



# **Alamo AAA Area Plan FFY 2024 – FFY 2026**

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

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

# Table of Contents

<b>Section 1. Executive Summary .....</b>	<b>4</b>
<b>Section 2. Mission and Vision Statements .....</b>	<b>6</b>
Mission .....	6
Vision .....	6
<b>Section 3. Board of Directors/Governing Body/Executive Committee .....</b>	<b>8</b>
Membership Composition .....	8
Frequency of Meetings.....	8
Officer Selection Schedule.....	9
Current Officers.....	9
<b>Section 4. Advisory Council .....</b>	<b>10</b>
Council Composition.....	10
Frequency of Meetings.....	11
Member Selection Schedule.....	11
Advisory Council Members.....	13
<b>Section 5. Agency Description and PSA Profile.....</b>	<b>16</b>
Identification of Counties and Major Communities .....	16
Socio-Demographic and Economic Factors .....	18
Economic and Social Resources.....	21
Description of Service System .....	25
Focal Points .....	27
Role in Interagency Collaborative Efforts .....	29
<b>Section 6. Preparedness Assessment .....</b>	<b>31</b>
Projected Population Changes.....	31
SWOT Analysis .....	37
Stakeholder and Public Input (Statewide) .....	40
<b>Section 7. Outreach.....</b>	<b>43</b>
Strategy Effectiveness and Best Practices .....	43
Targeted Outreach Plan .....	45
Targeting Report .....	49
<b>Section 8. Goals, Objectives, Strategies .....</b>	<b>50</b>
State Goal 1 .....	51
State Goal 2 .....	64
State Goal 3 .....	72
State Goal 4 .....	77
State Goal 5 .....	81
<b>Section 9. Performance Measures .....</b>	<b>86</b>

<b>Section 10. Summary of Services .....</b>	<b>88</b>
Provided Services .....	88
Service Delivery Narratives .....	91
<b>Section 11. Direct Service Waiver .....</b>	<b>117</b>
Direct Service Waiver Form 1 .....	118
<b>Section 12. Data Use Agreement.....</b>	<b>120</b>
<b>Section 13. Disaster Plan .....</b>	<b>121</b>
Aging Services Disaster Plan.....	121

## Section 1. Executive Summary

The Alamo Area Agency on Aging (AAAA) is part of a national network created by the Older Americans Act of 1965 to provide services for seniors. Under the guidance of the Alamo Area Council of Governments (AACOG), it is tasked by the Texas Health and Human Services Commission to create a three-year Area Plan (2024-2026) for services to older adults in its 12-county region. The services include in-home support, legal help, and plans for involving seniors in paid and unpaid work.

The AAAA is committed to building a supportive community that allows older residents to age with dignity, security, and an enhanced quality of life. It plans and contracts services for about 167,521 seniors living in the rural counties under AACOG's purview.

AACOG's Aging programs include the Aging and Disability Resource Center (ADRC), a high-volume call center known as the Alamo Service Connection, that provides information and referrals to older adults and adults with disabilities.

Older adults in rural areas have unique needs due to lower incomes, limited education, healthcare professional shortages, and inadequate transportation options. To meet these needs, the AAAA prepares an Area Plan with strategic directions for older adults and their caregivers. This includes leveraging resources, aligning community partners, and planning services like transportation, health services, outreach, and legal assistance. This plan aligns with the State's plan for targeted outreach and services to older individuals and special consideration to the following populations:

1. Greatest economic needs: Create opportunities to live independently in their own homes
2. Greatest social need: Provide information about state and federal benefits and legal rights
3. Give family caregivers the tools to do their job
4. Residing in rural areas and severe disabilities
5. Low-income minorities: Provide access to meals at home or in group settings; Identify assisted-living facility care, daytime programs, or nursing home services for which they may qualify.
6. Limited English proficiency

7. At risk for institutional placement: Guide people to homes and long-term care services; Advocate for people who live in assisted-living facilities or nursing homes.

More than 862,537 older adults in the AACOG region received services from AAAA in the program year 2021-2022 and over \$ 4.6 million of the AAA's budget was spent providing direct services to older adults.

In developing the Area Plan the following needs were considered:

1. Information and Access – enabling older adults with disabilities, their families, and other consumers to choose and easily access options for services
2. Provision of medical and home and community-based services to enable individuals to maintain a high quality of life for as long as possible, including supports for family caregivers
3. Health and Wellness – empowering older adults and their caregivers to live active, healthy lives to improve their mental, behavioral, and physical health status
4. Ensuring that the legal rights of older adults are protected and prevent their abuse, neglect, and exploitation
5. Promotion, planning and collaboration at the community level that recognize the benefit and needs of its aging population

Lastly, the AAAA provides written assurances in this Area Plan, guided by the Administration for Community Living, to address the economic and social needs of the region's older population. The agency has trained planning staff to use new methodologies and data tools for better identifying unmet needs, service opportunities, and measuring performance.

## Section 2. Mission and Vision Statements

Legal Reference: 45 CFR 1321.53

### Mission

The Alamo and Bexar Area Agencies on Aging strive to enhance the quality of life and well-being of older adults in the Alamo and Bexar Region by developing and implementing a comprehensive area plan. Which details our ability to promote healthy aging, social connectivity, and economic security through innovative programs and services while advocating for equity, dignity, and the rights of older adults.

### Vision

Alamo Area Agency on Aging (AAAA) provides and assures availability of high quality, efficient, community services for Older Adults in the Alamo and Bexar Region that includes the following 13 counties: Bexar, Atascosa, Bandera, Comal, Frio, Gillespie, Guadalupe, Karnes, Kendall, Kerr, McMullen, Medina and Wilson Counties.

The purpose and primary objectives of the Area Agency on Aging include:

1. **Advocacy:** We aim to represent the interests of older adults at all levels of government, ensuring that their needs and concerns are addressed.
2. **Information and Assistance:** we provide critical information and guidance to seniors and their caregivers on topics such as health and wellness, housing, transportation, and legal assistance. We are the first point of contact for individuals seeking assistance in navigating the complex array of available services.
3. **Program and Service Coordination:** We lay a significant role in coordinating a variety of services that are essential to the well-being of older adults, including home-delivered meals, home care services, caregiver support, transportation, and more.

4. Community Development: AAA works to build livable communities by fostering public and private partnerships, coordinating community-based services, and implementing initiatives that support the independence and dignity of older adults.
5. Needs Assessment: We conduct regular assessments to identify the needs and preferences of their local aging population to inform and shape their programs and services.
6. Protection of Vulnerable Seniors: We will work in collaboration with adult protective services to protect the rights of vulnerable and at-risk older adults, helping to prevent abuse, neglect, and exploitation.
7. Promoting Health and Wellness: Through various programs, We aim to promote an active, healthy lifestyle among seniors to prevent disease and disability, improve their quality of life, and enhance their ability to live independently.

We intend to support older adults' ability to maintain their independence and dignity, live in their homes and communities for as long as possible, and improve their quality of life.

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

### **Membership Composition**

The Alamo Area Council of Governments (AACOG) is made up of representatives of AACOG's member governments. The Board of Directors, the governing body of AACOG, meets once a month, usually on the fourth Wednesday; however, meetings are convened as needed. Standing and advisory committees meet on a monthly, bimonthly, or quarterly, or annual basis. All meetings are open to the public and accessible to people with disabilities.

The Board of Directors (the Board) shall be composed of members elected or appointed by the membership within the areas specified in Bylaws and shall be elected or appointed as may be determined by each Council member in the following manner:

### **Frequency of Meetings**

The Alamo Area Council of Governments Board of Directors meets the fourth Wednesday of every month at 10 a.m. Meeting agendas are posted in accordance with the Texas Open Meetings Act and include all business that the Board of Directors will discuss and vote upon. The Board of Directors shall hold regular and/or special meetings at such times and places as it may determine and said meetings shall be open to the public. Meetings shall be held monthly at the Council's main office located in San Antonio, Texas, unless otherwise determined by the Board.

Special meetings of the Board may be called by the Chair or upon the written request of twenty percent (20%) of the members of the Board of Directors for the purpose of transacting any business specified in the call. The call for a special meeting must be in writing and mailed to each Director at least five days before such meeting.

There shall be an annual meeting of the Council at a time and place to be determined by the Board of Directors. Normally this meeting shall be held during the month of December, as herein described, and shall constitute one of the Board of Director's normal monthly meetings.



## Officer Selection Schedule

On an annual basis or as needed to fill a vacancy in the position of Chair or Vice Chair, a nominating committee composed of the current and former Chairs of the Board of Directors, shall meet and review the current membership of the Board and recommend to the Board of Directors a Chair and Vice-Chair for the upcoming calendar year. The Board may also consider nominations from the floor in addition to the recommendations from the nominating committee.

## Current Officers

- Chair:  
Honorable James E. Teal  
McMullen County Judge  
Term: 01/2023 - 12/2023
- Vice Chair:  
Honorable Rob Kelly  
Kerr County Judge  
Term:01/2023 – 12/2023

## Section 4. Advisory Council

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

### Council Composition

The Alamo Senior Advisory Committee will be comprised of a maximum of 45 Members. A goal of fifty percent (50%) of the Members shall be 60 years of age or older, and the goal would be to include minority Members represented in proportion to their numbers in the Public Service Area (PSA).

**APPOINTEES:** each of the 12 counties in the Alamo AAA region will be represented by two (2) Members nominated by the County Judge, and one Alternate Member to serve when their respective primary representative is unavailable. These individuals may be older persons or individuals who serve and will represent the interests of older persons.

**PROVIDER REPRESENTATIVES:** representatives of Veterans, health care provider organizations (including providers of veterans' healthcare, if appropriate), and supportive services provider organizations.

**AT-LARGE REPRESENTATIVES:** those of greatest economic and social need and clients of services funded by the Area Agency on Aging, representatives of older persons, and persons with leadership experience in the private and voluntary sectors. All local members of the Texas Silver-Haired Legislature are invited to serve as an at-large Member without nomination.

### Members by Category

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

**Table 1. Advisory Council Members by Category**

Category	Number of Members
<b>Older Individuals Residing in Rural Areas</b>	8
<b>Clients of Title III Services</b>	2

<b>Category</b>	<b>Number of Members</b>
<b>Older Individuals</b>	8
<b>Minority Older Individuals who Participate or are Eligible to Participate in OAA Programs</b>	0
<b>Local Elected Officials</b>	2
<b>General Public</b>	12
<b>Veterans' Health Care Providers, if applicable</b>	0
<b>Service Providers</b>	10
<b>Family Caregivers of Older Individuals who are Minority or who Reside in Rural Areas</b>	1
<b>Business Community Representatives</b>	2
<b>Representatives of Older Individuals</b>	6
<b>Representatives of Health Care Provider Organizations</b>	1
<b>People with Leadership Experience in the Private and Voluntary Sector</b>	9
<b>Representatives of Supportive Services Provider Organizations</b>	9

## **Frequency of Meetings**

ASAC will meet a minimum of four times per year as determined by the Chair. Special meetings shall be held whenever called by the ASAC Chair, or upon written request of at least one-third of the voting membership, or by the Executive Director of the Alamo Area Council of Governments.

## **Member Selection Schedule**

Provider and At-Large Members will serve a three-year term beginning on January 1 of the year following their appointment. Any Member filling an unexpired term may be eligible for nomination to their own first three-year term. Members may apply for an additional term subject to approval of ASAC and the AACOG Board of Directors. After two consecutive three-year terms, the representative must sit out for at least one year (or serve in an Alternate Member position) before reapplying as a Member.

County Appointed Members will serve a three-year term beginning on January 1 of the year following their appointment. County representatives may be re-appointed

for additional terms by the County Judge, as long as they remain Members in good standing.

Members of the Silver-Haired Legislature will be exempt from term limitations if they remain Members in good standing.

## Advisory Council Members

**Table 2. AAA Advisory Council Members**

<b>Name</b>	<b>Occupation or Organization or Affiliation</b>	<b>County of Residence</b>	<b>Member Since</b>	<b>Current Office Term</b>
Arthur Troell	Retired	Atascosa	2016	01/2023-12/2025
Patsy Troell	Retired	Atascosa	2016	01/2023-12/2025
Art Crawford	CEO Silver Sage	Bandera	2016	01/2023-12/2025 Officer: Vice Chair, 01/2023-12/2023
Nancy Stout	Vocational Rehabilitation Counselor, Texas Workforce Commission	Comal	2016	02/2022-12/2024
Raul Carrizales, III	Frio County Commissioner	Frio	2022	01/2021-12/2023
Denise Usener	Executive Director, Golden Hub Community Center	Gillespie	2005	01/2023-12/2025
Richard Hetzel	Cibolo City Councilman	Guadalupe	2018	02/2022-12/2024
Margaret Ryan	Retired	Karnes	2019	02/2022-12/2024
Brenda Thompson	Executive Director, Dietert Center	Kerr	2018	02/2022-12/2024
Jayne Varga	Admin. Assistant to County Judge of McMullen County	McMullen	2016	01/2023-12/2025
David Coble	Retired	Medina	2016	02/2022-12/2024

<b>Name</b>	<b>Occupation or Organization or Affiliation</b>	<b>County of Residence</b>	<b>Member Since</b>	<b>Current Office Term</b>
Veronica Arriaga	Program Director, Wilson County Senior Center	Wilson	2009	01/2021-12/2023 Officer: Secretary, 01/2023-12/2023
Nicole Demmer	Texas A&M AgriLife Extension Wilson County	Wilson	2018	02/2022-12/2024
Olivia Burdick	CEO, Rainbow Senior Center dba The Center	Bexar	2017	01/2021-12/2023
Beth Collier	Community Outreach Coordinator, Bulverde Spring Branch Activity Center	Comal	2021	02/2022-12/2024
Ginny Funk	Alzheimer's Association	Bexar	2005	01/2021-12/2023 Officer: Chair, 01/2023-12/2023
Derek Morton	CEO/Owner, Medi-Ryde	Comal	2022	01/2021-12/2023
Bobby Deike	Executive Director, CCSCT	Guadalupe	2016	01/2021-12/2023
Mary Garr	Family Service Association	Bexar	2018	02/2022-12/2024
Darryl Greer	Regional Program Manager, Senior Planet/OATS	Bexar	2017	01/2023-12/2025
Carol Ann Villareal	Community Outreach Manager, Amerigroup	Bexar	2023	01/2023-12/2025

Name	Occupation or Organization or Affiliation	County of Residence	Member Since	Current Office Term
Ed Rogers	Texas Silver-Haired Legislature	Kendall	2021	TSHL Members are Exempt from term limits

## Section 5. Agency Description and PSA Profile

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

### Identification of Counties and Major Communities

The Alamo Area Council of Governments (AACOG) is the host to the Alamo Area Agency on Aging (AAAA). Local governments organized AACOG as a regional planning commission in 1967, under Chapter 391 of the Local Government Code. AACOG is defined as a political subdivision of the state and is authorized to plan, assist, and deliver local government with public services. However, it has no power to tax or regulate. AACOG is a voluntary association of cities and special government districts.

The AACOG Region comprises 12 counties (Atascosa, Bandera, Comal, Frio, Gillespie, Guadalupe, Karnes, Kendall, Kerr, McMullen, Medina, and Wilson), in addition to the urbanized Bexar County. The San Antonio Metropolitan Statistical Area (MSA) encompasses eight of the thirteen counties (Atascosa, Bandera, Bexar, Comal, Guadalupe, Kendall, Medina, and Wilson).

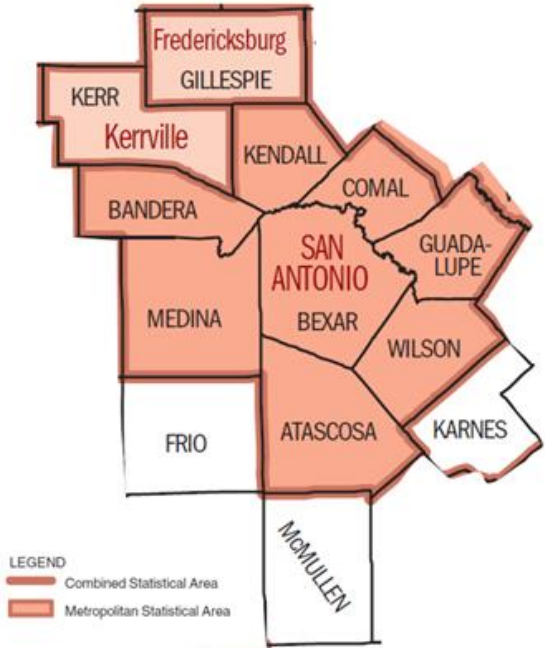
AACOG's AAAA serves the 12-county region known as the Alamo Region. The counties, their county seats, and additional municipalities included in the Alamo Region are as follows:

- Atascosa (Jourdanton, Campbellton, Charlotte, Christine, Leming, Lytle, Pleasanton, Poteet)
- Bandera (Bandera, Lakehills, Medina, Pipe Creek, Tarpley, Vanderpool)
- Comal (New Braunfels – Metropolitan area, Bulverde, Canyon Lake, Fischer, Spring Branch)
- Frio (Pearsall, Bigfoot, Dilley, Moore)
- Gillespie (Fredericksburg, Doss, Harper, Stonewall, Willow City)



- Guadalupe (Seguin, Cibolo, Geronimo, Kingsbury, Marion, McQueeney, Schertz, Staples)
- Kerr (Kerrville, Center Point, Hunt, Ingram, Mountain Home)
- Karnes (Karnes City, Kenedy, Runge, Falls City)
- Kendall (Boerne, Bergheim, Comfort, Kendalia, Waring)
- Medina (Hondo, Castroville, D’Hanis, Devine, La Coste, Mico, Natalia, Rio Medina, Yancey)
- McMullen (Tilden, Calliham)
- Wilson (Floresville, La Vernia, Pandora, Poth, Stockdale, Sutherland Springs)

The Texas Health and Human Services Commission (HHSC) defines a Metropolitan area as an area that contains a core urban area of 50,000 or more population.



Note: Kendall, Comal, Guadalupe, Wilson, Atascosa, Medina, and Bandera counties are designated part of the San Antonio Metropolitan Statistical Area (MSA); Gillespie, Kerr, Frio, McMullen and Karnes Counties are considered Rural/Micropolitan Statistical Areas. IAW CBSA March 2020 and Standards for Delineating Metropolitan and Micropolitan Statistical Areas to Census Bureau Data.

## **Socio-Demographic and Economic Factors**

As of 2021, the Texas counties within the Alamo Area Agencies on Aging varied significantly in terms of socio-demographic and economic factors. Generally, these counties, like much of Texas, were experiencing changes in population growth, economic development, and an aging population.

### **Socio-Demographic Factors:**

**Atascosa County:** Largely rural and has a majority Hispanic population. It is experiencing slow but steady growth. The economy in Atascosa County is rooted in agriculture, oil and gas production, and some manufacturing. The population includes a mix of age groups, with a notable proportion of older adults.

**Bandera County:** This rural county has a majority White non-Hispanic population and a significant older community. The economy is based on tourism, ranching, and local businesses.

**Comal County:** A rapidly growing county due to suburban expansion from San Antonio and Austin. It has a majority White non-Hispanic population. Comal County's economy is supported by a variety of industries, including tourism, light manufacturing, and retail. The county has a higher median age compared to the state average, pointing to a significant older population.

**Frio County:** Mostly rural, majority Hispanic. Frio County's economy is based on oil, gas, and agriculture. Its remote location and rural character could make access to certain services more challenging for older individuals.

**Gillespie County:** Largely rural with a small but growing population, majority White non-Hispanic. Gillespie County's economy is rooted in agriculture, tourism, and local small businesses.

**Guadalupe County:** This county is becoming more suburban as the San Antonio metro area expands. It has a mixed population, with a significant Hispanic minority. Guadalupe County has a mix of agricultural, manufacturing, and service industries. The county offers a variety of amenities and services for older adults, including health care facilities and recreational programs.

**Karnes County:** Mostly rural with a relatively small population. The population is fairly evenly split between White non-Hispanic and Hispanic residents. Karnes has a diverse economy with influences from agriculture, oil, and gas.

Kendall County: Another rapidly growing county, mainly due to suburban expansion from San Antonio. Predominantly White non-Hispanic. Kendall County is known for its fast growth and affluent population. Its economy is diverse, and the county has several amenities that would be beneficial for older adults.

Kerr County: A significant older population, majority White non-Hispanic. Known for its health services, Kerr County has a large retirement community. Its economy is well-diversified, providing several recreational activities that enhance the quality of life for older individuals.

McMullen County: Largely rural, with a majority White non-Hispanic population. McMullen is one of the least populated counties in Texas, with an economy focused heavily on oil and gas extraction.

Medina County: A mix of rural and suburban areas, with a majority Hispanic population. This county's economy is rooted in agriculture, oil, and gas. The population is rapidly growing due to San Antonio population growth.

Wilson County: A mix of rural and suburban, with an increasing population. Predominantly White non-Hispanic, with a sizable Hispanic minority community/population. Its economy is based on agriculture and related businesses, and its demographic trends show a moderately aging population.

### **Economic Factors:**

Many of these counties, especially those experiencing suburban growth like Comal and Kendall, were seeing economic expansion, usually in the form of retail, healthcare, and educational services. In more rural counties, agriculture and oil/gas extraction contribute to significant parts of the economy.

### **Conditions and Circumstances of Older Individuals:**

The quality of life for older individuals varies across these counties. In rapidly growing suburban counties like Comal and Guadalupe, seniors have access to more resources like healthcare facilities, senior centers, and recreational opportunities.

In more rural counties, access to such resources tends to be more limited, and older residents have to travel further for healthcare. However, community ties in these areas are strong, with a high level of informal support among neighbors.

Programs for seniors, like Meals on Wheels, senior centers, and various recreational programs, are available in most of these counties, but the breadth and quality of services tends to vary based on location.

However, seniors in these counties, especially in more rural areas, continue to face challenges related to transportation, access to healthcare, and social isolation. The aging population might have presented challenges for these counties in terms of providing adequate services and support.

## Economic and Social Resources

The counties within the PSA of the Alamo Area Agencies on Aging are diverse, each presenting unique economic, social, and demographic factors. The quality of life and access to services for seniors vary significantly across these counties. Rapidly urbanizing counties offer more robust services but face the challenges of rapid expansion. Rural counties offer strong community ties but lack formal services, which are often far-flung and less accessible. While suburban counties benefit from proximity to urban hubs, offering seniors varied amenities, the rural counterparts present challenges like transportation and limited specialized services. The AAAA will tailor services, funding strategies, and partnerships to fit the unique socio-economic profiles of each county.

### General Partnerships and Funding

- *Partnerships:* AAA has partnerships with local healthcare providers, educational institutions, community organizations, and sometimes with industries specific to the county (like oil and gas companies or agricultural businesses).
- *Additional Funding:* Grants from state and federal agencies are a significant source, along with donations from local businesses and communities.
- *In-kind Resources:* Volunteer services, donated spaces for community activities, and transport services are often organized through community partnerships.

### Atascosa County

*Economic & Social Landscape:* A largely rural setting, Atascosa County boasts a majority Hispanic population, and its economy is anchored by agriculture, oil, gas, and some manufacturing. As an area with a notable proportion of older adults, there's potential demand for senior services.

*Resources & Amenities:* The county's slow yet steady growth might have led to gradual development of senior facilities and services. However, due to its rural nature, seniors could face challenges like transportation and access to specialized medical care.

### Bandera County

*Economic & Social Landscape:* Bandera County is predominantly rural, with a sizable elderly White non-Hispanic population. The economy thrives on tourism, ranching, and local businesses.

*Resources & Amenities:* As a hub for tourism and a significant older community, there could be a range of recreational and senior-specific services. However, like other rural areas, there could be potential challenges related to access to specialized health services.

### **Comal County**

*Economic & Social Landscape:* With rapid growth due to suburban expansion from cities like San Antonio and Austin, Comal County's demographic leans towards a majority of White non-Hispanics. Diverse economic pillars, including tourism, light manufacturing, and retail, sustain it.

*Resources & Amenities:* The county's higher-than-average median age suggests a significant elderly population. This has likely led to the development of enhanced healthcare facilities, senior centers, and recreational opportunities for seniors.

### **Frio County**

*Economic & Social Landscape:* A predominantly rural and Hispanic county, Frio's economic backbone comprises oil, gas, and agriculture.

*Resources & Amenities:* Given its remote and rural character, access to senior-specific services might be limited, making it challenging for older residents.

### **Gillespie County**

*Economic & Social Landscape:* Gillespie is largely rural but is experiencing a growth spurt. The White non-Hispanic majority here engages in economic activities centered around agriculture, tourism, and small businesses.

*Resources & Amenities:* The county, being a tourism hotspot, offers a range of recreational opportunities that can be enjoyed by seniors, although access to specialized services might be limited.

### **Guadalupe County**

*Economic & Social Landscape:* Transitioning to a more suburban nature due to San Antonio's expansion, its population has a significant Hispanic minority. Its diverse economy encompasses agriculture, manufacturing, and services.

*Resources & Amenities:* Offering an array of amenities for older adults, there are multiple healthcare facilities and recreational programs. Being suburban, there's likely better access to senior services compared to more rural counterparts.

### **Karnes County**

*Economic & Social Landscape:* A rural county with a balanced demographic mix of White non-Hispanic and Hispanic residents, Karnes thrives on agriculture, oil, and gas.

*Resources & Amenities:* Given its rural nature, senior-specific resources might be somewhat limited, although community cohesion could provide informal support systems for the elderly.

### **Kendall County**

*Economic & Social Landscape:* Growing rapidly due to suburban influxes from San Antonio, the county, with a predominantly White non-Hispanic population, is known for affluence.

*Resources & Amenities:* The diverse economy and rapid growth likely mean better amenities and facilities for seniors, including healthcare and recreational options.

### **Kerr County**

*Economic & Social Landscape:* With a prominent elderly White non-Hispanic population, Kerr is renowned for its health services. The diversified economy enhances the quality of life.

*Resources & Amenities:* Given the large retirement community, there are ample health services, recreational activities, and support systems specifically catering to the older demographic.

### **McMullen County**

*Economic & Social Landscape:* One of Texas's least populated counties, McMullen's majority White non-Hispanic residents focus on oil and gas extraction.

*Resources & Amenities:* Being sparsely populated and rural, specialized senior services might be limited, pushing reliance on community support.

## **Medina County**

*Economic & Social Landscape:* Medina, with a growing majority Hispanic population, has an economy grounded in agriculture, oil, and gas.

*Resources & Amenities:* The population surge due to San Antonio's growth might lead to enhanced services and facilities for seniors in the near future.

## **Wilson County**

*Economic & Social Landscape:* Experiencing growth and housing a significant Hispanic minority, Wilson's economy relies on agriculture.

*Resources & Amenities:* With a moderately aging population, there's potential demand for senior services, although being a mix of rural and suburban could mean a blend of ample facilities and challenges.



## Description of Service System

The following description of programs and services available in the 12-county Alamo AAA (AAAA) Region is represented in a format that begins with community-based services and progresses toward more restrictive services, such as Ombudsman and Long-Term Care, and institutionalization.

AAAA manages OAA Federal funds to deliver community-based services to people 60 years of age and older, adults with a disability, their family caregivers, and grandparents 55 years of age and older who are raising grandchildren. The program includes an array of services, such as care coordination, benefits counseling, legal assistance, information and referral, congregate meals, long-term care ombudsman, health and wellness evidenced-based intervention programs, health maintenance, transportation, respite care, income support, and mental health services. AAAA also houses the Aging and Disability Resource Center known as Alamo Service Connection "ASC".

The Alamo Area Agencies on Aging (AAAA), offers a wide array of services designed to support older individuals and individuals with disabilities. These services include:

**Information and Referral/Assistance Services:** Provides information about available resources and services within the community, helping older adults and their caregivers navigate these resources.

**Nutrition Services:** Includes meal delivery services; Meals on Wheels, congregate meal sites, and nutrition counseling and education.

**In-Home Services:** Consists of personal care assistance, chore assistance, respite for caregivers, and home health services.

**Health Promotion/Disease Prevention:** Provides classes and programs to help older adults maintain their health and manage chronic conditions.

**Elder Rights Protection:** Includes services like elder abuse prevention, legal assistance, and advocacy services.

**Transportation Services:** Helps older adults get to medical appointments, grocery stores, meal sites, and other necessary destinations.

Under the Older Americans Act, these services are provided with a particular focus on reaching those who are low-income, have limited English proficiency, live in rural

areas, or have a higher risk of institutional care. Therefore, in regions with a substantial number of older individuals of limited English proficiency or who are Native American, the AAAA ensures that they have staff or volunteers available who are proficient in the relevant languages and culturally competent to serve these populations.

In the following counties (Atascosa, Bandera, Bexar, Comal, Guadalupe, Kendall, Medina, and Wilson), the AAAA works to tailor these services to the specific needs and conditions of older individuals in each county, taking into account factors like the local economy, available transportation infrastructure, and the cultural and linguistic characteristics of the population.

## Focal Points

**Table 3. Focal Points in the Planning and Service Area**

<b>Community Served</b>	<b>Name and Address of Focal Point</b>	<b>Services Provided</b>	<b>Services Coordinated with Other Agencies</b>
City of New Braunfels	Westside Community Center 2932 S. IH 35, New Braunfels, TX 78130 830-221-4630	Arts and crafts, Basic Health Screenings, Computer Classes, Daily Nutritious Meals, Exercise classes, Field trips	HHSC, AAAA and Mobile Food Pantry
Comprehensive Center Comal, Guadalupe, Karnes, and Wilson Counties	Comal Senior Center 655 Landa St, New Braunfels, TX 78130 830-629-4547	Nutrition, Information and referral, transportation, and health and wellness socialization activities	HHSC, AAAA, United Way, and Meals on Wheels
Canyon Lake	CRRC of Canyon Lake	Nutrition, Information and referral, transportation, and health and wellness socialization activities	HHSC, AAAA, Meals on Wheels, and San Antonio Food Bank
Kerr County	Dietert Center 451 Guadalupe St. Kerrville, TX 78044 830-792-4044	Nutrition, Information and referral, transportation, and health and wellness socialization activities	HHSC, AAAA, and Meals on Wheels
Kendall County	Hill Country Daily Bread Ministries 38 Cascade Caverns Rd., Boerne, TX 78015 830-755-5200	Nutrition, Information and referral, transportation, and health and wellness socialization activities	HHSC, AAAA, Meals on Wheels, and San Antonio Food Bank
Frio County	Frio County Courthouse 500 E San Antonio St, Pearsall, TX 78061 830-334-0010	Information and referral, transportation	HHSC, AAAA, and Meals on Wheels

<b>Community Served</b>	<b>Name and Address of Focal Point</b>	<b>Services Provided</b>	<b>Services Coordinated with Other Agencies</b>
Gillespie County	The Good Samaritan Center 140 Industrial Loop, Ste 100, Fredericksburg, TX 78624 830-990-8651	Nutrition, Information and referral, transportation, and health and wellness socialization activities	HHSC, AAAA, Meals on Wheels, American Diabetes Association, The National Association of Free and Charitable Clinics
Wilson County	Wilson County Library 1103 4 <sup>th</sup> St, Floresville, TX 8114 830-393-7361	Nutrition, Education, Information and referral, transportation, and health and wellness socialization activities	HHSC, AAAA, and Meals on Wheels
Bandera County	Silver Sage Senior Center 803 Buck Creek, Bandera, TX 78003 830-796-4969	Nutrition, Information and referral, transportation, and health and wellness socialization activities	HHSC, AAAA, and Meals on Wheels, and San Antonio Food Bank
Canyon Lake area	Tye Preston Memorial Library 16311 S Access Rd, Canyon Lake, TX 78133 830-964-3744	Nutrition, Information and referral, transportation, and health and wellness socialization activities	HHSC, AAAA, Meals on Wheels, and San Antonio Food Bank
Gillespie County	Golden Hub Community Center 1009 N Lincoln St, Fredericksburg, TX 78624 830-997-7131	Nutrition, Information and referral, transportation, and health and wellness socialization activities	HHSC, AAAA, Operation Blessing, HEB, and Wal-Mart, and San Antonio Food Bank
Guadalupe County	Schertz Area Senior Center 608 Schertz Parkway, Schertz, TX 78154 210-619-1970	Nutrition, Information and referral, transportation, and health and wellness socialization activities	HHSC, AAAA, and San Antonio Food Bank, and City of Schertz
Medina County	Medina Senior Center 808 Harper #A, Hondo, TX 78861	Nutrition, Information and referral, transportation, and health and wellness socialization activities	HHSC, AAAA, Meals on Wheels, and San Antonio Food Bank

## **Role in Interagency Collaborative Efforts**

AAAA uses the ASC to empower individuals to make informed choices and to streamline access to long term services and supports, making it possible for them to “age in place”. ASC is the public face of AAAA and utilizes an extensive database with information about Medicare, Social Security, legal aid, housing assistance, home repairs, residential support services, assistance with household expenses, and access to transportation services.

The ASC is focal point to accessing information and assistance service information along with processing referrals and completing intakes for many direct client services. In summary, AAAA collaborates with the above agencies to provide services to clients in the service area.

**Advocacy and Interagency Collaboration:** The AAAA is a key player in advocating for the needs of older adults and individuals with disabilities in their communities. AAAA typically participates in or coordinate collaborative efforts with other local agencies and organizations, including community mental health providers, disability organizations, and healthcare providers. This collaboration might involve sharing information, coordinating service provision, aligning strategic goals, and jointly advocating for policy changes or funding increases that would benefit older adults and individuals with disabilities.

**Special Initiatives and Improvements:** The AAAA undertakes special initiatives aimed at improving services and enhancing quality of life for older adults and caregivers. These might involve new programs or services, outreach campaigns, caregiver support initiatives, or improvements to existing services based on feedback from service users. The success of these initiatives is measured through user surveys, service utilization data, and qualitative feedback.

**Intergenerational and Volunteer Initiatives:** The AAAA runs intergenerational programs, which aim to bring together older adults and younger generations for mutual benefit. These involve mentoring programs, shared site programs (where a service for older adults and a service for children are located in the same building), or intergenerational volunteering initiatives. Additionally, AAAs often utilize trained volunteers to provide a variety of services to older adults and individuals with disabilities. This includes meal delivery, transportation services, friendly visiting, and more.

Collaboration with ADRCs, CILs, and LIDDAs: The AAAA works closely with Aging and Disability Resource Centers (ADRCs), Centers for Independent Living (CILs), and Local Intellectual and Developmental Disability Authorities (LIDDAs) to coordinate services and avoid duplication. This involves sharing information about service users, coordinating service provision, and jointly planning or implementing initiatives. The goal of this collaboration is to ensure that older adults and individuals with disabilities can access a comprehensive, coordinated system of services that meets their needs.

## Section 6. Preparedness Assessment

Legal Reference: OAA 2020 306(b)

### Projected Population Changes

The Alamo Area Agencies on Aging (AAAA) services providers in Atascosa, Bandera, Comal, Frio, Gillespie, Guadalupe, Karnes, Kendall, Kerr, McMullen, Medina, and Wilson counties in Texas for the period from 2024 to 2026.

Many of the more general strategies the AAAA employ to account for the anticipated changes in the number of our older adult populations:

1. **Strategic Planning:** The AAAA will conduct a strategic planning process to anticipate and prepare for future changes. This process includes analyzing demographic data and trends to predict future service needs.
2. **Census and Other Data Analysis:** The AAAA will use data from the U.S. Census and other sources to understand the current population of older individuals and anticipate future changes. This includes examining trends in aging, such as the overall increase in the older adult population and the growing diversity of this group.
3. **Partnerships and Collaboration:** Much of the AAAA's work involves collaboration with other agencies, community organizations, and government entities to pool resources and share knowledge. By working together, these groups can more effectively anticipate and respond to changes in the needs of the older adult population.
4. **Program Development and Expansion:** Based on projected changes, the AAAA will develop or expand programs and services in response to anticipated population shifts.
5. **Advocacy:** The AAAA will remain engaged in advocacy efforts to secure necessary funding and policy support to meet the anticipated needs of an increasingly older adult population.

6. Workforce Development: In light of the growing need for healthcare and social assistance professionals, the AAAA will be taking proactive measures to ensure sufficient staff to cater to the needs of the older adult population.



# Analysis of Population Changes

The following analysis is based on general trends and known factors as of 2021. The exact figures and changes will depend on current data and future developments.

1. Impact of Population Change on Various Groups: Based on general trends up to 2021, an increase in the population of older adults in the following Texas Counties: Atascosa, Bandera, Comal, Frio, Gillespie, Guadalupe, Karnes, Kendall, Kerr, McMullen, Medina, and Wilson may have several impacts on various groups:
  - ▶ Low-income individuals: A larger older population could mean more people relying on fixed incomes, such as social security or pensions, which could strain these systems. Additionally, with more older adults potentially requiring assistance, the demand for social services could increase.
  - ▶ Individuals with the most significant economic need: The increase in the older population may lead to a larger proportion of individuals needing economic assistance, such as affordable healthcare, housing, and nutrition services. This could result in a strain on resources dedicated to addressing these needs.
  - ▶ Minority older adults: As the population of older adults increases, it is likely that the population of older adults from various minority groups will also increase. These individuals might face additional challenges related to language barriers, cultural differences, or discrimination.
  - ▶ Older adults residing in rural areas: The increase in the number of older adults may be more difficult for those residing in rural areas, as these areas often lack the healthcare and social service infrastructure available in more urban areas.
  - ▶ Older adults with limited English proficiency: As the population of older adults increases, the need for language and translation services will likely increase.
2. Improvement in Programs, Policies, and Services: Based on population trends, the AAAA will consider several strategies for improvement:
  - ▶ Enhancing resources: With the increasing number of older adults, the AAAA must seek additional funding or resources to maintain or improve service levels.

- ▶ Expanding services: The AAAA will routinely assess performance and demand when considering expanding existing services or developing new ones to address emerging needs.
  - ▶ Policy advocacy: The AAAA will advocate for policy changes at the local, state, and national levels to better support the needs of the growing older adult population.
3. Impact of Increase in Individuals Aged 85 and Older: The increase in the number of individuals aged 85 and older is likely to result in a greater need for supportive services.
- ▶ Healthcare services: Older adults often require more healthcare services, including preventative care, treatment for chronic conditions, and emergency care.
  - ▶ In-home services: As individuals age, they may need assistance with daily tasks such as cooking, cleaning, and personal care.
  - ▶ Long-term care services: The demand for long-term care options, such as assisted living facilities or nursing homes, may increase.
  - ▶ Support for caregivers: The increase in older adults may also put a strain on caregivers. The AAAA may need to provide additional resources or services to support these individuals.

## Capacity Building

The AAAA will collaborate with government officials, state agencies, tribal organizations, and local entities to build capacity in the PSA to meet the needs of our growing older Texan communities.

1. **Health and Human Services:** The AAAA will advocate for increasing health services funding for these counties. Collaborations with local clinics and hospitals, as well as state health departments, will foster the development of specialized care units for older adults. This also applies to mental health services, home health care, and other specialized needs.
2. **Housing:** The AAAA will expand efforts in partnership with local housing authorities and real estate developers to encourage the development of affordable, accessible housing for older adults.
3. **Transportation:** The AAAA will collaborate with Alamo Regional Transit and other local transportation entities to increase the accessibility of public transit for older adults.
4. **Public Safety:** The AAAA will increase coordination with local police and fire departments. The AAAA will enhance the safety of older adults, which may involve community outreach programs on issues such as fall prevention and fire safety.
5. **Recreation:** The AAAA will continue collaborating with Senior Centers and local parks and recreation departments to facilitate the creation of programs tailored to older adults, promoting physical health and social engagement.
6. **Education:** The AAAA will expand our partnerships with local educational institutions to facilitate lifelong learning opportunities for older adults, including technology literacy programs that help older adults navigate the digital world.
7. **Civic Engagement:** Working with local governments, the AAAA will promote older adult participation in local decision-making processes and boards.
8. **Protection from Elder Abuse, Neglect, and Exploitation:** Partnering with local law enforcement and social services agencies will enhance resources and efforts aimed at preventing and addressing elder abuse.
9. **Assistive Technology Devices and Services:** The AAAA will collaborate with tech companies, universities, and local businesses to promote the development and accessibility of assistive technologies for older adults.

In all these collaborations, the AAAA will adopt a proactive approach, seeking to anticipate the needs of the growing older adult population and developing creative, sustainable solutions to meet these needs.

## SWOT Analysis

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

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

<b>Strengths</b>	<b>Weaknesses</b>	<b>Opportunities</b>	<b>Threats</b>
Experienced and dedicated staff who understand the needs of the older population in these Texas Counties: Atascosa, Bandera, Comal, Frio, Gillespie, Guadalupe, Karnes, Kendall, Kerr, McMullen, Medina, and Wilson.	Limited financial resources may restrict the scope of services and programs that can be provided.	Population changes will increase the demand for the AAAA services, potentially leading to increased funding and support.	As the older population grows, the demand for services will increase, potentially straining the AAAA resourcing.
Established partnerships with local government, businesses, and non-profit organizations, which can be leveraged to support service provision and capacity-building initiatives.	Rural areas may pose accessibility challenges for service delivery.	Technology advancements may offer new solutions for service delivery, particularly in remote areas.	Economic instability or changes in government funding priorities could impact available resources.

<b>Strengths</b>	<b>Weaknesses</b>	<b>Opportunities</b>	<b>Threats</b>
A strong track record in advocacy for older individuals and people with disabilities.	Potential difficulty in recruiting and retaining skilled staff and volunteers.	The growing interest in age-friendly communities offers an opportunity for the AAAA to lead in this area, promoting policy and practice changes that support older adults.	Changes in the healthcare landscape could impact the health and well-being of older adults in these counties, increasing the demand for the AAAA services.

#### How The AAAA Will Address These Factors:

1. Seek to increase funding through various channels, such as grant applications, fundraising, and advocacy for increased government funding.
2. Look to enhance service accessibility in rural areas, exploring innovative delivery methods such as telehealth or mobile clinics.
3. Engage in strategic recruitment and retention efforts to ensure a skilled, stable workforce and volunteer supporters.
4. The AAAA will stay abreast of technological advancements, looking for opportunities to integrate these into service delivery.
5. Continue to advocate for the needs of older adults, seeking to influence policies and practices that impact this population. This includes promoting age-friendly communities.
6. Engage in strategic planning, regularly reviewing and adjusting plans to ensure they align with changing needs and conditions.
7. Actively engage in collaborations and partnerships to leverage resources and enhance service provision.
8. Regularly evaluate services and programs to ensure they remain relevant and effective in meeting the needs of older adults in these counties.

## Stakeholder and Public Input (Statewide)

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

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

## Addressing Needs and Priorities within the PSA

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

The top priorities identified by the Aging Texas Well Initiative for older adults, informal caregivers of older adults, and service providers supporting older adults present some key areas of focus for the Alamo Area Agencies on Aging over the next decade.



### **Older Adults:**

Physical health, access to services, and social engagement opportunities are paramount. The AAAA recognizes that promoting and maintaining physical health can delay the onset of many age-related conditions. The AAAA plans to increase support for health and wellness programs and preventative care services. To enhance access to services, the AAAA aims to create a more integrated and navigable system for service delivery. This includes strengthening partnerships with local service providers, improving information dissemination, and investing in technology that can increase service accessibility. Social engagement opportunities are critical to prevent loneliness and isolation, and the AAAA plans to develop more programs and activities that encourage social participation.

### **Informal Caregivers of Older Adults:**

The AAAA understands the essential role that informal caregivers play in supporting older adults. Therefore, addressing their mental health, physical health, and work strains will be a key focus. This may involve expanding support services for caregivers, such as respite care, support groups, counseling services, and resources for workplace flexibility. The AAAA also recognizes the need for education and training programs that can help caregivers balance their responsibilities and maintain their own well-being.

### **Service Providers Supporting Older Adults:**

Enhancing collaboration and coordination, securing adequate funding, and addressing staffing needs are significant areas of focus. The AAAA plans to engage in advocacy work to secure more funding for aging services and will seek to develop more partnerships to leverage resources and improve service coordination. Staff recruitment and retention will also be a focus, with strategies including improved compensation and benefits, training and professional development opportunities, and initiatives to improve job satisfaction.

The issues of social isolation, food insecurity, and support for informal caregivers are also shared priorities that span all groups. The AAAA intends to take a multi-faceted approach to these issues. This includes developing programs to reduce social isolation, strengthening food assistance programs, and increasing support for informal caregivers.

It is clear that these statewide needs and priorities are closely aligned with the issues faced within the AAAA's planning and service area. By focusing on these priorities, the AAAA can enhance its services and significantly impact the well-being

of older adults, their caregivers, and the service providers who support them in these Texas counties. The AAAA will continue to engage stakeholders and the broader community in the planning process to ensure that its strategies remain relevant and responsive to changing needs over the next ten years.

## Section 7. Outreach

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

### Strategy Effectiveness and Best Practices

During the previous area plan period (FFY 2021 – FFY 2023), the Alamo Area Agencies on Aging (AAAA) developed and implemented a range of strategies to reach vulnerable population groups. We experienced a relatively successful FFY 2021 - FFY 2023; the following generalized assessment of how these strategies were employed and impacts they had.

1. Older Individuals with Greatest Economic Need & Low-Income Minority Older Individuals:
  - ▶ AAAA recognized the need for economic support and worked to improve access to services such as meal delivery, transportation, and financial assistance programs. We partnered with local community organizations and social services to extend their reach. Barriers such as digital literacy and internet access posed challenges in reaching these individuals, especially during the COVID-19 pandemic. AAAA needed to rely more heavily on phone-based outreach, community networking, and door-to-door visits were safe and permissible.
2. Older Individuals with Greatest Social Need:
  - ▶ To tackle social isolation, AAAA set up programs for social engagement; expanded virtual social activities and established telephone reassurance services during the COVID-19 pandemic. Any technological barriers encountered were addressed by providing training and assistance to older adults to use digital tools. Additionally, mental health support services were crucial during this time.
3. Older Individuals at Risk for Institutional Placement:
  - ▶ AAAA worked on expanding home and community-based services, as well as telehealth services, to reduce the need for institutional placement. Providing caregiver support and respite services was a key strategy to support home-based care.

4. Older Individuals with Limited English Proficiency:

- ▶ Ensuring bilingual staff and interpreters were available to assist with service delivery were essential for reaching this group. In addition, we developed informational materials in different languages to ensure broad accessibility.

5. Older Individuals Residing in Rural Areas:

- ▶ Access to services is often a challenge in rural areas. AAAA used mobile service units, partnerships with local organizations, and technology to improve service reach.

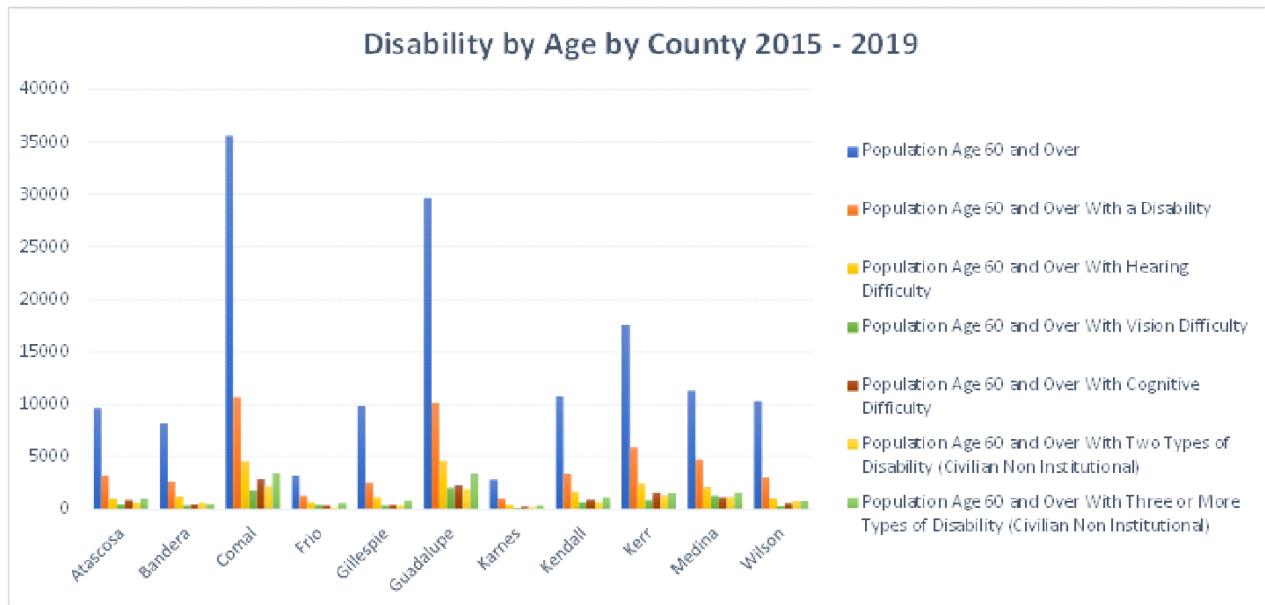
6. Pivot During the COVID-19 Pandemic:

- ▶ The COVID-19 pandemic necessitated a significant pivot in service delivery. Services that were previously provided in-person, such as meal programs and social activities, had to be transitioned to delivery or virtual models. Telehealth services were expanded, and new protocols for safe in-person interactions were established. Changes were temporary, while others, like the increased use of technology, became a long-term part of AAAA's service delivery model.

## Targeted Outreach Plan

1. Limited English Proficiency: According to the Migration Policy Institute, Texas is ranked number two in the country for the population with high Limited English Proficiency (LEP). While the AAAA does not retrieve data on LEP clients, it makes available and utilizes required forms in both Spanish and English. Additionally, the AAAA has five full-time case managers who are fluent in Spanish and conduct in-home and phone assessments to assist Spanish-speaking individuals. The AAAA has recognized the need to produce all print material in Spanish to address the growth of the LEP population and will continue to add to the list of materials already available in Spanish. Moreover, the AAAA has access to utilize Language Line, a pay-per-use interpretation and translation service provider. Language Line assists entities in providing services to customers/consumers who are primarily non-English speakers or have Limited English Proficiency (LEP). Based on options selected upon account creation, users can dial into Language Line and select from a variety of telephonic or video interpretation and translation services in over 240 languages.
2. Disability: A disability is defined as hearing, vision, ambulatory, and cognitive impairments. According to the American Community Survey Special Tabulations report from 2015 to 2019, there were 48,825 reported cases of older adults (aged 60 and older) living in the AAAA counties with a disability. The AAAA is one of the two AAAs that provide an American Sign Language (ASL) friendly website. Additionally, our agency organizes and promotes resource fairs specifically focused on aiding the hearing and visually impaired.

The chart below displays the population of individuals with a disability in the AAAA counties. \*McMullen County was not identified in the report.



These disabilities (and their related functional limitations) could lead to institutional placement. In the AAAA counties, institutional setting facilities are scarce. In the last three years, a handful of Assisted Living Facilities and Nursing Facilities (including Adult Day Cares) in the rural counties have closed. The AAAA will seek out additional available options in the counties for Adult Day Care facilities. The AAAA’s Ombudsman Program maintains information about new and/or closing nursing and/or assisted living facilities in the region.

1. Outreach Activities: The AAAA identified two major challenges in conducting outreach activities in the Alamo region. Primarily, communities in the rural areas are hesitant to reengage in social events due to the previous pandemic. In the beginning of 2023, the Aging & Veterans Affairs Director tasked the AAAA with coordinating efforts with the Outreach Team in the Alamo region. AAAA promoted a change of mindset that made everyone an outreach specialist. Whether formal or informal, outreach is now the responsibility of “all of us!” The primary goal of this initiative was to reengage and develop trust in the communities served by physically increasing staff presence. Since the implementation of this requirement, numbers have shown an increase in Unduplicated Care Coordination requests. The Aging Department, along with the Outreach Team, participates in a minimum of four events per month.

Through partnerships with HHSC, AAAA’s Benefits Counselors (BCs) work with the client one-on-one to provide unbiased information when applying for long-term services through Your Texas Benefits. BCs can also assist older adults who are applying for other public entitlements such as Low-Income Subsidy (LIS),

Supplemental Nutritional Assistance Program (SNAP) and Medicare Savings Program (MSP) through the Benefits Enrollment Center located at AACOG. When the client chooses to apply for public entitlements, the client may be eligible for additional benefits which will help with better quality of life.

Resource libraries are housed at libraries or senior centers. A resource library is a bookshelf, bookcase, floor literature holder with printed caregiver resource material. Caregivers living in rural communities are able take advantage of the local resource libraries to access caregiver resource materials.

The following strategies were based on common practices and the specific needs of the populations outlined for the following Texas Counties: Atascosa, Bandera, Comal, Frio, Gillespie, Guadalupe, Karnes, Kendall, Kerr, McMullen, Medina, and Wilson.

1. Older adults residing in rural areas: AAAA will organize mobile services, provide transportation assistance, and partner with rural community centers and local organizations to provide information and services.
2. Older adults with Greatest Economic Need: Strategies include improving access to services such as meal delivery, transportation, and financial assistance programs. Partnerships with community organizations and social services will help extend the AAAA's reach.
3. Older adults with Greatest Social Need: Establish programs for social engagement, both in-person and virtual. Providing mental health support services would also be critical.
4. Older adults with Severe Disabilities: Work on expanding home and community-based services to support these individuals. Partnerships with disability organizations and providing caregiver support would also be beneficial.
5. Older adults with Limited English Proficiency: Bilingual staff and interpreters assist in delivering services. The AAAA identifies informational materials in different languages to ensure accessibility.
6. Older adults with Alzheimer's Disease and Related Disorders: Promote specialized support services, caregiver education and support, and partnerships with health care providers.
7. Older adults at Risk for Institutional Placement: Advocate for expanding home and community-based services, provide caregiver support, and work closely with social service and health care providers to prevent unnecessary institutionalization.

8. Older adults who are Native Americans: Cultural sensitivity training for staff and partnerships with tribal organizations.
9. Caregivers: Provide respite services, education, support groups, and referrals to necessary resources.



# Targeting Report

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

**Table 5: PSA Targeting Report**

Characteristic	Population Age 60 and Over in PSA	Percent Population Age 60 and Over in PSA	Number of Registered Service Recipients in PSA	Percent Number of Registered Service Recipients in PSA	Targeting Goals for FFY 2024
Total 60 and over	167,521	.03%	4648	.03%	4700
Poverty Level (at or below 100% FPL)	11,760	7.9%	1148	10%	1220
Minority	122,674	26.8%	1148	0.1%	1200
Rural Areas	no matching ACS data	no matching ACS data	1697	Unable to calculate	1700
Household Status (lives alone)	28,525	19.2	2101	0.7%	2200

Data for the columns, “Population Age 60 and Over in PSA” and “Percent Population Age 60 and Over in PSA” are derived from the U.S. Census Bureau Special Analysis 2015-2019 American Community Survey (ACS) Data Analysis for Population Age 60 and Over, with data located on U.S. Administration for Community Living’s [AGID \(Aging, Independence, and Disability Program\) Data Portal/Website](#). Data for the column, “Number of Registered Service Recipients in PSA” is from data pulled from the NAPIS (National Aging Program Information Services) report, where registered services include personal assistance, homemaker, chore, home delivered meals, day activity and health services, case management, assisted transportation, congregate meals, and nutrition counseling.

## Section 8. Goals, Objectives, Strategies

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

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

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

# Key Topic Area 1: OAA Core Programs

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

## State Goal 1

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

### State Objective 1.1

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

#### Outcome 1.1

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

#### AAA Strategies 1.1

The AAAA will establish the following strategies:

1. ASC applies a person-centered service delivery model, which takes into consideration an individual's goals, strengths, and preferences. The model provides the opportunity to promote the callers' (individuals) independence and dignity while exploring a full range of Long-Term Services & Supports (LTSS) to meet the client's need or situation. As a result, individuals and/or their caregivers are empowered to make informed choices about long-term care services. Once the ASC agent assesses the needs of the caller, a resource or referral will be provided. Referrals to AAAA are assigned to in-house database to which ASC and AAAA staff have shared access.
2. Strengthen Oversight Mechanisms: Continue to increase regular monitoring schedules for all funded programs to ensure accountability and transparency in the use of funds. Implement rigorous training programs for subrecipient

administrators to ensure they fully understand and comply with HHSC policies and procedures.

3. **Enhance Coordination Efforts:** Collaborate between Alamo Area Agencies on Aging (AAAA), service providers, and local government agencies to avoid duplication of services and to ensure the broadest possible service delivery. Manage a centralized information and referral system to facilitate the coordination and referral of services across all agencies.
4. **Foster Accountability and Transparency:** Maintain a transparent, accountable service delivery model by publishing detailed expenditure reports and performance metrics. Regularly solicit feedback from service recipients and stakeholders to gauge satisfaction and identify areas for improvement.
5. **Effective Utilization of OAA Funds:** Prioritize funding for services that meet the most pressing needs of older adults and their caregivers, such as home-delivered meals, caregiver support, and in-home care. Continuously evaluate the effectiveness of funded services in meeting the needs and interests of older adults and their caregivers, adjusting allocations as needed.
6. **Advocate for Older Adults and Caregivers:** Be an advocate for older individuals and their caregivers, ensuring their voices and needs are heard in funding decisions. Develop and maintain strong relationships with community groups and organizations that serve older adults and their caregivers, to ensure services are tailored to meet their specific needs.
7. **Promote Innovation:** Invest in technology and innovative practices to modernize service delivery and improve access. This may include expanding virtual service options, implementing digital platforms for case management, and exploring new program models or partnerships.

These strategies offer a holistic approach to achieving the objective and outcome under State Goal 1 by addressing key areas such as administration, coordination, accountability, innovation, and inclusivity. They aim to meet the complex and unique needs of older Texans and their caregivers, while promoting excellence and innovation in the delivery of core Older Americans Act Programs.

## **State Objective 1.2**

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

## **Outcome 1.2**

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

### **AAA Strategies 1.2**

The AAAA will develop the following strategies:

1. **Title III and Title VI Collaboration:** Host interdepartmental meetings between Title III and Title VI program staff: Establish a routine, such as quarterly meetings, to foster open communication and collaboration between Title III and Title VI program staff.
2. **Outreach to Federally Recognized Tribes:** Develop outreach strategies aimed specifically at federally recognized tribes within the state.
3. **Cultural Competency Training:** Provide cultural competency training for staff and volunteers: This training can ensure that all staff members are equipped to appropriately interact with and serve older adults from federally recognized tribes.
4. **Referral and Resource Sharing:** Continue to develop shared resources and referral systems between Title III and Title VI grantees: This would ensure that eligible older adults can be seamlessly referred between services, ensuring access to the full spectrum of AAAA services.
5. **Joint Programming:** Develop joint programming initiatives between Title III and Title VI grantees: By creating programs that involve both grantees, the AAAA can foster increased collaboration and ensure a more holistic service approach.
6. **Regular Evaluation and Feedback:** Implement regular evaluations of the collaboration between Title III and Title VI: Feedback from these evaluations can help identify areas for improvement, assess the effectiveness of strategies, and ensure that the collaboration is resulting in increased access to services for eligible older adults.

All strategies will be implemented with respect for the cultural identities and unique needs of federally recognized tribes and in consultation with tribal leaders and community members. These strategies should be evaluated and adjusted as needed to ensure they are effectively meeting the objectives and outcomes set out by the state.

## **State Objective 1.3**

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

### **Outcome 1.3**

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

### **AAA Strategies 1.3**

The AAAA will develop the following strategies:

1. The ASC, using the nutrition partners under AAAA, provides referral information on agencies of identified senior centers providing nutrition assistance. This would also include the use of AAAA health and wellness classes provided discussing nutrition for older individuals.
2. Educate the aging services network on the signs and symptoms of poor nutrition and increase awareness of the health impacts of malnutrition.
3. Incorporate malnutrition in the AAA Nutrition Education Services. Seek partnerships in the development of a media campaign that highlights the benefits of healthy eating.
4. Tool Development: Through care provider partners promote an easy-to-use digital application to help older adults, their families, and caregivers understand dietary needs and recognize signs of malnutrition.
5. Marketing Campaigns: Through AAAA outreach strategy, partner in the development of marketing campaigns across various channels to spread information on malnutrition.
6. Awareness Workshops: In coordination with our community partners, conduct workshops for older adults and their caregivers in community centers and healthcare facilities to educate them about the signs, symptoms, and impacts of malnutrition.

These strategies provide a roadmap to raise awareness and understanding of the impacts of malnutrition in older adults and to improve their nutritional health in these Texas counties. They also lay the foundation for the ongoing monitoring and improvement of nutrition-related policies and practices at the local level.

## State Objective 1.4

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

### Outcome 1.4

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

### AAA Strategies 1.4

The AAAA will develop the following strategies:

1. ADRC: Using person-centered counseling, the ASC will screen calls and identify those who may be at risk for abuse, neglect, and exploitation. The ASC will identify the established network which would oversee the case to provide appropriate services.
2. Benefits Counseling: Benefits Counselors are trained to identify key points during the screening process. Counselors ask questions and listen to the elderly to determine whether the client's needs are being met at home or by their caregiver. Beneficiaries can check-in with the Benefit Counselor or vice versa.
3. Benefit Counselors are instructed to report the abuse to the Adult Protective Services calling 1-800-252-5400, reporting via Texas Abuse Hotline Website <https://www.txabusehotline.org/Login/Default.aspx>, or by using Texas Relay at 7-1-1 by telling the relay operator to call the Texas Abuse Hotline at (800) 252-5400 <https://relaytexas.com/>, Long-term care Ombudsman, or the police.
4. Training for Support Services: Develop and implement a comprehensive training program staff who interact with older adults. This training will cover signs of elder abuse, neglect, and exploitation, and provide guidance on how to report and respond to such incidents.
5. Case Management Services: Continue to enhance comprehensive case management services that include regular home visits, health and safety assessments, and necessary interventions to older adults at risk.
6. Establish Reporting Mechanisms: Leverage our partner's established hotlines and online platforms to provide safe, secure, and anonymous ways to report suspected cases of abuse, neglect, and exploitation.

7. Awareness Campaigns: In coordination with community partners to launch awareness campaigns through various media channels to educate the public about the risks and signs of elder abuse, neglect, and exploitation.
8. Community Workshops: Enable and assist our community partners to host workshops and information sessions in community centers, religious institutions, and other public places to discuss the importance of recognizing and reporting elder abuse.
9. Training for Family Members and Caregivers: Assist our community partners as they offer training for family members and caregivers to identify the signs of abuse, neglect, and exploitation, and provide them with information on resources and steps to take if they suspect these issues. Long-Term Care Ombudsman (LTCO) provides education about ANE to staff in Long-Term Care (LTC) settings. LTCO teaches about ANE during initial certification. LTCO also supports and assists residents and families in reporting ANE.
10. Legal Assistance: Identify and partner with local legal resources that provide pro bono legal services to victims of elder abuse and exploitation, helping them regain control over their lives and finances. Additionally, partner with volunteers, mentors, and interns for direct services through Adult Protective Services to provide coordination throughout the rural areas that offer mentorship services.
11. Elder Rights Advocacy: Advocate for the rights of older adults within the community, emphasizing their rights to safety, dignity, and freedom from abuse and neglect.
12. Using person-centered counseling, the ASC will screen calls and identify those who may be at risk for abuse, neglect, and exploitation. The ASC will identify the established network and provide information on the state or local entity.

## **State Objective 1.5**

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

### **Outcome 1.5**

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



## AAA Strategies 1.5

The AAAA will develop the following strategies:

1. Empower Alamo region consumers to make informed decisions regarding long-term care and raise awareness of issues related to abuse, neglect and exploitation (ANE).
2. Long Term Care Ombudsman (LTCO) provides education about ANE to staff in Long-Term Care (LTC) settings. LTCO teaches about ANE during initial certification. LTCO also supports and assists residents and families in reporting ANE.
3. New Care Specialist require Adult Protective Services (APS) Training within the first 30 days of employment. Once training has been completed AAAA staff ensure that new employee has both the number to APS along with the website in case any questions or concerns come up.
4. AAAA continues to increase public awareness and remove barriers to prevent abuse, neglect and exploitation through its Senior Medicare Patrol, Support Services, and Ombudsman efforts.
5. Senior Medicare Patrol (SMP): The SMP Specialist continues to provide education presentations on preventing abuse, neglect, and exploitation of seniors at senior centers, independent senior living communities, community centers, interagency meetings, and participate in health fairs throughout the 12-county service area.
6. By implementing the following strategies, the AAAA can play a vital role in preventing elder abuse and providing support to those affected, improving overall community awareness about the resources available to assist older individuals who may be at risk.
7. Training for ASC Staff: The Aging and Disability Resource Center (ADRC) Coordinator provides specialized training for ADRC staff, empowering them to screen calls effectively and identify those potentially at risk for abuse, neglect, or exploitation. This should involve developing a thorough understanding of the signs and symptoms of such situations.
8. Partnering Across Agencies: Enhance strong collaboration with HHSC Office of the Ombudsman, legal assistance programs, law enforcement, healthcare professionals, financial institutions, and other key partners across the state to ensure a coordinated response to elder abuse.

9. **Developing Referral Mechanisms:** Reinforce clear referral mechanisms to quickly and efficiently connect those at risk with the appropriate state or local entity for further assistance.
10. **Regular Inter-Agency Meetings:** Facilitate regular inter-agency meetings to review cases, update protocols, share information, and ensure all entities are effectively coordinating their efforts.
11. **Outreach and Education:** Implement, with our community partners, widespread outreach and educational campaigns, both online and in-person, to increase public awareness about the available programs and services for older individuals experiencing abuse, neglect, or exploitation.
12. **Information Sessions:** With assistance from community partners, host community information sessions in local community centers, libraries, and religious institutions, providing detailed information about the support available and how to access it.
13. **Collaboration with Local Media:** Collaborate with local newspapers, radio stations, and TV channels to promote the available programs and services, reaching a wider audience.
14. **Accessibility Enhancements:** Provide accessibility of information related to these services, ensuring all materials are available in simple, clear language and in various formats (e.g., Braille, large print, multiple languages) to accommodate diverse needs.
15. **Healthcare Providers Partnership:** Partner with local healthcare providers to share information about available services and resources. This includes distributing brochures and posters in clinics and hospitals, as well as providing training for healthcare professionals to guide their patients to appropriate resources.

## **State Objective 1.6**

Strengthen efforts related to dementia and Alzheimer's Disease.

### **Outcome 1.6**

Increase awareness of dementia and Alzheimer's disease.

### **AAA Strategies 1.6**

The AAAA will establish the following strategies:

1. All aging services network employees and volunteers who provide services directly to older adults and their family members or caregivers receive training on Alzheimer's disease and dementia.
2. Collaborative Dementia Training: Work with community partners to ensure that all employees and volunteers within the aging services network receive comprehensive training on dementia and Alzheimer's disease.
3. Alzheimer's and Dementia Resource Centers: Support existing resource centers in each of the 12 counties to provide information, guidance, and support for people with dementia and Alzheimer's and their caregivers.
4. Dementia-Friendly Communities: Assist community partners to increase their efforts to create dementia-friendly communities, which involve working with local businesses, service providers, and community members to improve the inclusivity and support for those with dementia.
5. Community Awareness Campaigns: Enable community partners to launch campaigns in various formats - workshops, health fairs, media campaigns - to increase community awareness of dementia and Alzheimer's disease, their symptoms, and the resources available to help.
6. Educational Material: Assist in the distribution of accessible, easy-to-understand educational materials about Alzheimer's disease and dementia in public spaces, healthcare facilities, and online platforms.
7. Support Group Promotion: Promote the availability and benefits of support groups for people with dementia and Alzheimer's, and their caregivers, highlighting how these groups can provide emotional support and practical advice.

By implementing the above-mentioned strategies, AAAA will help to strengthen efforts related to dementia and Alzheimer's disease, thereby increasing awareness, and understanding in the community and improving support for those affected by these conditions.

## **State Objective 1.7**

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

## **Outcome 1.7**

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

### **AAA Strategies 1.7**

The AAAA will develop the following strategies:

1. The ASC will provide information on AAAA health and wellness classes provided discussing fall prevention. Using person-centered counseling, the ASC will also identify other factors that may increase the individual's risk of falling and provide information and referrals.
2. Through the AAA's Health and Wellness program the AAAA can offer classes to assist the aging population with acknowledging the risks of falling while offering strategies to prevent and reduce falling. To assist the aging population with these risks the Health and Wellness Specialist offers A Matter of Balance classes with the assistance of community partners. A Matter of Balance is designed to mitigate injury caused by falls in our aging adults. In order to assist our community partner with engaging the older adult population the Health and Wellness Specialist also conducts Fall Awareness Lengthens Lives Talks. These talks are informational and provide resources to the older adult population.
3. Fall Prevention Education: Through and with Evidence Based Intervention partners conduct educational sessions for older individuals, their families, and caregivers about the risks associated with falls and how to prevent them. This could be done through workshops, health fairs, or online seminars.
4. Community Outreach: Continue to collaborate with local community centers, churches, and other public spaces to disseminate information on the risk of falls and prevention measures.
5. Partner with Healthcare Providers: Maintain close working relationship with local healthcare providers to ensure that they are informed about the risks of fall-related injuries and can educate their patients on preventative measures.
6. Safety Assessments: Collaborate to offer safety assessments to identify potential fall hazards and provide recommendations for making the home environment safer.
7. Training for AAAA and ASC Staff: Reinforce and maintain comprehensive training for AAAA and ASC staff, as well as other service providers, to ensure

they are fully informed about the risks of falls for older individuals and the most effective preventative measures.

8. Resource Development: Distribute, at every outreach and health fair within the 12 counties, resources such as brochures, posters, and online guides that detail how to prevent falls among older individuals.
9. Interagency Collaboration: Maintain strong relationships with healthcare providers, community centers, and other key partners to spread information about fall prevention.
10. Regular Updates: Keep service providers updated with the latest research and recommendations for fall prevention among older individuals.

By implementing these strategies, the AAAA can play an instrumental role in reducing the risk of fall-related traumatic brain injuries among older individuals, promoting safer environments and practices across the communities in these counties.

## **State Objective 1.8**

Strengthen Title III and Title VII services.

### **Outcome 1.8**

Increase in public awareness of aging services across the state.

### **AAA Strategies 1.8**

The AAAA will develop the following strategies:

1. Educate the general public about the ombudsman program and role; provide information regarding how to choose a home and how to get the best possible care there.
2. Recruit, train, and retain Certified Volunteer Ombudsman (staff and volunteers). Ensure that every licensed facility in the Alamo region's 12 counties has a Certified Ombudsman (staff or volunteer) who makes regular visits.
3. Staff Training: Regularly train staff on the provisions of Title III and Title VII, their obligations under these acts, and how to deliver the services effectively.
4. Partnerships: Reinforce current partnerships with other community organizations and service providers to expand the reach of Title III and Title VII services.

5. Service Evaluation: Methodically evaluate the delivery of Title III and Title VII services to identify areas for improvement and ensure the services are meeting the needs of older adults in the community.
6. Community Events: Plan, resource and participate in local community events to disseminate information about aging services and provide direct access to these resources for older adults and their families.
7. Collaborate with local newspapers, radio stations, and TV channels to promote the available programs and services, reaching a wider audience.
8. Educational Programs: Enable our partners as they execute educational programs in community centers, libraries, and schools to inform various segments of the population about the aging services available in their community.

Through these strategies, AAAA will contribute to strengthening Title III and Title VII services and increasing public awareness of these services in the community. These efforts can help ensure that more older adults receive the support and resources they need to age with dignity and quality of life.

## **State Objective 1.9**

Integrate discretionary grant activities with OAA core programs and services.

### **Outcome 1.9**

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

### **AAA Strategies 1.9**

The AAAA will develop the following strategies:

1. Harmonize Programming: Implement mechanisms to ensure discretionary grant activities are aligned with the core programs and services provided by the Older Americans Act (OAA).
2. Cross-Training: Offer cross-training to staff so that they are well-versed in both discretionary grant activities and OAA core programs, enabling them to offer comprehensive service to individuals.
3. Increase Collaboration: Foster collaboration among different departments and teams managing discretionary grants and OAA programs to increase integration.

4. Communication Strategy: Continue to refine our internal communication strategy to ensure information about discretionary grant activities and OAA programs is consistently shared across teams.
5. Service Integration: Wherever possible, bundle services from discretionary grants with OAA programs to offer a comprehensive package to older adults.

By implementing these strategies, AAA can help integrate discretionary grant activities with core programs, and also raise the public's awareness of key programs like SHIP, MIPPA, and SMP. This approach ensures that more older adults in these counties are aware of and can access the services they need.

## **Key Topic Area 2: COVID-19**

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

### **State Goal 2**

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

### **State Objective 2.1**

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

### **Outcome 2.1**

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

### **AAA Strategies 2.1**

The AAAA will develop the following strategies:

1. The ASC will utilize the referral information in the database to identify agencies to assist older individuals being impacted by social isolation. These includes hotlines provided by network partners and the Senior Companion Program supporting the AAAA. Including partners such as Oasis Silver Connect Chat line for socially isolated adults: Phone (210) 756-5551, Hours Monday-Friday-5 am to 9 am and weekends 9 am to 9pm.
2. Through Social Reassurance AAAA will provide aging adults with the ability to engage with others.



3. Awareness Campaigns: In coordination with our contracted vendors/partners conduct public awareness campaigns about the impacts of social isolation and loneliness on older individuals' mental health.
4. Partner with Mental Health Providers: Collaborate with mental health partners/vendors to offer education and resources on combating social isolation and loneliness.
5. Virtual Engagement: Enhance and improve online resources and tools that can be used by older adults to maintain social connections, such as virtual social groups, online classes, or virtual volunteer opportunities.
6. Encourage Volunteerism: Through our Senior Companion Program where volunteers engage with isolated older individuals, either through regular visits, phone calls, or digital communication.
7. Outreach Programs: Partner in programs that reach out to older adults, particularly those who live alone or in rural areas, to provide them with information and resources to combat social isolation.
8. Collaborative Partnerships: Improve our partnerships with community organizations, healthcare providers, and local businesses to disseminate information about the risks of social isolation and ways to combat it.
9. Accessible Resources: Develop and distribute resources, such as brochures, fact sheets, and online content, that provide strategies to reduce social isolation.

By implementing these strategies, AAAA will support older individuals' behavioral health, reduce social isolation and loneliness, and increase awareness of these important issues within the community.

## **State Objective 2.2**

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

### **Outcome 2.2**

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

### **AAA Strategies 2.2**

The AAAA will develop the following strategies:

1. Partnerships: Collaborate with HHSC and the state assistive technology entity to understand and communicate the range of available assistive technologies.
2. Staff Training: Ensure AAAA staff are fully trained on the latest assistive technology options and how they can benefit older individuals.
3. Showcase Technology: Through and with our vendors/partners organize demonstrations or workshops showcasing the benefits and usage of various assistive technology devices.
4. Resource Development: Distribute resources such as brochures, handouts, or online guides detailing available assistive technology supports and the role of the state assistive technology entity.
5. Outreach Campaigns: Implement a variety of outreach campaigns focused on increasing awareness of the state assistive technology entity and the value of assistive devices for older individuals.
6. Engage Local Media: Partner with local newspapers, radio stations, and TV channels to promote the importance of assistive technology and highlight the role of the state assistive technology entity.
7. Community Events: Plan, resource and participate in community events such as fairs, expos, or seniors' gatherings to demonstrate assistive technology and distribute informational materials.
8. Webinars and Workshops: In partnership with vendors/partners organize webinars and workshops that provide information on the variety of assistive technologies available and how they can support independent living for older individuals.

Through these strategies, AAAA will support the awareness of assistive technologies, helping older individuals to live independently and safely in their own homes.

## **State Objective 2.3**

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

### **Outcome 2.3**

Increase awareness of trauma-informed care and best practices.

## **AAA Strategies 2.3**

The AAAA will develop the following strategies:

1. **Training for Staff:** Implement a comprehensive training program for all AAAA staff to ensure they are equipped with the necessary knowledge and skills to provide trauma-informed care to older individuals and their caregivers.
2. **Collaboration:** Through a collaborate effort with University Health the AAAA will reach a broader audience and promote awareness of trauma informed care.
3. **Policy Review and Development:** Review current policies and develop new ones that reflect the principles of trauma-informed care, ensuring that all services are sensitive to the experiences of older individuals and their caregivers.
4. **Evaluation:** Regularly evaluate the implementation of trauma-informed care practices and adjust as necessary, ensuring that these practices effectively meet the needs of older individuals and their caregivers.
5. **Awareness Campaigns:** In partnership with healthcare providers participate in awareness campaigns about trauma-informed care, including the importance of this approach and the benefits it can provide for older individuals and their caregivers.
6. **Community Workshops and Seminars:** Organize, in coordination with vendors/partners, workshops and seminars to provide education on trauma-informed care best practices for both professionals and the community at large.
7. **Advocacy:** In coordination with health care professionals advocate for trauma-informed care within the broader community and among other organizations serving older adults to further increase awareness and implementation of these practices.

By implementing these strategies, AAAA will promote trauma-informed care practices within our services and increase community awareness of the importance and benefits of this approach.

## **State Objective 2.4**

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

## **Outcome 2.4**

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

### **AAA Strategies 2.4**

The AAAA will develop the following strategies:

1. **Training and Development:** Prepare specialized training programs for all AAAA staff, focusing on understanding the risk factors and signs of suicide among older adults.
2. **Partnership:** Ally with mental health organizations and suicide prevention centers to access expertise and up-to-date resources.
3. **Information Dissemination:** Share information and resources about suicide risks and prevention within the aging network to increase understanding and awareness.
4. **Promotion of Mental Health Services:** Publicize available mental health services and resources within the community to raise awareness and make them easily accessible.
5. **Professional Development:** Provide ongoing training for AAAA staff on mental and behavioral health assessments to ensure that they can accurately identify signs of distress and risk among older individuals.
6. **Hotline Services:** Partner with existing hotlines that provide immediate assistance for older adults experiencing mental health crises.

These strategies will equip AAAA staff with the necessary tools to recognize and respond to suicide risks among older individuals while also raising community awareness about mental health and suicide prevention.

## **State Objective 2.5**

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

## **Outcome 2.5**

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

## **AAA Strategies 2.5**

The AAAA will develop the following strategies:

1. **Resource Consolidation:** Recommend our healthcare partners assemble a comprehensive and easy-to-access resource hub that includes information on preventative health, regular screenings, and immunizations specific to older adults.
2. **Health Campaigns:** Advise healthcare partners to conduct local campaigns that highlight the importance of preventative measures and regular check-ups in prolonging healthy living.
3. **Partnerships:** Form partnerships with local healthcare providers to facilitate regular screenings and immunization drives for older adults at convenient locations and at reduced costs.
4. **Training and Development:** Train AAAA staff to incorporate conversations about preventative health into their routine interactions with older adults and their caregivers.
5. **Educational Workshops:** In cooperation with our healthcare partners conduct regular educational workshops for older adults and their caregivers focusing on available preventative health resources and how to use them effectively.
6. **Community Outreach:** Utilize various platforms such as local newspapers, community bulletins, and social media to raise awareness about best practices related to preventative health.
7. **Inter-agency Collaboration:** Collaborate with other service providers to share best practices and resources related to preventative health measures.

By implementing these strategies, the AAAA will effectively support preventative health measures and increase awareness of available resources and best practices among older adults and their caregivers in the Alamo region.

## **State Objective 2.6**

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

### **Outcome 2.6**

Awareness of the availability of telecommunications and virtual sessions.

## **AAA Strategies 2.6**

The AAAA will develop the following strategies:

1. **Collaboration Initiatives:** Initiate development of a strategic partnership with local public health and emergency response networks to facilitate information exchange and shared response planning. Partner with DeafLink to provide services to one our most underserved community, the deaf.
2. **Networking Events:** Periodically host networking events that bring together different entities within the aging services network, public health sector, and emergency response teams.
3. **Awareness Campaigns:** Partner in the development of campaigns to increase awareness of the availability and benefits of telecommunications and virtual sessions. Use print, digital, and community-based mediums for maximum reach.
4. **Technology Literacy:** Assist our partners in organizing technology literacy sessions for older adults, caregivers, and AAA staff to improve their confidence and competence in using telecommunications and virtual platforms.
5. **Advocate for affordable and accessible broadband internet service for older adults and individuals with disabilities to ensure they can access virtual services.**

These strategies can help build a more resilient aging services network that is well-connected with public health and emergency response networks and is adept at utilizing telecommunications and virtual sessions to ensure continuous service delivery during emergencies.

## **State Objective 2.7**

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

### **Outcome 2.7**

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

## AAA Strategies 2.7

The AAAA will develop the following strategies:

1. **Mobility and Transportation Assessment:** Periodically conduct regular assessments to identify and understand the mobility and transportation issues faced by older adults in the Alamo area.
2. **Partner with Local Transport Services:** Continue collaboration with local public and private transport services to optimize routes and timings based on the needs of older adults.
3. **Accessibility Enhancements:** Advocate for, and contribute to, efforts aimed at improving the accessibility of public spaces and transportation services.
4. **Awareness Campaigns:** Initiate robust information dissemination campaigns that inform older adults about the available public transportation services and how to access them.
5. **Training Programs:** Leverage partnerships to organize training programs for older adults and their caregivers to help them understand how to use different transportation services effectively and safely.
6. **Online Resource Hub:** Disseminate online resource hub that provides up-to-date information about public, volunteer, private, and accessible transportation services.

These strategies aim to improve mobility and transportation for older individuals, making it easier for them to access essential services, remain independent, and continue to participate in their communities.

# Key Topic Area 3: Equity

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

## State Goal 3

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

### State Objective 3.1

Ensure meals can be adjusted for cultural considerations and preferences.

#### Outcome 3.1

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

#### AAA Strategies 3.1

The AAAA will develop the following strategies:

1. Ensure partners address food preferences and nutritional needs of diverse cultural groups within the PSA.
2. Monitor and ensure providers have a feedback mechanism for meal recipients to express their cultural food preferences, ensuring continuous improvement of the meal services based on the community's needs and preferences.
3. Disseminate educational materials and workshops addressing cultural and ethnic nutritional needs to service providers, ensuring they have the information and resources needed to provide culturally appropriate meals.
4. Promote networking events, webinars, and town-hall meetings with AAAA, service providers, and the community to discuss and improve understanding of cultural dietary needs and preferences.
5. Foster collaborations with dietitians and nutritionists who specialize in culturally and ethnically diverse diets to provide training and consultation to AAAAs and service providers.
6. Promote activities that ensure equity and access to services for those with the greatest economic and social need.



## **State Objective 3.2**

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

### **Outcome 3.2**

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

### **AAA Strategies 3.2**

The AAAA will develop the following strategies:

1. Collaborate with local healthcare providers, financial institutions, and non-profit organizations to ensure the accuracy and comprehensiveness of the educational materials.
2. Utilize various communication channels such as local newspapers, social media platforms, email newsletters, and community centers to distribute these educational materials widely.
3. Organize regular community outreach events such as seminars, webinars, and workshops to directly educate older adults and their caregivers about health and economic welfare.
4. Aging network staff are aware of trends impacting the health and economic welfare of older adults.
5. Participate in training sessions for Aging network staff to stay abreast of the latest trends and developments in health and economic welfare of older adults.
6. Encourage networking and information sharing among Aging network staff, health care providers, and financial advisors to ensure comprehensive understanding of the trends.
7. Subscribe to relevant professional journals, research publications, and online resources for Aging network staff to stay informed about the most recent studies and findings.

These strategies aim to facilitate the creation and distribution of high-quality, relevant, and accessible educational materials on the health and economic welfare of older individuals, and to enhance the competency of aging network staff in addressing these issues.

## **State Objective 3.3**

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

### **Outcome 3.3**

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

### **AAA Strategies 3.3**

The AAAA will develop the following strategies:

1. Partner with local, state, and national HIV/AIDS organizations to gather and update comprehensive information on resources and services available for older adults living with HIV/AIDS.
2. Host community outreach events, including educational workshops and webinars, to directly inform older adults living with HIV/AIDS and their caregivers about available resources and services.
3. Utilize local media and social media platforms to disseminate information on resources and services available for older adults living with HIV/AIDS.
4. Partner to promote training programs for HHSC OAAA, AAA, and ASC staff that includes the latest information and data sources on resources and services for older adults living with HIV/AIDS.
5. Encourage regular networking and information sharing among HHSC OAAA, AAA, and ASC staff to ensure the latest resources and data are being utilized effectively.
6. Foster partnerships with research institutions and healthcare providers that specialize in HIV/AIDS care to ensure that the staff stay updated on the most current data and resources available for older adults living with HIV/AIDS.

These strategies aim to increase awareness of resources for older individuals living with HIV/AIDS and ensure that staff members are well-equipped to provide appropriate support and information.

## State Objective 3.4

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

### Outcome 3.4

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

### AAA Strategies 3.4

The AAAA will develop the following strategies:

1. Educate residents, family members, friends, and facility staff about long-term care residents' rights and person-centered care planning.
2. Make regular visits to all licensed facilities in the Alamo region.
3. Document, resolve and close complaints/cases in WellSky.
4. Encourage Participation: Create strategies that encourage older individuals and their caregivers to actively participate in care planning.
5. Workshops and Seminars: Through and with our partners develop workshops and seminars for older adults and caregivers about participant-directed and person-centered planning.
6. Training for Service Providers: Support and plan for training programs for service providers that emphasize the importance of participant-directed and person-centered planning.
7. Information Campaigns: Plan for information campaigns targeting older adults, their caregivers, and service providers to increase understanding and knowledge about participant-directed and person-centered planning.
8. Case Study Sharing: Use case studies to illustrate the success of participant-directed and person-centered planning. These real-world examples can offer valuable insights into how the process works and the benefits it can provide.
9. Peer Support Groups: Facilitate, through our partners, the formation of peer support groups where older individuals and caregivers can share experiences and advice about participant-directed and person-centered planning.

These strategies help to promote and improve understanding of participant-directed and person-centered planning for older adults and their caregivers, supporting them in becoming active participants in their care decisions.

## **State Objective 3.5**

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

### **Outcome 3.5**

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

### **AAA Strategies 3.5**

The AAAA will develop the following strategies:

1. **Conducting Cultural Sensitivity Trainings:** Through outreach strategies assist in providing training programs for service providers to increase their understanding of the needs and challenges faced by older individuals from minority religious affiliations, sexual orientations, or gender identities.
2. **Partnering with Community Organizations:** Collaborate with organizations that cater to these specific groups to better understand their needs, and how to reach and serve them effectively.
3. **Multilingual Services:** Plan for providing services in multiple languages, including interpretation and translation, to ensure language barriers don't hinder access to services.
4. **Outreach Programs:** Implement specific outreach programs targeting underserved populations.
5. **Develop Specialized Materials:** Develop and distribute culturally sensitive materials to educate on benefits of AAAA services.

These strategies contribute to an increase in outreach efforts, enhancing the overall accessibility and inclusivity of services to older adults with the greatest social need in the Alamo area.

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

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

## **State Goal 4**

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

### **State Objective 4.1**

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

#### **Outcome 4.1**

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

#### **AAA Strategies 4.1**

The AAAA will develop the following strategies:

1. Utilize social media, presentations, and health fairs to raise awareness of the ombudsman program.
2. The AAAA Housing Navigator and Local Contact Agent will collaborate with local care providers, social services, and non-profit organizations to create a network of diverse long-term care options that are readily accessible to older adults.
3. Assist in the development of a robust referral system among healthcare providers, social services, and the AAAA network to facilitate seamless coordination of long-term care.
4. Develop and disseminate clear, easily understandable informational materials on available long-term care services and support via various channels, including local media, social media, and community events.

5. Organize workshops, seminars, and community outreach programs aimed at educating older adults and their families about various long-term care options.
6. Partner with local community groups, religious organizations, and healthcare facilities to extend reach and promote awareness of long-term care services.
7. Advocate for policies that promote the visibility and accessibility of long-term care services, particularly those enabling older adults to receive care in their preferred settings.

## **State Objective 4.2**

Ensure care transitions for older individuals at risk of institutionalization.

### **Outcome 4.2**

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

### **AAA Strategies 4.2**

The AAAA will develop the following strategies:

1. Establish partnerships with hospitals, rehab centers, and other healthcare institutions to facilitate effective care transitions for older adults at risk of institutionalization.
2. Develop comprehensive care transition plans that cater to the unique needs and preferences of older adults, incorporating both medical and social support services.
3. Facilitate regular training for caregivers and healthcare providers to ensure they are equipped with the necessary skills and knowledge to support smooth care transitions.
4. Continue to enhance our case management system and our ability to track and support older adults during care transitions, ensuring continuity of care and reducing the risk of readmissions.
5. Coordinate information sharing across the aging services network to increase awareness of transition assistance services and facilitate connections with long-term services and supports agencies and community programs at the local level.

6. Develop a centralized information hub for the aging services network, consolidating resources, services, and agencies on a single platform to foster coordinated care.
7. Host regular information sharing meetings and workshops with the aging services network to update on new resources, share best practices, and facilitate collaborative efforts.
8. Utilize digital tools and social media platforms to disseminate information about transition assistance services and other community-based long-term services and support.
9. Partner with community programs and agencies to enhance outreach efforts, ensuring that older adults, their families, and caregivers are aware of the available resources and services to support care transitions.
10. Provide a coordinated system of in-home and community-based long-term care services that enables older adults and people with disabilities to be active, engaged and supported in their homes and communities.

## **State Objective 4.3**

Enhance integration of health care and social services systems.

### **Outcome 4.3**

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

### **AAA Strategies 4.3**

The AAAA will develop the following strategies:

1. The ASC will use the information database to continue providing information and referrals for available resources in the service area of the AAAA. Using person-centered counseling, the ASC will identify critical needs, accessibility to resources, and the potential for Long-term Services & Supports (LTSS). The ASC's goal is to provide individuals with an array of options and choices, simplify finding assistance, and provide all information needed to create a key point of access.
2. Cross-Sector Collaboration: Promote collaboration between healthcare providers and social service agencies to facilitate integrated service delivery.

3. Centralized Information System: Identify and utilize comprehensive database that includes all available healthcare and social services in the area.
4. Community Education Campaigns: In coordination with our partners develop education campaigns to raise awareness of available healthcare and social services.
5. Healthcare Provider Training: Support training for healthcare providers on the social services available in their community and how these services can support their patients' health and well-being.
6. Coordination of Care: Assist in the development of mechanisms for coordinating care across healthcare and social services.
7. Advocacy for Integrated Care Policies: Work with local, state, and national policymakers to advocate for policies that support the integration of healthcare and social services.
8. Regular Evaluation and Improvement: Regularly evaluate the effectiveness of the integration efforts and make necessary improvements.

These strategies that may be adapted to the unique needs and resources of each county.



## **Key Topic Area 5: Caregiving**

Enhance services and supports for caregivers.

### **State Goal 5**

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

### **State Objective 5.1**

Enhance awareness of caregiving services and supports.

### **Outcome 5.1**

Increase awareness of caregiving services and supports.

### **AAA Strategies 5.1**

The AAAA will develop the following strategies:

In order to increase awareness of caregiver services and support, the AAAA will employ caregiver support staff to collaborate with ASC, MIPPA staff, and other AACOG departments, along with community partners such as the Alzheimer's Association, UT Health, and WellMed Charitable Foundation to promote caregiver services. The AAAA will also collaborate with local media outlets to increase awareness of caregiving services through print media, TV broadcast, radio interviews, and social media campaigns that will reach the targeted population. Additionally, the AAA is in the process of strengthening its current relationships with community partners so that they can assist with bringing awareness to caregiver services and support by sending the AAAA referrals for needed services.

1. AAAA will utilize caregiver support staff to conduct outreach. The purpose is to continuously collaborate with AACOG departments while informing caregivers and the aging population about services and benefits that are available.
2. Continue to refine our informative and accessible website and/or digital platform that outlines available caregiving services and supports, eligibility criteria, and the process to access them.

3. Conduct outreach activities in community centers, places of worship, local events, and other public forums to disseminate information about caregiving services and supports.
4. Collaborate with local media outlets to disseminate information on caregiving services and supports through news segments, articles, podcasts, and social media campaigns.
5. Develop and distribute print materials such as brochures, posters, and newsletters that outline available caregiving services.
6. Offer educational workshops and seminars for caregivers and families, covering a range of topics such as understanding caregiver stress, navigating available resources, and adopting effective caregiving strategies.
7. Develop partnerships with local businesses and employers to provide information on caregiving services and supports to their employees, recognizing the number of employed individuals who may also be caregivers.
8. Implement a referral system among healthcare providers, social workers, and community organizations to guide individuals to appropriate caregiving services and supports.
9. Utilize digital and social media platforms to reach a larger audience, share stories of caregivers, and provide information on available resources and supports.

## **State Objective 5.2**

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

### **Outcome 5.2**

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

### **AAA Strategies 5.2**

The AAAA will develop the following strategies:

1. The ASC coordinates with the Intellectual and Development Disabilities (IDD) department to identify individuals eligible for the Texas Respite Lifespan Care program.
2. Enhance Inter-program Collaboration: Strengthen ties between the Title III caregiving programs and the Lifespan Respite Care program.

3. Information Sharing and Referrals: Develop systems for sharing information and making referrals between the two programs.
4. Joint Public Information Campaign: Launch a joint public information campaign to raise awareness of both programs and their services.
5. Provider Training: Provide training for service providers in both programs on the resources and supports offered by the other program.
6. Caregiver Outreach and Engagement: Implement targeted outreach initiatives to engage caregivers and inform them about the resources available through both programs.
7. Advocacy for Policy Support: Work with local and state policymakers to advocate for policies that support the coordination of caregiving services.
8. Regular Evaluation and Improvement: Regularly evaluate the effectiveness of these strategies and make necessary improvements.

By implementing these strategies, the AAAA will foster better coordination between the Title III caregiving programs and the Lifespan Respite Care program, leading to more comprehensive, seamless support for caregivers in the Alamo region.

## **State Objective 5.3**

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

### **Outcome 5.3**

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

### **AAA Strategies 5.3**

The AAAA will develop the following strategies:

1. The AAAA will begin coordinating with the National Technical Assistance Center on Grandfamilies and Kinship Families. AAAA staff will work to ensure that assistance is provided to the National Technical Assistance Center on Grandfamilies and Kinship Families by increasing awareness and assisting with the organization's mission.

2. Establish regular communication channels with the National Technical Assistance Center on Grandfamilies and Kinship Families to discuss trends, needs, and effective strategies.
3. Participate in national meetings, webinars, and workshops provided by the Center to stay updated on the latest research and resources.
4. Involve the Center in local task forces or advisory councils related to caregiving, fostering knowledge exchange and collaboration.
5. Collaborate with the Center on joint projects, such as research studies or community initiatives, to improve services for grandfamilies and kinship families in the Alamo area.
6. Partner in the development of a joint training program with the Center to enhance the skills and knowledge of AAAA, ASC, and service providers in serving grandfamilies and kinship families.
7. Establish a referral process between local service providers and the Center, enhancing the ability to connect families with the appropriate resources and services.
8. Create a shared digital platform for exchanging information, resources, and best practices with the Center and other service providers.
9. Organize community events and information sessions jointly with the Center to increase public awareness of the resources available for grandfamilies and kinship families.

Implementing these strategies will facilitate better coordination between AAAA, ASC, and providers with the National Technical Assistance Center on Grandfamilies and Kinship Families.

## **State Objective 5.4**

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

### **Outcome 5.4**

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

## AAA Strategies 5.4

The AAAA recognizes the five priority areas of recommendations identified by the Recognized, Assist, Include, Support, & Engage (RAISE) Family Caregiving Council. AAAA staff will begin implementing the recommendations from RAISE. The AAAA is currently working on increasing awareness of family caregiving, access to services and supports, integrating caregivers so that they are included into processes and systems, all the while coordinating with the National Technical Assistance Center on Grandfamilies and Kinship Families to assist with research/data collection. The AAAA will work with ASC, MIPPA staff, other AACOG departments, and community partner Texas Grandparents Raising Grandchildren to ensure that cohesive coordination with all departments/areas takes place.

The AAAA will develop the following strategies:

1. Actively participate in RAISE Family Caregiving Advisory Council and Advisory Council to Support Grandparents Raising Grandchildren to stay current on their recommendations and developments.
2. Develop a coalition within the AAAA to review, assess, and integrate the recommendations of both the councils into local plans and programs.
3. Establish regular training sessions for AAAA, ASC, and service providers to update them on the councils' recommendations and how to implement them effectively.
4. Advocate for the implementation of the councils' recommendations at the local level through community outreach and awareness campaigns.
5. Develop a robust collaboration system with the Center, sharing best practices, data, and insights.
6. Coordinate the dissemination of educational materials and resources from the Center to local service providers and the public.
7. Foster cooperation with the Center to provide specialized training for AAAA, ASC, and service providers on supporting grandfamilies and kinship families.
8. Work with the Center to develop and implement community outreach programs to raise public awareness about the resources available for grandfamilies and kinship families.

## Section 9. Performance Measures

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

**Table 6. Performance Measures**

Performance Measure	Actual SFY 2022	Projected SFY 2024	AAA Strategies
Number of unduplicated active certified Ombudsman	30	25	1.8,4.1
Number of unduplicated persons receiving care coordination	335	500	2.4, 3.5 & 4.3
Number of unduplicated persons receiving legal assistance (age 60 and over)	637	600	
Total care coordination expenditures	130462	154,515	2.4, 3.5 & 4.3
Average cost per care coordination client	309.03	309.03	2.4, 3.5 & 4.3
Total legal assistance (age 60 and over) expenditures	30,000	35,000	5.4
Average cost per person receiving legal assistance	60	100	5.4
Cumulative number of visits to assisted living facilities by a certified Ombudsman	489	332	3.4
Total expenditures Ombudsman program (federal, state, other federal, program income, and local cash)	274,652	293,878	
Unduplicated number of assisted living facilities visited by an active certified Ombudsman	65	60	3.4
Percentage of complaints resolved and partially resolved in nursing homes and assisted living facilities	90	84	1.8
Number of unduplicated persons receiving congregate meals	1806	1850	1.3, 3.1
Number of congregate meals served	58,652	108,330	1.3, 3.1
Number of unduplicated persons receiving home-delivered meals	2276	1983	1.3, 3.1

Performance Measure	Actual SFY 2022	Projected SFY 2024	AAA Strategies
Number of home-delivered meals served	245,050	304,042	1.3, 3.1
Number of unduplicated persons receiving homemaker services	46	55	2.4, 3.5 & 4.3
Number of unduplicated persons receiving personal assistance	30	32	2.4, 3.5 & 4.3
Number of homes repaired/modified (residential repair service)	89	62	2.4, 3.5 & 4.3
Number of one-way trips (demand response transportation service)	5,837	8,400	2.7, 2.5
Total congregate meal expenditures	\$440,088	\$726,894	1.3, 3.1
Average cost per congregate meal	\$7.50	\$6.71	1.3, 3.1
Total home delivered meal expenditures	\$1,241,357	\$1,614,463	1.3, 3.1
Average cost per home-delivered meal	\$5.06	\$5.31	1.3, 3.1
Total homemaker services expenditures	74066	25,394	2.4, 3.5 & 4.3
Average cost per person receiving homemaker services	461.71	461.71	2.4, 3.5 & 4.3
Total personal assistance services expenditures	15538	12,923	2.4, 3.5 & 4.3
Average cost per person receiving personal assistance services	403.86	403.86	2.4, 3.5 & 4.3
Average cost per modified home (residential repair service)	731	731	2.4, 3.5 & 4.3

## Section 10. Summary of Services

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

### Provided Services

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

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

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



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

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

## Service Delivery Narratives

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

Describe each service using the “5 Ws and H” approach:

- What service is being provided in the PSA?
- Who is the targeted audience of the service within the PSA?
- Where will the service be provided in the PSA? (For example, the specific geographical area, facility or physical building, provided in-person and/or virtual, etc.).
- When will the service be provided in the PSA? Describe duration and frequency of the service.
- Why is it important to provide the service in the PSA? Describe unmet needs and barriers older individuals experience.
- How is the service being provided in the PSA? Include whether the service is contract, sub-recipient agreement or provided as a direct service. Identify service providers in the PSA and the counties served by each provider.

This section includes sub-headings to categorize similar services together.

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

## AAA Administrative Functions

Participant Assessment – Access & Assistance The Alamo AAA Administrative Function focuses on Client Assessment – Access & Assistance. This service involves conducting an initial assessment and any subsequent reassessments of aging adults to determine their needs for supportive services provided directly by the AAA. Each complete assessment or reassessment counts as a single contact.

What: Administrative Functions.

The targeted audience for this service within the PSA is aging adults and caregivers in the Alamo region who require supportive services or need assistance in accessing these services.

Where: The service will be provided within the entire Alamo region. The specific location, be it a facility or a physical building, will depend on the availability and convenience for the aging adult. This service may be offered both in-person and virtually, depending on individual needs and preferences, as well as safety protocols in place.

When: The duration of each assessment will vary depending on the specific needs and complexities of each aging adult. The frequency of the service will involve an initial assessment followed by periodic reassessments to ensure the continued appropriateness and effectiveness of the supportive services being provided.

Why: As the population ages, there's an increasing need to ensure that older individuals in the Alamo region have access to the supportive services they require. By assessing and reassessing their needs, the AAA can ensure that the services provided are tailored to individual requirements, thus enhancing their quality of life. This service also helps address barriers older individuals might face, such as lack of information or inability to access services due to physical or cognitive limitations.

How: Administrative functions are provided as a direct and indirect service by the AAA and its subcontractors. The AAA may collaborate with other organizations, care facilities, and experts to ensure comprehensive assessments. Depending on needs and regional considerations, the AAA will establish contracts or sub-recipient agreements with other service providers in various counties of the Alamo region.

## Case Management Services

Assisted Transportation provides funding as *Case Management Services* for aging adults and or Caregiver in the Alamo region. Assisted Transportation provides funding to provide assistance and transportation including escort or other appropriate assistance, for a person who has difficulties (physical or cognitive) using regular vehicular transportation. Assisted Transportation is offered with a spending cap based on funding availability and enhances the quality of life for our aging adults and provides support in maintaining their independence. AAAA can provide this service with the partnership of AACOG Contracted Vendors.

What: Assisted Transportation offers aid, including escort or other necessary assistance, for individuals (either due to physical or cognitive issues) who face challenges using regular vehicular transportation.

Who: Targeted at aging adults and/or their caregivers in the Alamo region.

Where: Throughout the Alamo region, facilities or locations will be based on the specific needs of the individuals.

When: Provided based on the individual's needs, with a spending cap contingent on funding availability.

Why: Addresses barriers faced by aging adults in accessing essential transportation due to physical or cognitive limitations. Enhances their quality of life and supports their independence.

How: Through a partnership with AACOG Contracted Vendors.

Care Coordination (CC) provides funding as *Case Management Services* for aging adults in the Alamo region. CC is a service to assess the need of an older person and effectively plan, arrange, coordinate, and follow up on services. CC is offered as units; a unit is the time spent by staff or a qualified designee engaged in working with an eligible person.

What: A service to evaluate an older individual's needs and effectively plan, arrange, and follow up on services.

Who: Aging adults in the Alamo region.

Where: Within the Alamo region.

When: Offered as units of time, which represents the period a staff or qualified designee spends working with an eligible individual.

Why: To ensure that aging adults receive tailored services that address their specific needs.

How: Direct service provided by AAAA staff or a qualified designee.

Caregiver Support Coordination provides funding as *Case Management Services* for aging adults and their Caregiver in the Alamo region. Caregiver Support Coordination is a service provided to a caregiver to assess the need of a caregiver to effectively plan, arrange, coordinate, and follow up on services. Caregiver Support Coordination is offered as units, a unit is the time spent by staff or a qualified designee engaged in working with an eligible person.

What: Service offered to caregivers to evaluate their needs and subsequently plan, arrange, and follow up on services.

Who: Aging adults and their caregivers in the Alamo region.

Where: Alamo region.

When: Like the CC, this service is provided in units of time.

Why: Supports caregivers by assessing and addressing their unique needs, ensuring they can effectively care for aging adults.

How: Direct service by AAAA staff or a designated professional.

Health Maintenance (HM) provides funding as *Case Management Services* for aging adults and or Caregiver in the Alamo region. HM provides funding for durable medical supplies (i.e., pull-ups, wipes, bed pads, protein shakes and rollator) this service is offered with a spending cap based on funding availability and is offered to client one time per fiscal year. HM enhances the quality of life for our aging adults and provides support in maintaining their independence. AAAA can provide this service with the partnership of AACOG Contracted Vendors.

What: Funding for durable medical supplies like pull-ups, wipes, bed pads, protein shakes, and rollators.

Who: Aging adults and/or their caregivers in the Alamo region.

Where: Alamo region.

When: Offered once per fiscal year, with a spending limit based on funding availability.

Why: Enhances the quality of life and independence of aging adults.

How: Via partnership with AACOG Contracted Vendors.

Residential Repair (RR) provides funding as *Case Management Services* for minor repairs or modification to address health and safety concerns for aging adults in the Alamo region. RR service is offered with a spending cap based on funding availability and is offered to clients one time per fiscal year. RR is offered to enhance the quality of life for our aging adults and provides support in maintaining their independence. AAAA can provide this service with the partnership of AACOG Contracted Vendors.

What: Funding for minor repairs or modifications addressing health and safety concerns in residences.

Who: Aging adults in the Alamo region.

Where: Alamo region.

When: Available once per fiscal year, contingent on funding availability.

Why: Promotes a safe living environment, improving the quality of life and independence.

How: Through partnership with AACOG Contracted Vendors.

Chore Maintenance (CM) provides funding as *Case Management Services* to an AACOG Contracted Vendor to perform heavy household tasks which an aging adult is not able to perform on their own (i.e., scrubbing floors, washing walls, or washing windows inside & outside) moving heavy furniture or maintenance such as yard work in the Alamo region. CM service is offered for a duration depending on vendor rate, frequency in use and contingent on funding availability. CM is offered to enhance the quality of life for our aging adults and provides temporary support in maintaining their independence. AAAA can provide this service with the partnership of AACOG Contracted Vendors.

What: Provides heavy household task assistance, such as scrubbing floors, washing walls, washing windows, moving furniture, and yard work.

Who: Aging adults in the Alamo region who cannot perform these tasks on their own.

Where: Alamo region.

When: Duration varies based on vendor rate and funding availability.

Why: Enhances the quality of life and provides temporary support for independence.

How: Partnership with AACOG Contracted Vendors.

Income Support (IS) provides funding as *Case Management Services* for aging adults and or Caregiver in the Alamo region. IS provides funding for goods or services, this service is offered with a spending cap based on funding availability and is offered to client one time per fiscal year. IS enhances the quality of life for our aging adults and provides support in maintaining their independence. AAAA can provide this service with the partnership of AACOG Contracted Vendors.

What: Funding for goods or services to support the financial needs of aging adults.

Who: Aging adults and/or their caregivers in the Alamo region.

Where: Alamo region.

When: Provided once per fiscal year with a spending cap determined by available funding.

Why: Offers financial relief, enhancing the quality of life and supporting independence.

How: Via partnership with AACOG Contracted Vendors.



## Information and Assistance Services

The AAAA Alamo Service Connection (ASC) is at the forefront in access to services provided as well as resources available in the 12-county service area. ASC is the primary screener and access point for AAAA services using person-centered counseling to provide options on service needs. The ASC fields calls in an attempt identify different needs as well as assisting in the self-identification of caregiving. By using the extensive database, the ASC provides information on additional services in the service area as well as information on those provided through AAAA.

What: The ASC serves as the primary point of access for AAAA services, utilizing person-centered counseling to guide individuals towards relevant services.

Who: Targeted at residents within the 12-county service area, including aging adults and caregivers.

Where: Throughout the 12-county service area.

When: Ongoing throughout the year based on individual needs and service availability.

Why: Fills the critical gap of guiding individuals towards the right services and resources, addressing confusion, and ensuring the most effective use of available resources.

How: Provided as a direct service by the AAAA. The ASC serves both as an information hub and a facilitator for accessing AAAA services.

Caregiver Information Services AACOG provides funding under *Information and Assistance Services* to contracted vendor and staff to administer information to informal Caregivers, Grandparents, or relatives caring for children 18 years of age and under, as well as the public. This is done through handing out publications, large group presentations, seminars, health fairs, outreach events, mass media and resource libraries. AAAA can provide this service throughout the fiscal year depending on funding availability.

What: The distribution of information to informal caregivers, grandparents, or relatives caring for children below 18, as well as the general public.

Who: Informal caregivers, grandparents, or relatives looking after children under 18, and the general public in the Alamo region.

Where: Throughout the Alamo region, at various venues and through various mediums.

When: All year round, contingent upon funding availability.

Why: Addresses the lack of information and resources available to caregivers, ensuring they can provide the best care possible.

How: Funding is provided under Information and Assistance Services to contracted vendors and staff. Services are dispensed through multiple channels such as presentations, publications, and media outlets.

Outreach provides funding as *Information and Assistance Services* for aging adults and or Caregiver in the Alamo region. Outreach is the interaction with a person initiated by the AAA to identify potential participants and to encourage them to use OAA services and benefits. Outreach is offered as one-on-one contact between the AAA and an aging adult.

What: Interactions initiated by the AAA to identify potential beneficiaries and encourage them to use OAA services and benefits.

Who: Aging adults and/or their caregivers in the Alamo region.

Where: Directly within the communities of the Alamo region.

When: Throughout the year based on the need and availability of services.

Why: Many aging adults and caregivers are unaware of the benefits and services available to them, leading to unmet needs.

How: Provided as a direct one-on-one contact service by the AAA to aging adults.

In addition to providing Benefit Counseling services, outreach activities are conducted to inform eligible individuals of available benefits. Increasing public awareness about Medicare and extra Help programs is a primary focus on State Health Insurance Program (SHIP). Throughout the year, AAAA conducts presentations on Medicare, prescription drug plans, and Medicare supplemental and Medicare Advantage policies through media outlets, senior centers, church groups, senior learning center and assisted living facilities. AAAA staff and volunteers make presentations to consumers, caregivers, and professionals regarding public benefits. And private health insurance as well attending health fairs.

What: Counseling on benefits, with outreach activities to educate on Medicare, prescription drug plans, and other insurance policies.

Who: Eligible individuals, caregivers, and professionals in the Alamo region.

Where: Via media outlets, senior centers, churches, learning centers, and assisted living facilities in the Alamo region.

When: Throughout the year based on the program's schedule and individual needs.

Why: The complexities of Medicare and other insurance programs often lead to confusion, and many remain unaware of the available benefits.

How: Through presentations by AAAA staff and volunteers. Health fairs and community presentations also serve as avenues for disseminating information.

AAAA is establishing a Memorandum of Understanding (MOU) with the Frio County Courthouse -Information Center which allows the HICAP program to utilize office space throughout the community to conduct presentations, and host annual Medicare Open Enrollment events. The MOU allows SHIP to easily partner with the center's advocate throughout a diverse community to provide English and Spanish onsite presentations and materials to these groups.

## Transportation Services

Transportation is a top priority for the Alamo Area Agency on Aging (AAAA). It is necessary for access to healthcare, community participation, and overall quality of life. As the population increases in all counties, there are more drivers on the roads and commute times are lengthened, which deters older adults from driving under those conditions. While family members often help out, it can be inconvenient for working family members to take time off to drive their loved ones to medical appointments, grocery stores, shopping malls, and social service agency appointments.

Transportation is provided for older adults aged 60 and older for medical services and social outings. In the Alamo rural Region, there is a high incidence of dialysis, and transportation to dialysis centers is critical to sustain life. The AAAA receives transportation requests through their call center, Alamo Service Connection (ASC). The AAAA has one contracted vendor, Alamo Regional Transit (ART), to provide this service. ART offers demand-response transportation services in the greater Alamo region.

Transportation is available for older adults residing in the region and is operated on a curb-to-curb basis. While the service is open to the general public, priority is given to older adults, low-income families, people with disabilities, and veterans when demand for service exceeds available capacity. The service is provided Monday through Saturday, from 6 am to 6 pm.

## **Nutrition Services**

Congregate and Home Delivered Meals services have the largest consumer base and are the primary source of funding for AAAA.

### **Congregate Meals**

The AAAA in the Alamo Region has six (6) providers for the congregate meal program. The congregate meal sites are located in Bandera, Comal, Gillespie, Guadalupe, Kendall, Kerr and Wilson.

Some providers prepare meals in their fully equipped kitchens while others purchase prepared meals from local food service businesses. Most participating older adult nutrition centers operate Monday-Friday from 9:00 am to 3:00 pm. Nutrition Education is provided to meal recipients through presentations and/or other resource materials focused on understanding healthy eating components.

1. Bandera County Committee on Aging, dba (doing business as) The Silver Sage, is a full-service Senior Center for Bandera County. Their congregate meals are prepared through their partnership with the San Antonio Food Bank. Silver Stage staff have been trained under supervision of a licensed dietitian in the proper procedure to conduct nutrition education. Nutrition education is conducted during the initial intake of a new client and then on a yearly basis with each client. Classes are held in a group environment at the center and individually in the case of a homebound client.
2. The Comal County Senior Citizens Foundation (CCSCF) provides congregate meals in three (3) sites and delivers meals to homebound seniors.
3. Wilson County Senior Wellness Center is operated by Wilson County with congregate meals served by CCSCF. The Center is open daily from 9 am until 2 pm Monday through Friday.
4. The City of Schertz provides congregate meals at the Schertz Area Senior Center for residents in Guadalupe, Bexar, and Comal counties. The City of Schertz purchases prepared hot, shelf stable and frozen meals from Selrico Services and volunteers serve them from a fully equipped kitchen.
5. The Dietert Center provides congregate meals in Kerr County. Seniors receive menus each month and the menu is posted on the Dietert Center website.

6. Gillespie County Committee on Aging, Inc., dba The Golden Hub Community Center provides congregate meals and home delivered meals (HDM) in Gillespie County prepared by kitchen staff Monday through Friday. Nutrition education is provided annually to both congregate and HDM clients. The congregate meal education is given each month in a group setting, any client that has not been in attendance on one of these days by the end of their renewal year is then given education individually. HDM clients are given education individually either by phone or in person. All clients who receive nutrition education are documented and reported to the AAAA as per HHS guidelines.

7. Rainbow Senior Center (dba The Center) serves a congregate lunch on-site at the center, and provides Comfort Golden Age Center in Comfort, Texas, with congregate meals for their members.

Because of the distance between congregate meal sites and older adult residences, transportation is a challenge for older adults to get to the congregate meal sites. The AAAA will work in partnership with providers and local governments to extend transportation resources to increase the participation in congregate meal programs.

## **Home Delivered Meals**

Home Delivered Meals (HDM) is a priority for AAAA. Because many older adults are home bound, the home delivered meals service provides a nutritious meal five days a week.

Home Delivered Meals provide clients with nutrition and social interaction on a daily basis from which the clients realize great benefits. Research shows that social isolation can have a direct impact on cardiovascular disease, decreased sleep, depression and anxiety that can lead to brain aging such as dementia.

The AAAA in the Alamo region has six (6) providers for the home delivered meal program. The home delivered meal sites are located in Bandera, Comal, Gillespie, Guadalupe, Kendall, Kerr, Medina and Wilson. Depending on the assessed need of the older adult, home delivered meals can include meals for the weekend.

Bandera County Committee on Aging (dba The Silver Sage) is a full-service Senior Center for Bandera County. The Silver Sage provides home delivered meals for home bound seniors. Nutrition education is conducted during the initial intake of a new client and then on a yearly basis. Classes are held in a group environment at the center and individually in the case of a homebound client.

Comal County Senior Citizens Foundation is providing meals to the homebound seniors in Comal, Guadalupe, Karnes and Wilson counties.

The Dietert Center provides home delivered meals in Kerr County.

Gillespie County Committee on Aging, Inc. (dba The Golden Hub Community Center) provides home delivered meals (HDM) in Gillespie County prepared by kitchen staff Monday through Friday. Nutrition education is provided HDM clients.

The Medina Senior Center provides home delivered meals within Medina County.

Rainbow Senior Center also known as "The Center" has volunteers that deliver home-delivered meals throughout Kendall county.

## Legal Services

The Benefit Counseling Program is to provide accurate and objective health insurance counseling, assistance, and advocacy in relation to Medicare, private health insurance, and public benefits such as Medicaid, and SNAP (Supplemental Nutrition Assistance Program). HHSC provides for these services under its service definition of Legal Assistance, 60 and older; Legal Assistance for those less than 60 years of age (Medicare enrollees, eligible disabled, and Medicare pre-enrollees); and Legal Awareness, the dissemination of accurate and relevant information about public entitlements, long-term care services, planning/protection options, and consumer needs.

ASC serves as the primary screener and access point for AAAA Benefits Counseling services. AAAA is among a limited number of Texas AAAs that use Title IIIB funding to provide seniors with access to free legal aid. AAAA manages this program through a partnership with local legal partners, which contracts with AAAA to recruit local attorneys to provide legal services at a discounted rate for AAAA clients. These agencies provide the following services for AAAA Clients:

1. Legal advice and representation by an attorney- Including counseling, and or other appropriate assistance by a para-legal or law student under the supervision of an attorney.
2. Representation – If the client’s problem requires more than advice and counsel and the case is not referred to another source, the program provides an attorney to represent the client to achieve a resolution to the legal problem. Representation may include legal research negotiation, preparation of legal documents, correspondence with, appearance at administrative hearings or at a minimum, advice, and counsel, representation, and education service components.
3. Research- Gathering information about laws, rights, or interpretation of laws that may be performed at any point after intake has occurred, to resolve an individual’s legal problems. Such information will be used to assist providers of legal services in counseling individuals, in representing them in hearings and courts of law or in negotiations with potential legal adversaries.
4. Preparing legal documents- Including writing documents that are used to protect individual rights, such as contracts, Wills, or leases, which might later be used in a court of law.



## Caregiver Services

Caregiver Respite In Home provides *Caregiver Services* on a temporary basis to Caregivers of aging adults in the Alamo region. AACOG Contracted Vendors provide staffing to provide Respite In Home Services to clients. The duration of service is dependent on Vendor reimbursement rate and how frequently client schedules services.

What: The service offers temporary respite to caregivers by providing care to aging adults within their homes.

Who: Targeted at caregivers of aging adults in the Alamo region.

Where: Services are provided directly within the homes of the aging adults in the Alamo region.

When: Duration and frequency depend on the vendor reimbursement rate and the scheduling preferences of the client.

Why: Caregiving can be both physically and emotionally exhausting. Offering in-home respite ensures caregivers can take needed breaks, reducing caregiver burnout and ensuring better care for aging adults.

How: AACOG Contracted Vendors provide the staffing for this service. It is based on a contract with these vendors who serve various counties within the Alamo region.

Caregiver Respite Out of Home (no overnight) provides *Caregiver Services* on temporary basis to Caregivers of aging adults in the Alamo region. AACOG Contracted Vendors provide staffing to provide Respite Out of Home Services to clients. The duration of service is dependent on Vendor reimbursement rate and how frequently client schedules services.

What: This service offers temporary care to aging adults outside their homes but does not include overnight stays.

Who: Caregivers of aging adults in the Alamo region.

Where: Services are provided in designated facilities or areas outside the homes of the aging adults in the Alamo region.

When: Duration and frequency are contingent upon the vendor reimbursement rate and the scheduling preferences of the client.

Why: This service provides an essential break for caregivers and a change of environment for aging adults, catering to their social and emotional needs.

How: The service is provided through AACOG Contracted Vendors who provide the necessary staffing. The service is based on contracts with these vendors serving various counties within the Alamo region.

Caregiver Respite Voucher provides *Caregiver Services* on temporary basis to Caregiver of aging adults in the Alamo region. AACOG provides limited funding to clients to hire staff to provide Caregiver Respite Services. Duration of service is dependent on reimbursement rate and how frequently client schedules services. Caregiver Respite Voucher services enhance the quality of life for our aging adults and provide support in maintaining their independence and provides personal time away from daily responsibility of Caregiving. AAAA can provide this program to our Caregivers of aging adults to empower them to be more involved in hiring a care provider.

What: This service provides funding to caregivers of aging adults, allowing them to hire staff for temporary caregiving.

Who: Caregivers of aging adults in the Alamo region.

Where: Within the Alamo region based on the chosen provider by the caregiver.

When: The service duration is dependent on the reimbursement rate and the frequency at which the client schedules the services.

Why: Empowers caregivers with the choice of hiring a care provider, ensuring a tailored fit for their unique needs, and offering a necessary reprieve.

How: AACOG provides the funding for this service, enabling caregivers to hire appropriate staff. It's a direct empowerment tool, allowing caregivers greater involvement in the process.

Caregiver Training provides funding under *Caregiver Services* to an AACOG Contracted Vendor to provide Caregivers with instruction to improve knowledge and performance of specific skills related to their Caregiving roles and responsibilities. Skills may include activities related to health, nutrition, and financial management, providing personal care and communication with health care providers and other family members. Training may be conducted in person or online and be provided in individual or group settings.

What: This is a training program tailored for caregivers, designed to enhance their skills and knowledge related to caregiving responsibilities.

Who: Caregivers in the Alamo region.

Where: Training can be conducted either in person or online, offering flexibility in individual or group settings.

When: The service's duration and frequency depend on the nature of the training and the needs of the caregivers.

Why: With the complexities of caregiving, especially in areas like health, nutrition, and financial management, this training ensures caregivers are well-equipped to offer the best care.

How: Funding is provided to an AACOG Contracted Vendor to deliver the training. The service is based on a contract with these vendors who serve various counties within the Alamo region.

## In-Home Services

These services are offered to enhance the quality of life for our aging adults and provide support in maintaining their independence. AAAA can provide this service with the partnership of AACOG Contracted Vendors

Home Maker Services (HmMkr) provides services to aging adults in the Alamo region. AACOG Contracted Vendors provide staffing to provide *In-Home Services* to clients. The duration of service is dependent on Vendor reimbursement rate and how frequently client schedules services.

What: This service provides in-home assistance to aging adults, helping with daily chores and activities to maintain their households.

Who: Targeted at aging adults in the Alamo region.

Where: The service is provided directly within the homes of the aging adults in the Alamo region.

When: Duration and frequency of the service depend on the vendor reimbursement rate and the scheduling preferences of the client.

Why: As aging adults may face difficulties in maintaining their households due to physical constraints or health issues, this service ensures they can continue living independently in their homes.

How: AACOG Contracted Vendors provide the staffing for this service. It is based on a contract with these vendors who serve various counties within the Alamo region.

Home Maker (HmMkr) Voucher provides funding to aging adults in the Alamo region. AACOG provides funding to clients to hire staff to provide *In-Home Services*. The duration of service is dependent on reimbursement rate and how frequently client schedules services.

What: This service provides funding to aging adults allowing them to hire staff for in-home services.

Who: Aging adults in the Alamo region.

Where: Services are offered within the homes of the aging adults in the Alamo region.

When: The service duration is dependent on the reimbursement rate and the frequency at which the client schedules the services.

Why: Providing a voucher system empowers aging adults to select and hire service providers based on their specific needs, ensuring personalized care.

How: AACOG directly provides the funding, enabling aging adults to hire suitable staff. It's a direct empowerment tool, allowing clients more involvement in the process.

Personal Assistant Services (PAS) provides temporary services to aging adults in the Alamo region. AACOG Contracted Vendors provide staffing to clients to provide *In-Home Services*. The duration of service is dependent on Vendor reimbursement rate and how frequently client schedules services.

What: Provides temporary in-home assistance to aging adults, aiding with personal care activities like bathing, dressing, and grooming.

Who: Aging adults in the Alamo region.

Where: Services are rendered directly within the homes of the aging adults in the Alamo region.

When: The service duration and frequency depend on the vendor reimbursement rate and the client's scheduling preferences.

Why: With advancing age, individuals might require assistance with personal care activities. PAS ensures that aging adults receive the care they need within the comfort of their homes.

How: The service is provided by AACOG Contracted Vendors, who handle staffing. It's based on a contract with these vendors who cater to various counties within the Alamo region.

Emergency Response System (ERS) provides funding as *In-Home Services* to an AACOG Contracted Vendor to provide service to aging adults and or caregivers in the Alamo region. ERS service is offered for a duration of 6 months and contingent on funding availability (one time per fiscal year).

What: A service that provides aging adults and caregivers with emergency response systems, ensuring immediate assistance during crises.

Who: Aging adults and/or caregivers in the Alamo region.

Where: Systems are set up within the homes of the recipients in the Alamo region.

When: The service is offered for a duration of 6 months and is available once per fiscal year, based on funding availability.

Why: Aging adults are more susceptible to emergencies like falls or medical issues. An ERS ensures that they receive immediate assistance, potentially saving lives and reducing the severity of injuries.

How: AACOG has a contract with a specific vendor who provides this service to various counties in the Alamo region.

## Health Services (physical, mental, and behavioral)

Mental Health (MH) provides funding as *Health Services* to an ACOG Contracted Health Professional to determine a need for MH services to aging adults in the Alamo region.

What: Provides funding for health services, specifically for mental health assessments and treatments.

Who: Targeted at aging adults in the Alamo region who might be in need of mental health services.

Where: Services will be rendered within facilities or settings as determined by the ACOG Contracted Health Professional in the Alamo region.

When: The service duration and frequency are determined based on vendor rates, client needs, and funding availability.

Why: Mental health issues can be prevalent among the elderly, and often go undiagnosed. It's essential to identify and treat these concerns for the overall well-being of aging adults.

How: Through a contract with ACOG Contracted Health Professionals who operate in various counties of the Alamo region.

Social Reassurance (SR) provides funding as *Health Services* to an ACOG Contracted Vendor to provide regular contact and companionship for an aging adult in the Alamo region by means of phone calls, texting, video chatting or instant messaging and initiating necessary action in the event the aging adult cannot be reached. SR service is offered for a duration of time depending on vendor rate, frequency in use and contingent on funding availability. SR is offered to enhance the quality of life for our aging adults and provides support in maintaining their independence. AAAA can provide this service with the partnership of ACOG Contracted Vendors.

What: Provides regular contact and companionship to aging adults through various electronic means to ensure their well-being.

Who: Aging adults in the Alamo region.

Where: Service is provided virtually through phone calls, texting, video chats, and instant messaging.

When: Offered for a period determined by vendor rate, frequency of use, and contingent on funding.

Why: Isolation can negatively impact the mental and emotional health of seniors. Regular social contact can alleviate feelings of loneliness and provide a safety check.

How: Through a contract with AACOG Contracted Vendors in the Alamo region.

Caregiver Counseling provides funding for *Health Services* to an AACOG Licensed & Contracted Health Professional to determine a need for counseling services to Caregiver in the Alamo region. Counseling service is offered for a duration depending on vendor rate, frequency in use and contingent on funding availability. Caregiver Counseling is offered to support Caregivers with emotional wellbeing while also assisting them with decision making and problem-solving skills. AAAA can provide this service with the partnership of AACOG Contracted Vendors.

What: Provides funding for counseling services tailored to caregivers.

Who: Caregivers in the Alamo region.

Where: Within facilities or settings designated by the AACOG Licensed & Contracted Health Professional.

When: Service duration depends on vendor rate, frequency of use, and available funding.

Why: Caregiving can be emotionally taxing. Counseling services support caregivers in managing their emotional well-being and decision-making skills.

How: This service is provided in collaboration with AACOG Contracted Health Professionals across the Alamo region.

Caregiver Support Groups provides funding under *Health Services* to AACOG Contracted Vendor to facilitate Caregiver to discuss their common experiences and concerns and develop a mutual support system. Support groups are typically held on a regular scheduled basis and may be conducted in person, over the telephone or online. Support groups are led by a trained person, moderator or professional as required by state laws applicable to their profession.

What: Funding for support groups allowing caregivers to discuss shared experiences and concerns.



Who: Caregivers in the Alamo region.

Where: Support groups may be in-person, over the phone, or online, based on preference and feasibility.

When: Typically held on a regular schedule.

Why: Caregiving can be challenging. Sharing experiences and concerns in a group setting can offer mutual support and understanding.

How: AACOG Contracted Vendors facilitate these groups, ensuring they're led by trained professionals as mandated by state laws.

Physical Fitness provides funding under *Health Services* to AACOG Contracted Vendor to provide physical activities that sustain or improve physical and mental health to our aging adults. May include exercise, to increase endurance, strength, flexibility, balance or coordination and agility.

What: Funding for programs that promote physical activities beneficial to aging adults' physical and mental health.

Who: Aging adults in the Alamo region.

Where: Within facilities or settings designated by the AACOG Contracted Vendor.

When: As scheduled based on the needs of the aging adults and availability of the programs.

Why: Physical activity is crucial for the overall health and well-being of aging adults, helping improve endurance, strength, balance, and mental health.

How: This service is provided via contracts with AACOG Contracted Vendors operating in the Alamo region.

## Evidence-Based Interventions (EBIs)

Evidence Based Intervention (EBI) provides funding under *Evidence-Based Intervention* to ACOG Contracted Vendor and Staff to offer EBI approved classes (i.e., Bingocize, A Matter of Balance, Texercise Select). These classes are offered at community centers, senior centers, senior apartments, and health centers to individuals 60 years of age and older.

**What:** Funding is provided for evidence-based interventions, specifically for approved classes such as Bingocize, A Matter of Balance, and Texercise Select.

**Who:** The primary audience is individuals who are 60 years of age and older in the PSA.

**Where:** The EBI approved classes are conducted at community centers, senior centers, senior apartments, and health centers throughout the PSA.

**When:** The duration and frequency of the service will be based on the specifics of each class and the needs of the participants. The exact schedule might vary depending on the class and the facility offering it.

**Why:** As individuals age, the need for evidence-based health and wellness interventions increases to ensure optimal health, prevent falls, improve balance, and engage in social interactions. Many older individuals might not have access to such programs, or they might be unaware of their benefits. Offering these classes addresses these unmet needs, promoting a healthier and more active lifestyle for seniors.

**How:** The service is provided through a partnership with ACOG Contracted Vendors and Staff. It is offered under a contract agreement to ensure that the classes maintain their evidence-based standards. The exact service providers would be identified based on the PSA specifics, and they will cater to various counties within the PSA's jurisdiction.

## All Other Services to Assist Independence

The role of the Local Contact Agent and Housing Navigator under ASC is to support AAAA's efforts to serve as an advocate, promoting awareness of the needs of older adults and providing services that enable independence, well-being, and quality of life. The Housing Navigator and Local Contact Agent maintain contact with Centers on Independent Living and Local Ombudsman to identify the need of transitioning to community living. The Local Contact Agent uses person-centered counseling to work with the individual and their family to provide options and create a plan during the transition. The Housing Navigator identifies housing options and coordinates with local housing authorities while the Local Contact Agent identifies resources to assist in the transition.

**What:** The Local Contact Agent and Housing Navigator offer advocacy and awareness-raising for the needs of older adults. They provide services focused on promoting independence, well-being, and quality of life. The Local Contact Agent employs person-centered counseling to generate options and formulate a plan during the individual's transition, whereas the Housing Navigator identifies housing options and collaborates with local housing authorities.

**Who:** Older adults and their families who are considering or undergoing transitions in their living situations are the primary audience. This might include transitions to more supportive environments, downsizing, or shifting to community living.

**Where:** Services are provided throughout the PSA. The specific geographical areas would be determined by the regions covered by the AAAA and the areas served by the partnering Centers on Independent Living and Local Ombudsman.

**When:** These services are ongoing and provided based on individual needs. The duration and frequency are determined on a case-by-case basis, contingent upon the individual's situation and the specifics of their transition.

**Why:** There are many older adults who face challenges in transitioning to different living environments, whether due to health changes, financial reasons, or personal choice. Such transitions can be complex and emotionally charged. Often, there are unmet needs in terms of understanding available options, navigating housing authorities, and accessing resources. This service addresses those needs, acting as a bridge to ensure smoother transitions and better living arrangements.

**How:** The service is facilitated through the collaborative efforts of the Local Contact Agent and the Housing Navigator, both under ASC. They operate in conjunction

with Centers on Independent Living and Local Ombudsman. The exact nature of the service provision – whether through a contract, sub-recipient agreement, or direct service – would depend on the PSA's organizational structure and agreements. Specific service providers would be identified based on the regions covered by the PSA, with each provider serving designated counties within the PSA's purview.

## Section 11. Direct Service Waiver

Legal References: OAA 2020 307(a)(8); 26 TAC 213.155

To ensure compliance with the OAA direct service provision requirements and the state's approved state plan on aging, AAAs must request HHSC approval to provide Title III services directly. Please refer to the Method of Service Provision column in the [HHSC Services Definitions for Area Agencies on Aging Federal Fiscal Year 2023](#).

As per AAA Bulletin 22-02 AAAs Providing Services Directly (from November 04, 2022), the following services **do not** require HHSC approval:

- Case Management (Care Coordination and Caregiver Support Coordination)
- Information and Assistance (Information, Referral and Assistance and Caregiver Information Services)
- Services directly related to the AAA's administrative functions (Area Agency Administration, Data Management, and Instruction and Training)
- Outreach (Legal Awareness, Outreach and Public Information Services)
- Legal Assistance services which are provided directly by a certified benefits counselor; and
- Ombudsman Services which are provided directly by a certified ombudsman.

Indicate (**yes** or **no**) whether the AAA will provide any direct service that requires HHSC approval during the effective period of this area plan (FFY 2024 through FFY2026). If **yes**, also indicate the direct service(s).

Yes, AAAA will be providing a direct service for Evidence-Based Intervention services.

# Direct Service Waiver Form 1

All area agencies on aging (AAAs) must complete a Direct Service Waiver form to request approval to provide supportive, in-home, or nutrition service as a direct service. A direct service is defined as a service activity provided to an eligible person performed directly by a AAA employee or volunteer.

**Table 8. Direct Service Waiver Form 1**

Topic	Response
Name of AAA.	Alamo Area Agency on Aging
Identify the direct service being requested.	Evidence-Based Intervention services to include A Matter of Balance (in person and virtual), Bingocize, and Texercise Select (in person and virtual).
Identify the time period for which the AAA will provide the direct service, not to extend past the effective period of this area plan.	FFY2024-2026
Condition A: Provision of the direct service by the AAA is necessary to assure an adequate supply of such service.	Yes. No provider is available to serve the entire 12-county region.
Condition B: The service is directly related to the AAA’s administrative functions.	No.
Condition C: The service can be provided more economically, and with comparable quality, by the AAA.	Yes. The Alamo Area Council of Governments Area Agencies on Aging has provided certain Evidence-Based Intervention classes as a direct service for quite some time. These classes include A Matter of Balance, Bingocize, and Texercise Select. These classes have been and are being provided as a direct service so that AAA's Health and Wellness Specialist can ensure the quality of the classes remain consistent regardless of the location or instructor. By providing a direct service AAA is able to control the cost of the BingoCize classes. To control the cost of the class the AAA currently conducts the majority of these programs and supplies all classes with the required program items. This keeps the cost of prizes down so that the AAA can control what and where the prizes are purchased in turn this allows the cost per unit

Topic	Response
	<p>to be reduced. (i.e., a water bottle could cost \$6-\$10 but is purchased in bulk (or standard prize packages) so water bottles are now \$2-3 allowing for better stewardship of AAA resources. Classes require approximately 75 prizes for a class series, and in order to serve as many older adults as possible the AAA needs to ensure that the costs remain as low as possible. Per the AAA mission statement, the primary goal is to enhance the quality of life for residents in the Alamo area and in order to achieve this goal the AAA does so by ensuring that older adults receive the best quality/service possible.</p> <p>As previously mentioned, the AAA provides direct services and utilizes contracted vendors to assist with teaching and instructing; A Matter of Balance, BingoCize, and Texercise Select classes. To fulfill the demand/request for classes and the drop in volunteers due to Covid, the Alamo Area Council of Governments has added additional contractors in order to meet the request of the community served. It would not be possible for vendors to facilitate all of these classes without assistance from the AAA in locations not served by the contractors themselves.</p>
Specify the area(s) within the PSA for which the AAA will provide the direct service.	AAAA will make this service available to all 12 counties throughout the Alamo AAA service area.

## Section 12. Data Use Agreement

Alamo Area Agency on Aging refers to Alamo Area Council of Governments Health Information Privacy and Security Policies related to Health Insurance Portability and Accountability Act (HIPAA), Health Information Privacy and Security Policies, and the Human Resource (HR) department of the Alamo Area Council of Governments (AACOG). HR requires, provides and conducts HIPAA training on an annual basis and uses the HHSC/DADS HIPAA training:

<https://www.dads.state.tx.us/providers/hipaa/privacy/index.cfm>.

Alamo Area Agency on Aging staff have access and have taken the required HIPAA training with certificates to serve as back-up documentation. Alamo Area Agency on Aging staff are required to conduct HIPAA training annually. For new employees, they are required to take it on their first day of employment. However, if they miss taking it on the first day, they have to take it within the first two weeks or 10 days of employment. Alamo Area Agency on Aging ensures subcontractors sign DUA, AAAA, and contract information.

Alamo Area Council of Governments (AACOG) offices are secured with magnetic lock doors at the elevator bays and stairwells. These doors are only accessible through RFID enabled identification cards issued by AACOG. This is implemented utilizing the Security Desk software application. Records storage locations such as file cabinets and record rooms have an additional lock, which may consist of a traditional key, combination code, or RFID access. Access permissions are dependent upon the business need. AACOG requires that each computer user have a unique username/password combination implemented through Active Directory. No AACOG network resources can be accessed without an Active Directory account. AACOG utilizes secured, password protected Wi-Fi for all business activities. AACOG utilizes a secure onsite document shredding service for records destruction. Locked bins are located through the premises for workforce to utilize during daily business activities. AACOG complies with Breach notice, reporting and correction requirements in accordance with Health Information Privacy and Security Policies section 5.07 and the Data Use Agreement.



## Section 13. Disaster Plan

Legal References: OAA 2020 306(a)(17) and 307(a)(17); 26 TAC 213.11 and 213.151

### Aging Services Disaster Plan

The AAAA is a program under the AACOG umbrella, and as such, has access to AACOG's Emergency Preparedness Team under Planning and Regional Services. The regional emergency preparedness advisory committee, Comprised of Emergency management coordinators from Counties in the region and municipality representatives meets on a regular basis. This provides for collaboration, coordination, and discussion of emergency needs on a local level. Therefore, the concept of Disaster Recovery and Business Continuity has not been left to chance, the Disaster Recovery Plan is tentative. Even though the AAAA is located in a relatively disaster-free zone, there is no such thing as being truly disaster free. Therefore, the following plan has been created.

The AACOG Disaster Team will be working on the following:

1. Evaluating how Agencies within AACOG are addressing the FEMA mandate for inclusion planning for individuals with Disabilities.
2. Facilitate through Homeland Security through the Regional Emergency Preparedness Advisory Committee the training of Emergency Management Coordinators on the Texas Functional Needs Supportive Services Toolkit which provides guidance on sheltering individuals with disabilities.
3. The need to inform and prepare AACOG staff and clients on a self-preparedness for their own personal disaster.
4. The business continuity plan outlines AACOG practices for continuation of services. Development of a specific disaster plan to identifying individuals who are disabled or isolated that require assistance during a declared disaster and or evacuation continues to be formulated.
5. Should a disaster occur contact protocol will be enacted following chain of command. ASC upon receiving confirmation of disaster operations, will initiate contact with OADRC within 24hrs conveying initiation of AACOG

Disaster recovery protocols. Contact will be initiated via email to OADRC administrators, ADRC Help desk and phone call.

In addition, the Alamo Area Agency on Aging will continue to work on a step-by-step process to cover additional categories.