accompanying the contract. A formal Data Use Policy is in place for use by the GCRPC-AAA. In addition, GCRPC-AAA contractors are bound by the DUA, with executed copies of the Agreement completed annually and placed in each entity's contract folder. The Data Use Policy has undergone monitoring by the Office of Area Agencies on Aging. The policy is provided below.

To ensure that Confidential information is protected against unauthorized use, Golden Crescent Regional Planning Commission (GCRPC) has designated an Information Security Official, who has responsibilities for developing security and privacy policies at the agency level, ensuring compliance, and providing technical assistance to employees. The Information Security Official and his contact information are as follows: Elias Moya 361-578-1587, ex 222  
[eliasm@gcrpc.org](mailto:eliasm@gcrpc.org)

In addition, Golden Crescent Regional Planning Commission has designated a Privacy Official, who has responsibilities for developing security and privacy policies at the agency level, The Privacy Official and his contact information are as follows: Michael Ada, Executive Director 361-578-1587, ex 204 [michaela@gcrpc.org](mailto:michaela@gcrpc.org)

The Director of the Area Agency on Aging has responsibilities for developing security and privacy policies at the program level, ensuring compliance, and providing technical assistance to staff, volunteers and contractors.

## Definitions

- Aging representative: employee of the Golden Crescent Regional Planning Commission Area Agency on Aging and Aging (GCRPC-AAA), contractor of the Golden Crescent Regional Planning Commission Area Agency on Aging and/or volunteer for the Area Agency on Aging.
- Confidential Information: any communication or record (whether oral, written, electronically stored or transmitted, or in any other form) provided or made available to the GCRPC-AAA or that the GCRPC-AAA may create, receive, maintain, use, disclose or have access to on behalf of the Texas Health and Human Services Commission that consists of or includes any of the following:
  - Participant information
  - Protected health information in any form
  - Sensitive personal information, defined by the Texas Business and Commerce Code Chapter 521
  - Federal tax information
  - Personally identifiable information
  - Social Security Administration Data
- Legally authorized representative (LAR): An LAR is defined as:
  - a parent or legal guardian if the person is a minor.
  - a legal guardian if a judge has ruled the person is not competent to manage his or her own personal affairs.
  - an agent named as the person's durable power of attorney for health care.
  - the person's court-appointed attorney ad litem.
  - the person's court-appointed guardian ad litem.
  - a personal representative or statutory beneficiary if the person is deceased.
  - an attorney retained by the person or by another person listed on this form.
  - if the person is deceased, their personal representative must be the executor, independent executor, administrator, independent administrator or temporary administrator of the estate.
- Personally Identifiable Information (PII): information that can be used to distinguish or trace an individual's identity, either alone or when combined with other personal or identifying (sensitive) information that is linked or linkable to a specific individual. PII includes, but is not

limited to, name, social security number, and date of birth; and any other information that that is linked or linkable to an individual such as an identification number assigned by a client tracking software system. To “distinguish” an individual is to identify an individual. Some examples of information that could identify an individual include, but are not limited to, names and social security numbers. To “trace” an individual is to process sufficient information to make a determination about a specific aspect of an individual’s activities or status. For example, a home-delivered meal route sheet that contains individuals’ names would allow the user to determine that such individuals are homebound.

- Protected Health Information (PHI): any *individually identifiable* health information. *Identifiable* refers not only to data that is explicitly linked to a particular individual (that's *identified* information). It also includes health information with data items which reasonably could be expected to allow individual identification.

#### Business Necessity:

The GCRPC-AAA program gathers, retains, and shares Confidential Information for three reasons: 1) to comply with the terms of its contracts with funding sources; 2) to deem persons eligible for services which it administers; and 3) to connect persons who are presumptively eligible for services administered by other agencies with such services, as requested.

#### *Compliance*

The Texas Health & Human Services Commission, as the GCRPC-AAA’s primary funding source, has designated the following PII data sets as mandatory for participants of programs that require an intake (i.e., home-delivered meals, congregate meals, demand-response transportation, care coordination, caregiver support coordination, legal assistance, homemaker, residential repair, income support and respite):

- Name
- Date of birth
- Address
- Phone number

In addition, HHSC requires that Aging representatives request the following data from participants of programs that require an intake.

- Race
- Ethnicity
- Language
- Emergency contact person
- Emergency contact phone number
- Level of income (i.e., low, moderate, or high)

In addition, HHSC has designated the following PII data sets as mandatory for participants of its home-delivered meal, residential repair, respite, and long-term care facility relocation programs.

- Need for assistance with transferring
- Need for assistance with walking
- Need for assistance with dressing
- Need for assistance with bathing
- Need for assistance with toileting
- Need for assistance with grooming
- Need for assistance with eating
- Need for assistance with laundry
- Need for assistance with meal preparation
- Need for assistance with shopping
- Need for assistance with administering medication
- Need for assistance with nail care
- Need for assistance with opening jars, cans, and bottles
- Need for assistance with using the telephone
- Need for assistance with transportation
- Need for assistance with money management
- Difficulty maintaining balance

In addition, HHSC has designated the following PII data sets as mandatory for participants of its long-term care facility relocation program:

- Social Security Number
- Medicare number
- Medicaid number

#### *Determining eligibility for Aging services*

For most programs funded by HHSC, prospective participants must be at least 60 years of age (or care for someone at least 60 years of age, in the case of



Title III-E caregiver programs) and live in the GCRPC-AAA service area, to qualify. As such, Aging and its contractors must gather dates of birth and addresses for prospective participants to make preliminary eligibility determinations.

In addition, certain programs have more extensive eligibility criteria. For example, home-delivered meal or respite participants must have a functional impairment score of 20 or greater on the Consumer Needs Evaluation (CNE). As such, the GCRPC-AAA and its contractors are required to conduct functional assessments to determine individuals' eligibility for specific programs, including home-delivered meals, homemaker, residential repair, and respite.

#### *Making presumptive eligibility determinations for other agencies' programs*

GCRPC-AAA's programs (e.g., care coordination, caregiver support coordination, benefits counseling and information & referral) are intended to connect individuals with the range of services and programs for which they qualify and wish to receive. With individuals' permission, GCRPC-AAA staff and volunteers gather information such as income, resources, and military status to determine if they qualify for other agencies' programs. As requested by consumers, GCRPC-AAA staff and volunteers may make referrals to other agencies' programs, including completing and submitting applications containing Confidential Information.

### **Obtain Informed Consent**

Before GCRPC-AAA staff, volunteers, and contractors gather Confidential Information, they inform program participants why they're requesting the information (e.g., "Our funding agency requires us to report certain information, such as names, addresses, and dates of birth" or "Our programs are limited to people age 60 and over who live in our 7-county service area").

If a prospective client refuses to provide PII that's deemed mandatory by HHSC, he/she is ineligible for GCRPC-AAA-funded services. Before releasing Confidential Information, the Aging representative must obtain the individual's consent, except under the circumstances noted in Exceptions to Obtaining Participant Consent below. Written consent is the preferred means of

obtaining consent to release PII, and is the required means of obtaining consent to release PHI.

### Authorization to Release PII

If the GCRPC-AAA representative is conducting an assessment in person, he/she will obtain the individual's consent to release PII by asking the individual to sign the "Client Rights and Responsibilities and Release of Information for Older Americans Act Programs,

(HHSC Form # AIAAA\_CR&R3.0) " found at:  
<http://www.HHSC.state.tx.us/providers/GCRPC-AAA/ADRC/Forms/index.html#standard>

The Client Intake and Service Request Form document (HHSC Form #AIAA\_Int\_ES10.0) includes the following language: "Information we gather through an intake or through an assessment may be shared to plan, arrange and deliver services to meet your individual client needs. The information collected is required by your local service provider, the Area Agency on Aging (GCRPC-AAA), and the Texas Health & Human Services Commission. All of your information will be kept confidential and guarded against unofficial use." If a prospective participant refuses to sign the Client Rights document, he/she is ineligible for GCRPC-AAA-funded services. GCRPC-AAA also requires participants receiving all services, except Ombudsman, Information & Referral, Legal Awareness/MIPPA Outreach, and Caregiver Information Services) to sign a Client Information Release (THHSC Form #AIAAA-HIPAA\_ES2.0) or an equivalent document.

If the GCRPC-AAA representative is conducting an assessment over the phone, he/she should read or paraphrase the release of information language contained in the Client Rights form and obtain the participant's verbal consent to release information. The Aging representative should inform the participant that he/she may receive a copy of the Client Rights/Information Release form in the mail, and ask that the participant sign and return the form(s). The Aging representative should document the participant's verbal authorization to release information and include in the narrative a notation that a hard copy of the Client Rights/Information Release form(s) has been mailed. Services

will not be authorized for a client until a completed Intake, signed Rights & Responsibilities form and a signed Client Information Release are received by the GCRPC-AAA.

#### Authorization to Release PHI

If the Aging/ADRC representative is conducting an assessment in person, he/she should obtain the individual's consent to release PHI by asking the individual to sign the "Client Information Release," found at: <http://www.HHSC.state.tx.us/forms/2277/>

The GCRPC-AAA representative should be able to explain to the client his/her option to determine whether release of information is:

- Limited to designated people or agencies, or valid for any person/agency. If the client chooses to limit release of information to designated people or agencies, the Aging representative should encourage him/her to designate an emergency contact person.
- Limited to certain types of information, or valid for all information
- Limited to a certain purpose, or valid for "assessing, arranging, and meeting individual service needs," broadly defined.

If the prospective participant refuses to sign the Client Information Release, he/she may not receive GCRPC-AAA -funded services. In the course of providing services to the participant, the Aging representative must honor any limitations—communicated either verbally or in writing—as stipulated by the client.

#### Exceptions to Obtaining Participant Consent

Exceptions to these informed consent policies may occur under the following circumstances:

- The GCRPC-AAA representative has reason to believe that a child, older person, or adult with disability is experiencing abuse, neglect, or exploitation. In such cases the Aging representative is required to make a referral to Child Protective/Adult Protective Services.
- The GCRPC-AAA representative must notify law enforcement in order to prevent or reduce a serious threat to anyone’s health or safety
- State or federal laws require that the information be disclosed
- A court order, administrative order, or subpoena has been issued for the information
- Disclosure is required in order to address workers’ compensation, law enforcement, and other government requests such as:
  - For law enforcement purposes or with a law enforcement official
  - With health oversight agencies for activities authorized by law

The GCRPC-AAA will not, without prior written approval of HHSC, disclose or provide access to any Confidential Information on the basis that such act is Required by Law without notifying HHSC so that HHSC may have the opportunity to object to the disclosure or access and seek appropriate relief. If HHSC objects to such disclosure or access, the GCRPC-AAA will refrain from disclosing or providing access to the Confidential Information until HHSC has exhausted all alternatives for relief.

### **Limit Disclosure to Those with Need to Know**

The GCRPC-AAA restricts access to participants’ Confidential Information to persons and entities with a need to know, such as staff and volunteers who have responsibilities for providing services to the participant, auditors, state and fiscal monitors, persons or entities identified in a signed release from the participant, and other persons/entities as deemed appropriate by authorized management staff. It allows such users access to Confidential Information solely to the minimum extent necessary to accomplish the authorized purpose.

### **Disclosure of Work Product**

The GCRPC-AAA prohibits disclosure of work product, related to the Data Use Agreement, done on behalf of the Texas Health & Human Services Commission, or to publish Texas Health & Human Services Confidential Information without the express prior approval of the Texas Health & Human Services agency.

### **Secure Physical Records**

Staff, volunteers, and contractors must take the following actions to ensure that documents containing Confidential Information are secured:

- Store documents in an area that is physically safe from access by unauthorized persons.
- Do not leave documents unattended. Store them in locked files and/or locked offices when not in use.
- In the event that documents containing Confidential Information must be transported, require that they be stored in a non-visible place. For example, if a staff person is transporting participant files in her car, place them in the trunk and lock the car when unattended.
- When faxing documents containing Confidential Information, include the following statement on the fax cover sheet:

**CONFIDENTIAL: The information in this electronic message may contain Protected Health Information intended only for the use of the individual(s) or entity to which it is addressed. If you, the reader of this message, are not the intended recipient, you are hereby notified that you should not further disseminate, distribute, or forward this electronic message. If you have received this electronic message in error, please notify the sender immediately and delete or destroy the original.**

- Use appropriate destruction techniques to dispose of Confidential Information. Shred (do not recycle) documents containing Confidential Information.

- No attempt should be made to re-identify, or further identify, de-identified Confidential Information contained in physical records, except for an authorized purpose.

## **Secure Electronic Records**

The Golden Crescent Regional Planning Commission takes a number of steps at both the Agency and employee level to prevent its electronic records from being accessed by unauthorized users. These steps include

- implements computer security configurations and settings for all computers that access and store Confidential information;
- maintains and reviews system security logs on computer systems that access or store Confidential Information for abnormal activity or security concerns on a regular basis;
- ensures that computer systems that use, disclose, access, create, transmit maintain and store Confidential Information contain up-to-date anti-malware and antivirus protection'
- notwithstanding records retention requirements, maintains a disposal process for Confidential Information is destroyed so that it unreadable or undecipherable; and
- requires all employees to undergo criminal history checks before assuming their duties.

Golden Crescent Regional Planning Commission general security policies include the following requirements that are binding on all employees:

- Staff must create original, unique and complex passwords.
- Staff must not divulge their passwords to anyone.
- Staff must not allow other persons to share their accounts.
- If the staff person writes down a password, he/she must physically secure the written password (e.g., keep in a locked file cabinet, accessible to him/her only).
- Staff must change passwords as needed
- Staff must log off their computers while them unattended for any length of time.

- Staff should not open email attachments from unknown or untrustworthy sources.
- Staff must not install any software on GCRPC devices without the express approval of the Information Security Official. Only the Security Official or authorized representative, which may include other IT professionals, can approve installation or conduct software installations.
- Staff who save or store Confidential Information in electronic format may do so only on Golden Crescent Regional Planning Commission approved computers, systems, devices and equipment. Staff must not connect mobile computing devices that are not the property of the Agency to their computers or the network without authorization from the Information Security Official.
- Computer workstations must be locked when not in use.
- Staff members who email Confidential Information outside of the Golden Crescent Regional Planning Commission network must utilize encrypted email messages.
- Staff members may not transport Golden Crescent Regional Planning Commission-owned electronic data from agency's premises without authorization from their supervisors. Modes of data transportation include—but are not limited to—writeable CD-ROMs or DVDs, USB flash drives, portable hard drives, laptops, Personal Data Assistants, MP3 players, and cell phones.
- Staff members may not mail or courier Confidential Information on CDs, DVDs, hard drives, flash drives, USB driver, floppy disk or other removable media unless the data are encrypted.
- Staff members may not pack laptops or electronic storage devices in checked baggage during travel.

The GCRPC-AAA/ADRC has the following requirements of staff and contractors who transmit participants' Confidential Information.

- Confidential Information that is transmitted electronically or stored on CDs, DVDs and flash drives must be encrypted using a Federal Information Processing Standards (FIPS) 140-2 compliant and National Institute of Standards and Technology (NIST) validated cryptographic module.
- Confidential Information or PHI must not be electronically transmitted to any person or entity in an unsecured format.
- Include the following language in the sender's auto-signature:

The contents of this email may contain confidential information that may be legally privileged and protected by federal and state law. This information is intended for use only by the entity or individual to whom it is addressed. The authorized recipient is obligated to maintain the information in a safe, secure, and confidential manner. The authorized recipient is prohibited from using this information for purposes other than intended, prohibited from disclosing this information to any other party unless required to do so by law or regulation, and is required to destroy the information after its stated need has been fulfilled. If you are in possession of this protected health information, and are not the intended recipient, you are hereby notified that any improper disclosure, copying, or distribution of the contents of this information is strictly prohibited. Please notify the owner of this information immediately and arrange for its return or destruction.

The GCRPC-AAA has the following requirement of volunteers who have access to participants' Confidential Information:

- Dispose of the information (e.g., permanently delete emails containing Confidential Information) immediately after completing assigned tasks.

The GCRPC-AAA maintains participant Confidential Information in client tracking data bases required by its funding sources. To ensure that Confidential Information is protected, staff identified with administrative privileges control access by taking the following actions:

- Requesting unique passwords per Department requirements
- Requesting authorized users receive differential levels of access to the client tracking data base, based on their need to know
- Requiring authorized users to log off as soon as they've completed their activity
- In the event of a staff person's, volunteer's, or contractor's termination, immediately disabling the account and denying access to the data base

## **Train All Users**



All staff and volunteers, under the direct control of the GCRPC-AAA, who have access to participants' Confidential Information must undergo training within 30 days of hire for new staff and annually for all staff. Training curriculum includes

- Review of GCRPC-AAA Data Use Policies & copy to employee(s)
- Confidentiality
- Privacy
- Security/Protection
- Reporting any breach to its Information Security Official and/or Privacy Official.

In addition to training on GCRPC-AAA Data Use Policies & Procedures, staff may be directed to complete the Health & Human Services online training entitled "HIPAA Privacy Training for Contractors and Volunteers"  
<https://www.dads.state.tx.us/providers/hipaa/privacy/index.cfm>

Such training must be documented, with evidence maintained in each employee's/volunteer's training record.

### **Maintain Breach Protocol**

The GCRPC-AAA takes into consideration the potential harm caused from a Confidential Information breach when implementing its breach protocol. Harm includes any adverse effects that would be experienced by an individual whose Confidential Information was accessed by unauthorized users, such as identity theft, physical harm, and emotional distress. In addition, harm includes any adverse effects experienced by Golden Crescent Regional Planning Commission, its contractors, and its funding sources, such as administrative

burden, financial losses, loss of public reputation, loss of public confidence, and legal liability. In the event that an Aging participant's Confidential Information is breached, the Information Security Official and/or Privacy Official will assign a breach impact level, categorized as low, moderate, or high.

- The potential impact is LOW if the loss of confidentiality, integrity or availability could be expected to have a limited adverse effect on organizational operations, organizational assets, or individuals. A limited adverse effect means that, for example, the loss of confidentiality, integrity or availability might (i) cause a degradation in mission capability to an extent and duration that the organization is able to perform its primary functions, but the effectiveness of the functions is noticeably reduced; (ii) result in minor damage to organizational assets; (iii) result in minor financial loss; or (iv) result in minor harm to individuals.
- The potential impact is MODERATE if the loss of confidentiality, integrity or availability could be expected to have a serious adverse effect on organizational operations, organizational assets, or individuals. A serious adverse effect means that, for example, the loss of confidentiality, integrity or availability might (i) cause a significant degradation in mission capability to an extent and duration that the organization is able to perform its primary functions, but the effectiveness of the functions is significantly reduced; (ii) result in significant damage to organizational assets; (iii) result in significant financial loss; or (iv) result in significant harm to individuals that does not involve loss of life or serious life-threatening injuries.
- The potential impact is HIGH if the confidentiality, integrity or availability could be expected to have a severe or catastrophic adverse effect on organizational operations, organizational assets, or individuals. A severe or catastrophic adverse effect means that, for example, the loss of confidentiality, integrity or availability might (i) cause a severe degradation in or loss of mission capability to an extent and duration that the organization is not able to perform one or more of its primary functions; (ii) result in major damage to organizational assets; (iii) result in major financial loss; or (iv) result in severe or catastrophic

harm to individuals involving loss of life or serious life threatening injuries.

To further describe these impact levels, a PII breach at a low impact level would not cause harm greater than inconvenience, such as changing a telephone number. The types of harm that could be caused by a breach involving PII at the moderate level include financial loss due to identity theft or denial of benefits, public humiliation, discrimination, and the potential for blackmail. Harm at the high impact level involves serious physical, social, or financial harm, resulting in potential loss of life, loss of livelihood, or inappropriate physical detention.

### Procedures for Reporting, Investigating, and Closing Breach Incidents

In all cases, GCRPC-AAA employees, contractors, or volunteers must immediately contact the Information Security Official or Privacy Official upon suspicion, or discovery, of an incident involving the potential loss or breach of Confidential Information. Common examples of a Confidential Information breach are:

- Theft or loss of computers and laptops, portable electronic devices, electronic media, and paper files
- Compromised passwords (e.g., ones that have been hacked or revealed)
- Unauthorized transmission of PII and other sensitive information outside the secured network environment

If the Confidential Information breach involves the theft of physical property, the person discovering the breach or his/her supervisor must report the theft to the local law enforcement authority and obtain an official incident report. Upon receiving notification of a potential breach, the Information Security Official or Privacy Official will assign a breach impact level on the basis of the following information:

- The nature of the breach
- The circumstances leading to the breach
- The type of information compromised

- The estimated number of participants affected by the breach

If the Information Security Official and/or Privacy Official confirms that a breach of Confidential Information occurred and includes federal tax information, Social Security Administration data, and/or Medicaid client information, the official will contact the Director of Aging Programs, who will report the incident to HHS's Security and Privacy Officers via [privacy@hhsc.state.tx.us](mailto:privacy@hhsc.state.tx.us) and to HHSC via [hippa@HHSC.state.tx.us](mailto:hippa@HHSC.state.tx.us) within one hour of making such determination. If the confirmed breach of Confidential Information does not include federal tax information, Social Security Administration data, and/or Medicaid client information, it will be reported to HHS and HHSC within 24 hours of making such determination.

For breaches categorized as "Moderate" or "High," a Breach Response Team will be convened within 48 hours. Members of the Breach Response Team include, but are not limited to, the Information Security Official, Privacy Official, Director of Aging Programs, and in the event of a breach at the contractor level, the executive director of the contracting agency. The Breach Response Team will determine the extent to which the breach poses problems related to identity theft, manage activities to recover from the breach, and develop policy and procedures to mitigate future risks/occurrences. In addition, it will be responsible for coordinating notification to affected individuals. Such notification must include:

- A brief description of what happened, including the date(s) of the incident and of its discovery
- A description of the types of Confidential Information compromised
- A statement whether the information was appropriately protected
- The steps participants should take to protect themselves from future harm, if any
- What Golden Crescent Regional Planning Commission did to investigate the incident, mitigate losses, and protect against any future breaches.
- A point of contact for the affected individuals to contact to receive additional information, including a toll-free number, email address(es), and mailing address.

The Breach Response Team will provide formal notification to HHS and HHSC within 48 hours of discovering the breach, including all reasonably available information about the breach and GCRPC's investigation. It will coordinate with HHS and/or HHSC regarding communications to individuals whose Confidential Information may have been breached and obtain their authorization prior to issuing written communications to individuals affected by the breach.

### **Allow Participants to Review and Correct Their Confidential Information**

Program participants have several rights with respect to their records containing Confidential Information. These rights include right to access, right to accounting of disclosures, and right to amendment.

The GCRPC-AAA representative should allow a participant and/or his/her legally authorized representative to view his/her record and/or obtain a copy of his/her record. To inspect or obtain copies, the participant must sign an authorization form, allowing the release of information.

The GCRPC-AAA representative may deny the participant and/or his/her legally authorized representative access to his/her record under the following circumstances:

- The records contain Confidential Information that is subject to the Privacy Act
- The Confidential Information was obtained from someone other than the participant under a promise of confidentiality and the access requested would likely reveal the source of the information.

The GCRPC-AAA representative must provide the participant the right to receive a written accounting of disclosures for the five years prior to the date of his/her request. As such, GCRPC-AAA maintains a system for tracking disclosures that relies on manual logs, generating one log per participant. Disclosures are defined as the release, transfer, provision of access to, or

divulging in any other manner of information outside the entity holding the information.

Exempted from GCRPC-AAA tracking and reporting of disclosures are the following:

- Disclosures made to the participant;
- Disclosures made for national security or intelligence purposes
- Disclosures to correctional institutions or law enforcement officials; and
- Disclosures made prior to the date of compliance with the privacy standards.

If a program participant or his/her legally authorized representative alleges that information in his/her record is incorrect and requests that it be corrected, the GCRPC-AAA or its contractor must amend any incorrect information.

### **Posted Privacy Notice**

The GCRPC-AAA program posts the following notice on its Web site, describing its security and privacy policies:

*GCRPC-AAA program gathers and uses certain Personally Identifiable Information and Personal Health Information. This notice explains what information we collect, why we collect the information, how we use the information, how we keep the information safe, and your rights as a participant in our programs.*

#### *What information do we collect?*

*The GCRPC-AAA program collects Personally Identifiable Information such as names, addresses, phone numbers, dates of birth, emergency contact names and phone numbers. It also collects Personal Health Information such as medical conditions, medications, and doctors' names and phone numbers.*

#### *Why do we collect and use this information?*

*We collect Personally Identifiable Information and Personal Health Information for three reasons: 1) to help determine eligibility for programs and services, either through our agency or another agency; to 2) to help arrange programs and services, either through our agency or another agency; and 3) to satisfy reporting requirements for our funding agencies. Our primary funding source is the Texas Health & Human Services Commission.*

*What limits are there on the information we collect, maintain, and make available to others?*

*In most cases, we must get your permission before we collect, maintain, and share any Personally Identifiable Information and Personal Health Information. In most cases, you must give us authorization—either verbally or in writing—before we can use your Personally Identifiable Information. In most cases, you must give us written permission before we can use your Personal Health information. The major exception to these policies occurs when we have reason to believe that an older person, person with a disability, and/or child is being abused, neglected or exploited. In such cases, we are obligated to make a referral to the Texas Department of Family and Protective Services.*

*If you give us written permission to use your Personally Identifiable Information and/or Personal Health Information, you can limit our permission. For example, you can allow us to release your information to only the individuals or entities you specify, or you can allow us to release the information to any individual or entity that might be able to help you.*

*What responsibilities do we have for protecting your Personally Identifiable Information and Personal Health Information?*

*We are required by law to safeguard your Personally Identifiable Information and Personal Health Information. We do this in at least two ways:*

- 1. Share Personally Identifiable Information and Personal Health Information only as you have authorized, with people who have a need to know.*
- 2. Keep your records safe from people who don't have a need to know. For example, we keep our paper records with Personally Identifiable*

*Information and Personal Health Information in locked cabinets and offices. We use secure emails when sending Personally Identifiable Information and Personal Health Information.*

*What rights do you have regarding our use of your Personally Identifiable Information and Personal Health Information?*

*You have a right to review your Personally Identifiable Information and Personal Health Information we have gathered and maintained.*

*If the Personally Identifiable Information and/or Personal Health Information we have is not correct, you have the right to correct any inaccurate information.*

*You have the right to more information about our privacy policies. You also have a right to complain about our privacy policies. For more information or to make a complaint, contact:*

*Cindy Cornish, Director  
Golden Crescent Area Agency on Aging  
1908 N. Laurent, Suite 600  
Victoria, Texas 77901  
361-578-1587, ex 223*

## **Maintain Sanctions and Penalties**

GCRPC-AAA staff and volunteers who violate security and privacy policies may be subject to sanctions and penalties. The severity of such sanctions and penalties will vary on the basis of whether the violation was deliberate or unintentional, if it was isolated or recurrent, if a breach occurred, and the severity of the breach if so. Sanctions and penalties include, but are not limited to:

- Requirement to undergo retraining in privacy policies and procedures
- Imposition of an employee development action plan
- Suspension
- Termination



- Civil monetary penalties
- Criminal penalties

GCRPC-AAA contractors who violate security and privacy policies may be subject to sanctions and penalties. The severity of such sanctions and penalties will vary on the basis of whether the violation was deliberate or unintentional, if it was isolated or recurrent, if a breach occurred, and the severity of the breach if so. Sanctions and penalties include, but are not limited to:

- Requirement to develop and implement a corrective action plan
- Designation as “high” or “moderate” risk provider
- Civil monetary penalties
- Criminal penalties

### **Updates to this Document**

GCRPC-AAA will revise its privacy and security policies and procedures within 60 days following a major change in its programs that effect the use or disclosure of Confidential Information. At a minimum, GCRPC-AAA will review its policies and procedures on an annual basis and will revise them as necessary.

## 17. Disaster Plan

### Development of disaster plan

#### Local rules and regulations

#### FEMA recommendations for emergency preparedness

The grantee organization, Golden Crescent Regional Planning Commission, has a Business Continuity and Emergency Operations Plan that serves the entire agency. The Plan mirrors an Incident Command System to be activated in an emergency. It identifies the Emergency Manager and Functional Chairs, including Planning, Operations, Logistics and Finance. The Plan provides job responsibilities and checklist for each functional chair. It identifies the phases of an emergency and what should be accomplished at each level. The Plan includes several appendices that address specific contract requirements of the various programs of the organization. The Area Agency on Aging Appendix is outlined below.

#### **Appendix 4: Area Agency on Aging Protocol**

**Introduction:** The Golden Crescent Area Agency on Aging (GCRPC-AAA) is a program of the Golden Crescent Regional Planning Commission. It functions under the Aging & Community Services Department, which also includes the Aging & Disability Resource Center and 211 Information & Referral. The staff of the GCRPC-AAA conduct all agency level response operations using the preparation, communication and documentation protocols identified in the main body of the Golden Crescent Regional Planning Commission Business Continuity and Emergency Operations Plan. As a dual GCRPC-AAA/211 center, the GCRPC-AAA has the unique advantage of receiving a great deal of advance official information that is given to local emergency management agencies. In addition, the GCRPC-AAA has contractual responsibilities dictated by the Administration on Aging and the Texas Health and Human Services Commission related to disaster preparedness and services for the elderly per the Texas Administrative Code 40 (1)(85)(C)(201)(x)(1)(2)(A-C):

*(1) When a disaster occurs, a GCRPC-AAA must notify TEXAS HEALTH AND HUMAN SERVICES COMMISSION of its need to provide for emergency management activities, provide information to TEXAS HEALTH AND HUMAN SERVICES COMMISSION regarding the impact of the disaster on the older population in its*

*service area, provide emergency management services in accordance with current Administration on Aging disaster relief guidelines, and collect pertinent data necessary to submit reimbursement requests for disaster services. (2) A GCRPC-AAA must consult with the appropriate agencies that have an interest or role in meeting the needs of persons 60 years of age or older to plan for the occurrence and aftermath of natural, civil defense, or man-made disasters. To accomplish this, a GCRPC-AAA must: (A) develop an emergency disaster plan in accordance with TEXAS HEALTH AND HUMAN SERVICES COMMISSION requirements; (B) require by contract or contractor agreement that a service provider develop plans for emergency management; and (C) provide technical assistance as necessary to service provider staff persons regarding emergency management activities.*

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### **Procedures Related to Contractors and Clients:**

The GCRPC-AAA requires that Title III Nutrition/Transportation providers maintain local emergency response plans which are periodically submitted to the Area Agency on Aging. The requirement is included in contractor agreements. Providers must have a plan to provide at least a 3-day supply of meals to frail, home bound consumers; to identify a process to encourage senior adults to have an advance plan in the event of an emergency; and, a procedure to notify clients of impending evacuation. Providers must have a plan to check on clients, both before and after the event, and report client needs and/or facility damages to appropriate authorities, including the GCRPC-AAA.

The GCRPC-AAA widely distributes information about the State of Texas Emergency Assistance Registry (STEAR) to encourage senior adults to register for assistance in the event of a disaster. The GCRPC-AAA maintains information concerning its clients in receiving in-home services such as personal assistance and respite. GCRPC-AAA case managers will assist such clients, upon their consent, to call the STEAR to be registered for assistance well in advance of the actual need.

During a known event with sufficient warning, such as a hurricane, advance communication is issued to providers. At about 36 hours prior to landfall, when the cone of uncertainty includes any of the Golden Crescent region, providers will be notified to be prepared to activate their emergency response plans, notify clients of possible closures and distribute emergency meals, as appropriate. Senior Center staff notifies the GCRPC-AAA of any unusual client circumstances or unmet need so

the issue can be directed to the appropriate emergency management authority. Providers report to the GCRPC-AAA regarding status prior, during and post event, to include the number of clients impacted and the scope of the disaster as it relates to their operations. The GCRPC-AAA Director will compile the data and communicate all required information to the Texas Health and Human Services Commission as directed.

### **Disaster Coordination:**

The GCRPC-AAA coordinates with many response and recovery organizations to advocate for elderly in times of disaster. They include GCRPC Homeland Security, GCRPC Regional Recovery & Resilience, County Emergency Management Personnel, Salvation Army, Red Cross, United Way, the Victoria Long Term Recovery Group, the Homeless Coalition, the Victoria Local Emergency Planning Committee, the local office of the Texas Department of State Health Services and unmet needs committees. Contact information for these agencies is contained in the 211 Information & Referral database. GCRPC-AAA and 211 staff participate in a variety of emergency preparedness activities throughout the year, such as the Special Needs Partners committee and the annual Hurricane Conference. GCRPC-AAA staff, that also work on 211 activity, are trained in the FEMA National Incident Management System and the Incident Command System protocols. The GCRPC-AAA director is also certified to work in a Red Cross shelter.

### **Recovery:**

The GCRPC-AAA participates in recovery by assigning staff for Disaster Recovery Centers where individuals get help applying for services and completing paperwork. GCRPC-AAA staff participate in Unmet Needs Committees. GCRPC-AAA will request disaster relief funds, as needed, through the Texas Health and Human Services Commission.

## 18. Assurances

### Section 306(a), Older Americans Act

**Golden Crescent Regional Planning Commission/Area Agency on Aging** provides and agrees to comply with the following assurances:

**Golden Crescent Regional Planning Commission/Area Agency on Aging** shall, in order to be approved by the Texas Health and Human Services Commission (HHSC), prepare and develop this area plan for its PSA for a two-, three-, or four-year period, as determined by HHSC, with such yearly 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) of the OAA. 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 adults in paid and unpaid work, including multigenerational and older adult to older adult work), within the PSA covered by the plan:
  - a. 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 adults, including low-income minority older adults, older adults with limited English proficiency, and older adults residing in rural areas) residing in such area, the number of older adults who have greatest social need (with particular attention to low-income older adults, including low-income minority older adults, older adults with limited English proficiency, and older adults residing in rural areas) residing in such area, and the number of older adults who are Indians residing in such area, and the efforts of voluntary organizations in the community);
  - b. Evaluating the effectiveness of the use of resources in meeting such need; and

- c. 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. **(§306(a)(1))**
- 2. Provide assurances the AAA will expend an adequate proportion, as required under §307(a)(2) of the OAA, of the amount allotted for part B of the OAA to the PSA, for the delivery of each of the following categories of services and will report yearly to HHSC in detail the amount of funds expended for each such category during the fiscal year most recently concluded:
  - 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 adults who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
  - c. Legal assistance. **(§306(a)(2))**
- 3. 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 OAA §306(a)(6)(C)) as such focal point; and specifies, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated. **(§306(a)(3))**
- 4. Provide assurances the AAA will:
  - a. Set specific objectives, consistent with State policy, for providing services to older adults with greatest economic need, older adults with greatest social need, and older adults at risk for institutional placement;
  - b. Include specific objectives for providing services to low-income minority older adults, older adults with limited English proficiency, and older adults residing in rural areas; and
  - c. Include proposed methods to achieve the objectives. **(§306(a)(4)(A)(i))**
- 5. Provide assurances the AAA will include in each agreement made with a provider of any service under Title III of the OAA, a requirement that such provider will:

- a. Specify how the provider intends to satisfy the service needs of low-income minority, older adults with limited English proficiency, and older adults residing in rural areas in the area served by the provider;
  - b. To the maximum extent feasible, provide services to low-income minority older adults, older adults with limited English proficiency, and older adults residing in rural areas in accordance with their need for such services; and
  - c. Meet specific objectives established by the AAA, for providing services to low-income minority older adults, older adults with limited English proficiency, and older adults residing in rural areas within the PSA. **(§306(a)(4)(A)(ii))**
6. With respect to the fiscal year preceding the fiscal year for which such area plan is prepared:
- a. Identify the number of low-income minority older adults in the PSA;
  - b. Describe the methods used to satisfy the service needs of such minority older adults; and
  - c. Provide information on the extent to which the AAA met the objectives described in §306(a)(4)(A)(i). **(§306(a)(4)(A)(iii))**
7. Provide assurances the AAA will use outreach efforts that will identify individuals eligible for assistance under the OAA, with special emphasis on:
- a. Older adults residing in rural areas;
  - b. Older adults with greatest economic need (with particular attention to low-income minority older adults and older adults residing in rural areas);
  - c. Older adults with greatest social need (with particular attention to low-income minority older adults and older adults residing in rural areas);
  - d. Older adults with severe disabilities;
  - e. Older adults with limited English proficiency; and
  - f. Older adults with Alzheimer’s disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such adults); and
  - g. Older adults at risk for institutional placement. **(§306(a)(4)(B)(i))**
- Inform the older individuals referred to in sub-clauses a-f of §306(a)(4)(B)(i), and the caretakers of such individuals, of the availability of such assistance. **(§306(a)(4)(B)(ii))**
8. Provide assurances the AAA 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 adults and older adults residing in rural areas. **(§306(a)(4)(C))**

9. Provide assurances the AAA will coordinate planning, identification, assessment of needs, and provision of services for older adults with disabilities, with particular attention to adults with severe disabilities and adults at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities. **(§306(a)(5))**
10. Provide the AAA will 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. **(§306(a)(6)(A))**
11. Provides the AAA will serve as the advocate and focal point for older adults within the community by (in cooperation with agencies, organizations, and people participating in activities under the area plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older adults. **(§306(a)(6)(B))**
12. Where possible, provide the AAA will enter into arrangements with organizations providing day care services for children, assistance to older adults caring for relatives who are children, and respite for families, so as to provide opportunities for older adults to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families. **(§306(a)(6)(C)(i))**
13. If possible regarding the provision of services under Title III of the OAA, provide the AAA will enter into arrangements and coordinate with organizations that have a proven record of providing services to older adults, 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. **(§306(a)(6)(C)(ii))**
14. Provide the AAA will make use of trained volunteers in providing direct services delivered to older adults 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. **(§306(a)(6)(C)(iii))**



15. Provide the AAA will establish an advisory council consisting of older adults (including minorities and older adults residing in rural areas) who are participants or who are eligible to participate in programs assisted under this OAA, family caregivers of such individuals, representatives of older adults, 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 AAA on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan. **(§306(a)(6)(D))**
16. Provide the AAA will establish effective and efficient procedures for coordination of entities conducting programs that receive assistance under the OAA within the PSA served by the AAA; and entities conducting other Federal programs for older adults at the local level, with particular emphasis on entities conducting programs described in section 203(b) of the OAA, within the area. **(§306(a)(6)(E))**
17. Provide the AAA will, in coordination with the State agency and with the State agency responsible for mental 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 AAA with mental health services provided by community health centers and by other public agencies and nonprofit private organizations. **(§306(a)(6)(F))**
18. Provide if there is a significant population of older adults who are Native American in the PSA of the AAA, the AAA shall conduct outreach activities to identify such people in such area and inform such people of the availability of assistance under the OAA. **(§306(a)(6)(G))**
19. Provide the AAA will, 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. **(§306(a)(6)(H))**
20. Provide the AAA shall, consistent with this section, facilitate the area-wide 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 adults 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 adults 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 adults 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 adults; and
  - d. Providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the AAA itself, and other appropriate means) of information relating to the need to plan in advance for long-term care; and the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources. **(§306(a)(7))**
21. Provide case management services provided under Title III of the AAA through the AAA will not duplicate case management services provided through other Federal and State programs; be coordinated with services provided through these programs; and be provided by a public agency or a nonprofit private agency that:
- a. Gives each older adult seeking services under this title a list of agencies that provide similar services within the jurisdiction of the AAA;
  - b. Gives each of these older adults a statement specifying that the adult has a right to make an independent choice of service providers and documents receipt by such adult of such statement;
  - c. Has case managers acting as agents for older adults receiving the services and not as promoters for the agency providing such services; or
  - d. Is located in a rural area and obtains a waiver of these requirements. **(§306(a)(8))**
22. Provide assurances that the AAA, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9) of the OAA, will expend not less

than the total amount of funds appropriated under the OAA and expended by the agency in fiscal year 2000 in carrying out such a program under this title.

**(§306(a)(9))**

23. Provide a grievance procedure for older adults who are dissatisfied with or denied services under this title. **(§306(a)(10))**

24. Provide information and assurances concerning services to older adults 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 PSA and if so, an assurance that the AAA 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 AAA will, to the maximum extent practicable, coordinate the services provided under Title VI of the OAA; and
- c. An assurance that the AAA will make services under the area plan available to the same extent; as such services are available to older adults within the PSA, whom are older Native Americans.

**(§306(a)(11))**

25. Provide the AAA will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older adults at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area

**(§306(a)(12))**

26. Provide assurances the AAA will:

- a. Maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships; **(§306(a)(13)(A))**
- b. Disclose to the Assistant Secretary for Aging and HHSC:
  - i. The identity of each non-governmental entity with which the AAA has a contract or commercial relationships relating to providing any service to older adults; and
  - ii. the nature of such contract or such relationship;

**(§306(a)(13)(B))**

- c. Demonstrate that a loss or diminution on the quantity or quality of the services provided, or to be provided, under this title by the AAA has not resulted and will not result from such non-governmental contracts or such commercial relationships; **(§306(a)(13)(C))**

- d. Will demonstrate that the quantity and quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships; and **(§306(a)(13)(D))**
  - e. Will, on the request of the Assistant Secretary of State, for the purpose of monitoring compliance with the OAA (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older adults. **(§306(a)(13)(E))**
27. Provide assurances preference in receiving services under this title will not be given by the AAA to particular older adults as a result of a contract or commercial relationship that is not carried out to implement this title. **(§306(a)(14))**
28. Provide assurances funds received under this title will not be used to provide benefits or services to older adults, giving priority to older adults identified in OAA section 306(a)(4)(A)(i); and in compliance with the assurances specified in section 306(a)(13) and the limitations specified in section 212. **(§306(a)(15))**
29. Provide, to the extent feasible, for the furnishing of services under the OAA, consistent with self-directed care. **(§306(a)(16))**
30. Include information detailing how the AAA 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. **(§306(a)(17))**
31. An AAA will not require any provider of legal assistance under the OAA to reveal any information that is protected by the attorney-client privilege. **(§306(e))**

I certify that compliance with these assurances will be accomplished and that evidence of such compliance will be available to HHSC staff at any time requested for such purposes as, but not limited to, desk or on-site reviews or both. I further certify that each assurance has been addressed by a strategy as part of the area plan.

**AUTHORIZED OFFICIAL OF GRANTEE**

Signature: \_\_\_\_\_

Name and Title: **Michael Ada, Executive Director**

Area Agency on Aging: Golden Crescent

Date: March 26, 2020

**AAA DIRECTOR/AUTHORIZED OFFICIAL**

Signature: \_\_\_\_\_

Name: **Cindy Cornish**

Date: March 26, 2020

## Standard Assurances of Compliance

### **Golden Crescent Regional Planning Commission/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 OFFICIAL OF GRANTEE**

Signature: \_\_\_\_\_

Name and Title: **Michael Ada, Executive Director**

Area Agency on Aging: Golden Crescent

Date: March 26, 2020

**AAA DIRECTOR/AUTHORIZED OFFICIAL**

Signature: \_\_\_\_\_

Name: **Cindy Cornish**

Date: March 26, 2020

## Area Plan Checklist

| AREA PLAN CHECKLIST  |                                     |                          |          |
|--|-------------------------------------|--------------------------|----------|
|  | YES                                 | N/A                      | Comments |
| <b>Cover Page</b>  |                                     |                          |          |
| Requested information is entered into the text fields provided, AAA logo is visible and OAAA template is removed | <input checked="" type="checkbox"/> | <input type="checkbox"/> |          |
| <b>Table of Contents</b>   |                                     |                          |          |
| The location of each section of the area plan is accurately reflected  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |          |
| <b>Area Plan Certification</b>   |                                     |                          |          |
| The form is properly completed   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |          |
| The form is signed and dated by Board of Directors Authorized Official   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |          |
| The form is signed and dated by Advisory Council Chair   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |          |
| The form is signed and dated by Executive Director   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |          |
| The form is signed and dated by Director or Authorized Official  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |          |
| <b>Executive Summary</b>   |                                     |                          |          |
| Includes description of AAA role, highlights and initiatives and how PSA needs will be addressed                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |          |
| <b>Mission and Vision Statements</b>   |                                     |                          |          |
| Mission statement defines purpose and overall goals of AAA   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |          |



|   |                                     |                          |  |
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| Vision statement describes what AAA intends to accomplish in the future   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| <b>Board of Directors</b>   |                                     |                          |  |
| Composition details process for member selection and organizational requirements                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Frequency details the anticipated meeting schedule for the board  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Selection process and dates are provided  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Table 2 details name and terms of board officers  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| <b>Advisory Council</b>   |                                     |                          |  |
| Composition details process for member selection and organizational requirements                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Frequency details the anticipated meeting schedule for the Advisory Council                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Selection process and dates are provided  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Table 3 includes the number of members represented in each category listed  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Table 4 details name, title, county, member since date, term and agency group represented for all council members | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| <b>Agency Description and PSA Profile</b>   |                                     |                          |  |
| <b>Identification of Counties and Major Communities</b>   |                                     |                          |  |
| This section identifies the counties and major communities within the PSA   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |

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| Include at least one map to display the PSA  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Include at least one map to identify rural areas of the PSA  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| <b>Socio-Demographic and Economic Factors</b>  |                                     |                          |  |
| This section includes a description of the social and economic climate in the PSA, including how this affects older adults | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Highlight the following characteristics:   |                                     |                          |  |
| 1. Older adults with low income  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| 2. Socially isolated older adults  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| 3. Older Native Americans  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| 4. Older adults with limited English proficiency   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| 5. Minority older adults   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| 6. Older adults in urban and rural areas   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Analysis includes the use of maps and charts to illustrate data provided   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| <b>Economic and Social Resources</b>   |                                     |                          |  |
| This section describes the economic and social resources available to older adults in the PSA                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| <b>Description of Service System</b>   |                                     |                          |  |
| This section describes current services in place to meet the needs of older adults and                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |

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| includes private and public funding sources   |                                     |                          |  |
| <b>Focal Points</b>   |                                     |                          |  |
| Table 5 is completed for each focal point   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| All focal points are identified and included in the maps required under the "Identification of Counties and Major Communities" subsection above | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| <b>Role in Interagency Collaborative Efforts</b>  |                                     |                          |  |
| This section describes collaborative efforts, partnerships and special initiatives by the PSA and/or OAAA                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| <b>Plan Development</b>   |                                     |                          |  |
| This section describes the steps taken to develop the plan  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| All applicable resources are checked under the "Resources Used" subsection  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| <b>Regional Needs Assessment</b>  |                                     |                          |  |
| Development Process Description   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Survey or Public Forum Participants   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Key Findings  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Analysis  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| <b>Targeted Outreach</b>  |                                     |                          |  |
| <b>Performance Analysis</b>   |                                     |                          |  |
| Based on the identified service needs of targeted areas and population groups as determined   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |

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| through regional needs assessment and other data, project the number and percentage of people to be served in each county during each year of the two-year plan |                                     |                          |  |
| <b>Targeted Outreach Plan</b>   |                                     |                          |  |
| The purpose of the targeting plan is to show how effective the targeting efforts were of services provided to the specific population groups                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Older adults residing in rural areas  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Older adults with greatest economic need  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Low-income minority older adults  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Older adults with greatest social need  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Older adults with severe disabilities   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Older adults with limited English proficiency   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Older adults with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Older adults at risk for institutional placement  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Older Native Americans, if applicable   |                                     |                          |  |
| <b>Caregivers</b>   |                                     |                          |  |
| Family caregivers of older adults with Alzheimer’s disease and related disorders with   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |

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| neurological and organic brain dysfunction  |                                     |                          |  |
| Caregivers who are older adults with greatest social need   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Caregivers who are older adults with greatest economic need   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Older relative caregivers, age 55 or older, who provide care to children or adults with severe disabilities | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| <b>Targeting Report</b>   |                                     |                          |  |
| Enter the information requested for each characteristic listed in Table 6                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| <b>Top Needs and Service Constraints</b>  |                                     |                          |  |
| <b>Priority Area 1</b>  |                                     |                          |  |
| Identification and description  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Description of plans to address the need with available resources   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Description of constraints  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| <b>Priority Area 2</b>  |                                     |                          |  |
| Identification and description  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Description of plans to address the need with available resources   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Description of constraints  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| <b>Priority Area 3</b>  |                                     |                          |  |
| Identification and description  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Description of plans to address the need with available resources   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Description of constraints  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| <b>Goals, Objectives, Strategies and Performance Measures</b>   |                                     |                          |  |

**Goal 1** Empower older adults and their caregivers to live active, healthy lives and to improve their mental and physical health status through access to high-quality, long-term services and supports.

|  |                                     |                          |  |
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| <b>Objective 1.1</b> Screen potential clients and provide effective linkage to information and services.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Strategy 1.1.1 is provided   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Strategy 1.1.1 is tied to a performance measure and marked in Table 7 or Table 8   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| <b>Objective 1.2</b> Use volunteers to supplement the AAA workforce and support the delivery of services to the aging network.                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Strategy 1.2.1 is provided   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Strategy 1.2.1 is tied to a performance measure and marked in Table 7 or Table 8   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| <b>Objective 1.3</b> Promote the adoption of healthy behaviors in older adults through evidence-based programs.                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Strategy 1.3.1 is provided   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Strategy 1.3.1 is tied to a performance measure and marked in Table 7 or Table 8   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| <b>Objective 1.4</b> In accordance with state and federal law, implement a nutrition education program to meet the needs of eligible participants. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Strategy 1.4.1 is provided   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |

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| Strategy 1.4.1 is tied to a performance measure and marked in Table 7 or Table 8  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| <b>Goal 2</b> Identify, strengthen and enhance collaboration with local community partners to promote the benefits and needs of the aging population.   |                                     |                          |  |
| <b>Objective 2.1</b> Increase public awareness and understanding of the interests of older adults, their family members, and their caregivers.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Strategy 2.1.1 is provided  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Strategy 2.1.1 is tied to a performance measure and marked in Table 7 or Table 8  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| <b>Objective 2.2</b> Lead the development of AAA programs that advance the interests of older adults, their family members, and their caregivers.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Strategy 2.2.1 is provided  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Strategy 2.2.1 is tied to a performance measure and marked in Table 7 or Table 8  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| <b>Objective 2.3</b> Coordinate 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. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Strategy 2.3.1 is provided  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Strategy 2.3.1 is tied to a performance measure and marked in Table 7 or Table 8  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |

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| <b>Goal 3</b> Enable older adults to maintain or improve their quality of life and self-determination through engaging in the community and social interactions.  |                                     |                          |  |
| <b>Objective 3.1</b> Promote social connectivity, community service, and lifelong learning to promote positive mental health.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Strategy 3.1.1 is provided  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Strategy 3.1.1 is tied to a performance measure and marked in Table 7 or Table 8  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| <b>Goal 4</b> Protect and enhance the legal rights and prevent the abuse, neglect and exploitation of older adults and people with disabilities while promoting self-determination disabilities while promoting self-determination. |                                     |                          |  |
| <b>Objective 4.1</b> Increase public awareness and remove barriers to prevent abuse, neglect, and exploitation.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Strategy 4.1.1 is provided  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Strategy 4.1.1 is tied to a performance measure and marked in Table 7 or Table 8  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| <b>Objective 4.2</b> 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.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Strategy 4.2.1 is provided  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Strategy 4.2.1 is tied to a performance measure and marked in Table 7 or Table 8  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| <b>Goal 5</b> Apply person-centered practices throughout all services provided, programs operated and goals.  |                                     |                          |  |



|   |                                     |                          |  |
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| <b>Objective 5.1</b> Provide services, education, and referrals to meet the needs of individuals with Alzheimer’s disease or a related dementia (ADRD). | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Strategy 5.1.1 is provided  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Strategy 5.1.1 is tied to a performance measure and marked in Table 7 or Table 8  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| <b>Objective 5.2</b> Promote the delivery of services to caregivers based on their individualized needs.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Strategy 5.2.1 is provided  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Strategy 5.2.1 is tied to a performance measure and marked in Table 7 or Table 8  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| <b>Objective 5.3</b> Promote self-determination through the provision of elder rights services.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Strategy 5.3.1 is provided  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Strategy 5.3.1 is tied to a performance measure and marked in Table 7 or Table 8  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| <b>Units of Service Composite</b>   |                                     |                          |  |
| Table 9 is completed for all services projected to be served  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| <b>Summary of Services</b>  |                                     |                          |  |
| Table 10 identifies all services by funding source to be administered under the area plan   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| <b>Service Narratives</b>   |                                     |                          |  |
| Congregate Meals  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |

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| Home Delivered Meals  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Transportation  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Caregiver Support Coordination  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Legal Assistance  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| <b>Data Use Agreement</b>   |                                     |                          |  |
| Explanation of policies or processes for compliance with data use agreement         | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| <b>Disaster Plan</b>  |                                     |                          |  |
| Explanation of disaster plan development  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Local rules or regulations that governed the disaster plan development, if any      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Description of the incorporation of FEMA recommendations for emergency preparedness | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| <b>Assurances</b>   |                                     |                          |  |
| Section 306(a) and 306(e), OAA  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |
| Standard Assurances   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  |