



September 28, 2020

Patricia Bordie
Area Agency on Aging of the Capital Area
6800 Burleson Rd. Bldg. 310, Suite 165
Austin, TX 78744

Dear Ms. Bordie,

As required by 42 United States Code §3026 and as referenced in the Signature Document, Section V. Area Plan Requirements and the Statement of Work, Section 20. Reporting Requirements of the Texas Health and Human Services Commission Contract for the Area Agencies on Aging Grant Program, attached is the approved Area Plan for Federal Fiscal Years 2021 – 2022 for the *Area Agency on Aging of the Capital Area*.

We thank you and appreciate all you do to ensure services are provided to elder adults, their family members and their caregivers.

Sincerely,

A handwritten signature in black ink that reads "Regina Carter". The signature is written in a cursive, flowing style.

Regina Carter, Director
Access and Eligibility Services
Office of Area Agencies on Aging



Area Plan

FFY 2021–2022

Area Agency on Aging of the Capital Area

PSA 12

6800 Burleson Road, Bldg. 310, Suite 165 Austin TX 78744

www.capcog.org/divisions/area-agency-on-aging/

Submitted April 2020

Table of Contents

Table of Contents	2
1. Introduction to the Area Plan.....	6
Purpose	6
Updates to the Area Plan	6
Area Plan Development Timeline	9
How to Use This Template	10
2. Area Plan Certification.....	12
3. Executive Summary.....	15
4. Mission and Vision Statements	18
Mission.....	18
Vision.....	18
5. Board of Directors	19
Membership Composition	19
Frequency of Meetings	19
Officer Selection Schedule	19
Board Officers	20
6. Advisory Council	21
Council Composition.....	21
Frequency of Meetings	21
Member Selection Schedule	21
Advisory Council Members	23
7. Agency Description and PSA Profile.....	25
Identification of Counties and Major Communities.....	25
Socio-Demographic and Economic Factors	28
Economic and Social Resources.....	49
Description of Service System.....	53
Focal Points	67
Role in Interagency Collaborative Efforts.....	69
8. Plan Development	73
Resources Used.....	76
9. Regional Needs Assessment/SWOT Analysis	77
Regional Needs Assessment Development Process	77
Survey or Public Forum Participants	80
Key Findings	83
Analysis	92
10. Targeted Outreach	99

Performance Analysis	99
Targeted Outreach Plan	111
Targeting Report	126
 11. Top Needs and Service Constraints	 127
Priority Area 1: Transportation	127
Priority Area 2: Health and Wellness.....	129
Priority Area 3: Financial Wellness & Resources	131
 12. Goals, Objectives and Strategies.....	 133
Goal 1 Empower older adults and their caregivers to live active, healthy lives and to improve their mental and physical health status through access to high-quality, long-term services and supports.....	 133
Objective 1.2	134
Explanation	134
Strategy 1.2.1	134
Strategy 1.2.2	134
Objective 1.3	136
Explanation	136
Strategy 1.3.1	136
Strategy 1.3.2	136
Strategy 1.3.3	136
Strategy 1.3.4	136
Objective 1.4	138
Explanation	138
Strategy 1.4.1	138
Strategy 1.4.2	138
Strategy 1.4.3	138
Objective 1.5.....	139
Explanation	139
Strategy 1.5.1	139
Strategy 1.5.2	139
Strategy 1.5.3	139
Strategy 1.5.4	140
Strategy 1.5.5	141
Strategy 1.5.6	141
Strategy 1.5.7	141
Strategy 1.5.8	141
Strategy 1.5.9	142
Strategy 1.5.10.....	142
Strategy 1.5.11.....	142
Strategy 1.5.12.....	142
Goal 2 Identify, strengthen and enhance collaboration with local community partners to promote the benefits and needs of the aging population.....	 142
Objective 2.1.....	143
Explanation	143
Strategy 2.1.1	143
Strategy 2.1.2	143

Strategy 2.1.3	143
Strategy 2.1.4	143
Strategy 2.1.5	143
Objective 2.2.....	144
Explanation	144
Strategy 2.2.1	144
Objective 2.3.....	145
Explanation	145
Strategy 2.3.1	145
Strategy 2.3.2	145
Objective 2.4.....	146
Explanation	146
Strategy 2.4.1	146
Strategy 2.4.2	146
Goal 3 Enable older adults to maintain or improve their quality of life and self-determination through engaging in the community and social interactions.....	147
Objective 3.1.....	147
Explanation	147
Strategy 3.1.1	147
Strategy 3.1.2	147
Goal 4 Protect and enhance the legal rights and prevent the abuse, neglect and exploitation of older adults and people with disabilities while promoting self-determination.	148
Objective 4.1	148
Explanation	148
Strategy 4.1.1	148
Strategy 4.1.2	148
Objective 4.2.....	149
Explanation	149
Strategy 4.2.1	149
Strategy 4.2.2	149
Goal 5 Apply person-centered practices throughout all services provided, programs operated and goals.	149
Objective 5.1.....	150
Explanation	150
Strategy 5.1.1	150
Strategy 5.1.2	150
Objective 5.2.....	151
Explanation	151
Strategy 5.2.1	151
Strategy 5.2.2	151
Strategy 5.2.3	151
Strategy 5.2.4	151
Objective 5.3	152
Explanation	152
Strategy 5.3.1	152
Objective 6.1	153

Explanation	153
Strategy 6.1.1	153
Strategy 6.1.2	153
13. Performance Measures	154
LBB Performance Measures	154
Agency-Specific Performance Measures	157
14. Units of Service Composite	163
15. Summary of Services	164
16. Service Narratives	166
Congregate Meals	166
Home Delivered Meals	168
Transportation	170
Caregiver Support Coordination	171
Legal Assistance	174
17. Direct Service Waiver	176
18. Data Use Agreement	177
19. Disaster Plan	179
20. Assurances	184
Section 306(a), Older Americans Act	184
Standard Assurances of Compliance	193
Appendix A: References and Sources:	195
Appendix B: Area Plan Comments and Recommendations	202

1. Introduction to the Area Plan

Purpose

The area plan describes in detail the specific services to be provided to older adults residing in a given planning and service area (PSA). The plan is developed from an assessment of needs of the PSA as determined by public input that includes invited participation of older adults, their caregivers, the advisory councils for the area agencies on aging (AAA) and other appropriate stakeholder organizations. The plan also states the goals and objectives that the AAA and its staff and volunteers plan to accomplish during the planning period, subject to the availability and limitations of funding and the authorization of services provided by or through the AAA.

While a historical framework, including evaluating the extent to which the AAA met certain objectives and highlighting key accomplishments, is important in setting up the environment, the area plan is not a report of achievements. The area plan should reflect the agency's efforts to develop and execute plans, opportunities and partnerships for services to older adults over the next two years.

Updates to the Area Plan

Because this template and the process described will be new for Texas AAAs, the plan period will cover two years, federal fiscal years (FFY) 2021–2022. A two-year plan period will allow the state and the AAA to address programmatic changes and sync the area plan cycle with contract and procurement cycles. It is the intent of the state, at this time, that subsequent plan periods cover four years with yearly updates required for certain plan elements.

In preparing the area plan, authors should familiarize themselves with changes to Older Americans Act programs resulting from the 2016 Older Americans Act Reauthorization Act (P.L. 114-144), referred to throughout this document as "OAA." The Administration for Community Living (ACL) has provided a summary of changes, which is available at: acl.gov/sites/default/files/about-acl/2017-04/OAA-Summary-Final.pdf.

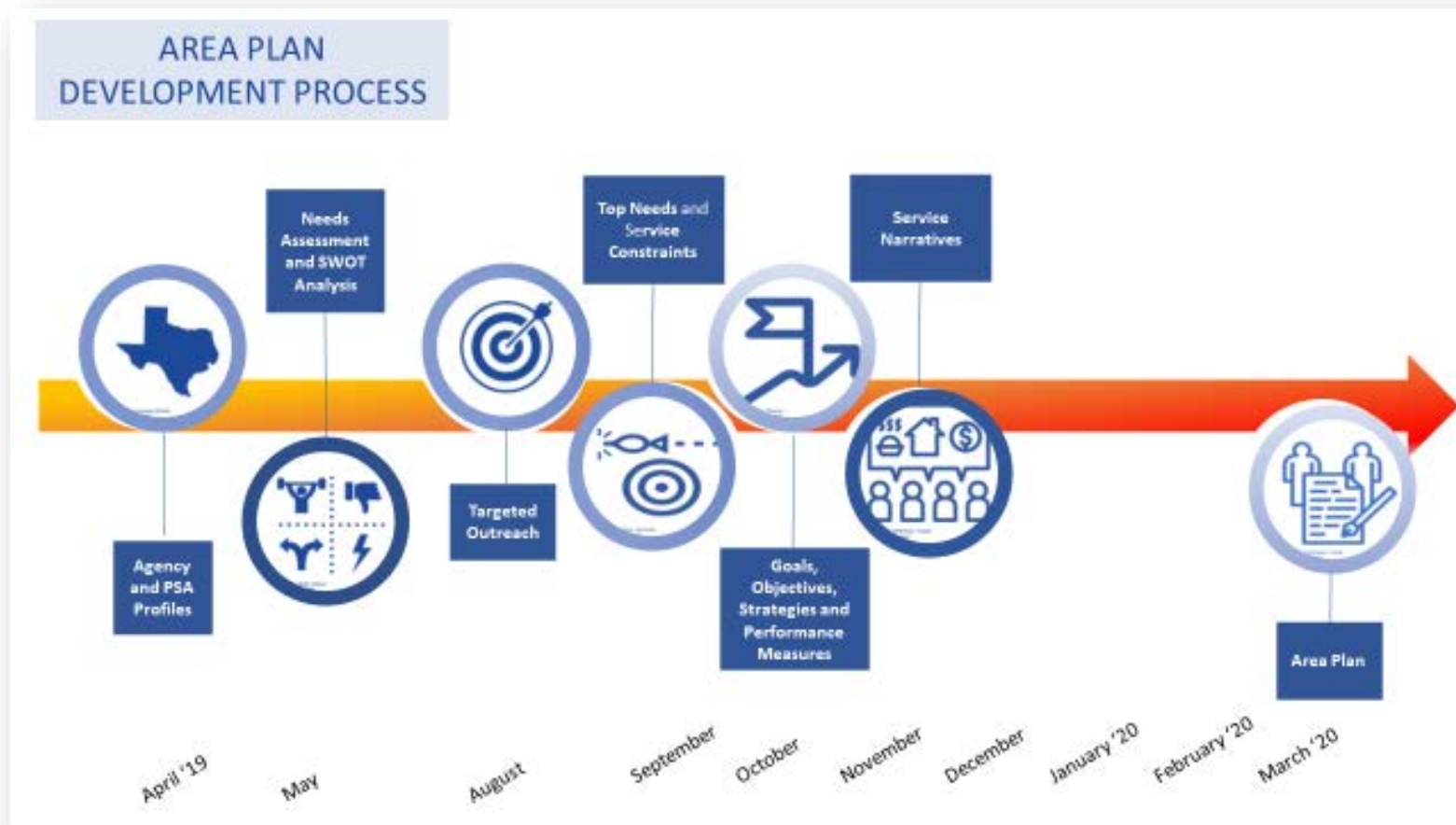
The area plan development process begins with development of the AAA description and PSA profile, followed by completion of the regional needs assessment and SWOT (strengths, weaknesses, opportunities and threats) analysis during the late spring and early summer of 2019. The late summer and early fall should feature

development of the targeted outreach and top needs and service constraints. With the completion of these components, the agency will be prepared to address the goals, objectives, strategies and performance measures, as well as service narratives, in the fall.

Please review the [Area Plan Checklist](#) for a complete list of required elements to be submitted with the 2021–2022 Area Plan.

In planning for the production of the area plan, agencies should consider the following development process.

Figure 1 Area Plan Development Process



Area Plan Development Timeline

Table 1 Area Plan Development Timeline

Milestone	AAA Month(s) of Activity	Suggested Dates ¹
Agency and PSA Profiles	April–May 2019	May 24, 2019
Regional Needs Assessment/SWOT Analysis	May–July 2019	August 2, 2019
Targeted Outreach	August 2019	September 6, 2019
Top Needs and Service Constraints	September 2019	October 4, 2019
Goals, Objectives, Strategies and Performance Measures	October–November 2019	December 6, 2019
Service Narratives	October–November 2019	December 6, 2019
Area Plan	February–March 2020	March 27, 2020

¹ Area plans are due to OAAA **March 27, 2020**. OAAA recommends that agencies complete each milestone by its suggested date to ensure completion of the final product by the anticipated due date.

How to Use This Template

Before beginning area plan development activities, it is important to thoroughly review the instructions found in Appendix A.

For ease of navigation, under each section heading is a hyperlink to corresponding instructions for how to complete the section. Because federal and state requirements for the area plan have changed since the previous submission of plans, each instruction section includes a citation to the legal reference governing that section, when applicable.

Area Plan

FFY 2021–2022

2. Area Plan Certification

AAA INFORMATION

LEGAL NAME OF AGENCY: CAPITAL AREA COUNCIL OF GOVERNMENTS

MAILING ADDRESS: 6800 BURLESON ROAD, BLDG. 310, SUITE 165

TELEPHONE: 512-916-6000

FEDERAL ID NUMBER: 74-689381

CERTIFICATION BY CAPCOG EXECUTIVE COMMITTEE CHAIR, MAYOR JANE HUGHSON, AAA ADVISORY COUNCIL CHAIR, DR. TRACIE HARRISON, EXECUTIVE DIRECTOR, BETTY VOIGHTS AND AAA DIRECTOR, PATTY BORDIE

I HEREBY CERTIFY THAT:

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

ADDITIONALLY:

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

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

Signing this form verifies that the Capital Area Council of Governments Executive Committee, the Area Agency on Aging of the Capital Area Aging Advisory Committee, and the Area Agency on Aging of the Capital Area understand that they are responsible for the development and implementation of the area plan and ensuring compliance with Section 306, OAA.

CAPITAL AREA COUNCIL OF GOVERNMENTS EXECUTIVE DIRECTOR

NAME: BETTY VOIGHTS

SIGNATURE: 

DATE: April 30, 2020

CAPCOG EXECUTIVE COMMITTEE AUTHORIZED OFFICIAL

NAME: MAYOR JANE HUGHSON, CITY OF SAN MARCOS, CA

SIGNATURE: 

DATE: March 11, 2020

AAA ADVISORY COUNCIL CHAIR

NAME: DR. TRACIE HARRISON

SIGNATURE: 

DATE: April 21, 2020

AAA DIRECTOR/AUTHORIZED OFFICIAL

NAME: PATTY BORDIE

SIGNATURE: 

DATE: April 29, 2020

3. Executive Summary

The Area Agency on Aging of the Capital Area (henceforth referred to as AAACAP), in compliance with requirements from Texas Health and Human Services and the federal Administration on Community Living, is submitting its Area Plan for 2021-2022 for approval. The area plan, a requirement for all area agencies on aging utilizing funding from the Older Americans Act, describes in detail the specific services to be provided to older adults residing in the CAPCOG region. The plan is developed from an assessment of regional needs as determined by public input that includes the participation of older adults, their caregivers, the AAACAP advisory council and other appropriate stakeholders. The plan also states the goals and objectives that AAACAP plans to accomplish during fiscal years 2021 and 2022, subject to the availability and limitations of funding and the authorization of services provided by or through AAACAP.

As per the revision by Texas Health and Human Services (henceforth referred to as HHS) the planning period and the plan template covers two years, federal fiscal years 2021-2022. It is the intent of the state, at this time, that subsequent plan periods cover four years with yearly updates required for certain plan elements.

The Area Plan for FY 2021-2022 reiterates the mission of the AAACAP, which is and will remain to provide services to support and advocate for the health, safety and well-being of older adults in CAPCOG's 10-county region — Bastrop, Blanco, Burnet, Caldwell, Fayette, Hays, Lee, Llano, Travis and Williamson counties. These services include providing older adults and their unpaid caregivers support through its care coordination and caregiver support services, benefits counseling, long-term care and assisted living facilities ombudsman services, and information, referral and assistance services. AAACAP provides services to caregivers under the National Family Caregiver Support Program. It also sub-contracts with other agencies to ensure the availability of services such as transportation, nutrition, homemaker and senior center operations, serving as the major funder of congregate and home-delivered meals in the region.

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

As per guidance from HHS and established best practices, the Area Plan presented is based on the needs shared in the community needs assessment conducted during the latter-half of 2019, and the changing demographic trends within the region as gathered from sources such as the U.S. Census, the American Community Survey, and the Texas Demographic Center.

Five significant trends were identified in the CAPCOG region related to older adults. The first two trends relate to key socio-demographic factors, namely, the current and projected increase of the older adult population in the region and the current and projected even greater increase of older adults in the rural counties of the region. These two trends are based on the socio-demographic data provided through the U.S. Census, the American Community Survey, and the Texas Demographic Center, and are discussed in Section 7 of this Area Plan.

The other three trends are key factors directly related to the quality-of-life of older adults in the region. These are, in priority order: Transportation; Health and Wellness; and Financial Wellness and Resources. These trends were identified and selected as encompassing the top concerns and needs of older adults. They developed from a careful and extensive compilation and analysis of the concerns clearly demonstrated consistently by the broad range of sources used in the community needs assessment.

Based on these trends, the plan outlines and provides key strategies for service delivery, as follows: Outreach to “hard-to-reach” populations; an increase in access to long term services and supports; the provision of Person-Centered Practices that allow for consumer choice; an increase in consumer-directed services; ensuring cultural competency; addressing social isolation; supporting family caregivers; and enhancing community collaborations. These strategies support the AAACAP goals to explore issues and contribute to solutions for older individuals regarding safe and affordable housing and homelessness prevention and support community partners across the region in developing “age-friendly” coalitions, workgroups, task forces, commissions, interagency councils.

The plan allows HHS, the CAPCOG Executive Committee, partner agencies, and the community to better understand both the challenges and opportunities that AAACAP faces in providing and prioritizing its goals and performance measures. In maintaining its fidelity to the requirements of the Older Americans Act, the plan incorporates the characteristics of the diverse counties served. The impact of population growth and its resulting changing demographics of the region are key to planning for and responding to current and future needs. In addition, understanding the location and concentration of older adults that are most vulnerable, such as those that are of low income, those considered minorities racially and ethnically,

older adults residing in rural areas, socially isolated adults, and those with limited English proficiency is also vital. The Area Plan for 2021-22 provides the analysis, strategies, and means that will enable AAACAP to continue providing efficient and effective service delivery to those most in need in both rural and urban areas of the CAPCOG community while maintaining our vision. A vision where older adults and their caregivers realize streamlined access to services which promote independent living, self-determination and full participation in their communities.

4. Mission and Vision Statements

Mission

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

Vision

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

5. Board of Directors

Membership Composition

The 29-member Executive Committee, CAPCOG's governing body, largely comprises city and county elected officials nominated and selected annually to provide direction to CAPCOG staff on program implementation, budgets, contracts and general policies and procedures for managing the agency. The committee has up to four nonvoting seats for state legislators representing Texas Planning Region 12, the CAPCOG 10-county region. Executive Committee members serve a one-year term from January through December and meet at 10 a.m. on second Wednesdays of each month.

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

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

Frequency of Meetings

Monthly meetings the second Wednesday of each month

Officer Selection Schedule

Slate selection and vote held at the January meeting annually

Board Officers

Table 2 Board Officers

Title	Name	Term
Chair or president	Mayor Jane Hughson, City of San Marcos	January 2020-December 2021
Vice chair or vice president	Judge Paul Pape, Bastrop County	January 2020-December 2021
Treasurer or equivalent position	n/a	n/a
Secretary or equivalent position	Judge James Oakley, Burnet County	January 2020-December 2021
Immediate past chair or president	Commissioner Gerald Daugherty, Travis County	January 2019-December 2020
Other: (Title Second Vice Chair)	Mayor Brandt Rydell, City of Taylor	January 2020-December 2021
Other: (Title Parliamentarian)	Judge Ron Cunningham, Llano County	January 2020-December 2021

6. Advisory Council

Council Composition

The council is composed of 17 members appointed by the Capital Area Council of Governments (CAPCOG) Executive Committee with representative numbers as follows: 3 members for the City of Austin, 3 for Travis County, 2 for Williamson and Hays counties and 1 each for Bastrop, Blanco, Burnet, Caldwell, Fayette, Lee and Llano counties. A representative Executive Committee liaison may serve as well. The Chair also appoints a Texas Silver Haired Legislator who represents the CAPCOG region. When a vacancy arises Executive Committee members are notified of the qualifications and composition needs to ensure appropriate PSA representation.

Frequency of Meetings

Quarterly (First Monday of designated Quarter beginning in February of each year)
FY21 meetings: February 1, 2021, May 3, 2021, August 2, 2021, November 1, 2021
– FY22 meetings: February 7, 2022, May 2, 2022, August 1, 2022 and November 7, 2022

Member Selection Schedule

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

Table 3 Advisory Council Composition

Category	Number of Members
Older adults residing in rural areas	6, 1 vacancy
Clients of Title III services	1
Older adults	8
Minority older adults who participate or are eligible to participate in OAA programs	4
Local elected officials	3
General public	4
Veterans' health care providers, if applicable	n/a
Service providers	5
Family caregivers of older adults who are minority or who reside in rural areas	3
Business community representatives	2
Representatives of older adults	6
Representatives of health care provider organizations	1
People with leadership experience in the private and voluntary sectors	1
Representatives of supportive services provider organizations	3

Advisory Council Members

Table 4 Advisory Council Members

Name	Occupation or Affiliation	County of Residence	Member Since	Current Office Term	Name of Agency Group Represented²
Dr. Tracie Harrison, Chair	UT – School of Nursing	Travis	8/15	2/20-22	Healthcare
Ms. Mary Moody, Vice Chair	Citizen	Bastrop	3/15	2/20-22	Citizen
Mr. Jay Scheumack, Secretary	Citizen	Williamson	11/14	2/20-22	Citizen
Ms. Megan Cermack	Manager – Central Health	Travis County Healthcare District	4/18	2/20-22	Healthcare – Population Health
Ms. Tabitha Taylor	Age Friendly Coordinator	City of Austin	11/19	2/20-22	City of Austin
Ms. Sophie Johnson	Nursing Facility Administrator	Blanco	2/20	2/20-22	Service provider
Ms. Kathy Nicoll	Citizen	Burnet	2/18	2/20-22	Citizen
Ms. Nina Stancil	Citizen	Williamson	2014	2/20-22	Citizen

² Enter "N/A" if not applicable

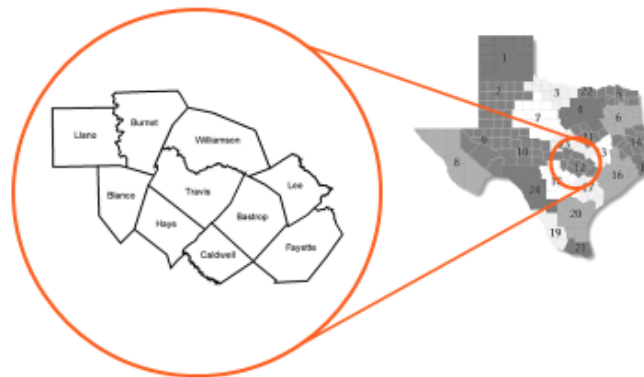
Name	Occupation or Affiliation	County of Residence	Member Since	Current Office Term	Name of Agency Group Represented²
Commissioner Barbara Shelton	Commissioner, Caldwell County	Caldwell	3/19	2/20-22	Elected official
Ms. Kelly Franke	Director, Combined Community Action, Inc.	Fayette	1/20	2/20-22	Service Provider
Ms. Lindsey McClune	Hays County	Hays	3/20	2/20-22	Hays County Social Services
Ms. Margie Rodriguez	Hays County Public Health	Hays	1/18	2/20-22	Public Health
Commissioner Mike Sandoval	Commissioner, Llano County	Llano	4/17	2/20-22	Elected official
Mr. Fred Lugo	Travis County Coming of Age	Travis	5/1997	2/20-22	County social services
Mr. Joe Morganti	Citizen	Travis	7/13	2/20-22	Citizen
Mr. Rob Faubion	AGE of Central Texas	Travis	2/18	2/20-22	Service Provider
Mr. Paul Stempko	TSHL-Ex-Officio Member	Capital Area	11/19	2/20-22	TSHL

7. Agency Description and PSA Profile

Identification of Counties and Major Communities

Agency Description

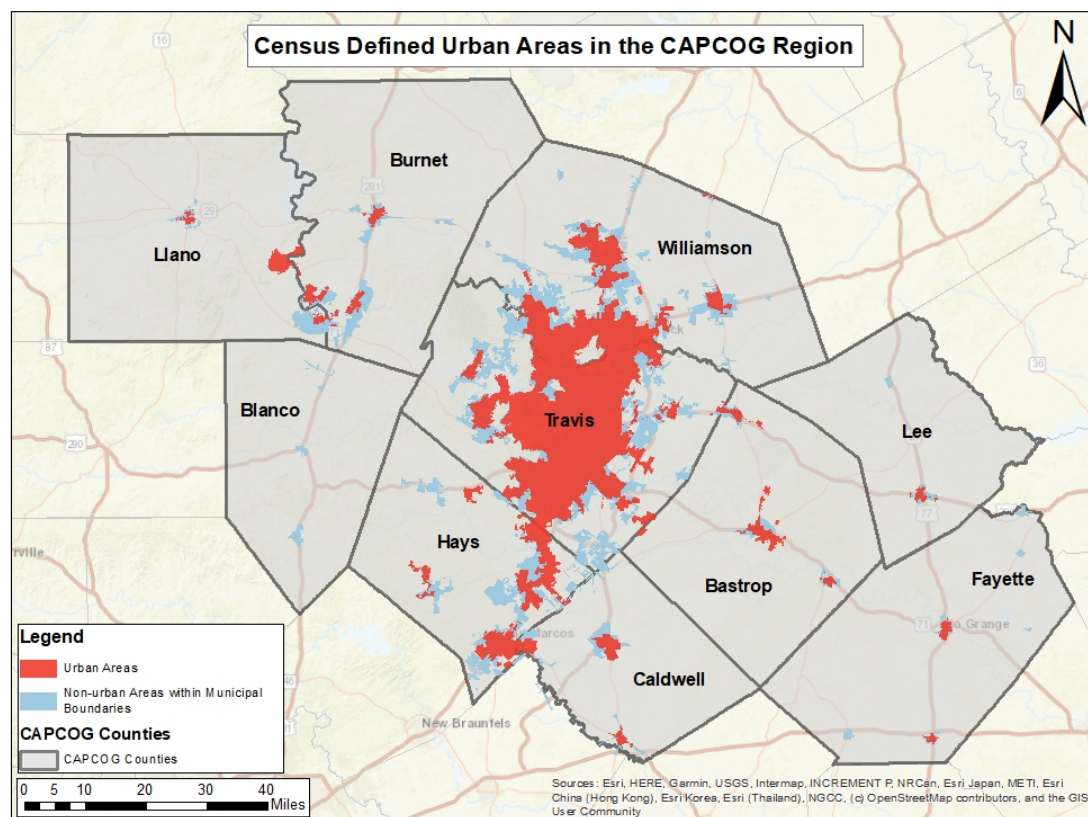
The Area Agency on Aging of the Capital Area (henceforth referred to as AAACAP) serves the counties and major communities of its host agency, the Capital Area Council of Governments (CAPCOG) and the planning and service area (PSA) identified by the State of Texas, PSA 12. This 10-county area consists of the following counties: Bastrop, Blanco, Burnet, Caldwell, Fayette, Hays, Lee, Llano, Travis and Williamson counties. Map #1 identifies this region in relation to the state of Texas. CAPCOG is near the center of the state, the purpose area identified as “12” due to its designation as PSA 12.



3

In this region, seven of the counties are considered rural areas of the PSA: Bastrop, Blanco, Burnet, Caldwell, Fayette, Hays, Lee, Llano; Hays and Williamson counties are mixed urban and rural areas, and Travis County is considered an urban county. Map #2 identifies the Census-defined urban areas of PSA 12. According to the Administration on Community Living (ACL) state program report definitions, “rural” is defined as “any area that is not defined as ‘urban.’ Urban areas comprise

(1) urbanized areas (a central place and its adjacent densely settled territories with a combined minimum population of 50,000) and (2) and incorporated place or a census designated place with 20,000 or more inhabitants.” For the purposes of the Area Plan, AAACAP generally considers Hays, Williamson and Travis as primarily urban services areas.



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

Historical Description

The Capital Area Council of Governments (CAPCOG) was organized in 1970 to serve local governments in its ten-county region. CAPCOG administers a broad array of programs: Aging Services, which includes the Area Agency on Aging and the Aging and Disability Resource Center; the Regional Planning and Services Division, which

includes Air Quality, Commute Solutions, Community and Economic Development, Criminal Justice, Economic Development, Geographic Information Systems, Solid Waste, Transportation, and Water; Emergency Communication-911 District; Homeland Security; and the Regional Law Enforcement Academy. Since its designation as the area agency on aging in 1974, CAPCOG has endeavored to identify needs, determine priorities and develop strategies to formulate a comprehensive and coordinated system of service for those persons 60 years of age and older and their caregivers as mandated by the Older American's Act of 1965, as amended.

Location of AAACAP

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

Organizational Structure

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

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

Information and services to meet their needs, taking into account their preferences and rights, and that those services are of the highest quality within the most appropriate, effective and efficient system;

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

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

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

Socio-Demographic and Economic Factors

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

"I'm 64 and live alone, I have no children or near relatives; I need help and I can't get to the doctor as I can't get to the bus. I have some cognitive issues related to my service as a veteran and PTSD; I lost my Medicaid because I got the paperwork to renew and didn't send in the correct forms; I live in a senior complex in Austin, and the landlord has just raised the rent by 80%. I'm on a fixed-income and I'm not sure how I'm going to pay the rent. I need in-home services to stay independent, I don't want to move to assisted living, but I'm not sure what else to do!"

This caller and her concerns typify the challenges that older adults are facing in the Capital Area, such as transportation, increased housing costs, limited or non-existent health insurance for adults ineligible for Medicare, lack of affordable in-home services, and the difficulty of maintaining independent living. These challenges are not unique to the caller; they are repeated in hundreds of similar calls to AAACAP, to the local Aging and Disability Resource Center of the Capital Area (ADRC-CAP), and to the 2-1-1 at the United Way of the Greater Austin Area. Similar needs were expressed in the focus groups and community surveys conducted by AAACAP during FY 2019 and FY 2020, as well as reflected in the community needs assessments conducted by a myriad of regional non-profits and health care systems serving older adults. These resources, which in addition to socio-economic factors greatly informed the planning process, will be described in further detail in Section 8.

The concerns described above, as well as others shared by older adults, such as mental health services, home repair and modifications, food insecurity, and

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

Population Growth - Current and Projected:

The most obvious and publicly-discussed socio-demographic factor in the 10 counties serviced by CAPCOG is the significant population increase within the region, especially in its more populated counties: Hays, Travis and Williamson. The total population of the area has not only grown every year, but is projected to be one of the most rapidly expanding regions of the nation in all demographic projections through 2030 and 2040. This is in line with the population growth of Texas as a whole, but is even more pronounced in PSA 12.

Throughout this document, maps and charts illustrating the demographics and statistics that are crucial to understanding the characteristics, implications, needs and resulting goals and objectives will be utilized. Map #2 provides a visual picture of the percentage of population age 60 and above in the CAPCOG region currently:

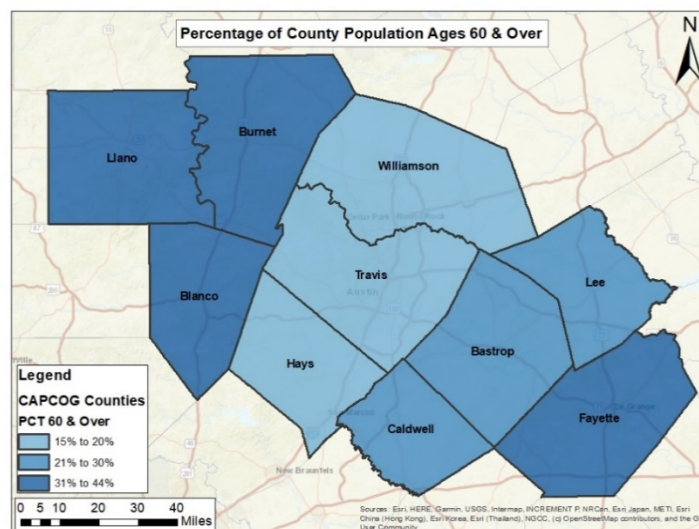


Chart #1 Cumulative Population Growth in the CAPCOG Region – Total Population demonstrates that during the years 2000 – 2018, while the population of the United States has grown about 15%, the population of Texas increased by over 35% and the Capital Region has grown by almost 60% during the same period.

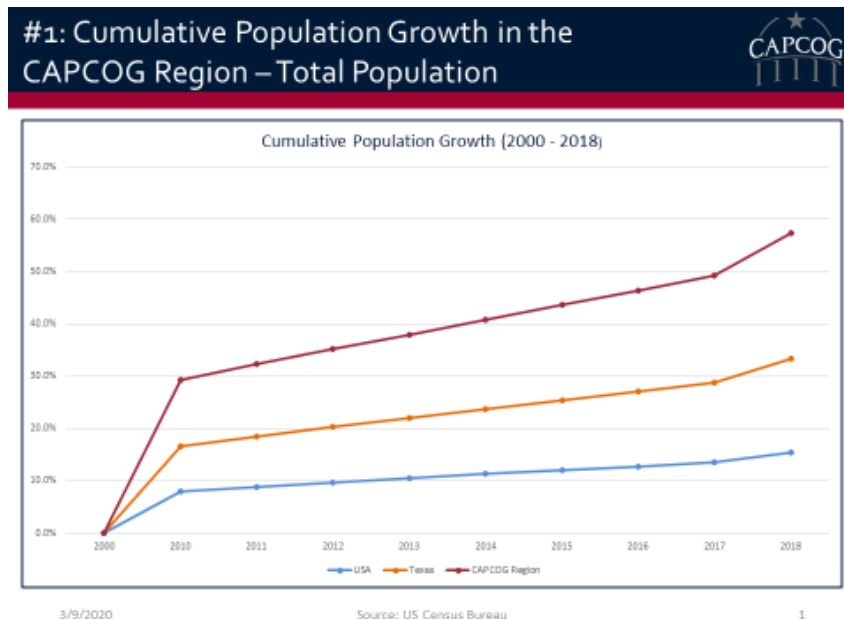


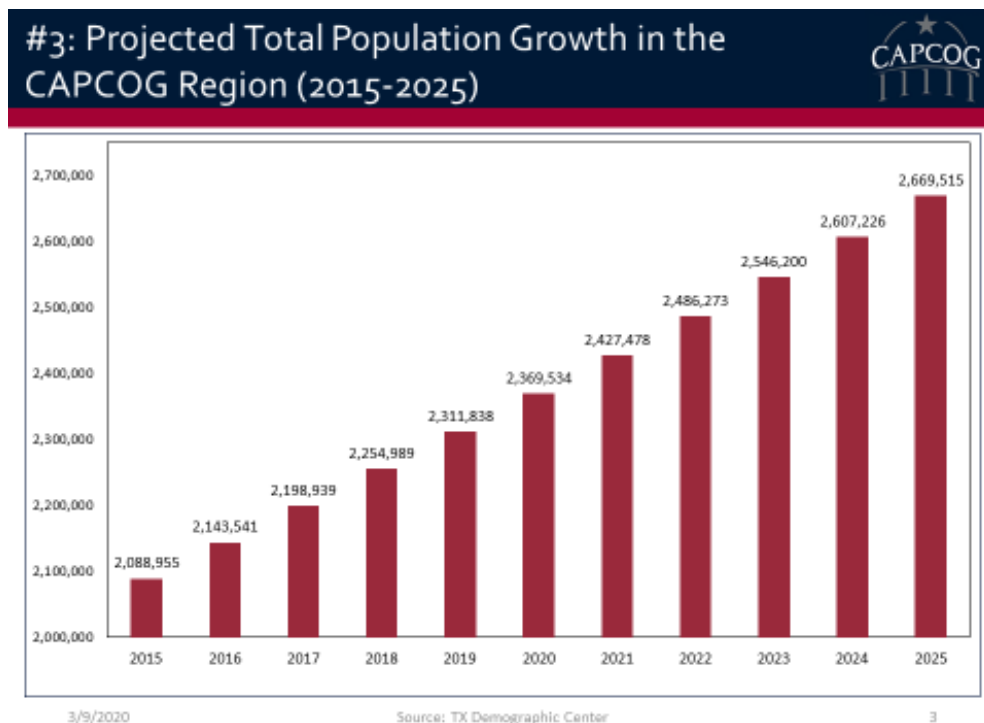
Chart #2 specifically focuses on the current population, age 60 and above in the 10 counties served by the AAACAP. It also provides the current poverty rates of this demographic in 2018.

#2: Current Population Ages 60 & Over in the CAPCOG Region, including poverty levels

	2018		
	Total Population 60+	Estimated 60+ Below Poverty Level	Percent of Population 60+ Below Poverty Level
Bastrop	17,078	1,800	10.5%
Blanco	3,618	249	6.9%
Burnet	13,309	696	5.2%
Caldwell	7,602	932	12.3%
Fayette	7,538	811	10.8%
Hays	30,468	2,096	6.9%
Lee	4,250	454	10.7%
Uano	9,379	876	9.3%
Travis	165,547	14,863	9.0%
Williamson	85,738	4,588	5.4%
CAPCOG Region	344,527	27,365	7.9%

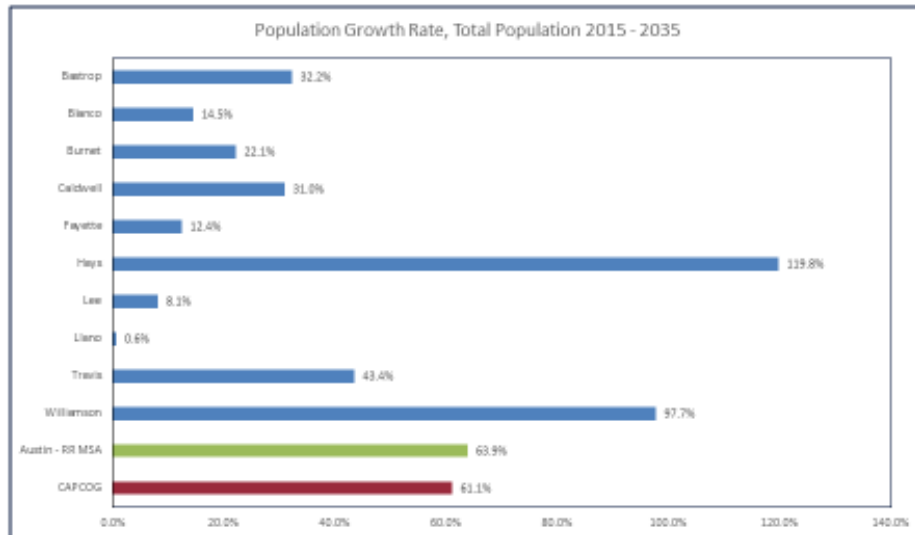
3/9/2020 Source: US Census Bureau 2

According to all projections by the US Census and Texas Demographic Center, this trend will continue during the first decades of the 21st century. As per Chart #3, by 2025, the population in the CAPCOG region will have grown from 2,254,989 in 2018 to 2,669,515, or 18.4%.



The growth in population will not affect all CAPCOG counties proportionally, however, as demonstrated by Charts #4 and #5 that break down the population growth projected for each county within CAPCOG during the periods 2015-2035 and 2020-2040. The counties with the fastest projected rate of growth are those that are currently a mix of urban, suburban and rural, i.e. Hays and Williamson counties, while the slowest rates of growth are projected for the most rural counties, Caldwell, Fayette, Lee and Llano counties. The most urban county, Travis, is projected to have a moderate but significant rate of growth averaging 40.5 during these periods. These projections are consistent in models for both the period 2015-2035 as well as 2020-2040.

#4: Projected Population Growth Rate by County (2015-2035)

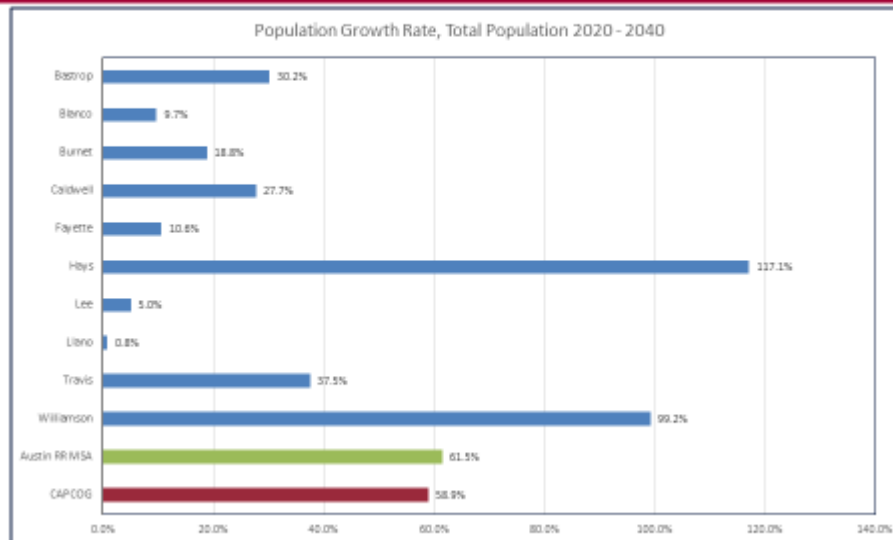


3/9/2020

Source: TX Demographic Center

4

#5: Projected Population Growth Rate by County (2020-2040)



3/9/2020

Source: TX Demographic Center

5

Of even more importance in understanding the effects of this population growth for the needs assessment and planning of AAACAP, this population increase during 2010-2018 is most significant in the age demographics of persons 55 and older. Not only is there a demographic increase disproportionate to the population as a whole,

but the projected growth of older adults is significantly larger for the CAPCOG region than other parts of the state.

As per Charts #6 and #7, the change in population for all of Texas between 2015-2040 is expected to be a rise of 48.9% - but for the CAPCOG region, it is projected to be 84.1%. Most critically to the work of AAACAP, the population over 60 during the same period will also grow in Texas by 93.7%, but in the CAPCOG region, it is projected to grow 204.9%, or more than 111% more than the state as a whole.

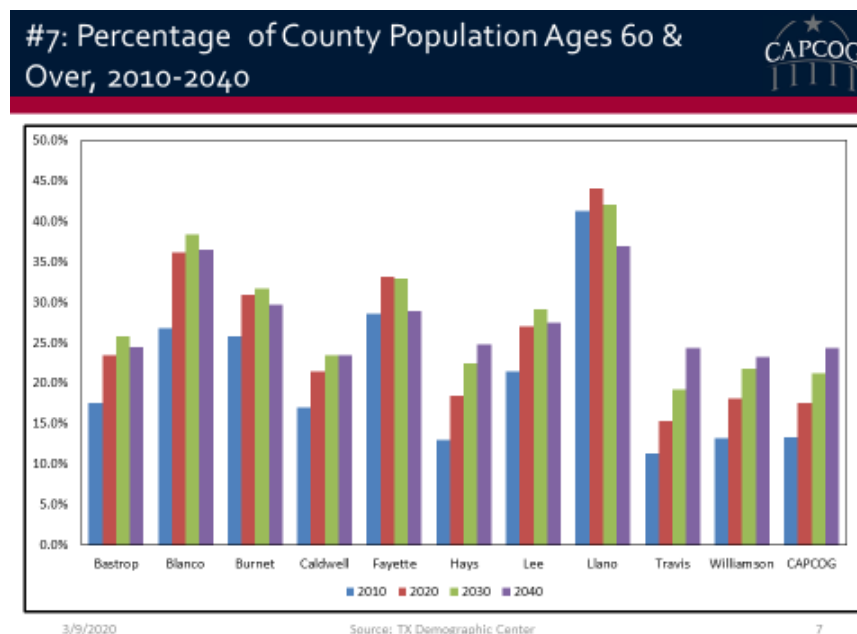
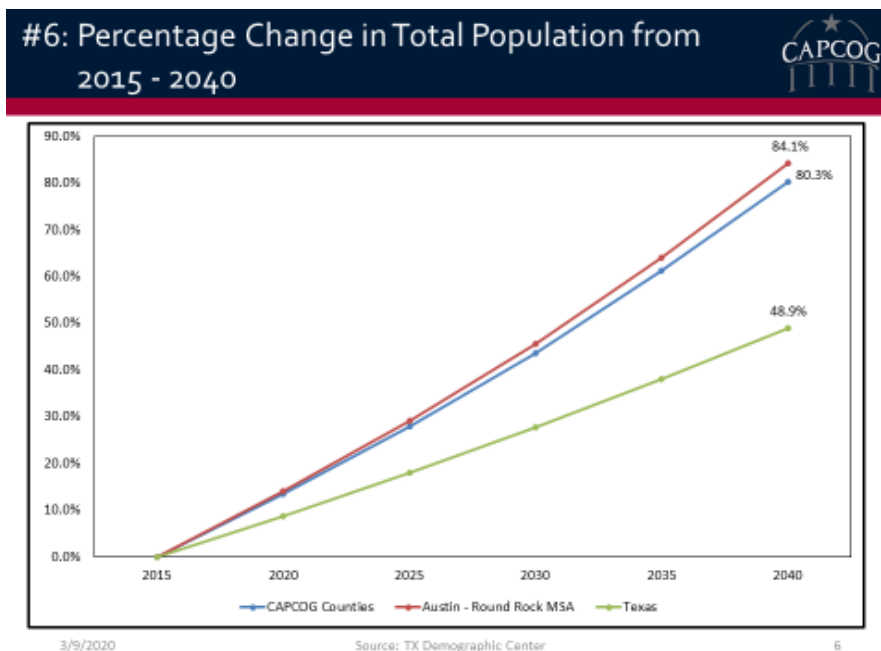



Chart #8, Cumulative Population Growth in the CAPCOG Region – By Age Cohort, allows for a more in-depth look at the growth by age cohort. While the growth rates of those age cohorts between 0-54 years of age average 25.5%, the growth rates of those 55 and over averaged 63.4%. Most dramatically, the population age cohort 65-74 years increased 99.7%, almost doubling in size in 2018 from what it was in 2000.

#8: Cumulative Population Growth in the CAPCOG Region – By Age Cohort



AGE COHORT	2010		2018		CHANGE 2010 - 2018	
	Total Population	Share of Total Population	Total Population	Share of Total Population	Population Change	Growth Rate of Age Cohort
19 YEARS & UNDER	490,639	28.2%	570,655	26.2%	80,016	16.3%
20 TO 34 YEARS	437,553	25.2%	521,861	24.0%	84,308	19.3%
35 TO 44 YEARS	263,713	15.2%	330,977	15.2%	67,264	25.5%
45 TO 54 YEARS	233,853	13.4%	279,113	12.8%	45,260	19.4%
55 TO 64 YEARS	164,051	9.4%	230,641	10.9%	72,590	44.2%
65 TO 74 YEARS	84,443	4.9%	149,987	6.9%	65,544	77.6%
75 TO 84 YEARS	47,186	2.7%	63,944	2.9%	16,758	35.5%
85 YEARS & OLDER	18,099	1.0%	24,860	1.1%	6,761	37.4%
TOTAL	1,739,537		2,178,038		438,501	

3/9/2020

Source: US Census Bureau

8

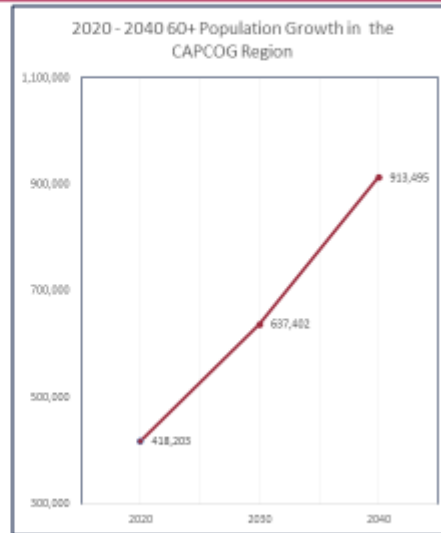
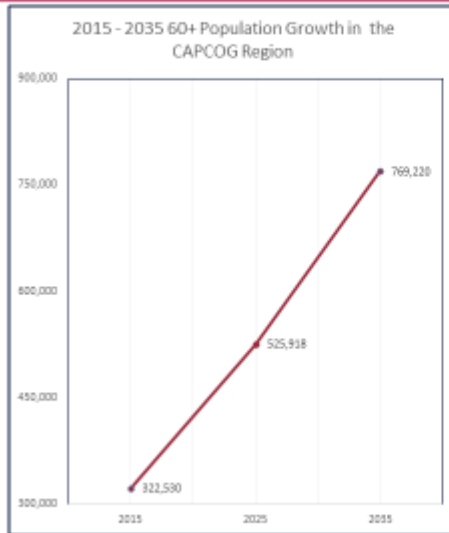
3/9/2020

Source: US Census Bureau

8

Using these same periods of projection, 2015-2035 and 2020-2040, the expansion of the aging demographic is also clearly demonstrated. Charts #9 and #10 provide data on the numerical increase in numbers of adults 60 and over in the CAPCOG region:

#9: Projected Population Growth for Population Ages 60 & Over in the CAPCOG Region

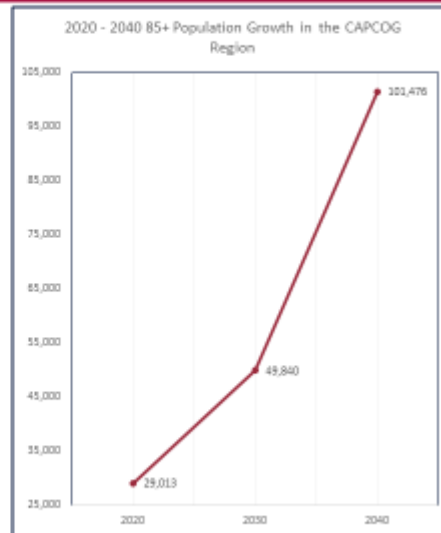
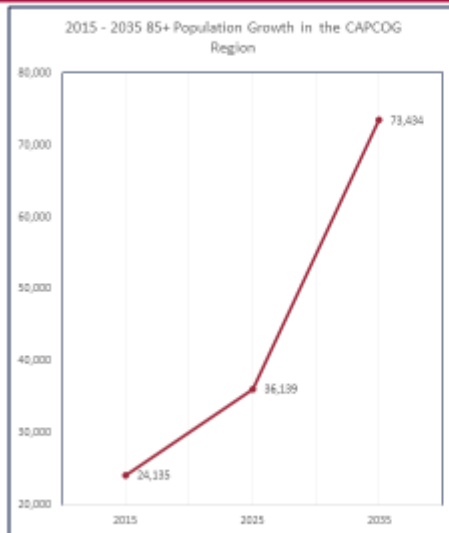


3/9/2020

Source: TX Demographic Center

9

#10: Projected Population Growth for Population Ages 85 & Over in the CAPCOG Region



3/9/2020

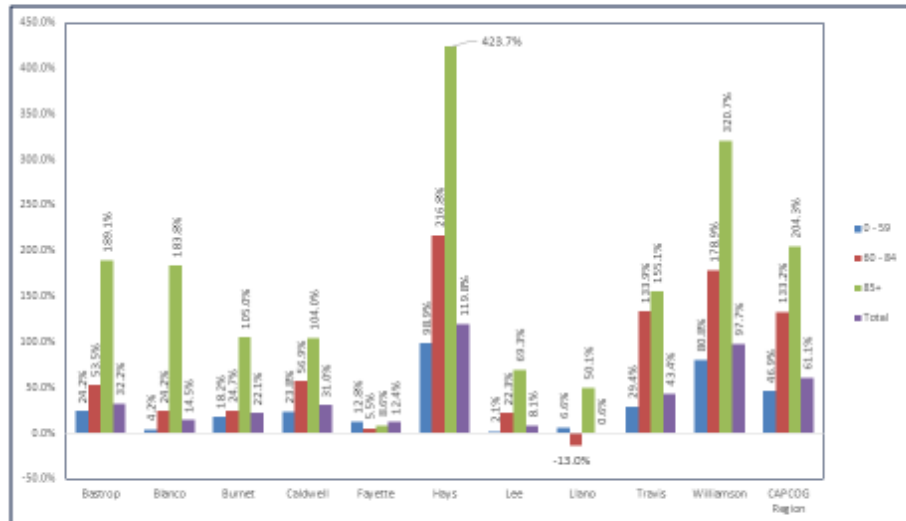
Source: TX Demographic Center

10

Charts #11 and #12 are useful in identifying not just the increase in population numbers, but how the numbers of older adults will increase in proportion to their younger age cohorts. As Chart #11 demonstrates by county, in the CAPCOG region of a total of 61.1% increase, adults in the age cohort 60-84 will increase by 132.2%, versus just 46.9 for the age cohort 0-59. The increase in adults age 85

and above is even more dramatic – by 2035, adults in this age cohort will have increased at the rate of 204.3%. This trend will continue, as shown in Chart #12, with similar but more significant percentage increase of persons in the older cohorts between 2020 to 2040.

#11: Projected Population Growth Rate by Age Cohort (2015-2035)

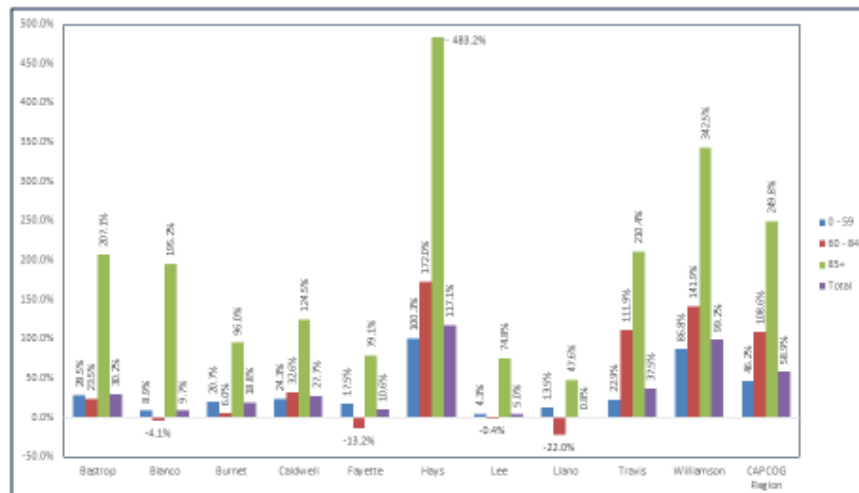


3/9/2020

Source: TX Demographic Center

11

#12: Projected Population Growth Rate by Age Cohort (2020-2040)

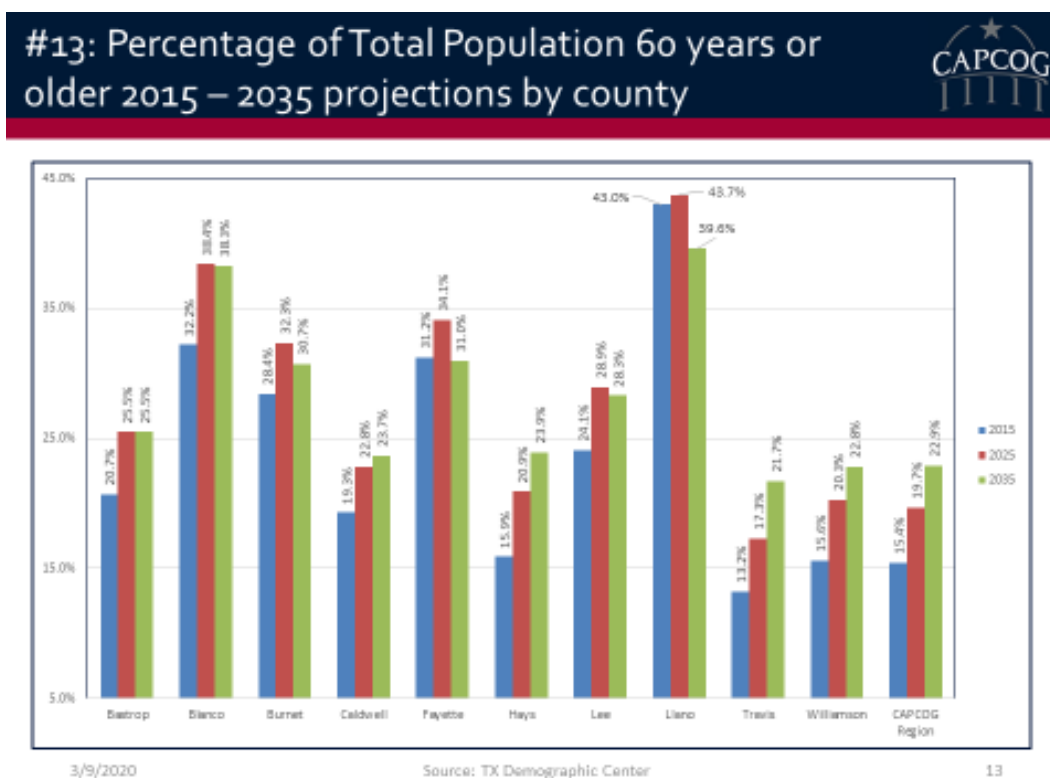


3/9/2020

Source: TX Demographic Center

12

In order to fully comprehend the impact of the increase of older adults in the 10 counties served by AAACAP, it is also instructive to be able to view the projected population 60 years or older as a percentage of the population in each county and CAPCOG as a whole. As shown in Chart #13, between 2015 and 2035, the percentage of the total population 60 and over in the region will have increased from 15.4 to 22.9%. By 2035, six out of ten counties in the region will either maintain or see an increase in their percentage of older adults 60 or older, namely Bastrop, Blanco, Caldwell, Hays, Travis and Williamson. This is consistent with the counties that will experience the highest rates of growth overall especially Hays and Williamson. Four counties, all rural, will experience a slight decline in the proportion of younger adults to those in the 60 and over cohorts, namely Burnet, Fayette, Lee, and Llano. All of these will see an increased percentage by 2025, but the percentage is predicted to decrease by 2035.



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

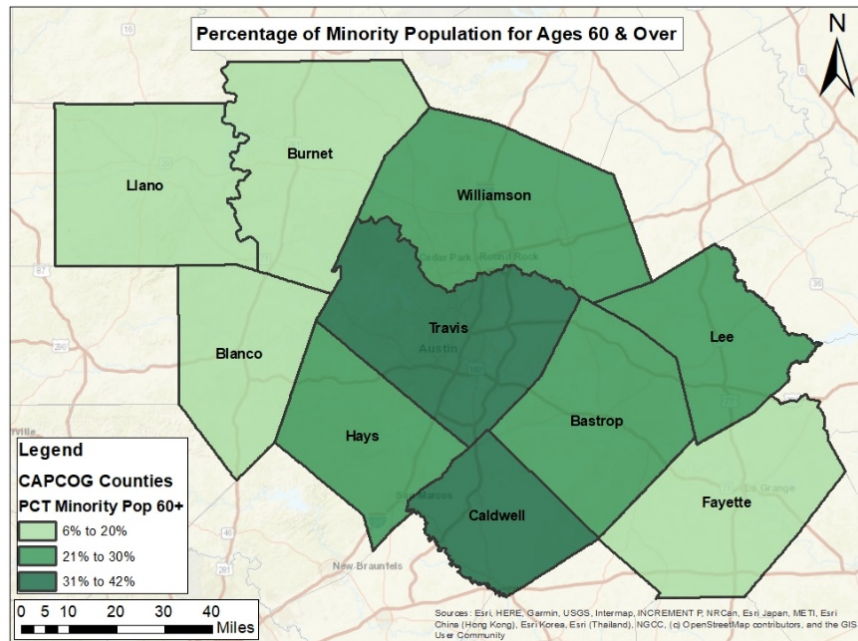
In looking at the needs of the rural communities served by AAACAP, these charts clearly demonstrate that the greatest population growth in the rural counties will be older adults. As per Chart #13, while the growth of the population 60 or over within the CAPCOG region will average 22.9% by 2035, the average growth of the same age demographic will be over 30% or more in many of the rural counties. This will have a significant impact on all AAACAP services, as rural residents are generally more socially isolated, less aware of services, and more expensive to serve for all types of service providers.

In addition, the age of the population to be served in the rural counties will also be as a group, older, with the resulting increase in disabilities and vulnerabilities. Chart #12 demonstrates that in every county, but particularly the rural counties, the greatest increase in the age cohorts identified, 0-59; 60-84, and 85 and above, is in the population 85 and above. Regionally, between 2020-2040, the average growth of the population 0-59 is projected at 46.2%; for persons 60-84, 108.6%, but most significantly in terms of services needed, a 249.8% increase is projected in persons 85 and above. In addition, the percentage of increase for this age cohort is far above the CAPCOG average in the two counties growing most rapidly, Hays and Williamson.

Demographics of Vulnerable Populations

As a service provider utilizing Older Americans Act funding, it is essential that the regional demographics of populations that have historically been marginalized and underserved are reviewed and understood. Data from the American Community Survey is especially useful in identifying such populations.

Racial/Ethnic minority populations: These include persons that are considered racial/ethnic minorities, such as African-American; Hispanic; and Asian-Pacific Islander. It should be noted that PSA 12 is not identified by HHS as one of the Area Agencies on Aging serving a statistically significant Native American population or reservation. As such, throughout the Area Plan, statistics and services regarding Native American populations specifically will not be included. Map # 4 provides a visual picture of the diversity of older adults age 60 and above by county in the CAPCOG region.



However, the AAACAP will see changes in the overall racial/ethnic mix of its service region. As Per Chart #14, between 2010 to 2017, the percentage of those considered “minority” populations increased by higher percentages than those reported as White/Non-Hispanic.

#14: Cumulative Population Growth in the CAPCOG Region – By Race/Ethnicity

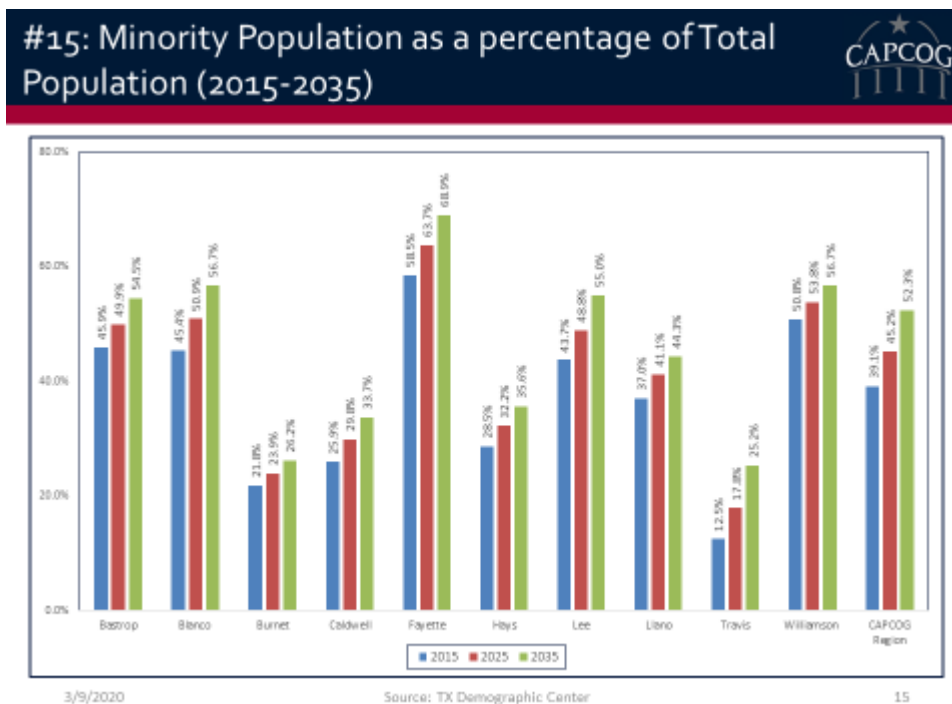
CAPCOG Race/Ethnicity	2010		2018		Change 2010-2018	
	Population	Share of Population	Population	Share of Population	Change in Population	Growth Rate of Race/Ethnicity
Non-Hispanic White	988,659	56.8%	1,167,771	53.6%	179,112	18.1%
Non-Hispanic Black	122,839	7.1%	147,060	6.8%	24,221	19.7%
Asian / Pacific Islander Alone	77,922	4.5%	117,588	5.4%	39,666	50.9%
All Other Races	32,446	1.9%	56,187	2.6%	23,741	73.2%
Hispanic	517,671	29.8%	689,432	31.7%	171,761	33.2%
Total	1,739,537		2,178,038		438,501	

3/9/2020

Source: US Census Bureau

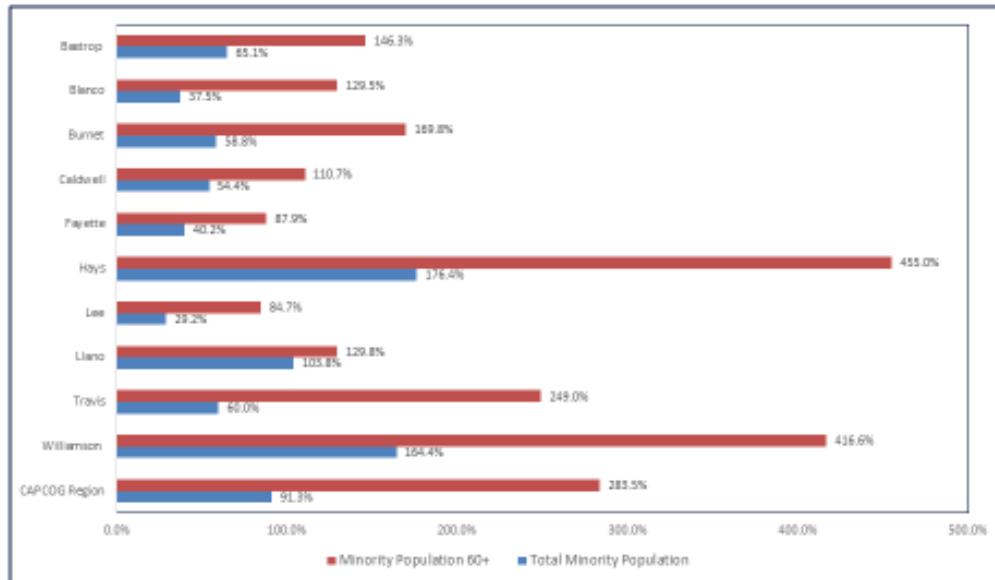
14

This trend is expected to continue, as Chart #15 Projected Population Growth Rate for CAPCOG Minority Population, (2015-2035) demonstrates. As seen in these statistics, while the rate of growth of minority populations varies from county to county, the numbers of persons considered minorities will increase in every county, both rural and urban.



These demographics reflect the trends for persons of all ages. As an Area Agency on Aging, it is also crucial to review the population growth of minority populations for persons age 60 and above. The following charts, #16 and #17, provide the percentages of the population growth for minority populations over 60 in comparison to the total population over 60, as projected between 2015-2035 as well as 2020-2040. Overall, from 2020-2040, the CAPCOG population of persons age 60 and above who are minority will grow by 241.0%, versus just 88.9% for persons 59 and below, and this finding is consistent through all counties, both rural and urban. In all the counties served, the growth of minority populations in this age cohort will outstrip the growth of the minority population as a whole, ranging from Lee County, in which the minority population growth overall will be 22.7% and those age 60 and above, 38.2% to Hays County, which will see an increase of 173.4% in the overall minority population and an increase of a dramatic 387.2% in minority population age 60 and above.

#16: Projected Population Growth Rate for CAPCOG Minority Population (2015-2035)

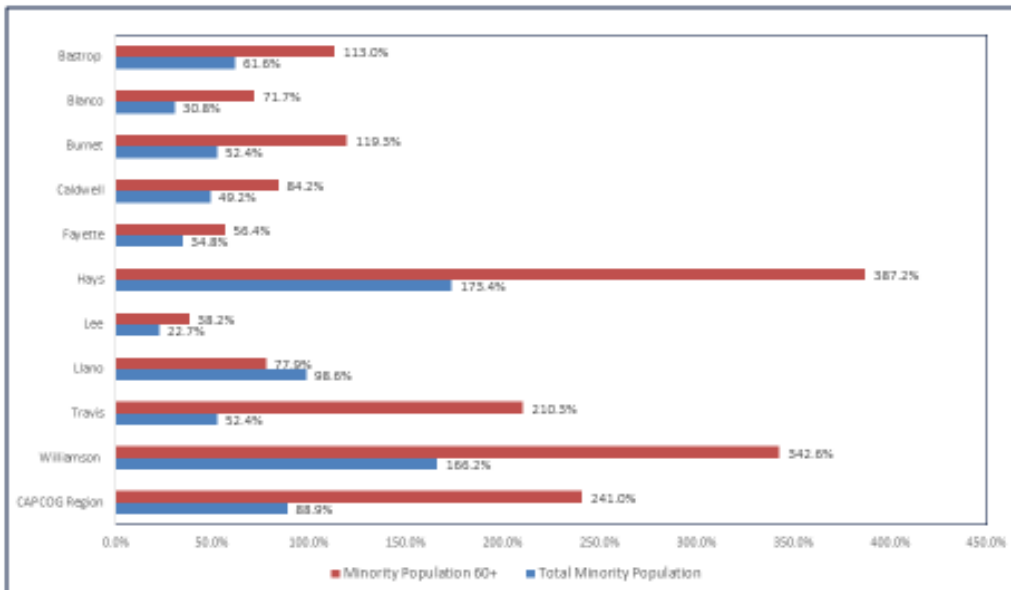


3/9/2020

Source: TX Demographic Center

16

#17: Projected Population Growth Rate for CAPCOG Minority Population (2020-2040)



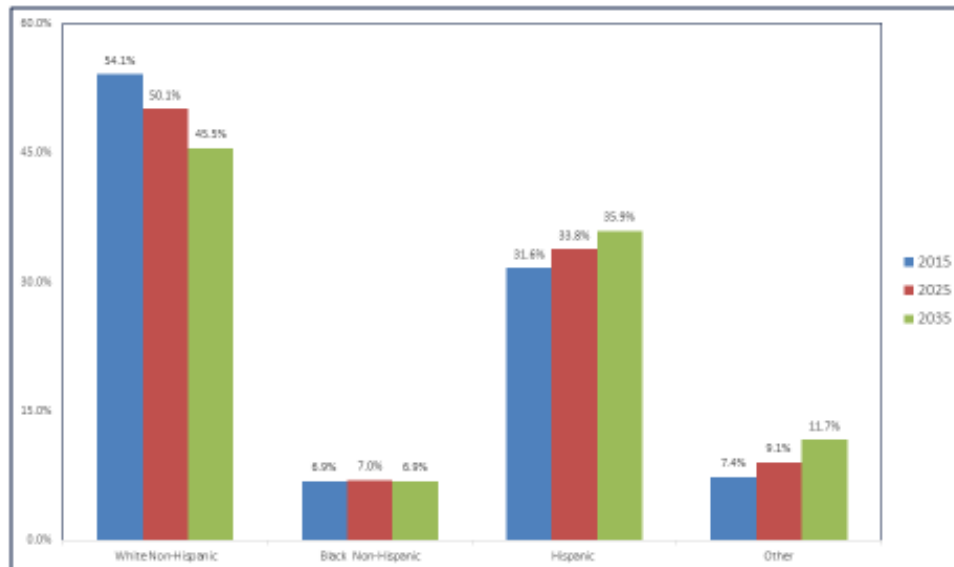
3/9/2020

Source: TX Demographic Center

17

This can be seen more graphically in Charts #18 and 19, which provide a more visual demonstration of these trends and identify the racial/ethnic mix of this growth.

#18: Percentage of Capital Area Population Divided by Race & Ethnicity (2015-2035)

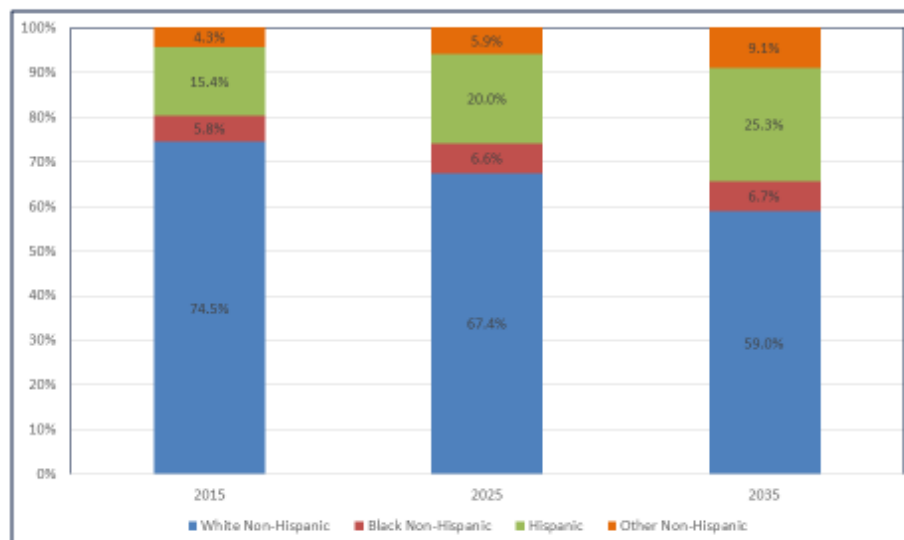


3/9/2020

Source: TX Demographic Center

18

#19: Percentage of Capital Area Population Ages 60 & Over Divided by Race & Ethnicity (2015-



3/9/2020

Source: TX Demographic Center

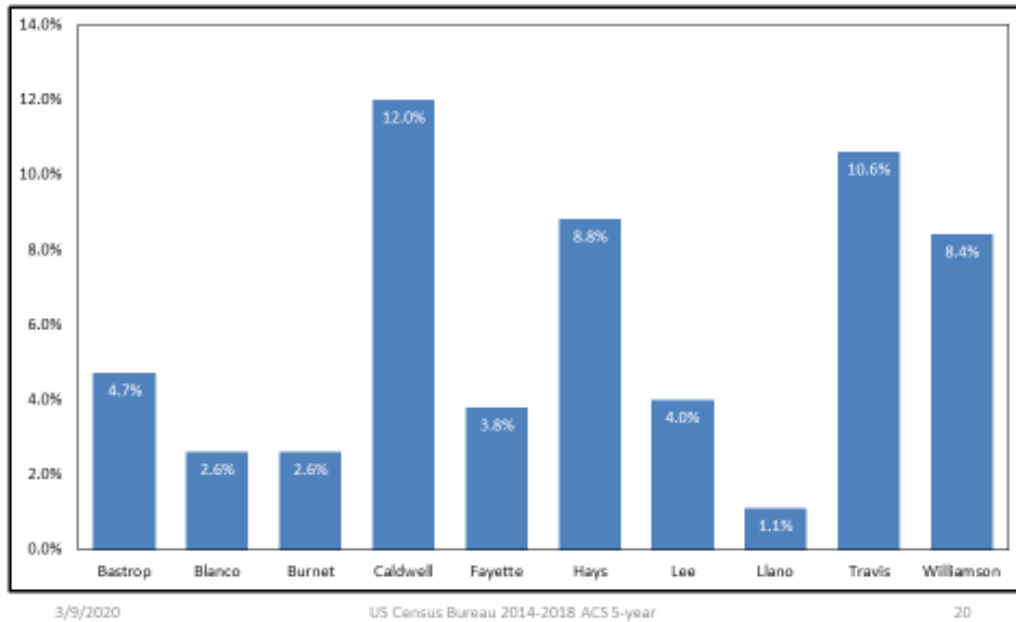
19

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

Other significant indicators of vulnerability: Older adults that are part of a racial/ethnic minority group are an important piece of understanding the regional needs of the AAACAP population, but other indicators are also identified by the Older Americans Act as priority populations. These include: older adults with limited English proficiency; socially-isolated older adults; older adults with disabilities; adults with low incomes; and adults in rural areas. The following charts will provide a picture of these populations in the CAPCOG counties.

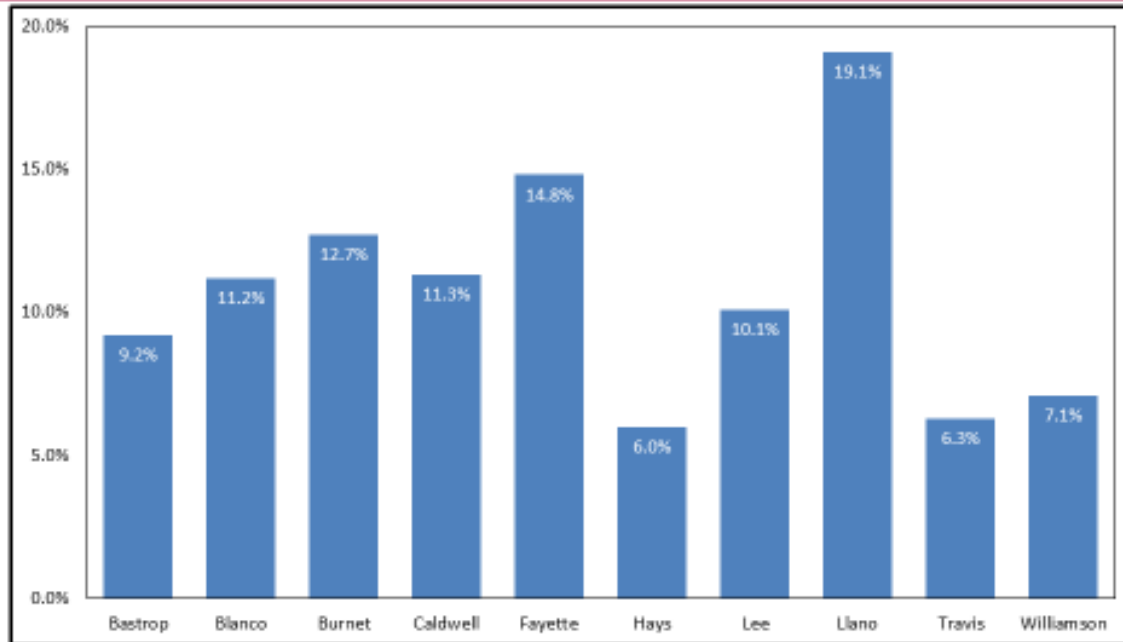
Social isolation has been increasingly identified as a key factor in quality of life and even mortality. Both the AARP and the National Association of Agencies on Aging (n4a) have joined with the medical community in focusing research on the debilitating effects of social isolation as well as measures to combat its negative effects. Thus, identifying populations at risk of social isolation is increasingly understood as vital to meeting the needs of older adults. Two factors that can be extracted from general census data are often utilized as identifiers or predictors of persons who are socially isolated. One of these factors is persons that identify as speaking English less than “very well”. Persons who are unable to understand or speak the dominant language are less likely to join a senior center, access medical care, or understand community announcements on available programs that may benefit them. Chart #20 provides a snapshot of the current percentage, by county of adults over 60 that have self-reported as having this characteristic. While the percentage varies by county, it is significant in the three most populated counties, and a factor in the rural counties as well, especially Caldwell.

#20: Percentage of County Population Ages 60 & Over that speak English less than "very well"



Older adults who live alone are also at greater risk of social isolation. Not only do they lack a partner or companion in the home, but they are less able to leave the home if they are ill or in chronic pain, and less likely to participate in social functions in the community. If they have lost a spouse, they may not wish to participate in out-of-the home activities they once did together, as well as being at greater risk of depression, which generally decreases vitality and interest in former hobbies, etc. Chart #21 shows the current demographics of the CAPCOG region in which householders 65 and older reported living alone. The top three counties that have over 12% reporting living alone are three of the most rural counties, Burnet (12.7%), Fayette (14.8%), and Llano (19.1%). Since the AAACAP traditionally identifies persons living alone following a hospitalization as some of its most critically in-need population, these statistics have a real impact in the services needed, particularly in the most rural areas.

#21: Percentage of Households w/ Householder Living Alone, ages 65 & over



3/9/2020

US Census Bureau 2014-2018 ACS 5-year

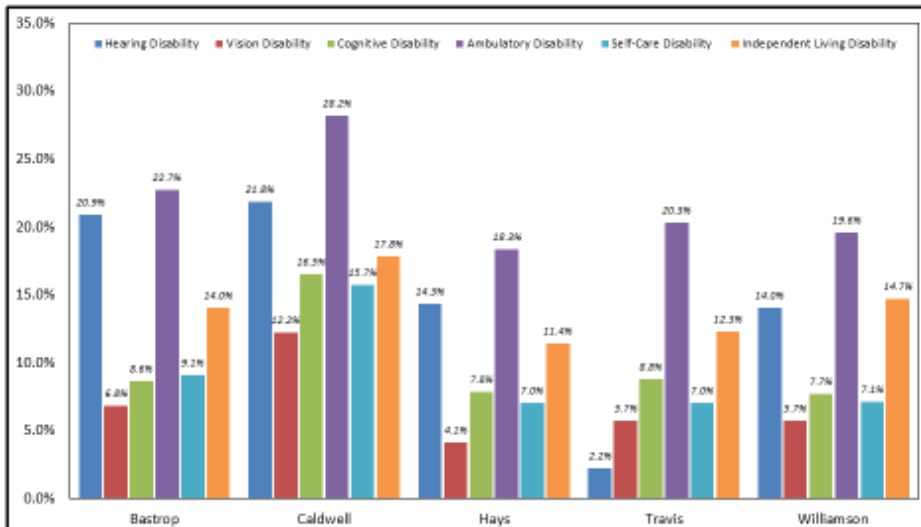
21

Another indicator of vulnerability can be persons reporting disabilities. While persons with disabilities vary greatly in the nature and type of disability, as well as the type and level of community services needed, understanding the population numbers reporting a disability is useful in planning for services. The following Chart #22 demonstrates detailed and informative data of not only the percentage of persons reporting a disability for each CAPCOG county, but also the percentage of persons age 65-74 and 75 and above reporting a disability. As is generally understood, the percentages of persons age 75 and above reporting a disability is significantly higher than those in younger age cohorts. Currently, within CAPCOG, while 9.6% of the total population report a disability, 23.5% of those 65-74 report such, and 48.9% of those 75 and over report such. Thus, the population served by AAACAP has a rate of disability of almost 75%. It is also significant, that like the population reporting living alone, the rates of disability for those 75 and above are the highest in some of the most rural counties – Llano Caldwell (57.5%), Llano (56.7%) and Bastrop (55.9%).

Data on the types of disability can also be instructive. In the following two charts, the county population ages 65 and above reporting a disability is identified by hearing, vision, cognitive, ambulatory, and self-care, and independent living.

Chart #23 includes the counties in the Metropolitan Statistical Area (MSA) and Chart #24 the counties outside the MSA served by AAACAP. This data is useful in planning for the types of needs that AAACAP addresses.

#23: Percentage of Population ages 65 with select disability (Counties in MSA)

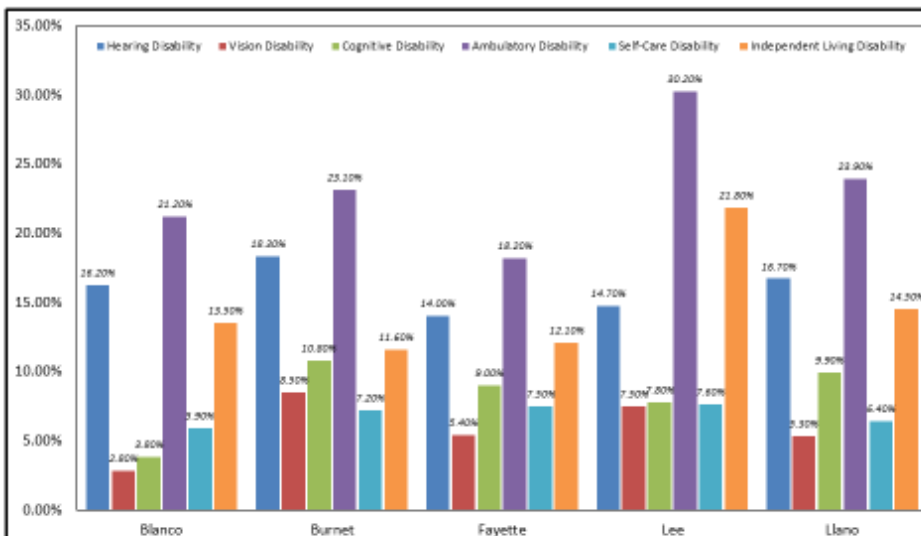


3/9/2020

US Census Bureau 2014-2018 ACS 5-year

23

#24: Percentage of Population ages 65 with select disability (Counties outside MSA)

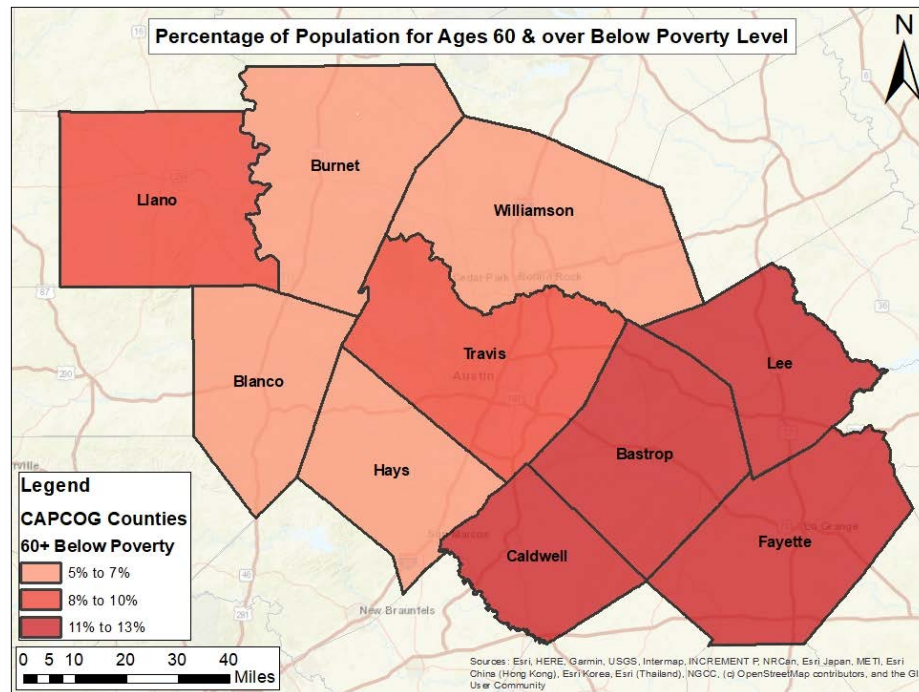


3/9/2020

US Census Bureau 2014-2018 ACS 5-year

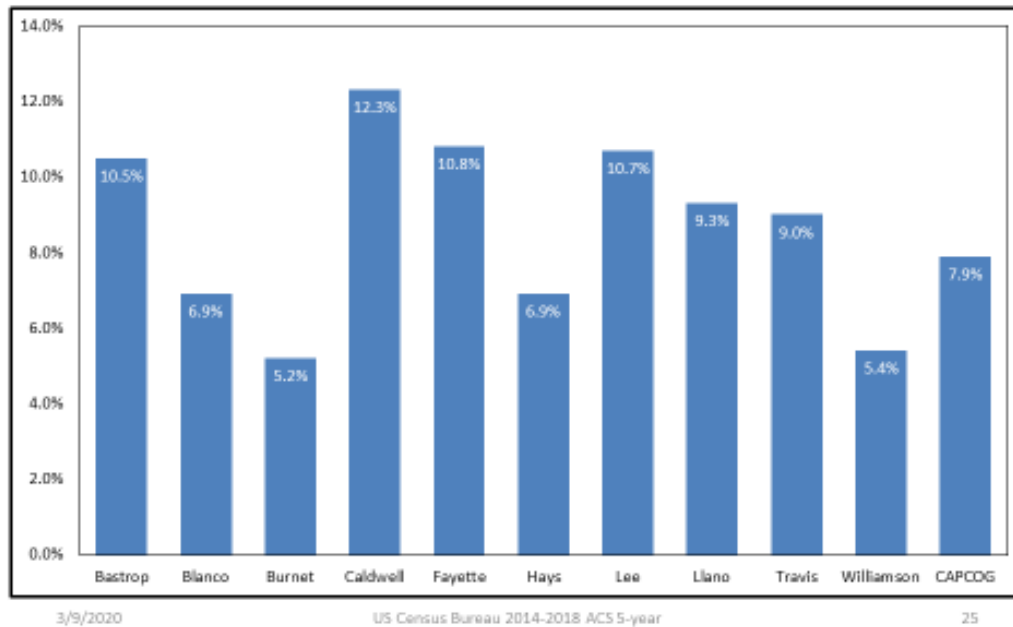
24

Economic vulnerability: Another demographic factor which assists in identifying older adults that are especially vulnerable is persons experiencing poverty and economic stress. Map #5 illustrates the economic vulnerabilities that exist in the region by identifying by county those that are below the federal poverty standards income levels:



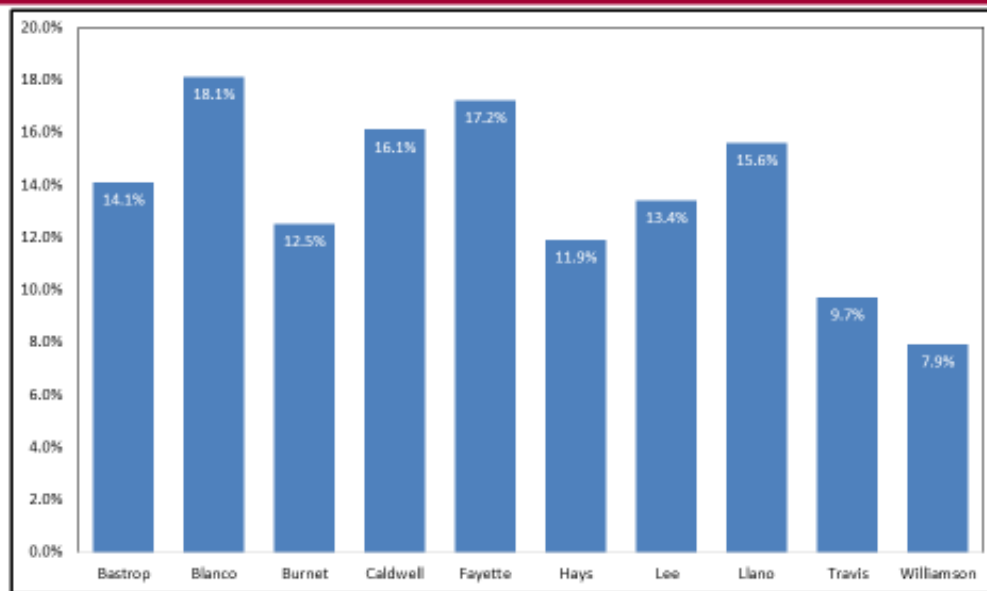
As Chart #25 demonstrates, the estimated percentage of adults age 60 and over at an income below federal poverty guidelines is 7.9% within CAPCOG, but much higher in many parts of the region – specifically in Caldwell, Fayette, and Lee, all of which have a rate higher than 10.5. Burnet residents are the least likely to have an income in this range, at just 5.2%.

#25: Percentage of Population ages 60 & over below Poverty line



Another indicator of financial stress, especially in the pre-Medicare eligible population (generally those 64 and below) is a lack of health insurance. Chart #26 provides data on the number of older adults 55 to 64 that do not have health insurance, by county. This data provides not only an indicator of challenges financially, but persons who will be less likely to have home health care supports provided after medical procedures, or ability to pay for prescriptions for chronic conditions. Persons residing in rural counties are also more likely to fall into this category, as Blanco (18.1%), Fayette (17.2%), and Caldwell (16.1) have the highest rate of older adults in this age cohort uninsured.

#26: Percentage of Adults Ages 55 to 64 Living without Health Insurance (Out of all adults ages 55 to 64)



3/9/2020

US Census Bureau 2014-2018 ACS 5-year

26

It should be noted that unfortunately, projections of growth for these populations is not as readily available, as the Texas Demographic Center, which can provide population projections based on age, does not generally provide projections based on other factors. However, understanding the current data for these vulnerable populations in conjunction with the projections of growth for every county in persons over 60, especially those in the 85 and above age cohort, provides valuable information in planning for increased needs.

Economic and Social Resources

In reviewing the socio-demographic challenges faced by population growth and the economic vulnerabilities of older adults of the 10-county area, it is also important to understand the resources of the region. A key reason for the population growth, especially in the age cohort 60 and above, are the services and quality of life found in the region. In 2019, U.S. News and World Report rated the Austin area fourth in the nation as a desirable place to retire. While that standing fell to 11th in their 2020 rankings, the region is still considered to be highly desirable. The report is based on a review of 125 most populous metropolitan areas in the U.S. and focused on the following factors: housing affordability, health care quality, job market and retiree taxes. The Austin area rated as highly favorable for retirees in these quality-of-life factors.

Economic resources of the region vary, but are strong as a whole. Austin, located in Travis County is within 1-2 hours of residents of all 10 CAPCOG counties and serves as the economic, healthcare, and cultural hub of the region. Freescale Semiconductor, Whole Foods, Dell and National Instruments all have corporate headquarters in the greater Austin Area. The key growth industries listed by the Austin Chamber of Commerce include: Advanced Manufacturing, Clean Technology, Data Management, Life Sciences, Space Technology, and Creative & Digital Media Technology. The Wall Street Journal recently identified Austin as the hottest U.S. job market for two years in a row, based on unemployment, labor-force growth, and wage growth. The economic health of the rural counties is better than many in Texas, especially in Bastrop, Hays and Williamson counties which have to some extent become “bedroom” communities for the City of Austin as housing costs increase in Travis County. Hays County was recently rated one of the third fastest growing economies in Texas. The rate of economic development has been slower in the more rural counties, but generally is growing as well. Blanco, Burnet, Caldwell, Fayette, Llano, and Lee counties all identify their major economic industries as tourism, recreation, ranching and farming, including such agricultural products as beef cattle, hay, lavender, nursery crops, horses, swine, corn, grain sorghum, pecans and aquaculture.

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

In terms of cultural opportunities, the city of Austin is internationally known for its live music venues, outdoor spaces, museums, and sporting opportunities, in part due to the presence of the University of Texas (UT) at Austin, an internationally recognized research institution drawing over 36,000 students annually. Austin events such as Austin City Limits and South by Southwest are known around the world. Such festival events are held throughout the 10-county area, including the Lavender Festival (Blanco), the Luling Watermelon Thump (Caldwell), the Bluebonnet Festival (Burnet) and Sherwood Forest Renaissance Faire (Bastrop) are just several examples of relatively inexpensive entertainment opportunities for older adults in the region.

Higher education opportunities are not limited to UT Austin. Other public colleges and universities include (in the following counties): Austin Community College (Travis) with eight campuses, UT Health Science Center (Travis), Texas State University (Hays) and Blinn College (Lee). Private universities include Southwestern University (Williamson), Concordia University (Travis), St. Augustine University of Health Sciences (Hays), and Huston-Tillotson University a Historically Black

University (Travis). Older adults can take classes from Texas universities worth up to six credit hours tuition-free. These schools provide older adults both cultural and non-traditional learning opportunities in the region.

The climate, classified as “humid sub-tropical”, and geography of the region also a factor in its economic growth. The temperature, while hot in the summer, rarely goes below freezing during the winter months. The geography ranges from pine-woods in Bastrop, Lee and Fayette counties, to the Travis, Williamson, Hays and Caldwell counties Blackland Prairie grasslands to the hill country region of Blanco, Burnet, and Llano Counties. The region is also home to rivers that provide recreation for kayakers, fishers, and tubers, such as the Colorado, the Blanco and the San Marcos. Due to this variety of geographic landscapes and features, the region is served by eight state parks, and many county parks providing opportunities for camping, bicycling, hiking, and hunting. The City of Austin alone lists 286 parks, from small “pocket parks” to 48 greenbelt areas, six golf courses, and 16 nature trails. In Texas, Travis County is ranked third of 254 counties in parks per square mile. This provides older adults a myriad of relatively low-cost, accessible recreational opportunities both within and outside the city limits of Austin. Tourists as well as “winter Texans” (those who come from more northern states or Canada during the winter months) are drawn to the area for the outdoor activities, but also the cultural events described above.

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

These geographic, economic, and cultural factors are clearly opportunities within the CAPCOG region that support older adults. A warm climate, no state income tax, economic opportunities for second careers or other work opportunities, access to life-long learning and a vast variety of cultural and recreation activities all create a very beneficial environment for older adults, especially those that move to or retire in the area from higher cost of living areas with some level of economic security, such as pensions and retiree health benefits.

However, there are also significant challenges for the older adults, especially life-long residents of the region who have been marginalized as adults due to racial inequities, limited educational opportunities, work that did not include healthcare benefits or pensions, rural isolation and/or minimal income earned due to a disability. The demographics of these vulnerable populations have been identified in the socio-economic review of data. Based on the factors demonstrated by both data and consumer concern, the greatest threats to these older adults are rising housing costs throughout the region, as well as lack of transportation and access to health care especially in the rural counties.

According to reporting from the Austin American Statesman in 2015, Austin was the No. 1 most economically segregated large metropolitan area in the United States. The in-depth report referenced a report by Richard Florida and Charlotta Mellande for the Martin Prosperity Institute, analyzes "the degree to which neighborhoods are made up of people of the same economic level" based on income, education and occupation. The higher each city ranked in the three specific kinds of segregation, the higher it ranked overall. Austin came in at No. 4 for occupational segregation and No. 5 for educational segregation, but did not reach the top 10 for income segregation.

Researchers note that overall economic segregation has increased dramatically over the past few decades. "It is not just that the economic divide in America has grown wider; it's that the rich and poor effectively occupy different worlds, even when they live in the same cities and metros," says the study. "Separating across these three key dimensions of socio-economic class, [this economic segregation trend] threatens to undermine the essential role that cities have played as incubators of innovation, creativity and economic progress."

Description of Service System

Resources and Description of Service System

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

Expanding programs by seeking out and utilizing funding outside the Older Americans Act is a key part of service provision for the AAACAP. In the last five years, additional funding and partnership programs have included the following:

Medication Management: The St. David's Foundation provided grant funding of \$550,000 for five years to provide enhanced medication screening programs in five counties for persons age 55 and above.

Austin Energy: The AAACAP (in collaboration with the ADRC of the Capital Area) is in the second year of its designation as an Austin Energy Plus1 Financial Support Partner. The partnership provides access to persons over 60, caregivers, and persons with disabilities to more than \$30,000 in designated funding from Austin Energy to pay utility bills in financial hardship situations. Through this program, Older Americans Act dollars for income support can be used to support consumers in rural areas that do not have such support from their utility providers.

CAPABLE: This new program was awarded in late 2019 from the St. David's Foundation and is currently being implemented. \$350,000 has been provided for CAPABLE – Community Aging in Place – Advancing Better Living for Elders is modeled on an evidenced-based successful program from Johns Hopkins University. CAPABLE will provide intervention to sixty older adults residing in Bastrop, Caldwell, Hays, Travis or Williamson counties. The program model integrates a registered nurse, an occupational therapist, and a licensed small home repair specialist who work with individual seniors, particularly low-income people of color to support independent, functional and safe independent living.

AAACAP also ensures that its programs are made more available by the active use of in-kind resources. These include the following:

Supporting Evidenced Based Intervention (EBI) programs for health and wellness courses. Over 20 coaches and leaders from organizations such as Humana, Texas AgriLife Extension and Travis County Human Services provide their time and expertise to provide health and wellness courses throughout the region. AAACAP

does not pay a fee for these services, they are provided by the parent agency. This is in addition to 52 volunteer coaches/leaders active this FY.

Donation of space for meetings, health and wellness courses, and trainings in both the urban and rural areas. Many organizations provide free sponsorship, advertising, and space for AAACAP programs. These include the Allen R. Baca Adult and Senior Center, City of Round Rock; the YMCA of Greater Williamson County; Texas Legal Services Center; and the Randolph Recreation Center in Fayette County.

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

In addition to cash resources, in-kind contributions are accepted from communities and organizations. Some of these are in the form of the provision of facilities in which Title III programs are held. The Housing Authority in San Marcos allows the use of their building in Allenwood for the nutrition site. The Luling and Llano Housing Authorities do the same. The City of Austin and Travis County provide facilities and coordinates congregate meal programs through the Meals on Wheels and More nutrition programs. While these facilities, and others, do not belong to the AAACAP or its subcontractors, their use can certainly be counted as a valuable resource to the region's aging network and to the older adults they serve.

Another valuable source of in-kind support is the time spent by individuals in volunteer activities for AAACAP and its subcontractors. They complement and strengthen the efforts of the paid labor force. A total of 62 direct-service volunteers with AAACAP provided support between September 1, 2019 and January 31, 2020. In addition, many of the sites supported by AAACAP have a strong volunteer workforce. These volunteers are activity assistants at senior centers, meal servers for nutrition sites, meal deliverer for the home delivered meal providers, friendly visitors at nursing facilities, volunteer EBI health and wellness leaders/coaches and certified volunteer ombudsman. AAACAP continues to research opportunities for additional funding sources to augment and leverage current resources.

Current Services in Place

Through funding from the Older Americans Act, and in compliance with both the Texas Administrative Code (TAC) and the perimeters of the AAACAP Area Plan for 2017-2019, the agency provides essential supports for older adults and older adults with disabilities throughout the CAPCOG region.

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

The agency is consistent in its efforts to develop and implement programs to meet the needs of the older adults and their caregivers in the region. There is a constant evaluation of identified needs and gaps that come to the attention of agency staff. These needs are discussed formally and informally within the agency, and in many instances brought to the attention of the Aging Advisory Council and to other providers and organizations in the region. Most organizations, including the AAACAP, have limited resources to meet the needs that present themselves. AAACAP understands that more needs are able to be met through coordination, collaboration and partnerships with other organizations.

AAACAP knows that access begins with community understanding of the Older Americans Act programs and services. Outreach includes the CAPCOG, website, participation in media interviews, meetings, interagency groups, presentations, participation in health and information fairs, and referrals to other agencies (for profit, non-profit and public) that serve seniors and their caregivers. Agencies include: volunteer organizations; home health agencies; hospitals; physicians;

country extension agents; Legal Hotline for Texans; HHS Access and Eligibility regional and local services; hospice organizations; senior centers; nutrition sites; faith communities; and so forth. Advocacy, as well as outreach, takes place through agency volunteers in the Ombudsman and Benefit Counseling program, as well as through Aging Advisory Council members and staff presentations at numerous educational events.

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

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

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

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

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

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

Funding to support the agency and its system of services and supports is made available through federal awards under Title III of the Older Americans Act, as amended, and passed through the Texas Department of Aging and Disability Services. Additional funding is provided through state general revenue, local governments, grants, and client contributions. While the bulk of the program funding is through the allocation of Title III dollars, the AAACAP does derive substantial support from client contributions/program income, match (in-kind and actual dollars) and donations. The most common way that individual's access services through the AAACAP is through telephone contact. The agency standard for returning voice messages is to do so as soon possible, but no longer than one business day. Due to the high call volume for Information, Referral and Assistance,

return calls may take longer than 1 business day but this is avoided through a call escalation methodology where additional staff are utilized to return calls if the need arises. For those who prefer to make a personal visit to the CAPCOG/AAACAP, offices are located on a major thoroughfare in southeast Austin, and are on a Capital Metro bus line. The office facility is ADA compliant. The office address and telephone number are published on all written materials, including a five-county telephone book, and a locator map is available on the website or through hard copy. Staff are available to make home visits to those who request it, regardless of where the consumer resides in the region.

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

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

Chart #27, below, provides a snapshot of the services provided by the AAACAP through Older Americans Act funding in its 10-county area for FY 2019, October 1, 2018 through September 30, 2019, the chart. The services outlined in the chart are those provided through the Older Americans Act Title III services. These include Title IIIB Supportive Services: Care Coordination; Chore Maintenance; Emergency Response; Health Maintenance; Health Screening/Monitoring; HICAP Assistance; HICAP Outreach; Homemaker; Homemaker Voucher; Income Support; Information, Referral, and Assistance Contact; Legal Assistance; Legal Awareness; Medication Management, Medication Review and Corrective Action, Mental Health Services,

Personal Assistance and Residential Repair. Title IIIC nutrition Services include: Congregate Meals; Home Delivered Meals; and Nutrition Education. Title IIID Disease Prevention and Health Promotion Services include: Evidenced Based Intervention and Evidenced Based Intervention ASC. Title IIIE Family Caregiver Support Services include: Caregiver Education and Training, Caregiver Respite Care – In-Home; Caregiver Respite Care-Voucher; Caregiver Support Coordination Contact, Caregiver Support Coordination.

Chart #27 - FY 2019 AAACAP Title II Services by County	Barstow	Blanco	Burnet	Caldwell	Fayette	Hayes	Lee	Ueno	Travis	Williamson	TOTAL
Care Coordination Hour	96	1	21	19	14	90	20	12	244	61	578
Caregiver Education and Training	2					2			5	2	9
Caregiver Respite Care - In-Home	12		6	1		14	2	5	95	19	108
Caregiver Respite Care - Voucher	5					1	1		6	1	12
Caregiver Support Coordination Contact	20		12	4	2	36	4	6	118	34	236
Caregiver Support Coordination Hour	21		13	5	2	36	4	6	125	37	249
Chore Maintenance	4					4		1	14	6	29
Congregate Meals	74	4	88	60	29	170	22	28	1,522	405	2,400
Emergency Response	6	1	6	1		9	2		49	12	86
Evidence Based Intervention	7		4	7	24	25		1	185	132	385
Evidence Based Intervention ASC									1		1
Health Maintenance	88		13	6	3	30	6	6	129	31	262
Health Screening/Monitoring	4		3		1	34		2	14	5	63
HSCAP Assistance	18	2	6	11	4	22	1	6	166	58	294
HSCAP Outreach				5		7		2	21	11	46
Home Delivered Meals	165	40	239	154	135	253	52	123	1,381	860	5,582
Homemaker	10		13	2	1	10		3	47	22	108
Homemaker - Voucher	1		2						3	2	8
Income Support	4		4	3	1	6		1	38	5	62
Information, Referral and Assistance Contact	79	6	55	42	23	123	17	31	768	290	1,434
Legal Assistance- Age 60 and Over	17	1	17	8	7	34	4	10	247	89	484
Legal Awareness	1				2	1			1	1	6
Medication Management									1		1
Medication Review & Corrective Action									1		1
Mental Health Services									6	1	7
Nutrition Education	25			2	6	10	6		6	2	57
Personal Assistance	2		5	1		4		1	13	7	33
Residential Repair	6		1	2	2	9	3	2	42	6	75
Transportation - Demand/Response	23			2	3	13	3	17	193	58	314
TOTALS	638	55	508	313	259	945	147	261	5,999	2,151	10,676

In addition to Title III services, as discussed above regarding additional funding resources, the AAACAP has provided services during 2019 through the Ombudsman Program, funded through Title VII services of the Older Americans Act and other non-traditional funding sources.

The Long-Term Care Ombudsman program is funded through the Older Americans Act but through a different section of the Act than the majority of AAACAP services. Title VIII services are not reported through the AAACAP SAMS/SPURS system. Four certified ombudsman (two full time; two part-time) and one Managing Local Ombudsman provide visits and support to residents and family members of over 100 nursing facilities and assisted living facilities in the 10-county CAPCOG region. More than 2,400 visits to these facilities were conducted during FY 2019.

The Medication Management program funded by St. David's Foundation provided 136 consumers Medication Management review and assistance in the four of the five counties served by the Foundation: Bastrop, Hays, Travis and Williamson. No clients from Caldwell chose to participate in the project.

Through the Austin Energy Plus1 Financial Support partnership program, 79 clients were provided pledge assistance for their utility assistance, three in Williamson County and 76 in Travis County. This program did not utilize any AAACAP funding, as the funding was provided directly by Austin Energy; however, the AAACAP served as the conduit through which the consumers could quickly be assisted within 24-48 hours with prevention funding that avoided financial hardship and potentially life-threatening utility disconnects. As this program served only Austin Energy customers, the service area was limited to the two counties served by Austin Energy utility services. This program is coordinated in partnership with the ADRC.

Other Private and Public Sector services for older adults

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

ensures that consumers in need have knowledgeable and friendly assistance to guide them to agencies that provide services beyond the scope of the AAACAP.

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

Non-profit agencies focused on serving older adults:

AGE of Central Texas

AARP Texas

Alzheimer's Texas

Alzheimer's Association, Capital Area Chapter

Capital City Village

Drive-A-Senior (Austin North Central, Austin West, Southwest Austin/Dripping Springs, Elgin)

Faith in Action Drive-A-Senior (Williamson)

Family Eldercare

Hill Country Senior Center (Hays)

Meals on Wheels of Central Texas

SeniorLink (Hays County)

Senior Access

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

Any Baby Can

Austin Asian Community Health Initiative

Austin Diaper Bank

Bastrop County Food Bank

Catholic Charities

Central Texas Food Bank

Community Action, Inc. (Hays County)

Community Resource Centers (Burnet, Llano, Williamson)

Combined Community Action (Bastrop, Blanco, Caldwell, Hays, Lee, Fayette)

Foundation Communities (supportive housing)

Easterseals Central Texas

Front Steps (shelters and homelessness prevention)

Goodwill

Hill Country Community Action (Llano)

Opportunities for Williamson and Burnet Counties (Burnet, Williamson)

Salvation Army

South Asian International Volunteer Association

Southside Community Center (Hays)

Texas A&M Agrilife Extension Services

Texas Legal Services Center

Texas Housing Foundation Community Resource Centers

The Caring Place, Georgetown (Williamson)

The Urban League

United Way of the Greater Austin Area/2-1-1

United Way of Hays and Caldwell Counties

United Way of Williamson County

Wesley Nurses

Non-profit Agencies serving persons with disabilities

ARCIL (Center for Independent Living)

Austin Area African American Behavioral Health Network

Austin Clubhouse

Austin Mental Health Consumers

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

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

Integral Care ((LIDDA and Local MHA)

National Alliance on Mental Illness – NAMI Central Texas

Texas Health Steps

The Arc of the Capital Area

The Austin Center for Grief and Loss

Healthcare

Ascension Seton

CommUnity Care Health Centers

Lone Star Circle of Care

St. David's Hospital

St. David's Foundation

Baylor Scott & White

Tejas Community Clinics

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

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

Capital Metro Public Transportation

CARTS – Rural Transportation (all counties except Travis)

City of Austin Parks and Recreation Neighborhood Centers and Senior Centers

City of Austin Equity Office

Coming of Age (Travis County)

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

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

Texas Department of Insurance

Texas Workforce – Independent Living for Individuals who are Blind or Visually Impaired

Texas Veterans Commission

Government support agencies located in each county:

City and County-supported Senior Centers

Library Systems

Health and Human Services

Local Housing Authorities

Veteran Services Officers

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

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

Older Adults with physical or developmental disabilities: Adaptive Driving Program, St. David's Foundation; ARCIL (Center for Independent Living); Bluebonnet Trails Community Services (LIDDA and Local MHA - Bastrop, Burnet, Fayette, Lee, Williamson); Austin Council of the Blind; Deaf-Blind Service center of Austin; Austin Deaf Club; Disability Rights Texas; Down Syndrome Association of Central Texas; Easter Seals Central Texas; Hill Country Mental Health and Developmental Disabilities Programs (LIDDA and Local MHA – Blanco, Hays, Llano); Integral Care (LIDDA and Local MHA, Travis County); Lone Star Paralysis Foundation; Mary Lee Foundation; Texas Department of Family and Protective Services, Adult Protective Services, Region 7; The Arc of the Capital Area.

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

Focal Points

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

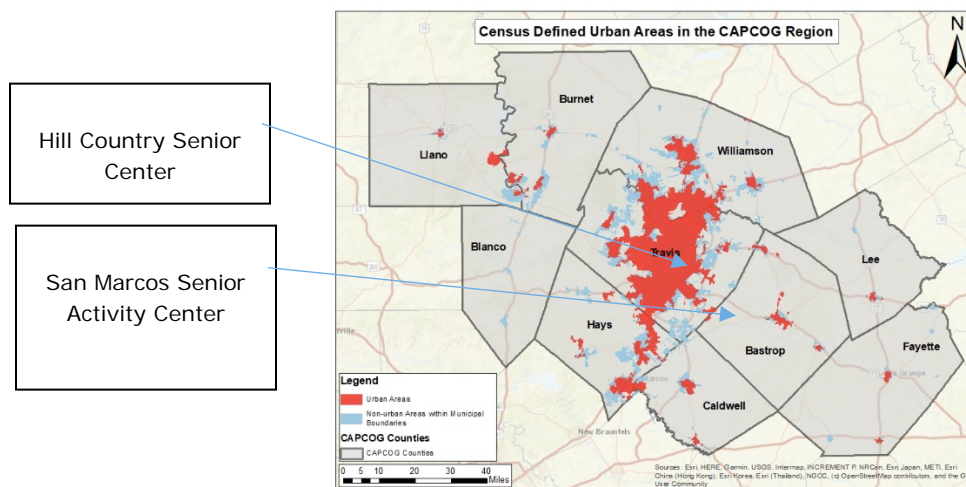


Table 5 Focal Points

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

Role in Interagency Collaborative Efforts

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

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

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

Aging Services Council: This network of individuals and organizations working together to provide older adults and their caregivers the information and services needed to support themselves and family members, ensuring the opportunity to

live healthy, safe, and meaningful lives in our communities. Most recently the Aging Service Council, with the support and expertise of the AAACAP published free caregiving guides in both English and Spanish.

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

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

Additional partnerships allow AAACAP to promote and provide services on-site, such as Medicare benefits counseling and Medicare Extra Help enrollment events on-site at City of Austin libraries. In the metropolitan service area, other key partners include Family Eldercare, Integral Care (the Local Authority for Intellectual and Developmental Disabilities and Mental Health services), Family Eldercare, Meals on Wheels and More, the City of Austin Public Health Department Neighborhood Centers, the Community Village program, and the United Way offices of Greater Austin (including 2-1-1), Williamson, and Hays & Caldwell counties. In the rural communities, the AAACAP has strong partnerships with the Texas A&M AgriLife Extension and Wesley Nurses programs (both of which support health and wellness programs) and the Lone Star Community Health Clinics. Other important partners in the rural counties are Opportunities of Greater Williamson County, Hill Country Community Action, Combined Community Action, Inc., and Veteran Service Officers. The establishment and growth of these many partnerships has tangible results – for example, in 2019, four new congregate meal sites were opened.

Special Initiatives

In addition to the programs such as the St. David’s Medication Management program and the Austin Energy Plus1 Financial Support Partnership, AAACAP has launched other unique programs that have been particularly effective in increasing interagency collaboration. These have increased program efficiency, improved services, and led to quality of life improvements for consumers.

One such program was the launching, in FY2019, of the “Your Partner” workshops which educate resource providers, referral sources, and helping professionals about

the various programs and services available through the AAACAP. Held each quarter, each workshop has averaged 30-40 participants across the aging, health care, and policy arenas. Five workshops have been held since October 2018, five at CAPCOG, with one scheduled for Williamson County in 2020. This has been a highly effective way to provide in-depth information on the role and services of the agency to a large number of agency professionals at one time, and allow partner agencies to use the workshop as a training tool for new staff on an ongoing basis. These workshop help build and strengthen partnerships between CAPCOG and service providers and have resulted in more effective referrals and streamlined service delivery.

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

AAACAP actively coordinates and seeks opportunities to expand partnerships with community mental health providers and disability organizations to advocate for the unique needs of older adults. Thanks in part to its close partnership with the ADRC of the Capital Area, leadership meets regularly with the three LIDDAs and MHDDs serving the 10-county region. They also network and partner with ARCIL (the regional Center on Independent Living) the Disability Chamber of Commerce, Any Baby Can, and Easterseals, and the Deaf Club of Austin. Events such as the Your Partner workshop, AAACAP information presentations, and the annual "Striking a Balance" Caregivers Conference have been provided with American Sign Language Interpretation. It also works closely with the Alzheimer's Association and Alzheimer's Texas and co-sponsor caregiver and healthcare educational events.

Inter-generational activities: Inter-generational activities are encouraged and supported by AAACAP, as such efforts are mutually beneficial to both younger and older generations. This is in-line with AARP and n4a research and campaigns to reduce social isolation and its implicit health risks. In providing young adults the opportunity to learn about and participate in aging services, and providing older adults the chance to interact with a different demographic, both age cohorts are empowered. One example is AAACAPs participation in The Corporation for National and Community Service VISTA volunteer program. In FY 2019, a VISTA volunteer assigned with AAACAP served for 12 months, re-vamping volunteer processes, as

well as assisting with the Age Well Live Well Story initiative that empowered older adults in a minority neighborhood to showcase their unique life-experiences. The VISTA volunteer's experience with the agency led her to seek further opportunities to work with aging issues. In part due to the support of AAACAP for inter-generational efforts and her career development, the VISTA volunteer was able to transition to a position with HHS.

The Health and Wellness program has also greatly expanded its volunteer program through a focus on involving college students. A new partnership with the University of St. Augustine for Health Sciences trains 30-40 students in Evidenced Based Intervention program facilitation each semester. This program provides its student participants the chance to learn new skills, build their resumes, and interact with older adults. It also has increased the number of courses and accessibility of EBI programs in the region.

Volunteer support is encouraged throughout AAACAP. During the first half of FY20, 1 benefits counseling volunteer provided off-site information on Medicare programs. 52 volunteers ensured regional access to health and wellness programs, a program that has increased from previous years by 100%. Nine volunteer Long-Term Care Ombudsman greatly enhanced the ability of the Ombudsman program to visit and advocate for residents of nursing homes and assisted living programs. AAACAP supports volunteer initiatives to increase and expand its ability to provide services throughout the region. Volunteers are actively encouraged and a key part of its subcontractor programs, such as Meals on Wheels and senior congregate meal sites

8. Plan Development

AAACAP began planning for the creation of the Area Plan upon notification on August 22, 2018 by Texas HHS that the Area Plan process would begin in 2019 for submission of an Area Plan for the period FY 2021-22 (September 1, 2021 to August 31, 2023). The Director and Assistant Director worked together on a planning outline and timeline and began gathering resources such as community health needs assessments and census data. In addition, the leadership team reviewed the Area Plan submitted for 2017-2019, including the materials, planning, and community needs assessment information available in e-files from that document's creation process. On January 23, 2019, AAACAP received the first draft of the template for the next Area Plan and provided feedback on its elements and form as requested by HHS. The agency received the template on April 16, 2019 and began reviewing and revising its planning outline and timeline in accordance with the guidance from Texas HHS. The Director also worked closely with HHS, the Texas Area Agencies on Aging Council and the Texas Association of Regional Councils (TARC), providing input on the statewide Community Needs Assessment Survey tool (henceforth referred to as "the survey") and ensuring its distribution in the CAPCOG region. The final survey tool and link were distributed to CAPCOG by TARC in July. The Director also participated in the Office of Area Agencies on Aging HHS meeting and Strategic Planning Workshop on August 15-16, 2019 in Austin.

Leadership and Staffing: The Director and Assistant Director of Aging Services, CAPCOG, were the lead staff for planning and writing of the plan, as well as the implementation of the feedback process from stakeholders and the public. The Director ensured close communication on the planning process with the Executive Director, administrative staff and the CAPCOG Executive Committee. The AAACAP leadership planning team also included the three program managers benefits counseling/nutrition; Care Coordination/Caregiver Support; and Managing Local Ombudsman in reviewing the plan requirements and executing its creation. The leadership team met bi-weekly throughout 2019 and early 2020 to regularly discuss responsibilities, access to community feedback, and strategic objectives. Planning elements were delegated appropriately to supporting AAACAP team members. For example, the Administrative Assistant ensured that the survey was sent to key stakeholders, that paper surveys were available in both English and Spanish, and to enter data from hard-copies received into SurveyMonkey. The Health and Wellness Coordinator ensured that surveys were supplied to participants of Evidenced-Based Intervention courses. The Program Specialist, whose job description includes scheduling and coordination of outreach events and

public presentations throughout the 10-county region, met regularly with the Director in outlining and implementing distribution of paper surveys and creation of focus groups. AAACAP leadership also ensured that all of the Aging Services staff was kept apprised and involved in the planning and creation of the Area Plan. Information on the planning process was shared at monthly team meetings, and all had a role in its creation, from providing input to the focus group planning process, to providing the Stakeholder surveys to their helping agency networks, to handing out the survey at public events, to pulling statistics and data needed for planning and reporting. In addition, other CAPCOG departments supported the planning efforts. The CAPCOG Community and Economic Development department played a vital role in compiling and creating data needed for planning purposes and the socio-demographic portions of the plan. Utilizing U.S. Census Data, the American Community Survey, and the Texas Demographic Center. These graphs and charts were crucial to understanding both the current trends and demographics of the region and its older consumers, as well as the development of plan priorities for 2021-22. The CAPCOG Membership Services Coordinator whose responsibilities include the CAPCOG website ensured that the Community Needs Assessment Survey was accessible from the website during the fall of 2019. The AAACAP Aging Advisory Committee was also actively involved in the planning process. The Aging Advisory Committee meets quarterly and at meetings held in August and November 2019, as well as February 2020, the Advisory committee leadership and members had input into the survey process, the planning for focus groups, and the creation of the plan. All Aging Advisory Committee members received surveys and assisted in their distribution to consumers and stakeholders throughout the 10-county region.

CAPCOG Executive Director; Executive Committee: The Executive Director, who has 22 years of experience in supervising AAACAP reviewing Area Plans, met regularly with the Director of Aging Services on the process and implementation of the plan creation. In August 2019, staff informed the CAPCOG Executive Committee of the planning timeline and encouraged to participate in the community needs assessment process. Staff provided an update on the survey results, focus groups, and planning process at its December 2019 Executive Committee meeting. The CAPCOG Chair and Executive Committee met on March 11, 2020 and approved the Area Plan and its submission to HHS on March 27, 2020. Stakeholders: AAACAP has strong relationships with the elected officials, senior-and-disability serving agencies, government (both local and state) entities, and service providers throughout the community. Elected officials and community leaders serve on the CAPCOG Executive Committee Several elected officials serve on the Aging Advisory Council, as do representatives from senior-focused agencies such as Travis County Health and Human Services Coming of Age programs.

The Aging Advisory Committee provided input for the execution and location selection of focus groups, as well as ensuring distribution of the surveys and promotion of focus group participation. Executive directors and/or program managers from helping agencies serving older adults throughout the region were provided the survey and advised of focus groups to be held in their area. The agencies involved included the majority of older-adult serving non-profit and government entities listed in Section 7, “Other Private and Public Sector Services” Service providers and sub-contractors, such as agencies contracted to provide home-delivered meals and congregate meals were also included in the planning process and provided the survey. These service providers also included those that serve as vendors for Care Coordination and Caregiver Support Services, such as in-home care agencies, respite services, and health maintenance providers. AAACAP also ensured that key community coalitions were involved in the survey process. These included the City of Austin Commission on Seniors; the Georgetown Commission on Seniors; the Bastrop Cares OWLS; and the Interagency councils for the Blanco County, Highland Falls, and East Williamson County areas of CAPCOG. The Aging and Disability Resource Center of the Capital Area also provided significant assistance as a stakeholder. The ADRC Coordinator advised the ADRC Steering Committee of the Area Plan process and provided with both e-copies and hard copies of the survey to distribute. The ADRC Steering Committee includes over 25 agency and consumer representatives of older adult services, services for persons with disabilities, and caregiver supports from throughout the 10-county CAPCOG region. The ADRC also provided data on the top needs identified by its callers during FY 2018 and FY 2019 that related to older adults and the counties represented. Eighty-eight consumers and helping professionals were provided the email link to the survey in support of the AAACAP planning process. The ADRC also distributed paper surveys at its outreach events between October 1, 2019 and January 31, 2020. Feedback Tools: Community Needs Assessment Survey: AAACAP utilized the survey designed by HHS and implemented through the TARC as a tool both through SurveyMonkey and in hard copy. A full analysis of the results of the survey is included in Section 9, Regional Needs Assessment/SWOT Analysis.

Focus Groups: Five face-to-face focus groups were held throughout the months of September through December 2019. With the input, direction, and support of the Aging Advisory Committee, the emphasis in scheduling the focus groups was on accessing areas with limited on-line accessibility (such as remote rural areas) and “harder to reach” populations of older adults, using Aging Advisory Council members and/or culturally competent community as “gatekeepers” in the discussions. Focus groups were held for the first time in the agency’s history: at an Assisted Living facility; with a group of Deaf older adults and providing

American Sign Language interpretation; at the new Austin Vietnamese Senior Center; and in Spanish in an under-served urban area. The focus groups were also held in four different counties: Caldwell, Hays, and Lee (rural) and two in the City of Austin, Travis County. A full analysis of the focus group facilitation process and results is included in Section 9, Needs Assessment/SWOT Analysis.

Resources Used

- | | |
|---|--|
| <input checked="" type="checkbox"/> AGID | <input checked="" type="checkbox"/> Other Aging Services Council Survey |
| <input checked="" type="checkbox"/> American Community Survey | <input checked="" type="checkbox"/> Other Commission on Seniors Survey, City of Austin |
| <input type="checkbox"/> American FactFinder | <input checked="" type="checkbox"/> Other See: Appendix A, References and Sources for Complete List |
| <input checked="" type="checkbox"/> ALICE | <input type="checkbox"/> Other Click here to enter text. |
| <input type="checkbox"/> BRFSS Survey Data | <input type="checkbox"/> Other Click here to enter text. |
| <input checked="" type="checkbox"/> NAPIS | <input type="checkbox"/> Other Click here to enter text. |
| <input checked="" type="checkbox"/> NASUAD | |
| <input type="checkbox"/> POMP | |
| <input checked="" type="checkbox"/> A Profile of Informal Caregiving in Texas | |
| <input checked="" type="checkbox"/> SPURS | |
| <input checked="" type="checkbox"/> The University of Texas at Austin Bureau of Business Research | |
| <input checked="" type="checkbox"/> Texas Demographic Center | |
| <input type="checkbox"/> Texas Comptroller of Public Accounts in Depth Resources | |
| <input checked="" type="checkbox"/> Texas HHS Records and Statistics | |
| <input type="checkbox"/> WOW Index | |

9. Regional Needs Assessment/SWOT Analysis

Regional Needs Assessment Development Process

AAACAP based its needs assessment of the region on the best practices identified by HHS, a review of other community needs assessments produced by regional healthcare systems and non-profits, and processes used by the agency in creating previous Area Plans. In planning for an effective review of the concerns and needs of the 10-county region, AAACAP ensured that both quantitative and qualitative data would be utilized to complete the process.

Phase One focused on the gathering and review of quantitative elements – current population trends, economic information, and demographic information gathered and analyzed by GIS experts from the Community and Economic Development's GIS experts, as well as the collection and review of internal data and key partner agencies. Phase One also included compilation and review of community health and other needs assessments, as well as strategic regional planning strategies affecting older adults.

Phase Two focused on qualitative research, and involved three main elements: AAACAP paid and volunteer staff's lived experience in serving consumers; Input from and collaboration with the Aging Advisory Committee and key stakeholders; Community and consumer direct input provided through focus groups and the distribution, compilation and analysis of community needs assessment surveys.

AAACAP leadership ensured support for the process by emphasizing the importance and industry-wide accepted practice of using a needs assessment to identify and prioritize key issues important to older adults and develop targeted interventions to build more resilient and independent communities. Participating consumers, partners, and staff understood that the regional assessment would be utilized not just for the Area Plan, but would serve as an important tool to provide information to health care systems, elected officials, other agencies serving the older adult population and the general public. The overall purpose of the assessment was and is to provide a snapshot of needs in the CAPCOG region and inform AAACAP's priorities in serving older adults.

Methodology: Phase One:

Socio-Demographic Data: Data sources utilized for quantitative assessment were varied purposely to ensure a rounded picture vulnerabilities and assets for the older adult quality of life in the region. A key asset for AAACAP is its co-location at CAPCOG with GIS experts from the Community and Economic Development division. AAACAP leadership began working with the division early to identify the qualitative data that would be needed both for the socio-demographic and economic sections of the Area Plan, as well as for the needs assessment. The staff of CE&D have both academic and practical experience in utilizing national, state, and local data sources and were able to provide not just raw data, but analysis in the form of graphs and charts. These are utilized in Section 7 of this plan, but were also utilized in the needs assessment and SWOT analysis. Information for both the region as a whole, as well as the counties was compiled and organized from U.S. Census Data, the American Community Survey and the Texas Demographic Center. In addition, a variety of other key research reports were gathered and reviewed. Data on older adult needs was specifically requested and provided by United Way for Greater Austin/2-1-1, as well as information from Feeding Texas on older adults utilizing Supplemental Nutrition Assistance Program (SNAP). Data reports from the Texas Department of Family and Protective Services Adult Protective Services from the 10-county CAPCOG region and the ADRC of the Capital Area were also obtained and included. AAACAP also ensured the use its own internal data regarding direct service programs, both client and service units, using SPURS and NAPIS reports in the needs assessment/SWOT analysis process.

Community health needs assessments: AAACAP reviewed recent assessments prepared and published from the major healthcare systems (Ascension Seton; St. David's; Baylor Scott & White). Together, these provided data on all counties in the region. These reports, while providing broad-based data that included the general population, not just adults 60 and above, never-the-less gave significant information, especially in their focus and analysis of rural community needs. Assessments from Federally Qualified Health Centers were also sought out and the one available from CommUnity Care Health Centers was utilized as well.

Additional Regional Assessments: Research was not limited to healthcare systems alone. As the opportunities and challenges of serving older adults cuts across a continuum of social constructs, AAACAP actively sought out other types of community assessments and strategic planning reviews from both urban and rural coalitions and service providers. These included the Community Advancement Network Dashboard, which provides an overview of the socio-economic well-being of Austin and Travis County. The Dashboard reports on community conditions

relating to 17 indicators and highlights local efforts to improve outcomes. The literature review also included reports on such critical areas as housing, food insufficiency and in-home services. Research and review also included analysis and reports regarding older adults from the Central Texas Food Bank, HousingWorks Austin, the City of Austin Strategic Housing Blueprint, Opportunities for Greater Williamson and Burnet Counties, Hill Country Community Action, Combined Community Action, Meals on Wheels and More, and the 2045 Regional Active Transportation Plan from Capital Area Metropolitan Planning Organization.

National Research: Lastly, as background for both the Area Plan and the regional needs assessment, AACAP utilized studies from nationally recognized policy and research institutions. While the publications of such organizations as the federal Administration on Community Living, AARP Public Policy Institute, the National Association of Area Agencies on Aging (n4a), the National Council on Aging, and the National Hispanic Council on Aging, do not specifically discuss the Capital Area region, their resources were useful in providing a basis for identifying trends and providing a broader understanding of older adults in America. Such studies included the n4a Eldercare Locator report “Making Connections: Consumer Needs in an Aging America” and the “Rural AAAs Structure and Services Information and Planning Issue Brief” by the n4a.

Methodology, Phase Two:

This phase of the regional needs assessment ensured the utilization of more qualitative in-put: the hands-on knowledge of consumer needs from AACAP personnel, input from partners and stakeholders, and the community voice expressed through focus groups and surveys.

AACAP Personnel: AACAP personnel were involved from the beginning of the process. Through meetings with program managers and their direct-service staff, personnel were able to provide a unique perspective on observed client concerns. Both the perspective of persons new to the agency, as relative “outsiders” with a fresh perspective, as well as the experiences of seasoned staff were valuable to gaining insight on consumer needs. The staff ranged in experience from three months to more than twenty years with CAPCOG. Five care coordinators, three benefits counselors, four ombudsman, and one information and referral navigator, as well as their supervisors had the opportunity to reflect and report on their experiences serving consumers and identifying trends in the unmet needs identified by those they serve.

Partners, community leaders, and stakeholders: The strong community connections of AAACAP leadership and staff enabled a cross-section of those leading efforts to improve the quality of life for older adults to be included in the qualitative process. Beginning in 2019, the Aging Advisory Committee was regularly involved and updated on the Area Plan process. Members assisted in suggesting focus group populations and locations, as well as providing input on the survey distribution process. All members were provided surveys and in addition to completing the surveys themselves, worked to distribute through their connections to the older adults in their communities throughout the region. The survey was also distributed to executive directors and their representatives through such forums as the Austin Commission on Seniors, Interagency Councils in the rural areas, service providers and sub-contractors (such as Meals On Wheels of Greater Austin), and the ADRC of the Capital Area Steering Committee.

Survey or Public Forum Participants

Focus Groups: AAACAP worked to ensure that focus groups addressed populations that are generally not represented at senior centers and other gathering places for older adults. While surveys were routinely distributed and available at congregate meal sites, and community events such as health fairs and caregiver conferences, many older adults do not or cannot participate in these spaces. AAACAP specifically sought out and held five focus groups to reach populations that are often “invisible” and underrepresented in needs assessment data. These include persons with limited English, older adults with disabilities, those in assisted living settings, and rural communities.

The first focus group was held on October 30, 2019, in the City of Austin’s District 4 at the newly-established Austin Vietnamese Senior Center. According to HousingWorks, this district has, along with District 4, the highest percentage of renters cost-burdened by housing costs, i.e. renters spending 30% or more of their income on housing, as well as a 25.6% poverty rate – high compared to the city’s overall rate of 15%. The session included nine attendees and a Vietnamese translator. This was a lower turn out than expected due to unseasonably cold weather on that date. The five top needs expressed by participants were as follows: transportation; access to congregate meals, especially those that were culturally appropriate; lack of financial assistance; more materials in Vietnamese; and desire for more digital (computer) instruction and access.

The second focus group was conducted by AAACAP bilingual staff in the Spanish language, with Spanish-speaking attendees at the South Austin Neighborhood

Center, a facility of Austin Parks and Recreation. The center is located in District 4 in the City of Austin, which is described by HousingWorks as, "Whereas other districts experienced an increase in median family income, District 3 was the only district to have a significant decrease in median family income and has the highest percentage [district-wide] of extremely cost-burdened homeowner households." The area has a 26.8% poverty rate and is 53% Hispanic/Latino. The congregate meal site is run by Meals-on-Wheels as a sub-contractor of AAACAP, and the neighborhood center is a City of Austin Parks and Recreation facility in an under-served area of the Austin, Travis County. 26 persons attended and completed 18 surveys in Spanish. The top concerns identified through the participant's specific surveys were: healthcare; housing repair and modifications; and in-home services.

The county seat of Giddings, population 5,600, hosted the third focus group. Giddings is located in Lee County, a rural county to the east of Austin and one of the most rural of the CAPCOG counties. The county has the third highest percentage of adults 60 and over (24.1% of the population) in the AAACAP region and the second highest percentage this population in poverty (10.7%), which was a factor in its selection. The event was held in Giddings, with a population of approximately 5,600. Lee The event was held on December 10, 2019, with 16 attendees at the Giddings Senior Center. The participants expressed that lack of transportation as their greatest concern. The participants also completed surveys which were included in the survey results.

A fourth focus group was held December 16, 2020 at La Vista Apartments in the city of San Marcos, Hays County, to the south of Austin. Hays County is a mixed urban/rural county that is projected to have one of the highest growth rates in the state. La Vista Apartments is an affordable rental community for older adults age 62 and above, a program of National Church Residences. It focuses on serving older adults with disabilities. 13 persons attended, including eight members of the Deaf community. The group was conducted with an American Sign Language interpreter. The participants listed the following as their greatest concerns: transportation; lack of homemaker services; lack of culturally-competent caregivers, especially those who are ASL certified; coordinated case management and persons who can assist with paperwork and referrals.

Caldwell County was the site of the fifth focus group, held on December 17, 2019. This focus group was unique in being the first held by the agency on-site at an assisted living center. The Golden Age Assisted Living facility hosted the event, which was attended by seven participants. Caldwell County, which is located southeast of Austin, has the highest poverty rate in the AAACAP region for older adults 60 and over, 12.3%. The top needs expressed by the residents and staff

were as follows: transportation; access to dentures and hearing aids; adult day care; caregiver respite; and amenities such as patio furniture which would allow them to be outside and enjoy nature.

Community Needs Assessment Survey for 2021-2022

This was the first time in recent history that the Texas HHS, Office of Area Agencies on Aging and the Texas Association of Regional Councils (TARC) designed a community needs assessment for use by all AAAs in the state for the Area Plan process. The survey tool was designed to be available on-line, through SurveyMonkey, the nationally-recognized survey tool. AAACAP ensured that its consumers and stakeholders had access to both the on-line site, as well as a facsimile with the same survey questions available in English and Spanish hard copies. All paper copies distributed included self-addressed, stamped envelopes. All hard copies received were entered into the SurveyMonkey system by the AAACAP administrative assistant as received.

The Director created correspondence in both English and Spanish that was utilized consistently by staff and stakeholders to distribute the link to the SurveyMonkey site. Surveys were provided to older adults, but also to family caregivers of older adults, elected officials, service providers, and board and advisory committee members.

Surveys were distributed at all AAACAP community events, such as health fairs, community resource events, and caregiver conferences between September 2019 and January 2020. These included: 25 events in October 2019 in Bastrop, Blanco, Burnet, Hays, Travis, and Williamson counties; Nine events in November 2019 held in Bastrop, Blanco, Burnet, Llano and Travis counties; Six events in December 2019 in Caldwell, Hays, Lees, Travis and Williamson; Seven in January 2020 in Hays and Travis counties. The survey was also provided to 42 participants at the workshop that AAACAP holds each quarter for helping professionals, "Your Partner in Serving Older Adults, Persons with Disabilities and Caregivers."

The health and wellness program also ensured that surveys were provided to Evidenced-Based Intervention course participants during the months of October and November 2019. In addition, as mentioned, community leaders and key stakeholder groups such as the Aging Advisory Council, CAPCOG Executive Committee, the ADRC Steering Committee, the City of Austin Commission on Seniors and the Georgetown Commission on Aging assisted in the survey distribution.

Surveys were distributed and received from all 10 of the counties served by CAPCOG. 270 surveys were returned in English and 19 in Spanish. The first survey was entered in SurveyMonkey on September 10, 2019 and the final survey on February 14, 2020. The total number of surveys 289 exceeded the 32 surveys received during the last Area Plan process.

Respondents: Surveys were received from all 10 categories of possible responders (respondents could choose more than one category), from Elected Officials, Aging Advisory Committee Members through caregivers, service providers, clients and individuals over and under 60. The greatest number of surveys were received from individuals age 60 or over who were not AAACAP clients (36.33%), followed by Service Providers (26.3%), AAACAP clients over age 60 (23.86%), and family caregivers (16%). Respondents from all counties provided surveys, with the top four counties represented (in order): Travis, Williamson, Bastrop, and Caldwell.

From the list below of most common services provided by Area Agencies on Aging, how would you RANK the IMPORTANCE of these services to older adults and family caregivers in your community? (1 being most important, 13 being least important), across all respondents Transportation, Home-Delivered Meals, Personal Assistance, and Homemaker Assistance, Health Maintenance (dental, vision, hearing, adaptive equipment), Information and Referral were identified as the most important AAA services. The top issues of concern were identified as Health Issues, Finances, Safety, Safe and Affordable Housing, Transportation, Scams and Fraud.

Key Findings

AAACAP analyzed the quantitative and qualitative data gathered during phases one and two of this project. This report synthesizes the findings from both the quantitative and qualitative phases of the regional needs assessment process and provides two analyses: First, a review of the five most significant Community Trends related to older adults; and secondly, a SWOT analysis of AAACAP correlated with these community trends

Five significant trends were identified in the CAPCOG region related to older adults. The first two trends relate to key socio-demographic factors, namely, the current and projected increase of the older adult population in the region and the current and projected even greater increase of older adults in the rural counties of the region. These two trends are based on the socio-demographic data provided through the U.S. Census, the American Community Survey, and the Texas Demographic Center, and are discussed in Section 7 of this Area Plan.

The other three trends are key factors directly related to the quality-of-life of older adults in the region. These are, in priority order: Transportation; Health and Wellness; and Financial Wellness and Resources. These trends were identified and selected as encompassing the top concerns and needs of older adults. They developed from a careful and extensive compilation and analysis of the concerns clearly demonstrated consistently by the broad range of sources used in the community needs assessment. These sources include, first and foremost, the voice of older adults themselves throughout the 10-counties expressed through the AAACAP surveys and focus groups. The input from community partners and service providers, as well as community needs and community health assessments and reports from both local and national entities was also critical to establishing these trends, and consistently echoed the top issues expressed by older adults.

Based on these trends, a SWOT analysis of where AAACAP and its services can have the greatest impact and influence was developed. From these two analysis tools, a fact-based picture of the priorities for AAACAP emerges.

Five community trends affecting older adults within in the region:

Projected population growth of the older adult population - Key Findings:

Regionally, the average growth of the population age 60-84 is projected at 108.6%; The greatest population growth in the rural counties will be older adults; The age of the population to be served in the rural counties will also be as a group, older, with the resulting increase in disabilities and vulnerabilities – i.e. 85 years of age and above. Regionally, a 249.8% increase in adults in this age cohort is projected.

Trends in Community Response: There has been an increase in the partnerships and programs of programs serving older adults, as well as the strength and number of county commissions and coalitions related to older adults, such as the Age Friendly City initiative in Austin, the Buda Commission on Aging and the Bastrop OWLS program; St. David's Foundation assessed older adults as one of its top three priorities (after children and women). Services for the increasingly diverse older adult population include the new LGBTQ "Golden Generation" congregate meal site and the Asian American Community Center, the Eastside Story Map program and partnership with the Austin Asian Community Health Initiative.

Challenges: Some planning entities do not seem aware or address the critical projections for the growth of the older adult populations. For example, in reviewing planning and programs in the region, the following was noted: The Community Advancement Network (CAN), the Travis County Dashboard, none of the eighteen indicators focus on older adults; the majority of the Community Health Needs

Assessments do not specifically focus on older adult health needs; The national and local data on those experiencing homelessness does not specifically screen for older adults in the annual Point in Time Counts; Travis County impact reports do not have a component related to older adults; planning for transportation needs does not address the growing impact of the increase in adults age 85 and older; the three United Ways in the area support programs focused on children's' issues.

Validation: Data provided in Section 7 of the Area Plan, from the Texas Demographic Center; Data from United Way of Greater Austin 2-1-1 and Adult Protective Services identifying yearly increases in services; CAN Dashboard 2018; Community Health Needs Assessments for the region.

Vulnerable populations of older adults will increasingly be located in rural areas – Key Findings: Populations of older persons of minority race/ethnicity, as well as persons living alone, persons with disabilities and persons of limited English proficiency and persons below the poverty line will increase as the older adult population grows. In particular, these populations will, in general, reside in the more rural portions of the region. 2-1-1 data has specifically reported an increase in requests from older adults from zip codes outside the Austin area and in counties such as Williamson, Hays and Bastrop due to the “suburbanization” of poverty as people leave Austin due to the high cost of living.

Trends in Community Response: Spurred by the increase in minority older adult populations, there has been an increase to provide culturally competent older adult services to the community. These efforts include Bastrop County's recent series of community workshops on Healing History and Implicit Bias. St. David's Foundation points out in their health needs assessment that rural communities have several key assets: a strong sense of community, a culture of caring and a commitment to strengthening local capacity.

Challenges: Older adults in rural communities are at particular risk of lack of access to health care (especially specialized and mental health services), transportation, and disability services. This is a national trend as well – as per the n4a report on rural AAAs, compared with their rural counterparts, older adults living in rural areas have lower incomes, and have fewer years of formal education. The “export” of economically-fragile older adults to more suburban and rural areas exacerbates demand on the region's already limited medical transportation systems (such as to dialysis). The regional 2-1-1 has emphasized their increased call volume from these geographic areas as tied to the “suburbanization” of poverty. These communities also face additional barriers in that community members are less likely to have information on community resources and sometimes face stigma or internal barriers

in receiving assistance. For example, according to Feeding Texas, older persons in rural counties are the least likely to utilize SNAP benefits even when eligible.

Validation: Data provided in Section 7 of the Area Plan, from the Texas Demographic Center and the American Community Survey; also data from United Way of Greater Austin 2-1-1, Feeding Texas, HousingWorks, Central Texas Food Bank, n4a Rural AAAs Structure and Services: Information and Planning Issue Brief; Community Health Needs Assessments from local health care systems; United Way 2-1-1 Community Needs and Trends reports, 2016-2019.

Transportation – Key Findings: Transportation within the Capital Area is acknowledged as vital to the quality of life in the region. This is particularly true for older adults, who as they age may find personal driving unpalatable or impossible due to physical or cognitive disabilities. Travis County and the surrounding rural counties have public transportation systems. Capital Metro provides both fixed-route and paratransit services; The Capital Area Regional Transportation System (CARTS) provides on-demand, accessible transportation throughout the nine more rural CAPCOG counties. Transportation in San Marcos, Hays County, accessible to the public as well as students, is provided by Texas State University. HousingWorks reports that in Travis County, 89 average annual mass transit trips are taken citywide, this falls to two trips in Williamson, one trip in Caldwell and Bastrop, and zero trips in Hays County. Other transportation services specifically for older adults only include Faith in Action, Georgetown (Williamson County) and Drive-A-Senior (Travis and Hays counties). These are volunteer driver-based services and cannot usually provide transportation to persons using wheelchairs. Fixed route, timely, and inexpensive transportation is difficult to access outside the City of Austin, and paratransit is available only for persons that are unable to use regular fixed route services. In addition, traffic and parking costs increase each year as the population has expanded. The CAN Dashboard 2018 states that since 2012, more, not less, (from 73% to 74%) of people drive alone to work each day and the community benchmark is not on track to meet its target for 70% in 2020. The national Eldercare Locator lists transportation as the top need of its callers; and United Way of Greater Austin/2-1-1 reports transportation assistance as one of the top five requests for older adults, 2016-2019.

Trends in Community Response: Several Travis County has recently approved a new transportation service serving the remoter township of Manor. The United Way of Greater Austin/2-1-1 has piloted a program with Lyft for one-time medical transportation trips; AAACAP in partnership with other transportation providers supports transportation to senior centers and congregate meal sites. The acknowledged goal of the Capital Area Metropolitan Planning Organization, 2045

Regional Transportation Plan is to create a complete, cohesive Active Transportation network that connects the region for people of all ages and disabilities, and is actively promoting a transportation plan that includes expanded light rail, park and ride locations, and commuter rail to the east of Austin to link Travis county and ease traffic.

Challenges: These plans are several years away and do not specifically address linking rural areas in Hays, Bastrop, or other surrounding counties. Transportation generally does not cross county lines and persons in Travis find it almost impossible to take public transportation to another county. Uber and Lyft are outside the budget of most older adults, and some do not have the means to use it, i.e. Smartphones and credit cards. Travel training to help Older adults take public transportation is unavailable or not adequately promoted. Volunteer driver services are limited in scope, unavailable in many communities, and usually cannot provide trips that reduce social isolation, such as shopping or entertainment events in the evening and weekends.

Validation: 32% of AAACAP surveys expressed this as the top of three needs to be addressed so that older adults can continue to live independently – the top need identified for Question 6; 38% identified it as the most important service provided by the AAA – the top service identified for Question 5; and 54% expressed the lack of transportation as highly concerned after issues of health, finance, and safety for Question 8. This was also validated by all focus groups. Data from Ascension Seton, St. David's Foundation, Baylor Scott & White, and Travis County Community Needs Assessments; Center for Medicare and Medicaid Rural-Urban Disparities in Health Care in Medicare; Ascension Seton Community Health Implementation Strategy, Hays County; Williamson County Health Care Assessment. Capital Area Metropolitan Planning Organization, 2045 Transportation Plan, Travis County Community Health Assessment; CAN Dashboard 2018; ElderCare Locator Making Connections; United Way for the Greater Austin Area 2-1-1.

Health and Wellness – Key Findings related to physical health: As discussed in Section 7, Economic and Social Resources, the CAPCOG region is home to more than three major medical care systems, close to two VA Medical Centers, and includes several major health care learning institutions. In addition, it is a hub for specialty care in the central and south Texas regions. However, access to health care is noted as a top finding and key priority in the Community Health Needs Assessments conducted by all major health care systems as well as by several rural and urban counties. For those with proximity and means, the available healthcare is seen as high quality and a community asset. However, for those in the rural counties, persons without health insurance and persons lacking transportation,

access to health care, especially specialty care can be challenging. CMS has documented that clinical care is worse for rural residents, especially regarding drug interactions for older patients with dementia. St. David's Foundation reported that Bastrop, Caldwell and Hays counties are designated as Health Professional Shortage Area because the population-to-provider ratio is significantly above the national average.

An additional facet of health care access, and somewhat overlooked in the health assessments, but clear in the data related to older-adults specifically is access to in-home supports to maintain independent living. The AACAP surveys and focus groups indicated the need for in-home supports, either personal care or homemaker services, as an essential concern. These services are critical to the long-term health of older adults – keeping them safe from falls, ensuring they live in clean and sanitary environments, and have access to healthy meals and socialization. Data from the local 2-1-1 supports this – requests for in-home attendants are consistently the 6th top caller concerns, and the national Eldercare locator lists it as the 2nd most common request.

Trends in Community Response: As discussed, all of the major health care systems have identified access to health care in rural communities as a priority. Ascension Seton for example, initiated the Prescription Assistance Program in Bastrop County to get prescriptions at reduced price for residents, and more diabetes self-management courses. All health care systems have identified particular areas of focus as mental health, chronic disease, and social determinants of health, all of which support health care needs of older adults. St. David's Foundation actively advocates for increased services for older adults and rural communities, as well as grants such as the Medication Screening funding provided to AACAP. EnrollATX is a partnership between Central Health, United Way of the Greater Austin Area, and other community partners that helps people enroll in health plans.

Challenges: As mentioned, as more financially-burdened older residents move to rural counties, it increases the burden on the available health care systems and transportation systems. Economics and race play a major role in health outcomes – a report by CommUnity Care Health Centers advised that persons living their entire life in certain sections of Austin, are more than 2.4 times likely to have lost all their teeth by the time they are 65 years old. The CAN 2018 report advised that in Travis County, Hispanics are uninsured at a rate twice that of white residents. Ascension Seton reported trying to purchase a van to bring increased testing to one rural county, but could not access enough funding, either public or private. The response to the need of older adults for in-home supports is also mixed. The ADRC of the Capital Area is known as a resource for information on long term support options

and application assistance by helping professionals throughout the region. However, services are especially limited in the rural areas, where the private pay costs for this service can be double (due to costs of distance traveled) that in the urban core. In addition, the rates paid to providers by Medicaid are low, affecting turn-over of in-home paid attendants providing homemaker and personal care services. Medicare does not cover these costs and there is little financial support available to those ineligible for Medicaid benefits.

Validation Data: Health Issues were rated as the top concern regarding older adults by 72% of respondents in the AAACAP survey (Q8). Also, in the survey, in-home supports and health maintenance were the second and third most identified AAA services in importance (Q5) and was brought up in focus groups as well. Additional data from: Ascension Seton, St. David's Foundation, Baylor Scott & White, and Travis County Community Needs Assessments; Ascension Seton Community Health Implementation Strategy, Hays County; Williamson County Health Care Assessment. Travis County Community Health Assessment; CAN Dashboard 2018; United Health Foundation. University of California at San Francisco Division of Geriatrics.

Additional data provided in Section 7 of the Area Plan, from the American Community Survey; Ascension Seton, St. David's Foundation, Baylor Scott & White, and Travis County Community Needs Assessments; Center for Medicare and Medicaid Rural-Urban Disparities in Health Care in Medicare; Ascension Seton Community Health Implementation Strategy, Hays County; Williamson County Health Care Assessment.

Health and Wellness – Key findings related to Mental Health/Social

Isolation: Social Determinants of health are increasingly acknowledged as critical to the health of the population by the medical community, including the community needs assessments conducted by local health care systems. This is particularly true related to older adults in terms of the effects of social isolation. Clinical studies from such major researchers as the University of California at San Francisco have linked loneliness to serious health problems amount older adults, and that social factors play a major role in Older Adults' health. In recognition of this issue, n4a has focused a public awareness campaign specifically on preventing isolation and loneliness. Within the CAPCOG region, the potential for social isolation and supportive mental and social services is impacted by the other trends reported: moves from traditional neighborhoods due to housing costs; lack of access to mental health providers in rural areas; and transportation limitations, especially for social activities. All of the health care systems identify mental health services as one of the top three priorities in designing more responsive programs and AAACAP

survey participants identified depression as a health concern. While social isolation and depression/mental health are not identical issues, nor always in a causal relationship, these conditions can be especially linked for older adults, particularly those who live alone (often after the death of a spouse).

Trends in Community Response: Mental health services were originally included in the Affordable Care Act (ACA) as required by health plans, giving more persons access to mental health supports. This has significantly altered as regulations for health plans have been loosened at the federal level and mental health services are no longer mandatory for ACA plans. The CAN dashboards for Travis County list mental health as one of the key measurements for quality of life, although the benchmark of access to mental health services remains unchanged. The local Mental Health Authorities have expanded their locations for increased accessibility. In addition, new methods of serving adults with depression are being explored through tele-health through a pioneering program from St. David's Foundation and UT Texas at Austin Steve Hicks School of Social Work. This program will be incorporated into services offered by Meals on Wheels and More, in addition to their "Connecting Seniors with Technology" program. Family Eldercare also offers "Lifetime Connections Without Walls" a phone support program that connects older adults with social groups over the phone. Increased transportation to senior centers and activity centers is also a priority for many cities and helping agencies.

Challenges: It is to be noted that many of these programs are based in Travis County and not available in rural communities. For those needing mental health services in rural areas especially, providers are often inaccessible and there can be stigma in small communities about seeking assistance. Seton reported that an intensive outpatient psychiatric program for seniors in Bastrop was discontinued. Mental health services are usually unavailable or limited in access to persons at income levels above Medicaid eligibility and for those under the age for Medicare benefits and without insurance. United Health Care Foundation reporting states that nationally the highest suicide rate is among males ages 65 and older and those in rural areas. Texas has a slightly lower rate in the age cohorts 55-85 and above, but only by 2-3 percentage points.

Validation: Health Issues were rated as the top concern regarding older adults by 72% of respondents in the AAACAP survey (Q8). Also, in the survey, in-home supports and health maintenance were the second and third most identified AAA services in importance (Q5) and was brought up in focus groups as well. Additional data from: Ascension Seton, St. David's Foundation, Baylor Scott & White, and Travis County Community Needs Assessments; Ascension Seton Community Health Implementation Strategy, Hays County; Williamson County Health Care

Assessment. Travis County Community Health Assessment; CAN Dashboard 2018; United Health Foundation. University of California at San Francisco Division of Geriatrics.

Financial Wellness and Resources, especially access to safe and affordable housing options for older adults and older adults with disabilities – Key Findings:

The Capital Area is acknowledged as one of the most expensive markets in Texas, and most significantly, the cost of a home versus median family income has grown exponentially HousingWorks reports that in in the City of Austin, 2015, the average median home price was \$322,500 and rent per month was \$1,122; in 2019 the average home cost \$404, 208 with the average rent \$1,122. The top need of all adults age 60 and above during 1019 was for utility and rent payment assistance, followed by food pantries, transportation, and low income/subsidized private rental housing. Due to the high costs in the urban core, more and more persons in low-to-mid income ranges are relocating.

Trends in Community Response: Austin has created a strategic blueprint and recently submitted a new housing code to its City Council, to address such needs. The blueprint includes encouraging such “out-of-the-box” housing options that would benefit older adults, such as Accessory Dwelling Units (sometimes known as “mother-in-law apartments” and more “universal design” and accessible housing. The city has also seen an increase in subsidized housing units from 21,539 in 2015 to 42,136 in 2019. More communities are also encouraging shared housing options.

Challenges: More older adults face being cost burdened or extremely cost burdened, and those that are homeowners have less ability, between costs and physical limitations to repair or modify homes. 2-1-1 notes that between 2016-2019, those age 60 and above consistently requested assistance for home maintenance and minor home repair as a “top 20” need. In addition, as persons leave Travis County for more affordable areas, they have new challenges in increasing costs (Hays County residents are now more cost burdened than those in Travis), as well as lack of accessible services (for example the Meals On Wheels of Central Texas House Repair program is not available in most rural counties) and transportation. Food insecurity rates in four of the ten CAPCOG counties are above average for Texas (17.3%) in Burnet, Lee, Llano, and Travis – three of the four counties are rural.

Validation Data: Housing, food, and related financial strains was listed by 20% of AAACAP survey respondents as the top of three needs to be addressed to continue living independently. This was the highest of any identified need listed other than transportation for Question 6. Finances (61%), safety (57%), affordable housing

(53%), and food (44%) were all identified as highly concerning by respondents, right after the top concern of health (Q8). In addition, related to resources, information and referral (15%) was rated as the 2nd most important service of the AAA next to transportation (Q5) and information about resources was rated by 47% of respondents as highly concerning (Q8), as well as discussed at focus groups. Additional data provided in Section 7 of the Area Plan, from the American Community Survey; Data from United Way of Greater Austin 2-1-1, HousingWorks; City of Austin Neighborhood and Community Development Austin Strategic Housing Blueprint.

In conclusion, it is interesting to confirm that the community trends identified above are in line with quality-of-life issues for older adults across the nation. For example, the National Council on Aging utilizes almost identical topics in their tool, the Adult Well-Being Assessment created in partnership with the Institute for Healthcare Improvement (IHI) and the 100M Healthier Lives Initiative. As part of its seven most impactful elements of well-being, it includes four that are also identified as trends above: financial well-being (which can be aligned to housing costs), physical and mental health, social connectedness, and loneliness and isolation (the three others relate to overall quality of life, hope for the future, and meaning and purpose, all of which are closely tied to mental health). Financial well-being can be closely correlated to the trends related to housing costs, and loneliness and isolation to transportation. The community trends that influence older adults and thus the priorities of AAACAP's response are empirically supported by consumers, local helping agencies, and aging policy institutions on national level

Analysis

SWOT Analysis:

To help evaluate the challenges and assets of AAACAP in supporting older adults in light of the above community trends, the following SWOT analysis was conducted. A SWOT framework assists the organization in identifying internal strengths and weaknesses as well as external opportunities and threats to achieving its mission. The objection was to develop information and insights that will allow AAACAP to identify and understand issues affecting its ability to respond to these community trends and implement the Area Plan.

Both internal factors (strengths and weaknesses) as well as external factors (opportunities and threats) are correlated with the five community trends identified above: An increase in the older adult population, a particular increase of older

adults in rural areas; transportation; health and wellness; and financial wellness and resources.

Strengths: Defined as internal characteristics that are positive, unique, and can be controlled internally.

Strengths related to increased demand for services due to the growth of the older adult population, especially in the rural counties:

- Staff support and retention due to a stable work environment in a local government agency with established internal supports, healthcare benefits, vacation time, and pension plan.
- Centrally located offices that provide relatively easy access to both the urban and rural communities in the service region.
- Access to training and meeting facilities that enable the staff to meet privately with clients; meet with staff on a regular basis; hold webinars and conference calls; and host large community meetings and trainings such as the “Your Partner” workshop attended quarterly by 35-45 helping professionals from throughout the area.
- Committed and culturally competent staff that actively seek additional opportunities to grow skills, such as attending the recent LGBT aging conference in Austin.
- Strong program of targeted outreach and community participation throughout all counties in the region – the agency is asked to participate in an average of 10-20 events per month during the fall and spring months (community partners host few events in winter and summer due to the weather conditions).
- Improved use of technology, such as GoToMeeting, portable printers and laptops, conference calls that enable staff to work more efficiently.
- Recent integration of professional accountant under the supervision of the aging department.
- Cost-effective access to career development opportunities due to location in state capital and regional urban center, such as the annual HHS Long Term Care Supports Conference

- Dedicated and experienced leadership that actively promotes staff morale, well-being, and development.
- Strong communication and team-building tools used on a regular basis, such as one-on-one time with the Director; weekly manager meetings; and monthly team-building with all staff.
- Increasing participation in community coalitions, collaboratives, and more groups addressing the needs of older adults and caregivers.

Strengths related to working with older adults regarding: Transportation; Health and Wellness; Financial Wellness and Resources priorities

- Data-driven understanding of the socio-economic factors and community trends affecting older adults.
- Co-location and shared leadership with ADRC to enable seamless referral for persons under 60 with disabilities.
- Active membership in professional organizations such as American Society on Aging, n4a, Texas Association of Regional Councils, and Alliance for Information and Referral Systems that allow staff access to professional colleagues, best practices, and ongoing continuing education in the aging field.
- Expansion of Benefits counseling on-site outreach in rural counties, such as Medicare Advantage enrollment events in Bastrop and Caldwell counties, enabling more access to healthcare.
- Newly created position of Special Projects Coordinator with MSW credential to manage special projects such as CAPABLE grant supporting independent community living.
- Staff coordination between service program that ensures clients and service providers have access to information about all AAACAP services.

Weaknesses: Defined as internal challenges that can be controlled internally which may be limiting the organization from achieving its goals.

Weaknesses related to the growth in the older adult population, especially in the rural counties:

- Lack of sufficient staffing and related resources to provide face-to-face services on a regular basis for the rapidly increasing numbers of consumers.
- High cost of living creates potential for greater staff turnover, due to other competing and competitive government employees nearby.

Weaknesses related to related to working with older adults regarding:

Transportation; Health and Wellness; Financial Wellness and Resources priorities:

- As older adults move to suburban and rural communities, distance increases the funding and staffing needed to serve as many adults; extreme traffic on the region's artery roads also increases the travel challenges.
- Lack of interactive community resource database that provides all agency staff consistent and correct information for appropriate referrals.
- Limited data and/or data analysis regarding community outreach efforts in reaching isolated adults and information and referral call trends.
- Database systems that limit integration between processes for complex consumer issues within the internal programs (such as between Information and Referral and Care Coordination).
- Outdated processes that require multiple paper forms versus the use of tablets and electronic signatures.

Opportunities: Defined as external situations/things that may provide chances for growth and improved services.

Opportunities related to older adults in the 10-county CAPCOG region:

- Growth of older adult population and older adults residing in rural areas:
- Age-Friendly initiatives and new coalitions forming to support older adults in both urban and rural communities
- A strong, extensive, and effective network of over thirty senior-focused non-profits in all counties of the region.
- AAACAP leadership seen as community subject matter experts and frequently called upon to address community forums affecting older adult issues.
- Supportive community leaders, including elected officials, local government program directors, issue advocates, and non-profit executive directors.

- Transportation
- Positive relationships with sub-contractors and vendors, empowering the agency to deliver services throughout the region
- Social Isolation/Mental Health: increased connections with traditionally under-served groups, such as LGBT aging adults.
- CAPCOG contract to oversee the Regional Transit Coordination Committee
- Health and Wellness:
 - Strong academic community with numerous research institutions that offer innovative approaches for the needs of older adults, as well as support such as Evidenced Based Intervention health and wellness programs.
 - Effective and highly popular co-hosting of seminars with other partners such as the annual “Striking A Balance” conference for caregivers
- Financial Wellness and Resources:
 - State and federal funding for new older adult supportive programs such as: MIPPA for increased access to Medicare Savings Plan and Low-Income Subsidy; Housing bond funding to provide rental and repair assistance to clients throughout the region.
 - Increased financial support from outside entities such as St. David’s Foundation and Austin Energy.
 - Streamlined processes for access to basic needs assistance.

Threats: Defined as external situations/things that challenge the agency’s ability to impact change. They cannot be controlled, but perhaps can be avoided or their impact can be lessened.

Threats related to older adults in the 10-county CAPCOG region:

- Growth of older adult population, especially in rural areas
- Projected and dramatic increase of older adult population, especially those most vulnerable: persons over 85 years of age; persons in rural areas; minority population.

- Funding levels from state or local government that remain flat despite increased need.
- Growth in the number of older persons living farther from city transportation systems as cost of living in Austin increases moves to remote small towns.
- Transportation
- Increased burden on current providers of rural transportation
- Lack of funding for subsidized transportation and the inability of providers to provide on a “break even” basis
- Greater demands for FTA 5310 funding for volunteer driver programs.
- Increase in adults 85 and over will increase the number of adults with limited to mobility to go from subdivision housing for that “one mile” to and from public transportation.
- Health and Wellness
- Increasing health care costs and reduced access to health care providers, especially for: persons pre-Medicare age (age 60-64), rural residents, and consumers in need of mental health services.
- Increasing social isolation as the baby boomer generation ages due to cultural trends – more divorced adults without partners; more older adults without children or relatives close.
- Economic competition for in-home care providers due to low Medicaid reimbursement rates.
- Lack of providers in rural areas as working adults move to more urban locations.
- Financial Wellness and Resources
- Complex issues of older adults facing multiple threats, such high housing costs, lack of family support, and medical needs for in-home care.
- Increasing prevalence of fraudulent schemes and scams that target older adults.

Analysis

In completing the Regional Needs Assessment/SWOT Analysis, AAACAP has laid out the process and data sources that contributed to the identification of key community trends. The rationale and validation of these trends has been identified, along with elements of the community response, those that are positive and those challenges that remain. The prioritized needs that are described in were either: 1) Related to unmet needs for critical quality of life services that either do not exist or are inadequate to the requirements. Or, 2) Raised consistently by focus groups and survey responses as leading concerns for or of older adults age 60 and above. Or, 3) Discussed by the community on some level and validated by sources such as community health needs assessment and other stakeholder data and reports. In reviewing the results of the needs assessment, the agency has clearly justified and identified the three areas of greatest priority to older adults and to the communities that include them. These are as follows: Transportation; Health and Wellness; Financial Wellness and Resources.

In providing a SWOT analysis, AAACAP has also identified the barriers, but also the opportunities that exist in planning for these priorities for 2021-22. The local goals, and objectives of the Area Plan will be focused on ensuring that these emergent priorities are addresses. The Regional Needs Assessment will support not just AAACAP, but also its community partners in understanding and responding to the empirically demonstrated top needs of its older adults and most vulnerable populations. Impactful response and the implementation of concrete solutions for mitigation by AAACAP will ensure that the needs assessment and the Area Plan is a call to action rather than a document on a shelf.

10. Targeted Outreach

Performance Analysis

In creating and implementing the Area Plan for FY 2017-2019 (extended to 2020 by HHS), AAACAP recognized the critical importance of targeted outreach in effective service delivery. Throughout the document, AAACAP discussed and outlined various strategies to ensure that the community, especially vulnerable population groups, were made aware of agency services. The agency utilized the approaches outlined in the plan and ensured a variety of outreach activities were conducted regularly throughout the 10-county region during FY 2017, 2018, 2019 and continuing during FY 2020.

Area Plan 2017-2019 Strategies

In order to understand the successes and obstacles of the targeted outreach conducted between FY 2017 and the current period, it is important to review the strategies created and submitted in the Area Plan for 2017-2019. Appropriate references and excerpts of the outreach elements in this plan are provided as follows. It should be noted that this plan did not have numbered sections; therefore, the references are identified by the name of the section and sub-sections. Direct excerpts are in quotation marks utilizing italics:

Environmental Overview: Community Assessment, Implications: *"The projected numbers of older adults in the region who will be eligible for services through the AAACAP are staggering. The projected 60 plus population will far surpass the agency's ability to provide the services currently offered, especially with flat and or diminishing Title III funds. Through a process of more targeted outreach during this planning cycle, as well as a possible narrowing of service criteria, AAACAP will serve fewer and fewer older adults that do not meet the targeting criteria. Priority must be given to those more frail individuals who have few, if any, financial, social and community supports and who live in rural areas in the region."*

In the above excerpt, it can be seen that based on the community assessment, the need to plan and target outreach to older adults who have disabilities and/or are lower-income, socially isolated and in rural communities. The approach to outreach is further defined as follows in this section of the plan:

"AAACAP participates in ongoing outreach to the target population through advertising (print, radio or television), brochures (English and Spanish), website, publication of articles, participation in media interviews, meetings, interagency

groups, presentations, participation in health and information fairs and referrals to other agencies (for profit, non-profit and public) that serve seniors and their caregivers. Other agencies include: volunteer organizations, home health agencies, hospitals, physicians, country extension agents, Legal Hotline for Texans, DADS regional and local services, hospice organizations, senior centers, nutrition sites, churches and so forth. Advocacy, as well as outreach takes place through agency volunteers in the Ombudsman and Benefit Counseling program and through Aging Advisory Council members and staff presentations at numerous educational events. The agency focuses much of its outreach efforts, which is often presented by bilingual staff, to rural parts of the region in order to reach underserved vulnerable populations. As the AAACAP seeks additional means of targeting individuals with greatest economic and social needs, new partnerships with the Association of Rural Cities will be sought to expand senior programs and services in rural areas to the target populations. At the current time the AAACAP has the capacity through its staffing and network to provide services to target populations. As the "age wave" continues to expand the size of that target population and with continued drop in funding levels and rising costs, it will become increasingly difficult to continue. In the future more stringent targeting and reduction in service levels will be required."

Environmental Overview: Service Delivery System, System Design, Program Development and Innovation: Capacity to Provide Services

AAACAP also defined its key message to share with both stakeholders and consumers that would best explain its brand and its uniqueness in the community:

"AAACAP believes that it must shift its organizational structure to be both a social service provider and to develop a business model that is based on private sector service provision. In doing so, it must be able to distinguish itself as a cost-effective provider of quality services that are not otherwise available. Throughout the last several years, in its effort to develop work with managed care organizations, we have stressed our services competitive advantages—being driven by mission rather than profit, serving as part of a coordinated and comprehensive network of providers, being able to provide a continuum of care that ranges from preventive health programs to nursing home advocacy and having expertise in evidence-based programs that reduce risk of mortality and morbidity."

Environmental Overview: Service Delivery System, System Design, Program Development and Innovation.

Collaboration with subcontractors and partner agencies was also a part of AAACAP outreach strategies, as demonstrated by the following:

"Many nutrition sites hold activities and educational programs as a means of communicating to the seniors in their county...AAACAP continues its relationships with DADS front door partners that began with the Community Roundtable process. Staff communicates with DADS Community Services Regional Office(s) as well as Bluebonnet Trails MHMR and Austin Travis County Integral Care (ATCIC) and Hill Country MHDD Centers staff in the provision of service to consumers. Referrals, information sharing and education are the cornerstone of the relationship."

Collaboration with stakeholders was and continues to be a cornerstone of the best practices for reaching targeted populations as implemented by AAACAP during past several years. The 2017-2019 Area Plan also discussed the close relationship with the United Way of the Greater Austin Area/2-1-1 in its important role as a link between older adults and AAACAP services. Also included in the plan was the benefits of the AAACAP service on commissions and coalitions in terms of sharing the mission and programs for older adults with the community.

The plan also ensured that the voice of older adults themselves was documented in identifying outreach as a key need. In the Regional Needs Summary Section, the plan included the following verbiage: *"Focus Groups When participants were asked if they felt there is a difference in the amount of services available to older adults in rural and urban areas, the participants agreed this is true. Suggestions to lessen the differences included soliciting existing agencies to expand services, allocate more tax dollars to services for older adults or provide more transportation in rural areas to access services and **do more outreach**"* [Emphasis added]

The importance of outreach and education, especially in rural areas and the need to engage faith-based groups was a significant part of the findings of the regional needs assessment conducted for the past plan.

In strategizing to meet the outreach needs identified, AAACAP identified and implemented several strategies, including the following:

"Local Objective #4: The Capital AAA will coordinate with community organizations for the purpose of increasing public awareness purpose of increasing public awareness, providing outreach and advocacy, removing barriers to service, educating staff, fostering program development and coordinating services to address the needs of the OAA target population and older adults with special needs. [Emphasis added]

- ***Local Strategy #4A: The Capital AAA will actively seek and participate on community planning and coordination committees.***

- **Staff Position(s) Responsible for Strategy:** Program Manager(s), Assistant Director and Aging Services Director and other staff positions as appropriate.
- **Measurable Outcome:** Community coordination and outreach events will be documented monthly."

And:

"Service: Legal Awareness

Local Strategy #9A: Provide a system for clients to be able to access information and services that will provide an opportunity for clients to be sure they are receiving public benefits to which they are entitled by dissemination of accurate, timely and relevant information, eligibility criteria, application requirements and assistance about public entitlements, health/long-term care services, individual rights, planning/protection options, housing and consumer needs.

Staff Position(s) Responsible for Strategy: Benefit Counselors I&II, Program Manager, Assistant Director, Aging Director

Measurable Outcome: 1.) Participate in health fairs as requested by members of the community (i.e. Senior Centers, Elected Officials, Government agencies, churches, etc.) in order to distribute timely information on legal awareness topics as well as providing information as to how members of the public may access services of the Capital Area Agency on Aging. The Benefits Counseling Program will partner with the ADRC, to conduct outreach activities."

These strategies demonstrate that as per the Older Americans Act and the needs reflected in the regional needs assessment, AAACAP would focus on targeted outreach. The 2017-2019 Area Plan thus ensured that outreach efforts would place special emphasis on: older adults residing in rural communities; older adults with greater economic need, especially those of minority populations; older adults with limited English proficiency; older adults living alone, especially those of minority populations; older adults with severe disabilities; older adults with Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and older adults at risk for institutional placement. In addition, AAACAP also planned for targeting caregivers most in need of services: family caregivers for persons with Alzheimer's disease; caregivers who are older adults with greatest social need; caregivers who are older adults with greatest economic need; and older relative caregivers, age 55 or older, who provide care to children or adults with severe disabilities. Note: AAACAP did not specifically plan for outreach to persons that are

Native Americans, as it does not serve a region with concentrated populations with tribal designations.

Successes and Obstacles encountered

During the fiscal years, FY 2017 to the current FY 2020, AAACAP has experienced significant success in achieving the strategies outlined in its plan. Some of the most significant improvements and successes include the following:

Creation and hiring of a Program Specialist: In FY2018, AAACAP hired its first Program Specialist position to support both Caregiver Education, special project implementation and outreach activities throughout the 10-county area. The time, skills and activities of this position allows the agency to better coordinate and support outreach efforts and ensure that targeted outreach to specific groups, identified above. The Program Specialist and Director meet weekly to review requests sent to the AAACAP to participate in outreach events as well implement the agreed annual outreach strategies. In reviewing and selecting specific events, leadership confirms that AAACAP is providing outreach materials, presentations and booths to the communities most in need of AAACAP services, such as older adults in rural areas and persons that are low-income and minority in under-served urban and rural areas. The Program Specialist is able to serve as one point of contact for partner agencies, community coalitions and AAACAP staff, resulting in a reduction in duplication of staff from different departments staffing the same event and also standardizing materials and agency branding that focus in OAA-identified vulnerable populations. The Program Specialist duties also include tracking and documentation of events, which allows AAACAP to better review the agency's results and areas for growth.

Planning for an annual cycle of outreach efforts: Through the leadership of the Director, program managers and Program Specialist, AAACAP increased its coordination of outreach events in conjunction with key annual messaging from the region and national entities such as the Administration on Community Living. This pre-planning allows the agency to synchronize its efforts with national and local strategies and messages for older adults. AAACAP actively plans for an annual cycle of events and can thus assign staff, order materials and create or participate in events in a more efficient and appropriate manner. These strategies include participation in such annual campaigns as: Fraud Prevention (March); Older Americans/Elder Abuse Prevention Month (May); National Senior Center Month (September); National Night Out (October); and National Caregiver Month (November) as well as local re-occurring opportunities such as Senior Day at the Capital (February); Women Veterans Day (June); FY Resource Fair (October); and

the Alzheimer's Association Healthcare Conference (November). The agency also plans ahead for the busiest seasons for outreach: the spring and fall months, due to the local weather conditions. This annual planning and coordination has resulted in outreach that reaches more of its targeted communities with a more standardized message and increased partner collaboration.

Data Collection Improvement: The data collection begun by the Program Specialist in the second quarter of FY 2018 through the current FY 2020 has allowed AAACAP the effectiveness and any needed improvements to its outreach strategies. Beginning in January 2018, outreach events were tracked for the last nine months (Quarters 2, 3 and 4) of FY 2018; all twelve months of FY 2019 and the first two quarters of FY 2020. Each event attended was recorded in a data tracker and key details regarding each event was documented. These details included the title, location and sponsor of each event; the number of event attendees; the staff attending; the counties reached, as well as notes as to the communities reach and the usefulness of the activity. In addition, each event was recorded with similar information in the CAPCOG "County Activity Report" on-line database. This allows the CAPCOG Executive Director and leadership team to have instant access to the impact of AAACAP's community visibility throughout the 10-county region. This dual record keeping ensures consistency and also a "backup" for agency staff creating reports and planning for future outreach.

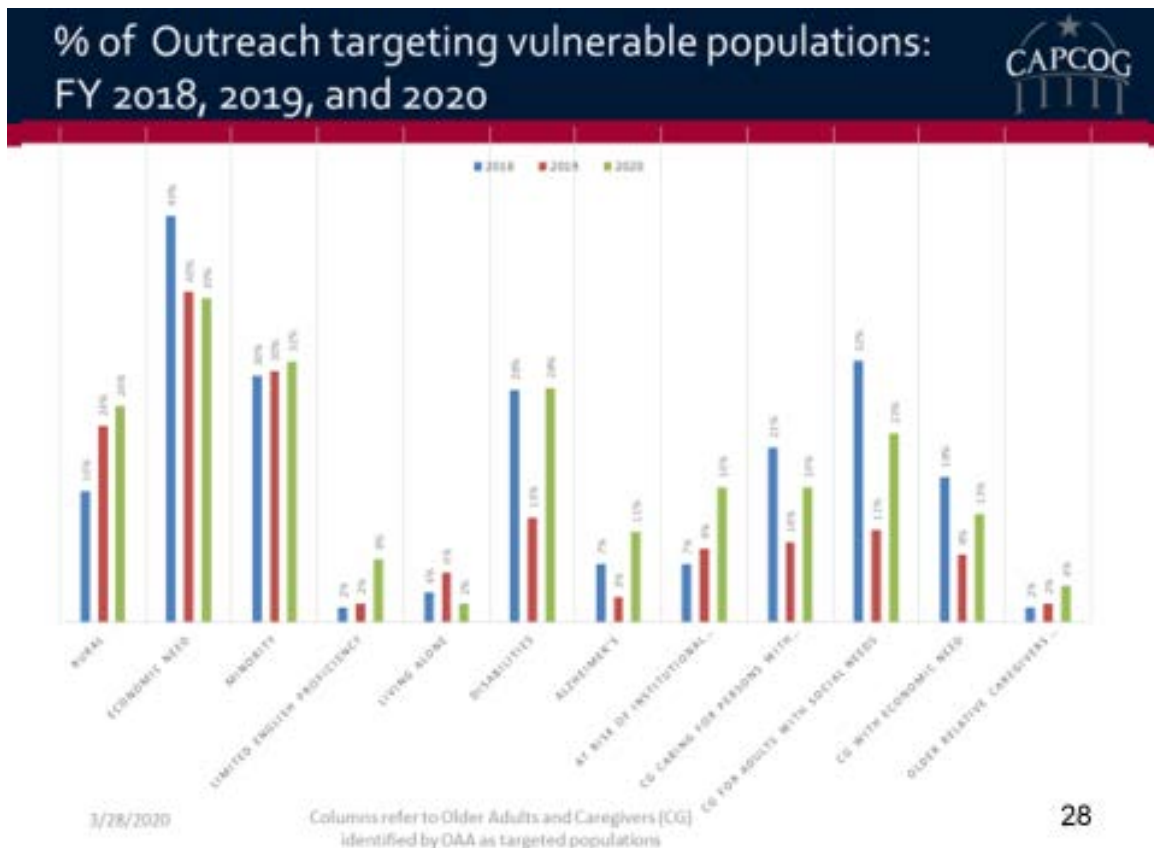
Increase in targeted outreach activities: The data tracking described above demonstrates the success of AAACAP's strategies identified in the FY 2017-19 Area Plan. The table below provides the results of AAACAP's improvements in staffing and planning to reach vulnerable populations. An analysis of the outreach events, including presentations, tables and booths and such activities as interagency council meetings shows that not only did AAACAP increase its activities each year by a significant percentage (21% in FY 2019 and 36% in FY 2020 to date), but it also increased its outreach to older adults in rural communities in FY 2019. Although to date, the percentage of outreach events in rural counties went down in FY 2020 (from 38% in FY 2019 to 26% to date in FY 2020), this is primarily due to the fact that many of the outreach events in rural communities take place between March to June and then again in September and these events have not yet taken place. In addition, at least 50% of outreach events each fiscal year (during the periods reported) targeted under-served and low-income communities in the urban Travis County, at senior centers, public senior housing and neighborhood events serving Hispanic, Black and Vietnamese communities.

Fiscal Year	Data Collected - # of Months	# of Outreach Events	Average # per Month	% Increase from Previous FY	% - Rural Counties	% - Mixed Rural/Urb an Counties (Williams on/Hays)	% - Urban County (Travis)
2018	9 months (Jan 18 - Sept 18)	57	9.33	N/A	21%	28%	51%
2019	12 months (Oct 18 - Sept 19)	135	11.25	21%	38%	10%	52%
2020	6 months - to date (Oct 19 - Feb 20)	92	15.33	36%	26%	21%	53%

Increase in reaching vulnerable populations: As described in the objectives and strategies for the Area Plan FY 2017-19, AAACAP outreach for each fiscal year was designed to reach the most vulnerable populations of older adults and caregivers. Using the data on type of event, location and group demographics that was kept beginning in January 2018, the AAACAP was able to identify the communities reached through its strategic outreach. Chart #28 was created, based on a detailed analysis of each individual event documented during each fiscal year (9 months in FY 2018; 12 months in FY 2019; and 6 months in FY 2020 – to date) and reflects the proportion of outreach events that served targeted populations. In order, the chart shows the percentage of outreach that focused on the following groups (in order): Older adults residing in rural communities*; older adults with greater economic need; older adults of minority populations; older adults with limited English proficiency; older adults living alone, especially those of minority populations; older adults with severe disabilities; older adults with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction; and older adults at risk for institutional placement; family caregivers (using the abbreviation “CG”) for persons with Alzheimer’s disease; caregivers who are older adults with greatest social need; older adult caregivers with greatest economic need; and older relative caregivers, age 55 or older, who provide care to children under 18 or adults with severe disabilities.

Overall, Chart #28 demonstrates that AAACAP is succeeding in ensuring that outreach events overall target vulnerable groups. For example, it can be seen that

consistently, over all three fiscal years, that outreach events target older adults in rural communities; older adults in economic need; older adults of minority populations; older persons with disabilities and caregivers for older adults with social needs. Another positive trend is that, of the twelve identified characteristics of older adults and/or caregivers, seven of the twelve increased proportionally in FY 2020, or more than half, from FY 2019.



28

*Note: For the purpose of the analysis, an event was considered rural only if held in one of the following counties: Bastrop, Blanco, Burnet, Caldwell, Fayette, Lee and Llano. The data was compiled in this way to be consistent with the table discussed in the above section, "Increase in targeted outreach". In this table, events held in the "mixed" urban-rural counties of Williamson and Hays counties and the urban Travis County were not included in as rural outreach, although some individual events in these counties did serve primarily rural communities.

Increase in number of calls to AAACAP Information and Referral Services:

It is commonly understood that one of the indicators of effective outreach for an AAA is an increase in the number of persons aware of its services and seeking AAACAP services. AAACAP Information and Referral serves both as a source of

information on community resources for older adults, helping professionals and caregivers, but also as the main point of intake for other AAACAP services, such as Care Coordination, Evidenced Based Intervention courses and Caregiver Support services.

An analysis of the increase in Information and Referral services calls, as entered into the WellSky Statewide SPURS database, demonstrates that calls to AAACAP have increased, particularly since the designation of a Program Specialist for caregiver education and outreach in FY 2018 and the strategic planning implemented by the AAACAP director with the specialist and the other agency leadership. To date, for the months of October 2019 through the end of February, for the first five months of FY 2020, the number of calls is slightly decreased from FY 2019. However, as previously mentioned, the majority of outreach events take place in the latter half of the fiscal year. Also, Information and Referral calls also increase in the latter half of the year, for two primary reasons – first, increased utility costs during the hot summer months that causes financial pressures and second, the increase prior to and during the Medicare Open Enrollment period, which begins October 15 of each year. Therefore, an increase in Information and Referral calls due to targeted outreach for FY 2020 from the prior year could easily occur and would be consistent with the trends of the past two fiscal years. Overall, the increase in calls is a demonstrable indicator of the effectiveness of AAACAP targeted outreach.

Fiscal Year	# of I&R Calls	Average # of Calls Per Month	Percentage Increase
2017	4214	351	N/A
2018	5438	453	29%
2019	5478	457	0.88%
2020	2104	421	N/A - to date

Obstacles encountered: As previously shown in Chart #28, the data recorded during the fiscal years served by the past Area Plan may indicate a lack to fully serve some targeted groups. The data recorded and illustrated by the chart demonstrated that while AAACAP did well in reaching populations residing in rural areas and reaching out to minorities, outreach to other communities could be

improved. The initial analysis shows that outreach to the following groups could be improved: older adults with limited English proficiency; older adults living alone; older adults with Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and older adults at risk for institutional placement; and older relative caregivers, age 55 or older, who provide care to children under 18 or adults with severe disabilities. However, it is not clear from the actual review of each event that AAACAP did not serve these communities with outreach, but that this demographic data was not recorded for all events. While information on the communities served was generally available related to income, minority status and rural status, it was not always recorded whether an event touched populations of older adults that primarily lived alone or older relatives caring for children under 18 or adults with severe disabilities. In creating the targeted outreach plan for FY 2021-22, both factors will be taken into consideration for improvement.

Best Practices Identified

In reviewing the successes outlined for AAACAP in its targeted outreach strategies between FY 2017 and FY 2020, several best practices have been identified. These foundations for success will continue to be utilized in the outreach planning for FY 2021-2022.

Accessibility to older adults with Limited English Proficiency and low-income minority populations: To ensure equal access to those older adults who may have limited English proficiency, AAACAP has benefits counseling staff that are bilingual in Spanish and English as well as access to an IRA navigator who is bilingual in these languages as well. Three care coordinators/caregiver support staff also speak English and Spanish, as do several of the coaches and leaders for Evidenced-Based Intervention programs. In addition, non-bilingual staff can utilize LanguageLine translation services for over 100 languages. All client forms are in both English and Spanish as are outreach materials on the AAACAP programs, such as flyers on the Austin Energy Plus1 Partnership program, information on avoiding financial scams and exploitation and of course brochures that describe the Older Americans Acts programs such as Ombudsman services, Benefits Counseling and Caregiver Support. Information on Medicare Extra Help programs and Medicare benefits are available in Vietnamese, Chinese, Korean and Arabic.

Staff focus on diversity and cultural competence/cultural humility: Efforts are also made to ensure that outreach and services are supported by a diverse staff. The 26-person AAACAP staff is reflective of the ethnic/racial demographics of the CAPCOG region. As per Chart #14 in Section 7, in 2018 the 10-county area was composed of a population of 53% White, Non-Hispanic; 6.8% African American;

5.4% Asian or Pacific Islander; and 31.7% Hispanic. As of February 2020, the staff makeup slightly exceeded the minority diversity of the region, being composed of staff that was 47% White, Non-Hispanic; 12% African-American; 4% Asian or Pacific Islander; and 38% Hispanic. This staffing pattern reflects a variety of racial diversity that enables older adults and caregivers from a variety of cultures to see themselves reflected in the persons providing the outreach and services. In addition, as the majority of this staff participate in outreach events throughout the year, they bring this diversity to the community as well as to consumers. Training is also provided to staff and volunteers in serving diverse populations, such as the unique challenges of LGBTQ elders in housing and healthcare. Staff are provided the tools and supported in practicing cultural humility and encouraged to learn more about implicit bias and historical inequities in practices and policies as it has affected the Central Texas counties they serve. These best practices encourage cultural humility and understanding, as well as increasing trust and credibility with the individuals served in the community.

Collaboration and partnerships with community agencies serving older adults and caregivers: As described in Section 7 of this Area Plan, AAACAP has strong relationships with other helping entities both at the leadership and service delivery levels. Throughout its 10-county region, AAACAP has built collaborations with government agencies, non-profit organizations, coalitions and for-profit service providers. These collaborative efforts have been and continue to be essential to AAACAP's ability to provide targeted outreach to older adults and caregivers, especially the most vulnerable. AAACAP is able to support over 40-50 outreach events during the peak outreach seasons in the fall and spring because of its maintenance of current relationships and its openness to new partnerships.

AAACAP, working with the Aging Advisory Committee, has had long-term collaborations with key agencies serving older adults such as Meals on Wheels of Greater Austin, Alzheimer's Texas, AGE of Central Texas, the Alzheimer's Association and Family Eldercare. AAACAP co-hosts several events, such as the annual "Striking A Balance" caregiver support event in partnership with AGE, which in addition to providing caregiver education, also ensures information on AAACAP services is provided to over 150 caregivers and helping professionals. Other long-term partnerships include AAACAP's representation on the City of Austin Commission on Seniors, the Aging Services Council, the City of Austin Equity Office, the ADRC Steering Committee, healthcare providers and the rural interagency councils. These collaborations ensure that AAACAP is invited to and participates in numerous grass-roots outreach events throughout the CAPCOG area.

AAACAP also has reached out to expand its outreach through new associations to better reach vulnerable populations. During the period covered by the current area plan, AAACAP has supported the creation of new initiatives to serve older adults, such as the Austin Deaf Club, Bastrop OWLS (Older Wiser Leaders), the LGBT Coalition on Aging and the City of Austin Age Friendly Initiative. These collaborations assist AAACAP in reaching older adults in rural areas, older adults who have low incomes and/or represent minority populations. New relationships have also been created with existing agencies such as Texas Agri-Life, Wesley Nurses and Veteran Coalitions. AAACAP's best practice of staying connected to its service population through local, community-based organizations results in being well represented at a great variety of events ranging from small health fairs to Implicit Bias community events to public housing resident seminars to large employer resource events of over 1000 participants.

Quarterly “Your Partner in Serving Older Adults, Persons with Disabilities and Caregivers” workshop for helping professionals: Since October 2018, the AAACAP has hosted a three-hour workshop that provides in-depth information on the Older Americans Act and AAACAP services. The workshop is specifically targeted towards helping professionals serving vulnerable older adults. The workshop is offered quarterly and is open to all, but is especially targeted to paid and volunteer staff serving at government agencies, non-profits and for-profits that interact with older adults, persons with disabilities and caregivers. The workshop allows AAACAP and its program managers to ensure that case managers, in-home service providers, Adult Protective Services, Meals on Wheels, health care workers and social workers have up-to-date and detailed information and materials for their consumers on all Older Americans Act services. To date, over 240 helping professionals have attended from over five counties and many agencies ensure that any new staff providing older adult services attend. This best practice has been an efficient and positive way of spreading information through other agencies to vulnerable populations and has resulted in AAACAP being asked to attend other outreach events hosted by the organizations that attended in the past.

AAACAP one-page information flyer in English and Spanish: In 2019, AAACAP made a change to make its basic program information more accessible, inexpensive and easier to utilize digitally. The one-page sheet includes a basic description of all AAACAP services, with agency contact information, in English on one side and Spanish on the other. Prior to the design and implementation of this flyer, the information on AAACAP services was in a variety of pamphlets that were more expensive, more information that many consumers wanted and could not be easily posted or e-mailed. The new sheet has reduced outreach costs and provided more

accessibility to quick and simple information on accessing AAACAP services, especially for persons with limited English proficiency.

“Meet and Greet” distribution”: The hiring of the Program Specialist to coordinate many outreach activities especially related to caregiver education. A new practice initiated by the program specialist has been to ensure that information on AAACAP programs, such as the one-page information flyer is regularly distributed to centers of community activity throughout the region. As the Program Specialist attends health fairs or provides caregiver education support in different counties, she also visits community centers, libraries and the community resource centers supported by Texas Housing Foundation. As part of the “meet and greet strategies” she meets staff that are often the first contact for older adults and caregivers in need and provides information on the agency program, caregiver education and contact information. The Program Specialist also ensures that these centers have an ample supply of basic materials on AAACAP services. This effort results in materials reaching not just older adults, but also working adults who are often caregivers. It also targets vulnerable populations, reaching older adults of limited income and in rural areas that have limited or no internet access.

Targeted Outreach Plan

As discussed in the Performance Analysis, AAACAP has a strong outreach program that targets its most vulnerable populations, such as older adults who are of minority populations, older adults who are low-income and older adults in rural communities. AAACAP understands that outreach is an access service and is required under Title III-B and Title III-C of the Older Americans Act. In creating a plan for FY 2021 – 2022, the agency will build on its past strengths and ensure that areas for growth are addressed.

Strategies and Activities, FY 2021 – 2022:

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

Strategy 1: Definition of Success: AAACAP will be pro-active in planning and participating in events, both presentations and information booths that target the categories of older adults in most need of older adults who are low-income and older adults in rural communities. AAACAP understands that outreach is an access service and is required under Title III-B and Title III-C of the Older Americans Act. In creating a plan for FY 2021 – 2022, the agency will build on its past strengths and ensure that areas for growth are addressed.

AAACAP services, as identified in the Older American Act:

- Older adults residing in rural communities
- Older adults with limited English Proficiency (LEP)
- Older Native Americans - Note: As an AAACAP that does not have a tribal presence, AAACAP does not specifically target this population
- Older Adults with greater economic need, especially minority and rural
- Older adults with greatest social need, especially minority and rural
- Older adults with severe disabilities
- Older adults with Alzheimer's disease and related disorders with neurological and organic brain dysfunction
- Older adults at risk for institutional placement
- Family caregivers for persons with Alzheimer's disease and related disorders with neurological and organic brain dysfunction
- Caregivers who are older adults with greatest social need
- Caregivers who are older adults with greatest economic need
- Older relative caregivers, age 55 or older, who provide care to children or adults with severe disabilities

Strategy 1: Current Strengths – current activities to be continued through the next plan cycle:

AAACAP will actively seek community outreach opportunities throughout the ten-county CAPCOG area, including having AAACAP staff promote attendance at community events such as health fairs, National Night Out, senior resource fairs, advocacy events and presentations for adults in public housing.

AAACAP will work with the Aging Advisory Committee in identifying community outreach needs, connecting to key community stakeholders engaged in older adult coalitions and ensuring input on key activities and target populations.

AAACAP will continue to plan and review suggested activities for their relevance to vulnerable populations.

AAACAP will continue its success in reaching rural populations and work to ensure that at least 20% of its outreach efforts serve the seven rural counties and the rural parts of the other three CAPCOG counties. As per the table provided in the Targeted Outreach Performance Analysis, outreach to rural counties during the fiscal years 2018 – 2020 consisted of 21 – 26% of all its outreach. The data provided by U.S. Census and American Community Survey for 2014-2018 states that of the total 10-county CAPCOG region, older adults 60 years of age and above make up 19% of the total population. Based on documented events during the past

fiscal years, AAACAP is statistically meeting and exceeding outreach services to the rural communities and plans to continue this positive effort.

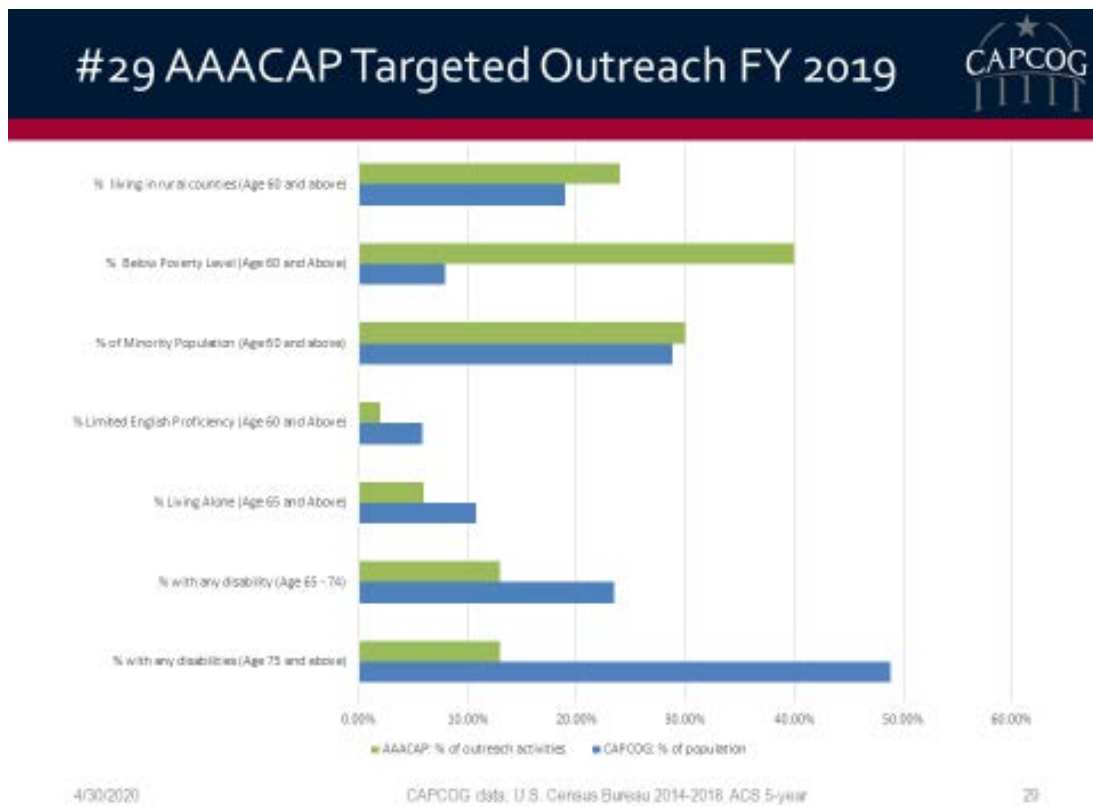
AAACAP will continue its success in reaching older persons of limited English proficiency and low-income minority populations. As reflected in the Performance Analysis, at least 50% of outreach events each fiscal year (during the periods reported) targeted under-served and low-income communities in the urban Travis County, at senior centers, public senior housing, faith communities and neighborhood events serving Hispanic, Black and Vietnamese communities.

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

Strategy 1: Expansion of activities during the next plan cycle: AAACAP will expand targeted outreach to all segments of the vulnerable populations identified by the Older Americans Act. As demonstrated by Chart #28 in the Performance Analysis, outreach to seven of the twelve-identified characteristics of older adults and/or caregivers was increased between 2018 and 2020. In planning for FY 2021-22, AAACAP will design and execute activities that will support increased outreach to vulnerable populations in the following five areas that did not reflect an increase. These are as follows: older adults in economic need; older adults living alone; caregivers for persons with Alzheimer's and related disorders with neurological and organic brain dysfunction; caregivers for older adults with social needs; and caregivers for older adults with economic needs.

AAACAP will support efforts to increase its percentage of outreach to vulnerable populations is commensurate with the demographics of the CAPCOG area. The Performance Analysis, as discussed in the review of Chart #28, indicated a lack to fully serve some targeted groups. The data recorded and illustrated by the chart demonstrated that while AAACAP did well in reaching populations residing in rural areas and reaching out to minorities, outreach to other communities could be improved. Chart #29, below, more clearly identifies areas for improvement. For FY 2019, the fiscal year for which a full 12-months of data was available demonstrates that AAACAP outreach events targeting vulnerable populations (in green) did not

meet the percentages for the CAPCOG region as reported by the American Community Survey data for 2014-2018 (in blue). AAACAP will design and implement an outreach plan that supports reaching the following groups at equal or above commensurate levels: older adults with limited English Proficiency; older adults living alone; and older adults with disabilities for both age cohorts 64 -75 and 75 and above. This will include increasing presentations conducted in the Spanish language.



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

Strategy 2: Definition of Success: AAACAP will serve in a leadership capacity with a minimum of four community coalitions and commissions in at least three counties; AAACAP will ensure collaboration with a variety of entities, including government, non-profit and faith-based agencies in each of its 10 counties; AAACAP will establish new relationships to increase outreach to vulnerable populations with at least five new partners during FY 2021 - 2022.

Strategy 2: Current Strengths – current activities to be continued through the next plan cycle:

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

AAACAP will continue to maintain its variety of collaborative outreach activities with partners throughout the 10 CAPCOG counties. As described in both Section 7 and in the Targeted Outreach Performance Analysis, AAACAP has strong partnerships with a variety of agencies focused on improving the quality of life for older adults and caregivers. In FY 2019, a total of 134 outreach events were conducted in partnership with over forty different entities, primarily targeting vulnerable populations. AAACAP will sustain relationships with key agencies across the spectrum. These include some of the following: human resource departments (reaching caregivers); government service providers Texas AgriLife Extension, , Bastrop Public Housing, County Veteran Service Officers); non-profits serving older adults (AGE of Central Texas, Drive-A-Senior, Family Eldercare, AARP); agencies serving persons with disabilities and their caregivers (Alzheimer's Texas, Alzheimer's Association, Georgetown Parkinson's Disease Support Group); Local Authorities for Intellectual and Development Disabilities/Mental Health Centers (Integral Care; Hill Country Developmental and Mental Health Centers, Bluebonnet Trails Community Services); faith-based entities (Church of Christ of the East Side, Greater Love Baptist Church, Jewish Community Center); healthcare and health promotion entities (Public Health Departments, Home Health Care Agencies, Austin Asian Community Health Initiative, Lone Star Clinics, Wesley Nurses, County Indigent Health Programs); agencies serving persons with limited income (Central Texas Food Bank, Luling Food Pantry, Good Samaritan Center of Williamson County); and centers serving as meeting places for older adults (Austin Neighborhood Centers, Community Resource Centers, libraries); Advocacy groups for minority populations (Austin Deaf Club, the LGBT Coalition on Aging, City of Austin Equity Office, African American Hispanic/Latino and Asian American Quality of Life Commissions. AAACAP will continue to seek out broad-based non-traditional

partnerships in order to reach increased numbers of family caregivers as well. Examples of new targeting approaches include outreach to local law enforcement entities, Chambers of Commerce, libraries, county/city visitor centers and workplace employee assistance programs.

AAACAP will continue to partner with the Aging and Disability Resource Center of the Capital Area (ADRC). The ADRC is also an agency within CAPCOG and the Director of AAACAP supervises both AAACAP and the ADRC, with the assistant director providing direct supervisory support to the ADRC staff. This ensures a strong partnership that benefits outreach. The ADRC and AAACAP will continue to ensure that materials on both agencies are available at community events. AAACAP is also able to seek support and input for targeted outreach to vulnerable communities through the ADRC Steering Committee. This committee includes over 25 members, both consumers and agency leaders that represent caregivers, persons with disabilities and older adults. The ADRC and AAACAP will also continue to co-host the

Quarterly “Your Partner in Serving Older Adults, Persons with Disabilities and Caregivers” workshop for helping professionals that reaches a broad range of non-profit, healthcare and for-profit providers with information for their consumers

Strategy 2: Expansion of activities during the next plan cycle:

AAACAP will establish new relationships to increase outreach to vulnerable populations with at least five new partners during FY 2021 - 2022. New partnerships may include the following: Human Resources/Employee Assistance Programs serving hotels, universities and school districts (targeting caregivers with limited incomes); Diverse faith communities (such as Jewish synagogues; Muslim faith organizations; Hindu and Sikh congregations); Public housing authorities, particularly their senior housing units; veteran service organizations such as Veterans of Foreign Wars.

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

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

Strategy 3: Definition of Success: AAACAP will have coordinated plans and documented results that correlate with the socio-economic demographics for vulnerable population within the CAPCOG region.

Strategy 3: Current Strengths – current activities to be continued through the next plan cycle:

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

AAACAP will continue to ensure appropriate inventory of materials on all AAACAP programs. Materials will be available in English and Spanish and other languages and appropriate to persons with disabilities, including braille and large print materials. An adequate inventory of materials will be maintained to support all outreach opportunities. AAACAP materials will be mailed, emailed or delivered upon request to clients and agencies. The AAACAP one-page information flyer in English and Spanish will continue to be used for community events and provide more accessibility to quick and simple information on accessing AAACAP services, especially for persons with limited English proficiency.

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

Strategy 3: Expansion of activities during the next plan cycle:

AAACAP will grow its use of Social Media as the aging population increases in its use of technology. Best practices will include promoting outreach events and workshops through use of the CAPCOG website; consideration of utilization of Facebook and

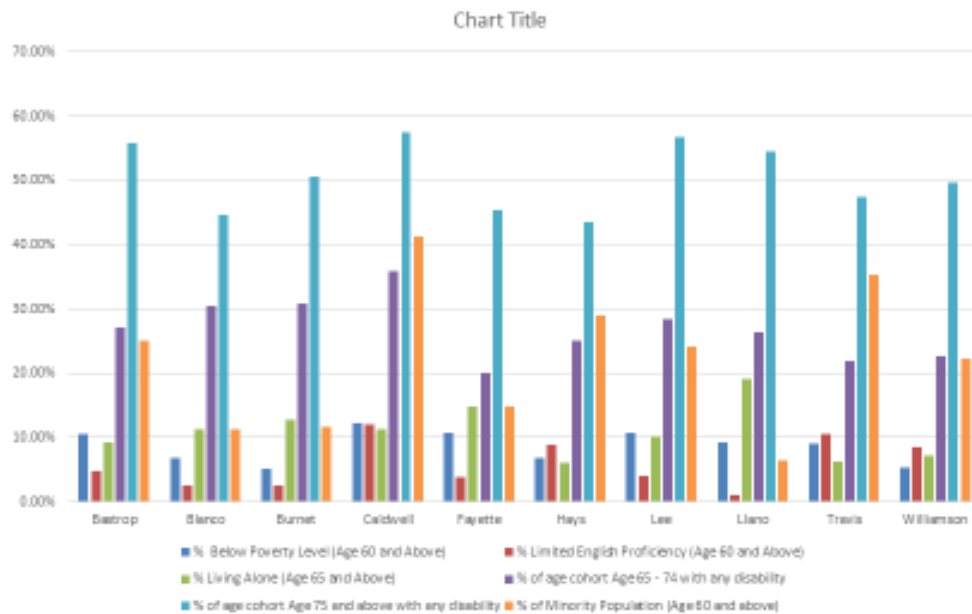
Twitter to provide increased interest and access for outreach events and ensuring that AAACAP publicity materials are on the AAACAP page of the CAPCOG website.

AAACAP will ensure that outreach event data collection is standardized as it relates to targeting populations. In reviewing and assessing event data from the previous period, not all events were clearly documented as to which target population (such as older adults living alone or older relatives caring for children under 18). AAACAP will increase its ability to record, organize and review data on its outreach activities in an efficient manner that provides staff and leadership with performance data on reaching targeted vulnerable communities.

AAACAP will utilize data from the U.S. Census American Community Survey in designing and implementing targeted outreach for each of the CAPCOG counties. Community vulnerabilities in both the seven rural and the three suburban/urban counties will be analyzed and reflected in outreach efforts that meet specific county needs. While all counties have populations with certain vulnerabilities, these characteristics are not uniform across counties. The three charts below can be utilized in designing outreach materials and activities that best serve each county.

Chart #30 provides statistics on the percentage of older adults with each vulnerable population indicators identified for each county. This information can be utilized in reaching out to the groups identified in special need of AAACAP services. For example, Travis, Hays and Williamson have the highest percentage of older adults with limited English proficiency, while Llano, Fayette and Burnet have the highest percentage of older adults living alone. This information provides the means to create both materials and plans that best suit each one of the 10 counties served by AAACAP.

#30 Percentage of older adults with vulnerable population indicators by County

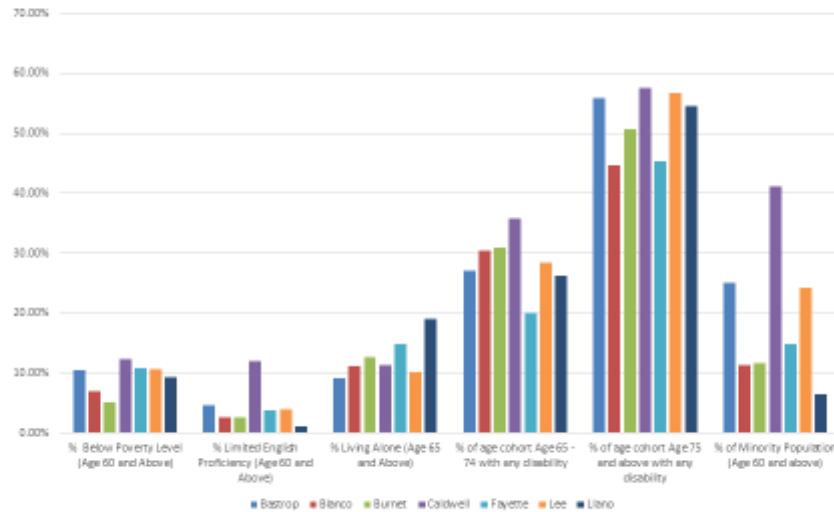


4/30/2020

30

Chart #31 provides specifically for the Older Americans Act on reaching adults in rural areas. The information in Chart #31 identifies the proportion of older adults with specific indicators of vulnerability in the in the seven most rural counties: Bastrop, Blanco, Burnet, Caldwell, Fayette and Lee. This is a tool that supports effective and effective outreach activities in these regions.

#31 Rural Counties – Percentage of population 60 and above/Percentage of older adults with vulnerable population indicators



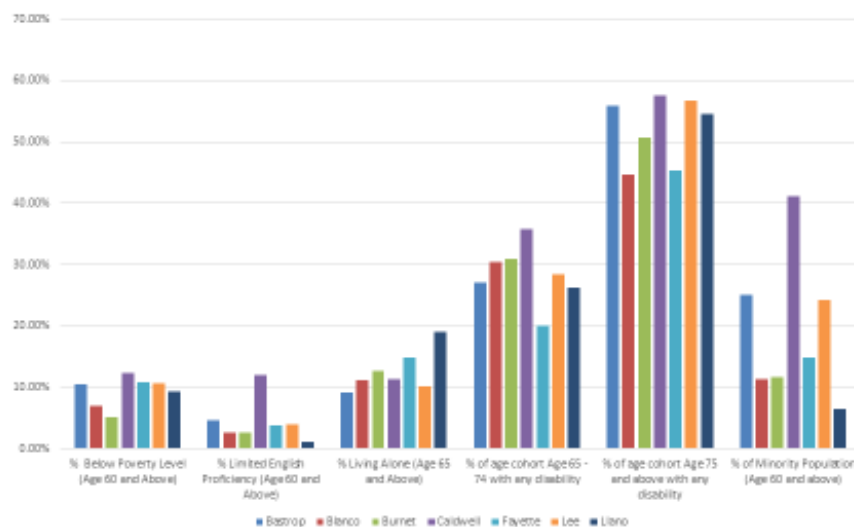
4/30/2020

U.S. Census Bureau 2014-2018 ACS 5-year

31

Chart #32 provides AAACAP similar data focused on the two “mixed” rural-urban counties of Hays and Williamson, as well as the urban Travis County. Again, this information is useful for planning successful outreach strategies that will reach the most vulnerable adults in these counties.

#31 Rural Counties – Percentage of population 60 and above/Percentage of older adults with vulnerable population indicators



4/30/2020

U.S. Census Bureau 2014-2018 ACS 5-year

31

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

Strategy 4: Definition of Success: AAACAP will ensure that all subcontractors support outreach activities.

Strategy 4: Current Strengths – current activities to be continued through the next plan cycle:

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

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

Section 12, Outreach: *"Contractor shall ensure that outreach efforts identify individuals eligible for assistance and inform them of available services under the OAA, with special emphasis on: (1) older individuals residing in rural areas; (2) older individuals with greatest economic need (with particular attention to low-income minority and older individuals residing in rural areas); (3) older individuals who have greatest social need (with particular attention to low-income minority individuals and residing in rural areas); (4) older individuals with severe disabilities; (5) older individuals with limited English proficiency; (6) older individuals with Alzheimer's Disease and related disorders with neurological and organic brain dysfunction and the caretakers of such individuals; and (7) older individuals at risk for institutional placement."*

The subcontractors providing this outreach cover all AAACAP counties. Combined Community Action serves Bastrop, Blanco, Caldwell, Fayette, Hays, and Lee Counties. Opportunities of Williamson and Burnet Counties serve Williamson and

Burnet Counties. Meals on Wheels of Central Texas serves Travis County and parts of Fayette, Bastrop, Caldwell and Lee counties (with Frozen Meals Program) and Hill Country Community Action serves Llano County.

Strategy 4: Expansion of activities during the next plan cycle:

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

Strategy 5: Collaboration with each county

Strategy 5: Definition of Success: AAACAP will ensure that it provides for targeted outreach and community collaborations in each of its 10 counties.

Strategy 5: Current Strengths – current activities to be continued through the next plan cycle:

AAACAP will build on its community partnerships and past outreach activities in each county. AAACAP outreach has involved all of the following agencies and/or events below and will continue to do so. Examples include:

Bastrop County:

Bastrop Cares Interagency Council; OWLS (Older Wiser Leaders); Smithville Health Fair; Front Porch Senior Program; Bastrop County Food Pantry Senior Fair

Blanco County:

Blanco Interagency Council; Good Samaritan Center; Gem of the Hills Activity Center; Community Resource Center; Johnson City

Burnet County:

Hunger Alliance; Marble Falls Senior Center; Community Resource Center; Lone Star Circle of Care Clinic; Opportunities of Williamson and Burnet County, Highland Lakes Interagency Council

Caldwell County:

Golden Age Nursing Home; Caldwell County Seniors and Law Enforcement Together (SALT); Texas Education Association; Luling Health Fair

Fayette County: Fayette County Visitors Center; Library System

Hays County:

La Vista Apartments (Services supporting the Deaf community); San Marcos Park and Recreation Lifelong Learning Program; Senior Volunteer Fair; Onion Creek Senior Center; Dripping Springs Community Library; Welled Outreach Events; Buda Commission on Seniors; Hill Country Mental and Developmental Disabilities Programs

Lee County:

Giddings Senior Expo; Community Combined Action; Bluebonnet Trails Community Service

Llano County:

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

Travis County:

WellMed Outreach Events; Austin Commission on Seniors; City of Austin Neighborhood Centers; Austin Self Help Center; Integral Care; Striking A Balance Caregivers Conference; Travis County Veterans Coalition; Austin Cancer Support Coalition; HIV and Aging Conference; Greater Austin Chapter of the Blinded Veteran Association; Seniors and Law Enforcement Together; Pflugerville Community Center; Austin Deaf Club; Manor Community Center

Williamson County:

AARP Round Rock Chapter; YMCA of Greater Williamson County; First Baptist Church; Georgetown Area Health Fair; Faith in Action (Drive A Senior); Georgetown; San Gabriel Presbyterian Church; East Williamson County Interagency Council; Community Resource Center, Liberty Hill; The Caring Place

Strategy 5: Expansion of activities during the next plan cycle:

AAACAP will look for additional opportunities to collaborate with new partners in each of the 10 CAPCOG counties.

AAACAP will provide for annual planning to support re-occurring events. The following schedule of re-occurring events is included for the planning cycle FY 2021 – 2022, as required for this Area Plan:

AAACAP Targeted Outreach Plan: Re-Occurring Events 10/1/2021 - 9/30/2022					Targeted Outreach - Vulnerable Population Indicators for Older Adults (OA) and Caregivers (CG)											
Event Description and Location	Re-occurrence	COUNTY	Month - Final Date TBD	Anticipated Participation Count	OA: Rural	OA: Economic Need	OA: Minority	OA: Limited English Proficiency	OA: Living Alone	OA: With Disabilities	OA: With Alzheimer's Disease or other neurological disease	OA: At Risk of Institutional Placement	CG for persons with Alzheimer's or other neurological disease	CG for OA adults with Social Needs	CG for OA adults with Economic need	Older Relative CG caring for children under 18 or adult children with severe disabilities
Blanco County Interagency Meeting	Bi-Monthly	Blanco	2020 - 2022	25	X	X	X									
Bastrop Cares OWLS	Monthly	Bastrop	2020 - 2022	30	X											
Interagency Support Council of Eastern Williamson Co.	Bi-Monthly	Williamson	2020 - 2022	20	X											
Equity Action Team, Austin	Monthly	Travis	2020 - 2022	20		X	X									
Highland Lakes Interagency Meeting, Kingsland/Marble Falls	Monthly	Burnet/ Llano	2020 - 2022	25	X											
Austin Housing Coalition Meeting	Monthly	Travis	2020 - 2022	20		X										
AAA/ADRC Your Partner Workshop	Quarterly	Varies	Oct, Jan, Apr, Jul 2020/21	45	X		X			X						
National Night Out, Austin	Annual	Travis	Oct. 2020/21	100		X	X		X			X				

AAACAP Targeted Outreach Plan: Re-Occurring Events 10/1/2021 - 9/30/2022					Targeted Outreach - Vulnerable Population Indicators for Older Adults (OA) and Caregivers (CG)											
Event Description and Location	Re-occurrence	COUNTY	Month - Final Date TBD	Anticipated Participation Count	OA: Rural	OA: Economic Need	OA: Minority	OA: Limited English Proficiency	OA: Living Alone	OA: With Disabilities	OA: With Alzheimer's Disease or other neurological disease	OA: At Risk of Institutional Placement	CG for persons with Alzheimer's or other neurological disease	CG for OA adults with Social Needs	CG for OA adults with Economic need	Older Relative CG caring for children under 18 or adult children with severe disabilities
OAG's Wellness Fair, Austin	Annual	Travis	Oct. 2020/21	100												
Austin Energy Community Connections Resource Fair	Annual	Travis	Oct. 2020/21	2000		X	X			X			X	X	X	X
City of San Marcos Employee Expo	Annual	Hays	Oct. 2020/21	75									X	X	X	
Stroke Day Health Fair, Austin	Annual	Travis	Oct. 2020/21	100						X				X		

Targeting Report

Table 6 Targeting Report

2021–2022 Targeting Report						
Characteristic	PSA 60+ Population Count ³	% ⁴	No. of Registered Service Recipients in PSA ⁵	%	Goals for 2021	Goals for 2022
All 60+	344,527	6.8	6146*	.018	.0185	.019
Poverty Level	27,365	7.9	2593**	42%	43%	44%
Minority	87,834	26	3049**	49%	50%	51%
Rural Areas	62,774	18	2609**	42%	43%	44%

*The number of registered participants reflects only a select number of services provided by AAACAP and not the full number of unduplicated individuals served across AAA all services.

** The percentages calculated for poverty, minority and rural in column 5 are based on percentages of registered consumers. Indicating of the registered clients served we are addressing the specific target populations as required by the Older Americans Act.

³ To complete this column, pull census data from the county-level comparative performance data.

⁴ See instructions for example calculations of figuring both percentages.

⁵ To complete this column, pull data from the NAPIS report. Registered services only include personal assistance, homemaker, chore, home delivered meals, day activity and health services, case management, escort and congregate meals.

11. Top Needs and Service Constraints

Priority Area 1: Transportation

Identify and describe the need

Transportation continues to be far and away the main concern of older adults and aging network partners. Transportation is at the core of access to food, health care social engagement, employment and quality of life for all older adults residing in the Capital Area. The exponential population projections for the region further elevate transportation as the number one high priority need. As population increases and cities become more urban special transit options move towards more fixed route which is challenging for older adults. With most specialty healthcare resources located in metro areas, rural residing older adults are challenged with access to transportation for medical appointments. As cited our survey of needs: 32% of AAACAP respondents expressed this as the top of three needs to be addressed so that older adults can continue to live independently – the top need identified for Question 6; 38% identified it as the most important service provided by the AAA – the top service identified for Question 5; and 54% expressed the lack of transportation as highly concerned after issues of health, finance, and safety for Question 8. Outside needs assessments also validated transportation as a significant challenge both in rural and urban areas.

Explain the agency's plans to address the need

The Capital Area Council of Governments has contracted with the Capital Area Metropolitan Planning Organization to oversee the Regional Transportation Coordination Committee (RTCC). The RTCC provides coordination support for transportation organizations, health and human service agencies, and others transit providers. AAACAP will participate directly in this group. AAACAP will continue to expand medical transportation for eligible consumers using existing transportation vendors. Throughout 2019 there has also been an increase in requests for trips to shopping, family visits and health and wellness activities. To address this AAACAP will explore potential new vendor contracts with local volunteer driver organizations. Many of these organizations also have larger vehicles for group trips which could accommodate these "quality of life" trips for eligible participants.

AAACAP is also planning to implement a transportation voucher pilot project during this area plan period. It is likely the volunteer driver organizations may have capacity to serve as a provider for this pilot program. AAACAP continue to support local transportation advocacy where possible through the City of Austin Commission on Seniors, the Georgetown Commission on Aging, the Aging Services Council and through partnerships with Texas 2-1-1, healthcare entities and local foundations.

Describe constraints limiting the agency's ability to address the need

Transportation funding continues to be fragmented, geography based challenging to coordinate for older adults and individuals with disabilities. The innovative new transportation options like Uber and Lyft may be outside the budget of older adults, and some do not have the means to use it, i.e. Smartphones and credit cards. Participants continue to report issues with scheduling, limited availability and long days spent on group trips to address medical appointments. What is called demand response is still not viewed by participants as very responsive. It is expected the renewed engagement in the RTCC will have support the necessary coordination to address the overarching issue of finding the mobility solution that best meets the consumer need.

Priority Area 2: Health and Wellness

Identify and describe the need

The demographic imperative once again brings to the forefront the next high priority need to address the Health and Wellness concerns of older adults in our region. Health Issues were rated as the top concern regarding older adults by 72% of respondents in the AAACAP survey (Q8). Also, in the survey, in-home supports and health maintenance were the second and third most identified AAA services in importance (Q5) and was brought up in focus groups as well. Food insecurity stood out as common concern as well. Others were issues around finding appropriate and adequate health care services, prescription assistance, education about healthy lifestyles and prevention, safety concerns in and out of the home as well as social isolation. AAACAP seeks to address physical and mental health, issues around social isolation and the role of AAA services in addressing individual needs around the social determinants of health (SODH). AAACAP's regional needs assessment validates the importance of social determinants of health and their impact on positive health outcomes and quality of life. Local hospital needs assessments from St. David's Hospital and Ascension Seton echoed these findings. AAACAP has begun to partner with both hospitals who refer patients, help promote AAA health and wellness programs and host the community health and supports working group with the AAACAP Director as co-chair. As part of the Aging Services Council, AAACAP partners with other community-based organizations who are poised to assist with SODH needs. This Council helps identify gaps and build capacity to develop solutions to cross-cutting issues shared throughout the aging network.

Within the CAPCOG region, the potential for social isolation and supportive mental and social services is impacted by the other trends reported: moves from traditional neighborhoods due to housing costs; lack of access to mental health providers in rural areas; and transportation limitations, especially for social activities. All the health care systems need assessments identify mental health services as one of the top three priorities in designing more responsive programs and AAACAP survey participants identified depression as a health concern.

Explain the agency's plans to address the need

AAACAP will continue to expand its evidence based self-management workshops to include communities of color, rural communities and new interventions which address behavioral health interventions for older adults and caregivers. AAACAP is expanding its reach to non-English speaking groups identifying community gatekeepers and volunteer coaches. AAACAP is partnering with faith-based

communities and public health community engagement specialists to identify both leaders for the workshops and participants. AAACAP has also been identified by Austin/Travis County EMS as a key referral partner for their intensive support unit focused on older adults. AAACAP is working on a similar relationship with Williamson County as it works to replicate this type of partnership in all ten counties. AAACAP is expanding its reach to non-English speaking groups identifying community gatekeepers and volunteer coaches. Using trusted and visible leaders in diverse communities identified through existing collaborations, Aging Advisory Council and county Commissions on Aging, to assist with outreach/messaging related to Disease Self-Management classes and Falls Prevention should support increases in participants. Community Health Workers already engaged with people of color in Austin neighborhoods are also a good source for referrals and potential coaches. The Care Coordination/Caregiver Support Coordination unit will seek new vendors to provide counseling and mental health supports with a focus on serving our non-English speaking populations. In addition to this staff will continue to participate in HHS Behavioral Health and Aging workgroup as well as local public health initiatives. AAACAP will work to contract with existing vendors providing opportunities for social engagement or program addressing social isolation to build capacity and serve more individuals. AAACAP will continue to partner with faith-based communities to support existing senior ministry programs an important element of support in many rural communities. During this plan period AAACAP also plans to explore changes to the assessment process to include a depression screening and potential for post service survey outcomes to collect data on the impact AAA services may have on positive health outcomes.

Describe constraints limiting the agency's ability to address the need

Health disparities amongst communities of color and rural communities continue to impact access to mental health services. For those seeking mental health services in rural areas especially, providers are often inaccessible and there can be stigma in small communities about seeking assistance. Eligibility for state services may be a barrier as is a fragmented system of service delivery and limited insurance options. Challenges to volunteer recruitment, partner and site selection continue to impact the expansion of evidence-based programs exist in rural communities. Even on-line options may not be available due to lack of technology access.

Priority Area 3: Financial Wellness & Resources

Identify and describe the need

The Capital Area is acknowledged as one of the most expensive markets in Texas, and most significantly, the cost of a home versus median family income has grown exponentially. Lack of affordable housing has been the number one reason we have seen requests for basic needs assistance increase dramatically beginning in 2019. The top need of all adults age 60 and above during 2019 was for utility and rent payment assistance, followed by food pantries, transportation, and low income/subsidized private rental housing.

Due to the high costs in the urban core, more and more persons in low-to-mid income ranges are relocating. In addition, as persons leave Travis County for more affordable areas, they have new challenges in increasing costs (Hays County residents are now more cost burdened than those in Travis), as well as lack of accessible services (for example the Meals On Wheels of Central Texas House Repair program is not available in most rural counties) and transportation. Food insecurity rates in four of the ten CAPCOG counties are above average for Texas (17.3%) in Burnet, Lee, Llano, and Travis – three of the four counties are rural.

As cited in the regional needs assessment of this plan, housing, food, and related financial strains was listed by 20% of AAACAP survey respondents as the top of three needs to be addressed to continue living independently. This was the highest of any identified need listed other than transportation for Question 6. Finances (61%), safety (57%), affordable housing (53%), and food (44%) were all identified as highly concerning by respondents, right after the top concern of health (Q8).

Increasing healthcare costs, lack of access to insurance and health and financial literacy issues may leave older adults struggling to meet basic needs as well. Many callers do not qualify for Medicaid but cannot afford to pay privately to address some of their own or a family members care needs. AAACAP continues to receive calls from family caregivers seeking financial support for the care services they are providing on a full-time basis. Coupled with the ongoing and increasing complexity of access to public benefits, individuals may not know about or understand for example the Medicare Savings Programs they may be eligible for. Also, of concern is the rapid increase in the prevalence of frauds and scams aimed at older adults putting at risk their savings and health.

Explain the agency's plans to address the need

During this are plan period AAACAP will continue to increase its support of basic needs assistance, especially around rental and utility assistance if our efforts to prevent evictions, homelessness and impact of the health and safety of each consumer. Discussions and exploration of root causes of the financial need will occur with referrals made to local programs such as Foundation Communities, Housing Counseling programs and Family Eldercare's Money Management services where possible. AAACAP Benefits Counselors (BCs) will increase outreach activities to ensure older individuals are aware of Medicare Savings Programs, Low Income Subsidies and local options for basic needs supports. BCs will continue to engage in drug plan comparisons during open enrollment to help individuals realize optimal savings with appropriate pharmaceutical choices. AAACAP will partner with Austin Tenant's Council, the ADRC Housing Navigator, local Housing and Home repair coalitions to promote options for affordable and accessible housing across the region. During this plan period AAACAP will also elevate the issue of scams and frauds by partnering with legal aid, the attorney general's consumer protection unit and Senior Medicare Patrol to implement a communications campaign around issues of fraud and scams. This campaign may include workshops, webinars, social media communications and individual legal assistance. AAACAP staff will continue to be engaged in community collaborations around basic needs to underscore the importance of addressing system changes necessary to address some of the root causes of individual financial crises.

Describe constraints limiting the agency's ability to address the need

Lack of knowledge of available services for basic needs, benefits counseling, financial literacy and fraud and scam reporting continues to be a major challenge to moving older individuals towards financial wellness. The existing system of supports is fragmented and requires individuals to navigate through many different systems with varying eligibility requirements. In the area of financial advising there are an increasing number of private entities engaged in market to older adults with confusing, misleading or sometimes fraudulent messaging. Assisting individuals with navigation across this system is challenging and labor intensive.

12. Goals, Objectives and Strategies

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

Objective 1.1	Screen potential clients and provide effective linkage to information and services.
Explanation	Strategies should address AAA processes for incoming referrals; for example, from the LTSS referral system.
Strategy 1.1.1	Provide Care Coordination Services to screen for individual needs, develop individual care plans based on assessment and individual input and authorize and purchase services for clients, while respecting individual choice, self-determination, and offering consumer directed services.
Strategy 1.1.2	Provide Caregiver Support Coordination to screen for caregiver needs, develop individual care plans based on caregiver and care receiver assessments and client input and authorize and purchase services for clients, while respecting individual choice, self-determination, and offering consumer directed services.
Strategy 1.1.3	Information, Referral and Assistance staff will screen for caller needs, provide effective and efficient operation ensuring access across diverse populations to provide appropriate referrals to meet identified needs in a timely manner.

Strategy 1.1.4	Require Information Specialist to complete (within two years of hire) and/or maintain Alliance of Information and Referral Systems (AIRS) Information and Referral Specialist, Community Resource Specialist Certification.
-----------------------	---

Objective 1.2	Use volunteers to supplement the AAA workforce and support the delivery of services to the aging network.
Explanation	Strategies should include how volunteers are used and any plans for expanding their use to provide services to the aging network.
Strategy 1.2.1	Click or tap here to enter text. Recruit, train and oversee certified volunteer coaches for evidence-based interventions including Chronic Disease, Chronic Pain and Diabetes Self-Management and A Matter of Balance provided through the Health and Wellness Program in accordance with the required curricula and training methodology as prescribed to ensure fidelity to each model.
Strategy 1.2.2	Recruit, train and oversee volunteer benefits counselors to assist with initial intake calls, outreach at health fairs, interagency meetings, aging network events and caregiver conferences. Volunteers will also assist with publicity, coordination and implementation of open enrollment events at housing authorities, county health fairs, AAA hosted meetings in partnership with community based aging network partners.

Objective 1.3	Promote the adoption of healthy behaviors in older adults through evidence-based programs.
Explanation	Strategies should address lifestyle choices such as nutrition, physical activity, smoking, alcohol use, misuse of prescription or illegal drugs, sleeping habits, amount of stress, amount of socialization and engaging in enjoyable pursuits.
Strategy 1.3.1	Continue to provide the following evidence-based, direct service interventions; Chronic Disease Self-Management, Diabetes Self-Management, Chronic Pain Self-Management and A Matter of Balance Falls Prevention.
Strategy 1.3.2	Health and Wellness Program Coordinator will participate in City of Austin Diabetes Coalition, Healthy Williamson County, Bastrop County Cares, and others identified coalitions across the ten-county region, including critical healthcare partners, WellMed, Humana, Baylor Scott & White and city and county public health entities. These collaborations will support increased public awareness, a broader referral network and expanded geographic reach of the program.
Strategy 1.3.3	Instruction and Training services will be provided by the Health and Wellness Coordinator at county interagency and aging network meetings to ensure professional partners are aware of healthy behavior concerns of older adults and caregivers. Session topics will highlight evidence-based interventions, process for referrals, overview of AAA programs and services and their impact on addressing social determinants of health issues.
Strategy 1.3.4	Conduct research and feasibility assessment regarding additional options for expanding evidence-based offerings to address the needs of older adults and caregivers in methodologies focused on behavioral health supports, stress reduction to promote mental health well-being.

Objective 1.4	In accordance with state and federal law, implement a nutrition program to meet the needs of eligible participants.
Explanation	Strategies should identify how the AAA's nutrition education program is developed to meet the individual health and nutritional needs of eligible participants.
Strategy 1.4.1	Development, implementation and oversight of home delivered meals services to reduce food insecurity, promote good health and reduce social isolation. Services are delivered via sub-recipient providers across PSA 12. Service delivery includes options for consumer choice, culturally competent service coordination and flexible delivery systems.
Strategy 1.4.2	Development, implementation and oversight of congregate meal services to reduce food insecurity, promote good health and increase social engagement. Services are delivered via sub-recipient providers across PSA 12. Service delivery includes options for consumer choice culturally competent service coordination, and flexible delivery systems.
Strategy 1.4.3	Provide nutrition education overseen by a dietician or trained case managers to ensure consumer education and training on healthy dietary choices, dietary requirements and options for addressing risk factors related to poor nutrition.

Objective 1.5	Provide appropriate services, education and referrals to meet the needs of older adults and their caregivers.
Explanation	Strategies should include services which meet each caregiver and care receiver unique needs as identified through person-centered assessment.
Strategy 1.5.1	Provide Caregiver Education and Training (CE&T) counseling to caregivers to assist in decision-making and problem solving related to the caregiver role, including providing counseling to individuals and support groups; and caregiver training for individual caregivers and families. In an effort to reach rural counties the Aging Program Specialist attends county interagency meetings, aging coalitions and holds office hours at Community Resource Centers in three counties. Here we inform staff of all Caregiver Program Services including CE&T. Information and outreach materials are shared via social media, rural community newspapers and local radio stations. Care Coordinators are trained to fully explain the value of CE&T to encourage caregivers to participate in this service. During this planning period, a solicitation to expand the pool of vendors for this service across the ten-county region will be released.
Strategy 1.5.2	Provide Caregiver Respite Care – In Home services to provide temporary relief for caregivers including an array of services provided to older individuals (care receivers) who need assistance with activities of daily living and/or supervision. Services are provided in the older individual's home on a short-term, temporary basis while the primary caregiver is unavailable or needs relief. Respite Care – In Home services are provided to address health and safety issues for the care receiver.
Strategy 1.5.3	Provide Chore Maintenance services that allows for performing household chores when an older individual is not able to perform the tasks on their own, such as heavy cleaning, moving heavy furniture, and yard/sidewalk maintenance.

Strategy 1.5.4

Provide Emergency Response services for homebound, frail older individuals which establishes an automatic monitoring system which links to emergency medical services when the individual's life or safety is in jeopardy. ERS services include the installation of the monitoring unit, key lockbox, training associated with the use of the system, periodic checking to ensure that the unit is functioning properly, equipment maintenance calls, response to an emergency call.

Strategy 1.5.5	Provide Health Maintenance services to promote or maintain the health and/or safety of the older individual. Examples of allowable activities include medical treatment by a health professional, Health Education, counseling services, home health services, provision of medications, nutritional supplements, glasses, dentures, hearing aids, dosage alert systems and/or other devices necessary to promote or maintain the health and/or safety of the older individual.
Strategy 1.5.6	Provide Health Screening/Monitoring intended to assess the level of health and wellness of persons 60 years of age and older and should ensure participants are made aware of health services available to them in their community. Examples of allowable activities include blood pressure monitoring, hearing tests, vision tests, dental services, podiatry services, nutritional status, blood tests, urinalysis, home injury control safety, and depression screens. Activities can occur in the consumer's home or out of the home at senior centers, health fairs, nutrition centers, or other appropriate places.
Strategy 1.5.7	Provide homemaker services by trained and supervised homemakers involving the performance housekeeping and home management task, meal preparation, or escort task and shopping assistance provided to older individuals who require assistance with these activities in their place of residence. Services help promote sustain independent living in a safe and healthful home environment.
Strategy 1.5.8	Provide Income Support assistance in the form of a payment to a third party provider for services or goods that support the basic needs of the individual, on behalf of an older individual or their caregiver.

Strategy 1.5.9	Provide Mental Health Services using a mental health professional who determine a need for mental health services (diagnosis/screening) or the provision of services to support and improve the emotional well-being of an individual. Mental health service shall be provided to individuals who have mental illness, emotional or social disabilities, or who may require support and treatment. Such support may include education, prevention, screening, referral and/or intervention.
Strategy 1.5.10	Provide Personal Assistance services to older individuals who are having difficulty performing a minimum of two activities of daily living identified in the assessment process, with tasks an individual would typically perform if they were able. This service covers all activities of daily living.
Strategy 1.5.11	Provide Residential Repair services that consist of repairs or modifications of dwellings occupied by older individuals that are essential for the health and safety of the occupant(s).
Strategy 1.5.12	Data management staff will support accurate data entry and reporting methodologies to ensure compliance with Title III B, C1 and C2 programs.

Goal 2 Identify, strengthen and enhance collaboration with local community partners to promote the benefits and needs of the aging population.

Objective 2.1	Increase public awareness and understanding of the interests of older adults, their family members and their caregivers.
Explanation	Address strategies to partner and develop relationships with agencies and local governmental entities to increase awareness of the needs of the aging population.
Strategy 2.1.1	Ensure attendance at interagency meetings, aging network coalitions and county commission initiatives across the ten-county service area.
Strategy 2.1.2	Provide Instruction and Training experience or knowledge to individuals or professionals working with older individuals to acquire skills in a formal, informal, or individual or group setting.
Strategy 2.1.3	Use Caregiver Information Services to disseminate accurate, timely, and relevant information for informal caregivers, grandparents, or relatives caring for children 18 years of age and under, by way of, workshops, conferences and presentations.
Strategy 2.1.4	Provide a system of access to information and services related to public benefits. Benefits Counselors (BC) ensure accurate and timely information for all potential beneficiaries. BCs work directly with individuals to provide legal assistance. Beneficiaries may be 60+ years old or under 60 and qualifying for Medicare.
Strategy 2.1.5	Provide a system of access to information and services related to public benefits. Benefits Counselors (BC) ensure accurate and timely information for all potential beneficiaries. BCs provide legal awareness outreach activities to beneficiaries and partner with referral agencies. Beneficiaries may be 60+ years old or under 60 and qualifying for Medicare.

Objective 2.2	Lead the development of AAA programs that advance the interests of older adults, their family members and their caregivers.
Explanation	Address strategies to coordinate with other agencies and governmental entities to promote the development of programs in order to meet the needs of the aging population.
Strategy 2.2.1	Explore options for additional funding streams (through local, state, federal, foundations, etc.) to support innovative programming, service expansion and capacity building.

Objective 2.3	Coordinate with the local ADRC and center for independent living (CIL) to streamline the exchange of referrals to improve access by older adults, their family members and their caregivers to long-term services and supports.
Explanation	Address coordination efforts with the local ADRC to effectively utilize resources and avoid duplication.
Strategy 2.3.1	Directly support the partnership between the AAA and ADRC with attendance at quarterly ADRC steering committee meetings (where CIL is present), regular communication with ADRC staff and leadership and the development of shared systems for outreach and client tracking where possible.
Strategy 2.3.2	Coordinate with ADRC staff to provide streamlined client access to long-term services and supports using internal resource database.

Objective 2.4	Participate in coordinated community efforts to collect and share data, conduct needs assessments and identify funding and support sources for building services capacity for older adults and caregivers.
Explanation	This strategy assists PSA 12 communities as they attempt to build capacity to serve older adults at the local level.
Strategy 2.4.1	Support the development of local initiatives aimed at coordinating efforts to address the needs of older adults and their caregivers. Support may include data analysis and provision, technical assistance as to structure, direction and funding, presentations around issues and trends, facilitation of planning activities and ongoing communication and support for capacity building at the local level.
Strategy 2.4.2	AAACAP will coordinate and support emergency preparedness and response activities with state and local emergency planning and disaster relief agencies across PSA 12.

Goal 3 Enable older adults to maintain or improve their quality of life and self-determination through engaging in the community and social interactions.

Objective 3.1	Promote social connectivity, community service and lifelong learning to promote positive mental health.
Explanation	Address strategies to reduce social isolation among older adults and promote their active participation in the community.
Strategy 3.1.1	AAACAP funds senior center operations funding and support to agencies providing activities to enhance older individual's quality of life with formal activities, social engagement, health and wellness programs and services addressing individualized needs for social interaction and community living.
Strategy 3.1.2	Provide funding for transportation of older individuals to activities and destinations which support their health, wellness, social engagement, independence and community living.

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

Objective 4.1	Increase public awareness and remove barriers to prevent abuse, neglect and exploitation.
Explanation	Address strategies to use existing mechanisms and expand education and outreach for public awareness related to the prevention of abuse, neglect and exploitation.
Strategy 4.1.1	Partner with Adult Protective Services (APS) and local partners to disseminate hotline, education and support information across PSA 12.
Strategy 4.1.2	Work closely with APS case managers to coordinate referrals and services to meet individual APS or AAA consumer needs. Referrals are made using the appropriate, required APS processes and protocols.

Objective 4.2	Serve as an effective advocate to uphold and ensure the rights, quality of life and quality of care for nursing facility and assisted living facility residents.
Explanation	Address strategies to deliver long-term care Ombudsman services in the PSA.
Strategy 4.2.1	Provide Ombudsman resident advocacy services in both nursing facilities and assisted living facilities located in PSA 12. Services are provided using the processes and protocols required by the State Long Term Care Ombudsman Office.
Strategy 4.2.2	Recruit, train and oversee certified ombudsmen in accordance with the protocols established by the State Long Term Care Ombudsman Office.

Goal 5 Apply person-centered practices throughout all services provided, programs operated and goals.

Objective 5.1	Provide services, education and referrals to meet the needs of individuals with Alzheimer's disease or related dementias (ADRD).
Explanation	Address strategies to ensure the specific needs of individuals with ADRD are a focus in serving the aging population.
Strategy 5.1.1	Provide AAA staff with the required level of knowledge and skill specific to Alzheimer's disease or related dementias (ADRD). Engage and collaborate with entities possessing expertise in serving individuals with ADRD including but not limited to Alzheimer's Texas, Alzheimer's Association – Capital Chapter, local facilities focused on Memory Care and independent providers of education, training and caregiver support related to ADRD.
Strategy 5.1.2	Partner with agencies whose mission is specific to serving individuals with ADRC. Organize and implement shared training events, streamline referrals and interact on workgroup and advisory committees addressing the needs of individuals with ADRD. Partners include Alzheimer's Texas, Alzheimer's Association – Capital Chapter. Staff also participate in work group for HHS Alzheimer's state plan and local efforts to address ADRD through the Aging Services Council of Central Texas.

Objective 5.2	Promote the delivery of services to older individuals and caregivers based on their individualized needs.
Explanation	Address strategies to identify and reach caregivers in need of education and support.
Strategy 5.2.1	Provide caregiver respite through the consumer directed service option whereby an individual provider is chosen by the caregiver. Services are provided on an intermittent or temporary basis while the primary caregiver is unavailable or needs relief.
Strategy 5.2.2	Provide homemaker voucher services through consumer directed services option whereby the individual provider is chosen by the older individual. Homemaker activities involve the performance housekeeping and home management task, meal preparation, or escort task and shopping assistance. The objective is to help the consumer sustain independent living in a safe and healthful home environment.
Strategy 5.2.3	Research transportation voucher service model, if feasible implement a small pilot project in a rural county.
Strategy 5.2.4	Conduct client satisfaction surveys to ensure individual needs, preferences and consumer rights are validated.

Objective 5.3	Promote self-determination through the provision of elder rights services.
Explanation	Address strategies to empower people and promote self-advocacy and access to elder rights services.
Strategy 5.3.1	Promote partnerships and vendor agreements between Benefits Counselors and local legal and elder rights organizations to support streamlined access to individualized support legal aid, assistance with appeals and issues with fraud.

Goal 6 Promote increased awareness of and access to programs which address the increasing need for affordable housing, home repairs and eviction prevention.

Objective 6.1	Collaborate with agencies and organizations to meet the needs of older individuals and caregivers experiencing housing issues impacting their ability to age in the community of their choice.
Explanation	Address strategies which support both short-term health, safety and financial wellness needs while working to address system change goals for safe and affordable housing.
Strategy 6.1.1	Support short-term solutions for homelessness prevention, income support and residential repair as needed to prevent eviction and provide home modifications related to health and safety.
Strategy 6.1.2	Partner with organizations focused on homelessness prevention, affordable and supportive housing, home repairs, tenants' rights and basic needs services to build capacity to address systems change related to the growing need for housing supports across PSA 12.

13. Performance Measures

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

LBB Performance Measures

Table 7 LBB Performance Measures

LBB Performance Measures					
Performance Measure		Actual SFY19	Proj SFY21	Proj SFY22	AAA Strategy
Unduplicated People Served					
1	Unduplicated number of people receiving care coordination funded by MSS - SUA	615	463	473	1.1.1
2	Unduplicated number of people receiving legal assistance (age 60 and over) funded by MSS – SUA	489	1,000	1020	2.1.4
3	Unduplicated number of people receiving congregate meals funded by MSS – SUA	1,822	2,472	2,522	1.4.2
4	Unduplicated number of people receiving home-delivered meals funded by MSS – SUA	3,087	2,981	3,040	1.4.1
5	Unduplicated number of people receiving homemaker services funded by MSS - SUA	103	104	106	1.5.7
6	Unduplicated number of people receiving personal assistance funded by MSS – SUA	36	30	32	1.5.10

Expenditures					
7	MSS - SUA funded care coordination expenditures	\$304,954	\$235,882	\$240,599	1.1.1
8	MSS - SUA funded legal assistance (age 60 and over) expenditures	\$126,174	\$124,125	\$126,607	2.1.4
9	MSS - SUA funded congregate meal expenditures	\$546,807	\$692,408	\$706,256	1.4.2
10	MSS - SUA funded home delivered meal expenditures	\$1,354,196	\$1,720,321	\$1,754,727	1.4.1
11	MSS - SUA funded homemaker services expenditures	\$69,491	\$77,220	\$78,744	1.5.7
12	MSS - SUA funded personal assistance services expenditures	\$9,566	\$6,720	\$6,854	1.5.10
13	MSS - SUA funded modified home (residential repair service) expenditures	\$190,950	\$87,000	\$91,350	1.5.11
Average Cost					
14	Average cost per care coordination client funded by MSS – SUA	\$495.86	\$509.46	\$519.65	1.1.1
15	Average cost per person receiving legal assistance funded by MSS - SUA	\$258.02	\$124.13	\$126.61	2.1.4
16	Average cost per congregate meal funded by MSS – SUA	\$6.15	\$6.12	\$6.27	1.4.2
17	Average cost per home-delivered meal funded by MSS – SUA	\$5.52	\$5.30	\$5.40	1.4.1
18	Average cost per person receiving homemaker services funded by MSS - SUA	\$674.67	\$742.50	\$757.40	1.5.7
19	Average cost per person receiving personal assistance services funded by MSS - SUA	\$265.72	\$224.00	\$228.48	1.5.10

20	Average cost per modified home (residential repair service) funded by MSS – SUA	\$2,767.39	\$1,500.00	\$1,530.00	1.5.11
Ombudsmen					
21	Unduplicated number of active certified Ombudsmen	10	12	14	4.2.1
22	Cumulative number of visits to assisted living facilities by a certified Ombudsman	915	915	1,067	4.2.2
23	Total expenditures Ombudsman program (federal, state, other federal, program income, and local cash)	\$439,222	\$439,222	\$439,222	4.2.1
24	Unduplicated number of assisted living facilities visited by an active certified Ombudsman	166	166	169	4.2.2
25	Percentage of complaints resolved and partially resolved in NH and ALF	86%	85%	85%	4.2.4
Service Units					
26	Number of congregate meals served funded by MSS – SUA	88,953	113,113	115,375	1.4.2
27	Number of home-delivered meals served funded by MSS – SUA	245,386	324,408	330, 896	1.4.1
28	Number of homes repaired/modified (residential repair service) funded by MSS – SUA	69	58	61	1.5.11
29	Number of one-way trips (demand response transportation service) funded by MSS – SUA	33,065	36,244	36,969	3.1.2

Agency-Specific Performance Measures

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

Table 8 Agency-Specific Performance Measures

Agency-Specific Performance Measures					
Performance Measure		Actual SFY19	Proj SSFY21	Proj SFY22	AAA Strategy
Unduplicated People Served					
1	Unduplicated number of people receiving caregiver support coordination funded by MSS - SUA	304	312	328	1.1.2
2	Unduplicated number of people receiving information referral and assistance funded by MSS - SUA	4056	4157	4364	1.1.3
3	Unduplicated number of people receiving evidence-based interventions funded by MSS - SUA	320	328	344	1.3.1
4	Unduplicated number of people receiving nutrition education overseen by a dietician or trained case managers.	57	62	65	1.4.3
5	Unduplicated number of people receiving caregiver education and training funded by MSS - SUA	21	22	24	1.5.1
6	Unduplicated number of people receiving caregiver respite in-home funded by MSS - SUA	129	131	138	1.5.2
7	Unduplicated number of people receiving Chore Maintenance funded by MSS - SUA	28	29	31	1.5.3
8	Unduplicated number of people receiving Emergency response services funded by MSS - SUA	101	29	31	1.5.4

9	Unduplicated number of people receiving health maintenance services funded by MSS - SUA	272	279	293	1.5.5
10	Unduplicated number of people receiving health screening funded by MSS - SUA	41	42	44	1.5.6
11	Unduplicated number of people receiving income support funded by MSS - SUA	60	65	72	1.5.8
12	Unduplicated number of people receiving mental health services funded by MSS - SUA	11	13	18	1.5.9
13	Unduplicated number of people receiving respite voucher services funded by MSS - SUA	15	16	17	5.2.1
14	Unduplicated number of people receiving homemaker voucher services funded by MSS - SUA	8	9	10	5.2.2
15	Unduplicated number of people receiving transportation voucher services funded by MSS - SUA	0	5	10	5.2.3
16	Unduplicated number of individuals receiving income support to prevent eviction	6	9	12	6.1.1
Capacity building output measures					
	IR&A staff will achieve AIRS, CIRS certification within the second year of hire	100%	100%	100%	1.1.4
	Number of coaches trained to lead evidence-based interventions	46	51	59	1.2.1
	Number benefits counseling volunteers trained	0	3	6	1.2.2
	Health and Wellness Coordinator will participate in disease prevention initiatives	6	6	6	1.3.2

	Instruction and training sessions will be provided to professionals on health-related topics and AAA programs	6	6	6	1.3.3
	One new evidence-based intervention related to mental health will be implemented by 2022 = # new interventions	n/a	n/a	1	1.3.4
	Attend at least 2 interagency, coalition meetings in 7 rural counties and 4 in 3 urban counties per year = #events	n/a	26	26	2.1.1
	Provide 4 sessions of instruction and training to professionals on aging issue topics = #sessions	n/a	4	4	2.1.2
	Organize and host an annual caregiver conference with partner agencies to provide information caregiver information and resources across region 2.) Organize two practical skills training workshops annually. 3.) Participate in nine events as presenters on caregiver topics. = number of events held	6	9	12	2.1.3
	Provide 18 Legal Awareness group events – 7 in rural counties	n/a	18	18	2.1.5
	Research and apply for non-Title III funding to build capacity = 2-3 new applications during plan period	n/a	1	2	2.2.1
	Attend all quarterly meetings of ADRC steering committee = 4 per year	4	4	4	2.3.1
	Represent the AAA at county councils, coalitions, Age-Friendly initiatives and collaborations in all ten counties = #counties engaged with	8	10	10	2.4.1
	Contact key emergency preparedness and planning staff in each county to represent needs of older adults in emergency preparedness and response = one contacts in each county	5	7	10	2.4.2

	Increase transportation vendor pool by 1-2 new vendors = # vendors added	0	1	1	3.1.2
	Provide updated AAA/ADRC resource information to APS community liaison at least once per quarter = #updates	4	4	4	4.1.1
	Coordinate referrals with APS case managers on an ongoing basis – ensure at least 1 outreach attempt per month for service updates = % of attempts met	n/a	75	85	4.1.2
	AAA staff and volunteers will receive required training in Alzheimer’s Disease and related dementias as required by HHS = % of staff trained	n/a	100%	100%	5.1.1
	Partner and communicate with agency partners whose mission is to serve individuals with ADRD = % of 2 annual training events and 12 health fair events	n/a	100%	100%	5.1.2
	Develop new vendor agreements with legal aid and elder rights organizations = number new contracts	0	1	1	5.3.1
	Outcome measures				
	Care coordination consumers will be contacted during care plan period to determine plan effectiveness. = % of consumers contacted reporting satisfaction with plan	n/a	72%	90%	1.1.1
	Caregiver support coordination consumers will be contacted during care plan period to determine plan effectiveness. = % of consumers contacted reporting satisfaction with plan	n/a	72%	90%	1.1.2
	90% of individuals who receive Information, Referral & Assistance and complete a survey will self-report staff was responsive and provided appropriate information.	n/a	90%	90%	1.1.3

80% of individuals who participate in evidence based workshops and complete a survey will self-report increased health literacy and confidence in disease self-management skills	n/a	72%	80%	1.3.1
At least 75% of individuals who received Caregiver Education and Training and complete a survey will self-report receipt of applicable information which will aid in their caregiving activities.	n/a	75%	86%	1.5.1
A minimum of 35% of Caregivers served will receive Caregiver Respite Care – In Home.	n/a	35%	55%	1.5.2
80% of individuals who receive Chore Maintenance and complete a survey will self-report increased sense of health and/or safety.	n/a	80%	90%	1.5.3
75% of individuals who receive Emergency Response and complete a survey will self-report an increased sense of safety.	n/a	75%	75%	1.5.4
75% of individuals who receive Health Maintenance and complete a survey will self-report an improvement in health and/or safety.	n/a	75%	75%	1.5.5
75% of individuals who receive Health Screening/Monitoring and complete a survey will self-report an increase awareness of their health and wellness.	n/a	75%	75%	1.5.6
80% of individuals who receive Income Support and complete a survey will self-report financial crisis improved.	n/a	80%	80%	1.5.8
At least 62% of individuals who receive Mental Health Services and complete a survey will self-report improvements problem solving skills.	n/a	62%	62%	1.5.9

	80% of individuals who received Residential Repair and complete a survey will self-report increased mobility, independence.	n/a	80%	80%	1.5.11
	Data management accuracy will be maintained at 95% for monthly RfRs	n/a	95%	95%	1.5.12
	IR&A specialist and ADRC navigator will coordinate quarterly to ensure consistent sharing of accurate and comprehensive resource information. = meeting sessions	4	4	4	2.3.2
	Senior center operations consumers will report at least 80% satisfaction with social engagement options at sites.	n/a	80%	90%	3.1.1
	Agency will realize increased participation in respite voucher services by a minimum of 40% over the plan period	n/a	20%	40%	5.2.1
	Agency will realize increased participation in respite voucher services by a minimum of 20% over the plan period.	n/a	20%	20%	5.2.2
	Client satisfaction survey data will analyzed quarterly with the goal of 85% client satisfaction across services.	n/a	85%	85%	5.2.4
	At least 69% of consumers self-reporting client satisfaction surveys for housing related assistance (income support, home repair IR&A, and legal assistance) will report successful problem solving/crises intervention.	n/a	69%	75%	6.1.1

14. Units of Service Composite

Table 9 Units of Service Composite

Service Name	Baseline Units FY19	Projected Units FY21	Change from Baseline (%)	Projected Units FY22	Change from Baseline (%)
Access & Assistance Services					
Care Coordination (Hour)	1,994	2,143	7.5%	2,251	12.9%
Caregiver Support Coordination (Hour)	1,300	1,397	7.5%	1,467	12.8%
Information, Referral & Assistance (Contact)	5,494	5,906	7.5%	6,201	12.9%
Legal Assistance age 60 & Over (Hour)	652	701	7.5%	736	12.9%
Legal Awareness (Contact)	88	95	8.0%	100	13.6%
Participant Assessment - A&A (Assessment)	n/a		n/a		n/a
Nutrition Services					
Congregate Meals (Meal)	101,679	115,375	13.5%	121,143	19.1%
Home Delivered Meals (Meal)	266,651	324,408	21.7%	337,899	26.7%
Nutrition Consultation (Contact)	n/a		n/a		n/a
Nutrition Counseling (Contact)	n/a		n/a		n/a
Nutrition Education (Contact)	57	62	8.8%	65	14.0%
Participant Assessment - NS (Assessment)	n/a		n/a		n/a
Services to Assist Independence					
Caregiver Education & Training (Contact)	9	12	33.3%	14	55.6%
Caregiver Information Services (Activity)	118	127	7.6%	133	12.7%
Caregiver Respite Care In-Home (Hour)	9,466	10,175	7.5%	10,683	12.9%
Caregiver Respite Care Institutional (Hour)	n/a		n/a		n/a
Caregiver Respite Care Non-Residential (Hour)	n/a		n/a		n/a
Caregiver Respite Care Voucher (Hour)	1,425	1,496	5.0%	1,570	10.2%
Chore Maintenance (Hour)	143	154	7.7%	161	12.6%
Day Activity and Health Services (Half Day)	n/a		n/a		n/a
Emergency Response (Month ERS Service)	334	325	-2.7%	300	-10.2%
Evidence Based Intervention (Hour)	1,827	2,009	10.0%	2,109	15.4%
Health Maintenance (Contact)	938	1,031	9.9%	1,083	15.5%
Health Screening (Contact)	86	92	7.0%	97	12.8%
Homemaker (Hour)	3,848	4,136	7.5%	4,346	12.9%
Homemaker Voucher (Hour)	747	784	5.0%	823	10.2%
Income Support (Contact)	81	97	19.8%	103	27.2%
Instruction & Training (Contact)	0	32	25.0%	40	-100.0%
Mental Health Services (Contact)	25	28	12.0%	34	36.0%
Personal Assistance (Hour)	496	533	7.5%	546	10.1%
Physical Fitness (Contact)	n/a		n/a		n/a
Recreation (Contact)	n/a		n/a		n/a
Residential Repair (Dwelling)	77	89	15.6%	93	20.8%
Telephone Reassurance (Contact)	n/a		n/a		n/a
Transportation Demand Response (One-Way Trip)	34,007	37,407	10.0%	39,278	15.5%
Transportation Fixed Route (One-Way Trip)	n/a		n/a		n/a
Transportation Voucher (One-Way Trip)	0	10	100.0%	20	-100.0%
Visiting (Contact)	n/a		n/a		n/a

15. Summary of Services

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

Area Agency on Aging of the Capital Area

Table 10 Summary of Services

Services to be Provided	III B	III C	III D	III E	VII	Program Income	Local Funds	In Kind	Other Funds
Care Coordination (Hour)	X								
Caregiver Support Coordination (Hour)				X					
Information, Referral & Assistance (Contact)	X			X					
Legal Assistance age 60 & Over (Hour)	X								
Legal Awareness (Contact)	X								
Congregate Meals (Meal)		X				X	X		
Home Delivered Meals (Meal)		X				X	X		
Nutrition Education (Contact)		X							
Caregiver Education & Training (Contact)						X		X	
Caregiver Information Services (Activity)								X	
Caregiver Respite Care In-Home (Hour)				X		X		X	
Caregiver Respite Care Voucher (Hour)				X				X	
Chore Maintenance (Hour)	X			X				X	
Emergency Response (Month ERS Service)	X			X		X		X	
Evidence Based Intervention (Hour)	X		X						

Health Maintenance (Contact)	X			X				X	
Health Screening (Contact)	X								
Homemaker (Hour)	X					X		X	
Homemaker Voucher (Hour)	X							X	
Income Support (Contact)	X			X					
Instruction & Training (Contact)	X								
Mental Health Services (Contact)	X			X				X	
Personal Assistance (Hour)	X							X	
Residential Repair (Dwelling)	X			X				X	X
Transportation Demand Response (One-Way Trip)	X					X	X	X	
Transportation Voucher	X								
Senior Center Operations	X						X		
HICAP Assistance									X
HICAP Outreach									X
MIPPA									X
Ombudsman					X			X	X

16. Service Narratives

Congregate Meals

Service definition

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

Detailed description of how service is provided

AAACAP contracts with four sub-recipients to provide congregate meals throughout the region. Congregate meals are typically provided at large senior or community centers in the larger cities like Austin, Round Rock and San Marcos but may be provided at a smaller recreation center or county rural community center as well. Larger centers typically have a robust schedule of activities throughout the day in which meal participants may engage. In some eastern rural counties meals may be provided in a faith-based community center or other venue with the proper equipment to provide meals which comply with the Older Americans Act requirements. In smaller venues activity choices may be more limited for participants. In FY2019 95,504 congregate meals were provided across the region.

Service-specific instructions

Nutrition Education is provided to all participants during the initial assessment process. All educational information is reviewed and approved by a registered dietician. AAACAP also ensures site managers receive regular information and updates regarding other AAACAP services so they may refer participants as needed.

Explanation of decrease or increase in service units

Congregate meal services have been increasing in the service areas of two AAACAP providers serving both urban and rural settings. Meals on Wheels of Central Texas partners with the City of Austin to provide congregate meals at eight sites and will be adding two sites and expanding a third in 2020-2021 pending approval. Although in 2019 Combined Community Action closed one site due to low

attendance they have been working with a local foundation to establish new congregate sites or increase days of service at existing sites in the rural areas of Fayette and Caldwell counties. When a site is closed efforts are made to inform attendees about other sites and assist with access to transportation. All providers stay engaged in county interagency meetings to stay informed about the potential for expansion in a new community.

Home Delivered Meals

Service definition

Hot, cold, frozen, dried, canned, fresh or supplemental food (with a satisfactory storage life) which provides a minimum of 33⅓ percent of the dietary reference intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences and complies with the most recent Dietary Guidelines for Americans, published by the Secretary of Agriculture, and is delivered to an eligible participant in their place of residence. The objective is to reduce food insecurity and help the recipient sustain independent living in a safe and healthful environment.

Detailed description of how service is provided

AAACAP contracts with four sub-recipients to provide home delivered meals throughout the region. Hot, frozen and shelf-stable meals are provided by all sub recipients. Some frozen meals are also authorized through Care Coordination for individuals who would not otherwise receive a meal due to lack of volunteers or rural geography. In FY2019, 257,614 home delivered meals were provided across the region. Most participants still receive five hot meals each week. Some choose a combination of hot and frozen due to frequently scheduled medical appointments which take them away from the home. In rural communities, individuals may choose all frozen due to volunteer availability and geographic challenges.

Volunteers play a key role in ensuring the socialization needs of individuals receiving home delivered meals are met. Traditional delivery includes five hot meals with some additional meals for holidays as needed. In the case of those receiving frozen meals the delivery drivers are an important face-to-face contact with the AAA staff ensuring the required weekly contacts along with the nutrition providers. All contacts are used to observe changes in clients' physical or mental health along with annual reassessments. Nutrition providers in our region all have a wide range of other programs and services which are also accessible to all meal participants. These programs also add opportunities for socialization with case managers overseeing these special projects. Examples include technology training, pet support, weatherization, rental and utility assistance

Service-specific instructions

Nutrition Education is provided to all participants during the initial assessment process. AAA Care Coordination staff provide Nutrition Education for home-

delivered meal participants receiving frozen meals authorized through the Care Coordination Program. Staff ensure individuals have capacity to manage a frozen meal and make certain the required number of contacts are made to all individuals participating in the Care Coordination frozen meals program. All educational information is reviewed and approved by a registered dietitian. AAACAP also ensures sub recipient case managers receive regular information and updates regarding other AAACAP services so they may refer participants as needed to other AAACAP services.

Explanation of decrease or increase in service units

Home delivered meal services continue to expand as the population of eligible individuals increases. The region currently has sufficient funding to provide meals for eligible individuals but depending on volume providers may keep an interest list due to the challenge of scheduling initial assessments. This capacity to assess has been the main barrier to increasing service delivery in a timely manner.

Transportation

Service definition

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

Detailed description of how service is provided

Demand-response transportation is provided through six contracted vendors through a negotiated rate setting process. Vendors use vans and transport groups of individuals to and from meal sites. Medical trips are typically scheduled in advance and may be individual or group trips. In FY2019 33,065 trips were provided to eligible individuals.

Service-specific instructions

Vendors submit required eligibility information to AAACAP staff who provide eligibility determination and service authorizations. Historically trips have been to and from congregate meals and for medical appointments. This streamlined process means services are authorized as needed in a timely manner.

Explanation of decrease or increase in service units

Lack of access to transportation continues to be cited by older individuals, caregivers and aging network referral partners as the main barrier to meeting healthcare, food security and social engagement needs. AAACAP has worked with existing providers to fund additional medical trips in FY2020. During this planning period AAACAP will explore the possibility of additional trips related to food access. AAACAP will also explore the use of transportation vouchers to expand transportation in rural areas where a traditional provider may not be able to meet the needs. Vouchers would allow the individual to choose a provider of their choice and use authorized funding for this purpose. As with our other AAA voucher programs providers may also be family, friends or other individuals where there is a lack of traditional providers.

Caregiver Support Coordination

Service definition

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

Detailed description of how service is provided

Caregiver Support Coordination is provided using many of the same processes used to provide Care Coordination Services. The major difference in the provision of this service the non-paid caregiver, typically family (but may be friend, neighbor, etc.) is considered the consumer. Caregiver Support Coordination includes assessments of both the needs of the care receiver and the needs of the identified caregiver. Staff care coordinators assess the functional needs of the care receivers and the support needs for the caregiver. Staff then develop person-centered care plans with the caregiver and authorize services to meet the goals of the care plan. Staff are also required to provide information and referral to outside resources to meet the needs of the caregiver. One example may be referral to a support group provided by Alzheimer's Texas. AAACAP also provides this service to a small number of grandparents and other relatives age 55 years and older identified as the primary caregiver for relative children. Assessment of both the children and relative caregiver needs are provided. A different array of services and potential providers are used to address the needs of both the children and caregivers. Services may include after school programs, supplies for the children and necessary home living and safety equipment as needed.

Service-specific instructions

Staff care coordinators assess the functional needs of the care receivers and the support needs for the caregiver using the HHS required caregiver assessment. Assessments may be conducted in person or over the phone. The caregiver assessment determines the support needs of the caregiver providing care to the care receiver, including assistance with respite, personal care or mental health counseling as well as the need for information, education, training and connections to services outside the AAA. Staff then develop person-centered care plans with the caregiver based on the assessed needs and authorize services to meet the goals of the care plan. Following the assessment of needs all authorized services for the care receiver must be directly related to the needs of the caregiver. For example,

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

AAACAP also partners with a wide range of organizations and service providers across the ten county region engaged in providing caregiver support services. These include AARP, the Alzheimer's Association, Alzheimer's Texas, disease specific support organizations like the Capital Area Parkinson's Society, Community Resource Centers and Neighborhood Centers, faith-based senior ministries, Wesleyan nurses, county public health providers, Texas Agrilife extension agents, Aging Advisory Council representatives, local network providers such as AGE of Central Texas, Family Eldercare, and Caregiver Café. We also receive significant support from the St. David's Foundation and have partnered with other healthcare partners, including Humana, WellMed and Baylor Scott and White.

Explanation of decrease or increase in service units

AAACAP provided 1253.17 units of Caregiver Support Coordination to 268 caregivers in FY2019. We expect these numbers to increase as the number of family caregivers increases. AAACAP has a strong network of referral partners and also hosts a number of caregiver education and training events to increase public awareness of the program and provide additional support to non-paid caregivers. With the growing number of grandparents raising grandchildren, AAACAP will be

implementing a public awareness campaign across the region targeting this group of family caregivers.

Legal Assistance

Service definition

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

Detailed description of how service is provided

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

Service-specific instructions

The benefits counseling team works closely with Texas Legal Services Center to address the individual needs of each consumer. AAACAP also seeks contracts with legal aid organizations to provide assistance with cases requiring legal expertise. AAACAP has a dedicated intake line and process for this service to ensure streamlined access. Legal assistance is provided on an individual basis but may be provided following a group presentation. All staff participate in outreach to local healthcare providers to ensure a solid referral pipeline to Older Americans Act target populations. Referral partners include libraries, public health providers, disease specific support groups, retired teacher groups and interagency coalitions to name a few.

Explanation of decrease or increase in service units

In FY2019, 723.31 units of legal assistance were provided. We expect this to increase significantly as we are now fully staffed and have increased avenues for

referral. During this planning period AAACAP will implement quarterly outreach events or legal “clinics” to help find consumers needing legal assistance. It is anticipated partnerships with legal aid and pro bono lawyer opportunities will connect us to individuals who are in need of legal assistance.

17. Direct Service Waiver

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

18. Data Use Agreement

AAACAP is held accountable by HHS and CAPCOG to follow the Data Use Agreement (DUA) entered into by HHS and CAPCOG on August 15, 2017. Under the terms of this DUA, AAACAP ensures that its staff, policies, procedures, and programs are in compliance with the DUA. As per the purpose of the DUA to facilitate creation, receipt, maintenance, use, disclosure or access to Confidential Information with and describe AAACAP's rights and obligations with respect to the Confidential Information and the limited purposes for which AAACAP may create, receive, maintain, use, disclose or have access to Confidential Information.

AAACAP also understands that the DUA applies to both Business Associates and contractors who are not Business Associates who create, receive, maintain, use, disclose or have access to Confidential Information on behalf of HHS, its programs or clients as described in the Base Contract. AAACAP further understands that as of the effective date of the DUA if any provision of the Base Contracts, including any General Provisions or Uniform Terms and Conditions, conflicts with the DUA, the DUA controls.

AAACAP utilizes security systems and procedures to safeguard all Confidential Information compliant with the Data Use Agreement agreed to by HHS.

AAACAP ensures its compliance with the DUA through the following policies and processes:

CAPCOG Policies related to Facilities and IT: CAPCOG has in place written policies related to the following, that are written, available on-line, and reviewed and implemented by leadership and staff: Facility Security Guidelines; HR HIPAA Policy; HR CAPCOG Personnel Policies; IT Data Backup; IT E-mail Monitoring; IT Internet Connection; IT Remote Access Policy; MS Social Media Policy.

CAPCOG Personnel Policies: HIPPA Policy and Privacy and Security Procedures are included in the written and on-line Employee Personnel Policies provided all AAACAP staff and outline requirements related to Confidential Information that complies with the DUA.

Contract Monitoring Agreement: A Contract Monitoring Agreement, utilized and reviewed by the AAACAP Director, Finance Director, IT Director, and Executive

Director is in place that supports the DUA requirements. Section IV, Data Security, and Section VIII, Subcontractors specifically address Confidential Information use and requirements.

Privacy Officer: The Director of AAACAP is the designated Privacy Officer and ensures training, compliance, and reporting related to confidential information that complies with the DUA.

Staff compliance: All staff is made aware of the requirements mandated through the DUA for the proper handling of Confidential Information. Standardized HIPPA training is in place related to the use of Confidential Information that complies with the DUA and includes a final exam for employees. The training is conducted within two weeks for all new employees and annually for all staff. Job descriptions include requirements related to the proper handling of Confidential Information that is in compliance with the DUA. Management monitors staff e-mail, documents, and file cabinet security, fax and copy machine use to ensure compliance. Use of Confidential Information that is in compliance with the DUA is expected and included in performance management.

Sub-recipients and sub-contractors; All sub-recipients and sub-contractors doing business with AAACAP are required to sign and comply with the sub-respondent agreement referenced in the DUA. This is included on the agency check-list of procedures related to sub-respondents.

Volunteer Policies: AAACAP written volunteer policies and training include training and requirements related to system access that complies with the DUA.

19. Disaster Plan

The CAPCOG AAACAP Disaster Recovery and Business Continuity Plan addresses transition and ongoing operations. **The plan provides for uninterrupted service delivery to the consumer whenever possible. Consumer needs are and will continue to be the mission and priority of AAACAP.**

AAACAP and the ADRC-CAP will work CAPCOG leadership as well as local, state and federal officials for the following, in priority order: Comply with all directives related to the emergency; Safeguard the physical, mental and emotional health of first, its employees, secondly, support to its sub-contractors, partners and consumers; Actively seek unique methods and means to work with consumers, subcontractors and partner agencies to ensure consumers' essential needs are met. It is understood that these needs are often exacerbated by the emergency. AAACAP will continue its mission to serve as an advocate for the needs of the state's most vulnerable populations: older adults, persons with disabilities and their caregivers.

Explanation of Plan Development:

The following plan is excerpted from the CAPCOG Recovery and Continuity Plan, Rev. 2019. This plan includes guidance for all CAPCOG agencies, including AAACAP, on the following: Purpose and Assumptions, including potential hazards; Business Continuity and Recovery Planning Team; Communications Plan; Critical Assets; Critical Operations; Operations Contacts, Suppliers and Contractors; Computer Inventory Form; Information Technology Security, Data and Records Recovery; Continuity of Management Plan; Temporary/Alternate Agency Location; and Insurance Coverage.

Aging Services is one of the CAPCOG divisions. Aging Services. In the CAPCOG plan, Aging Services disaster and business continuity is addressed as follows:

Section 1: Purpose and Assumption - Location and potential hazards that might affect AAACAP at CAPCOG

Section 2.A: Business Continuity and Recovery (C&R) Planning Team - The Director of Aging Services is a member of the C&R Planning Team.

Section 3: Communications - CAPCOG Member Services will support AAACAP's need to communicate with stakeholders and updating the CAPCOG website to provide information and instructions on how stakeholders can reach staff and updated program delivery information.

Section 4.B.2: Critical Assets – AAACAP leadership, building, communications infrastructure, equipment, data resources and operations.

Section 5.B. 2: Critical Operations – Essential functions of AAACAP in the first week.

Section 6.B.2: Operations Contacts, Suppliers and Contractors – Essential procedures and procedures to restart operation after minimal and maximum disaster impact.

Section 7: Computer Inventory - Computer equipment to support AAACAP operations.

Section 8: Information Technology Security, Data and Records Recovery – Data backup processes and technical contacts to continue secure and confidential AAACAP operations.

Section 9: Temporary/Alternate Agency Location: steps to relocate CAPCOG, including AAACAP operations if necessary.

Section 10: Continuity of Management Plan – Chain of Command and line of succession to ensure leadership of CAPCOG and reporting chain for AAACAP.

Section 11: Insurance Coverage: Information on liability, workers compensation and replacement of equipment as needed.

The intent of the plan is to provide guidance for actions taken by the CAPCOG Crisis & Response Team during the first week immediately following the event, those actions determining the work plan to reinstate, restore, or replace total functionality of the agency's operations.

Local rules and regulations

AAACAP will follow all local, state and federal rules and regulations. Local AAACAP disaster procedures include the following:

CAPCOG will inform HHSC within one (1) business day of an unplanned catastrophe that affects performance of operations and a timeframe for initiating CAPCOG's Recovery and Continuity Plan. The Director of Aging Services or their designee shall contact Office of the Aging and Disability Resource Centers (OADRC) and the Office of the Area Agencies on Aging (OAAA) Community Access/Access and Eligibility Services, HHSC, within one business day of an unplanned catastrophe that affect performance of operations. CAPCOG will send an e-mail to the designated AES e-mail and if necessary, contact by phone the leadership for the appropriate office. If not available, notification will go to the leadership at the Community Access/Access and Eligibility will be notified, or as per HHSC guidance. Notification will be by e-mail, unless e-mail is unavailable. If the operations of the Community Access/Access and Eligibility Services are affected, CAPCOG will notify HHSC as per HHSC guidance for such situations.

The Director or designee will notify AES, HHSC of the timeframe for initiating the CAPCOG Disaster Recovery and Business Continuity Plan.

The following are potential hazards that may realistically occur during operation, including, but not limited to instances such as natural disasters, situations when a facility is no longer available, etc.: High winds due to tornadic activity or severe storms; Fire or explosive device; Extreme power outages or interruption to operational communications and energy sources; Severe facility damage from other man-made causes; Damage to surrounding infrastructure; pandemic.

Outline of course of actions to address the above issues: As per the CAPCOG Continuity and Recovery Plan, Section 5: AAACAP and the ADRC-CAP will follow the directions of the CAPCOG Continuity and Recovery Team. Procedures to restart operation after minimal disaster impact and procedures to completely restore operation after significant disaster impact. Restoration of physical site or implementation of a satellite site to include complete workstation capabilities.

CAPCOG's Continuity and Recovery plan, Section 10, outlines the agency's approach to determining the disaster recovery site location. CAPCOG's outline in choosing a site includes:

Temporary/Alternate Agency Location initial steps after event will be to assess and determine the extent of damage to physical space and the feasibility of repairs versus a longer-term impact requiring alternate temporary space or permanent relocation of the agency's primary location.

Sites appropriate for minor damage (in which the ADRC's physical space can be operational within 3-6 weeks.) and sites appropriate for major damage (reinstatement of operations feasible after 4-6 months allowing for repairs and reconstruction). Specifications on appropriate sites, including such factors as square footage required, data and phone communications requirements, parking and near major arterial highways.

The CAPCOG plan includes timeframe for backup and recovery procedures that will allow for restoring service (and whether the service restored is full or partial). These include actions to be taken within the first week to evaluate personnel safety and infrastructure needs. For AAACAP, the following procedures are outlined: Assess and report on status of availability of services to consumers; Restoration of physical site or implementation of a satellite site to include complete operations capabilities; Access to required reporting platforms to fulfill both program and fiscal contract obligations, including referral and assistance intake/call center functions

CAPCOG's plan addresses interruptions to the established plan of ADRC operations and outlining communication processes, short- and/or long-term resolutions, action steps and response time frame are as follows: Contingency plan addressing interruptions to the established plan of operations is being developed for AAACAP in conjunction with the existing CAPCOG plan. The current plan includes communication processes, such as: updating the CAPCOG website to provide information and instructions on how stakeholders can reach staff; Updated program delivery and deadline information and any information related to timelines for agency activities.

Communication will be initiated to HHSC, the local 2-1-1, the AAA, LIDDA and Center for Independent Living, as well as the AAA Advisory Committee and the ADRC Steering Committee and other key stakeholders with status updates. Updates to services status will be provided on a 48-business hour basis as needed until the resumption of normal services.

AAACAP will use the following documentation and tracking instruments that will allow HHSC to determine if performance measures are met. AAACAP will utilize its laptops and its cloud-based SharePoint system, as well as the CAPCOG VPN to continue client services and tracking for all core service performance measures. If electricity/batteries are not available, AAACAP will track client services using paper intake forms. This data will be entered into the appropriate electronic trackers as soon as electricity to re-charge laptops is available.

AAACAP will use the following reporting mechanism specific to disaster recovery and contingency operations: The CAPCOG Plan, Section 5, AAACAP operations, directly states AAACAP will communicate with funding agencies. The Director, Aging Services, or their designee, will notify HHSC of the emergency and the agency response as soon as communication means are available. This will be by e-mail to the appropriate e-mail to the AES support offices at HHSC and by phone, if e-mail is not available. AAACAP will follow the guidance provided by AES, HHSC regarding notification during non-business hours.

AAACAP will ensure that it participates annually (or more frequently if required by HHSC) in an enterprise-wide test of the disaster recovery solution. AAACAP and the ADRC-CAP will work CAPCOG leadership as well as local, state and federal official for the following, in priority order: Comply with all directives related to the emergency; Safeguard the physical, mental and emotional health of its employees and then sub-contractors, partners and consumers. AAACAP will actively seek unique methods and means to work with consumer needs that are related to the emergency.

FEMA recommendations for emergency preparedness

AAACAP is familiar with and encourages the use of FEMA (Federal Emergency Management Agency) recommendations for emergency preparedness. FEMA provides resources for both operational planning and preparedness for entities, such as template business continuity plans, as well as guidelines for employee personal preparedness. In conjunction with CAPCOG administration, AAACAP supports and promotes the use of these resources and recommendations for AAACAP preparedness, CAPCOG business continuity and disaster recovery and employee preparation.

These resources can be found at: FEMA Emergency Preparedness Resources for Business: <https://www.fema.gov/media-library/resources-documents/collections/357>

Resources for encouraging and assisting AAACAP employees are found at: <https://www.fema.gov/media-library/assets/documents/7877>

20. Assurances

Section 306(a), Older Americans Act

The Area Agency on Aging of the Capital Area provides and agrees to comply with the following assurances:

The Area Agency on Aging of the Capital Area shall, in order to be approved by the Texas Health and Human Services Commission (HHSC), prepare and develop this area plan for its PSA for a two-, three-, or four-year period, as determined by HHSC, with such yearly adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with Section 307(a)(1) of the OAA. Each such plan shall:

1. Provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older adults in paid and unpaid work, including multigenerational and older adult to older adult work), within the PSA covered by the plan:
 - a. Including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older adults with low incomes residing in such area, the number of older adults who have greatest economic need (with particular attention to low income older adults, including low-income minority older adults, older adults with limited English proficiency, and older adults residing in rural areas) residing in such area, the number of older adults who have greatest social need (with particular attention to low-income older adults, including low-income minority older adults, older adults with limited English proficiency, and older adults residing in rural areas) residing in such area, and the number of older adults who are Indians residing in such area, and the efforts of voluntary organizations in the community);
 - b. Evaluating the effectiveness of the use of resources in meeting such need; and

- c. Entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need.
- (§306(a)(1))**
- 2. Provide assurances the AAA will expend an adequate proportion, as required under §307(a)(2) of the OAA, of the amount allotted for part B of the OAA to the PSA, for the delivery of each of the following categories of services and will report yearly to HHSC in detail the amount of funds expended for each such category during the fiscal year most recently concluded:
 - a. Services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services);
 - b. In-home services, including supportive services for families of older adults who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
 - c. Legal assistance. **(§306(a)(2))**
- 3. Designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in OAA §306(a)(6)(C)) as such focal point; and specifies, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated. **(§306(a)(3))**
- 4. Provide assurances the AAA will:
 - a. Set specific objectives, consistent with State policy, for providing services to older adults with greatest economic need, older adults with greatest social need, and older adults at risk for institutional placement;
 - b. Include specific objectives for providing services to low-income minority older adults, older adults with limited English proficiency, and older adults residing in rural areas; and
 - c. Include proposed methods to achieve the objectives.
- (§306(a)(4)(A)(i))**

5. Provide assurances the AAA will include in each agreement made with a provider of any service under Title III of the OAA, a requirement that such provider will:
 - a. Specify how the provider intends to satisfy the service needs of low-income minority, older adults with limited English proficiency, and older adults residing in rural areas in the area served by the provider;
 - b. To the maximum extent feasible, provide services to low-income minority older adults, older adults with limited English proficiency, and older adults residing in rural areas in accordance with their need for such services; and
 - c. Meet specific objectives established by the AAA, for providing services to low-income minority older adults, older adults with limited English proficiency, and older adults residing in rural areas within the PSA.

(§306(a)(4)(A)(ii))

6. With respect to the fiscal year preceding the fiscal year for which such area plan is prepared:
 - a. Identify the number of low-income minority older adults in the PSA;
 - b. Describe the methods used to satisfy the service needs of such minority older adults; and
 - c. Provide information on the extent to which the AAA met the objectives described in §306(a)(4)(A)(i). **(§306(a)(4)(A)(iii))**
7. Provide assurances the AAA will use outreach efforts that will identify individuals eligible for assistance under the OAA, with special emphasis on:
 - a. Older adults residing in rural areas;
 - b. Older adults with greatest economic need (with particular attention to low-income minority older adults and older adults residing in rural areas);
 - c. Older adults with greatest social need (with particular attention to low-income minority older adults and older adults residing in rural areas);
 - d. Older adults with severe disabilities;
 - e. Older adults with limited English proficiency; and
 - f. Older adults with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such adults); and
 - g. Older adults at risk for institutional placement. **(§306(a)(4)(B)(i))**

Inform the older individuals referred to in sub-clauses a-f of

§306(a)(4)(B)(i), and the caretakers of such individuals, of the availability of such assistance. **(§306(a)(4)(B)(ii))**

8. Provide assurances the AAA will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older adults and older adults residing in rural areas. **(§306(a)(4)(C))**
9. Provide assurances the AAA will coordinate planning, identification, assessment of needs, and provision of services for older adults with disabilities, with particular attention to adults with severe disabilities and adults at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities. **(§306(a)(5))**
10. Provide the AAA will take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan. **(§306(a)(6)(A))**
11. Provides the AAA will serve as the advocate and focal point for older adults within the community by (in cooperation with agencies, organizations, and people participating in activities under the area plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older adults. **(§306(a)(6)(B))**
12. Where possible, provide the AAA will enter into arrangements with organizations providing day care services for children, assistance to older adults caring for relatives who are children, and respite for families, so as to provide opportunities for older adults to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families.
(§306(a)(6)(C)(i))
13. If possible regarding the provision of services under Title III of the OAA, provide the AAA will enter into arrangements and coordinate with organizations that have a proven record of providing services to older adults, that— (I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42 U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or (II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 676B of the Community Services Block Grant Act. **(§306(a)(6)(C)(ii))**
14. Provide the AAA will make use of trained volunteers in providing direct services delivered to older adults and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers

or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings. **(§306(a)(6)(C)(iii))**

15. Provide the AAA will establish an advisory council consisting of older adults (including minorities and older adults residing in rural areas) who are participants or who are eligible to participate in programs assisted under this OAA, family caregivers of such individuals, representatives of older adults, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the AAA on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan. **(§306(a)(6)(D))**
16. Provide the AAA will establish effective and efficient procedures for coordination of entities conducting programs that receive assistance under the OAA within the PSA served by the AAA; and entities conducting other Federal programs for older adults at the local level, with particular emphasis on entities conducting programs described in section 203(b) of the OAA, within the area. **(§306(a)(6)(E))**
17. Provide the AAA will, in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental and behavioral health services (including mental health screenings) provided with funds expended by the AAA with mental health services provided by community health centers and by other public agencies and nonprofit private organizations. **(§306(a)(6)(F))**
18. Provide if there is a significant population of older adults who are Native American in the PSA of the AAA, the AAA shall conduct outreach activities to identify such people in such area and inform such people of the availability of assistance under the OAA. **(§306(a)(6)(G))**
19. Provide the AAA will, in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate. **(§306(a)(6)(H))**
20. Provide the AAA shall, consistent with this section, facilitate the area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a

manner responsive to the needs and preferences of older adults and their family caregivers, by:

- a. Collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;
 - b. Conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better:
 - i. Respond to the needs and preferences of older adults and family caregivers;
 - ii. Facilitate the provision, by service providers, of long-term care in home and community-based settings; and
 - iii. Target services to older adults at risk for institutional placement, to permit such adults to remain in home and community-based settings;
 - c. Implementing, through the agency or service providers, evidence based programs to assist older adults and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older adults; and
 - d. Providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the AAA itself, and other appropriate means) of information relating to the need to plan in advance for long-term care; and the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources. **(§306(a)(7))**
21. Provide case management services provided under Title III of the AAA through the AAA will not duplicate case management services provided through other Federal and State programs; be coordinated with services provided through these programs; and be provided by a public agency or a nonprofit private agency that:
- a. Gives each older adult seeking services under this title a list of agencies that provide similar services within the jurisdiction of the AAA;
 - b. Gives each of these older adults a statement specifying that the adult has a right to make an independent choice of service providers and documents receipt by such adult of such statement;

- c. Has case managers acting as agents for older adults receiving the services and not as promoters for the agency providing such services; or
 - d. Is located in a rural area and obtains a waiver of these requirements.
- (§306(a)(8))**
22. Provide assurances that the AAA, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9) of the OAA, will expend not less than the total amount of funds appropriated under the OAA and expended by the agency in fiscal year 2000 in carrying out such a program under this title. **(§306(a)(9))**
23. Provide a grievance procedure for older adults who are dissatisfied with or denied services under this title. **(§306(a)(10))**
24. Provide information and assurances concerning services to older adults who are Native Americans (referred to in this paragraph as older Native Americans) including:
- a. Information concerning whether there is a significant population of older Native Americans in the PSA and if so, an assurance that the AAA will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
 - b. An assurance that the AAA will, to the maximum extent practicable, coordinate the services provided under Title VI of the OAA; and
 - c. An assurance that the AAA will make services under the area plan available to the same extent; as such services are available to older adults within the PSA, whom are older Native Americans.
- (§306(a)(11))**
25. Provide the AAA will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older adults at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area **(§306(a)(12))**
26. Provide assurances the AAA will:
- a. Maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships; **(§306(a)(13)(A))**
 - b. Disclose to the Assistant Secretary for Aging and HHSC:

- i. The identity of each non-governmental entity with which the AAA has a contract or commercial relationships relating to providing any service to older adults; and
- ii. the nature of such contract or such relationship;

(§306(a)(13)(B))

- c. Demonstrate that a loss or diminution on the quantity or quality of the services provided, or to be provided, under this title by the AAA has not resulted and will not result from such non-governmental contracts or such commercial relationships; **(§306(a)(13)(C))**
- d. Will demonstrate that the quantity and quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships; and **(§306(a)(13)(D))**
- e. Will, on the request of the Assistant Secretary of State, for the purpose of monitoring compliance with the OAA (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older adults.

(§306(a)(13)(E))

- 27. Provide assurances preference in receiving services under this title will not be given by the AAA to particular older adults as a result of a contract or commercial relationship that is not carried out to implement this title.

(§306(a)(14))

- 28. Provide assurances funds received under this title will not be used to provide benefits or services to older adults, giving priority to older adults identified in OAA section 306(a)(4)(A)(i); and in compliance with the assurances specified in section 306(a)(13) and the limitations specified in section 212.

(§306(a)(15))

- 29. Provide, to the extent feasible, for the furnishing of services under the OAA, consistent with self-directed care. **((§306(a)(16))**

- 30. Include information detailing how the AAA will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery. **(§306(a)(17))**

- 31. An AAA will not require any provider of legal assistance under the OAA to reveal any information that is protected by the attorney-client privilege.

(§306(e))

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

AUTHORIZED OFFICIAL OF GRANTEE
Signature: 

Name and Title: Betty Voights, Executive Director

Area Agency on Aging: [Click here to enter text.](#)

Date: 4.27.2020

AAA DIRECTOR/AUTHORIZED OFFICIAL
Signature: 

Name: Patty Bordie, Director Aging Services

Date: 4/27/2020

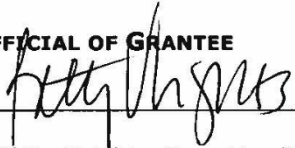
Standard Assurances of Compliance

The Capital Area Council of Governments provides these assurances in consideration and for the purpose of obtaining federal grants, loans, contracts, property, discounts or other federal financial assistance from the U.S. Department of Health and Human Services. The Grantee agrees that it will comply with:

1. **Title VI of the Civil Rights Act of 1964** (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the AAA receives federal financial assistance from HHSC.
2. **Section 504 of the Rehabilitation Act of 1973** (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the AAA receives federal financial assistance from HHSC.
3. **Title IX of the Education Amendments of 1972** (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the AAA receives federal financial assistance from HHSC.
4. **The Age Discrimination Act of 1975** (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the AAA receives federal financial assistance from HHSC.

The Grantee agrees that compliance with this assurance constitutes a condition of continued receipt of federal financial assistance, and that it is binding upon the Grantee, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of federal financial assistance extended to the Grantee by HHSC, this assurance shall obligate the Grantee, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Grantee for the period during which it retains ownership or possession of the property. The Grantee further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

AUTHORIZED OFFICIAL OF GRANTEE

Signature:  _____

Name and Title: Betty Voights, Executive Director

Capital Area Council of Governments

Date: 4/30/2020

AAA DIRECTOR/AUTHORIZED OFFICIAL

Signature:  _____

Name: Patty Bordie

Date: 4/29/2020

Appendix A: References and Sources:

References and Sources for A Area Plan FY 2021- 2022 Section 7 (Agency and PSA Profile) and Section 9 (Regional Needs Assessment/SWOT Profile)

Administration for Community Living and Administration on Aging (2018). 2017 Profile of Older Americans. Retrieved from:
<https://acl.gov/sites/default/files/Aging%20and%20Disability%20in%20America/2017OlderAmericansProfile.pdf>

American Community Survey. (2018). 2017 Profile of Older Adults. Retrieved from:
<https://acl.gov/sites/default/files/Aging%20and%20Disability%20in%20America/2017OlderAmericansProfile.pdf>

Ascension Seton Hays. (2019). Community Health Implementation Strategy. Retrieved from: <https://healthcare.ascension.org/CHNA>

Ascension Seton Highland Lakes. (2019). Community Health Needs Assessment West Region. Burnet, Blanco, & Llano Counties. Retrieved from:
<https://healthcare.ascension.org/CHNA>

Ascension Seton Smithville. (2019). FY 2020-2022. . Community Health Needs Assessment East Region: Bastrop, Gonzalez, Lee & Fayette Counties. Retrieved from: <https://www.seton.net/wp-content/uploads/2019/05/East-CHNA-May-2019.pdf>

Altshuler, N., and J. Schimmel. "Aging in Place: Do Older Americans Act Title III Services Reach Those Most Likely to Enter Nursing Homes?" Washington, DC: Mathematica Policy Research, July 2010. Retrieved from:
https://agid.acl.gov/Resources/DataSources/DataFiles/AoA_2_HealthStatus_041311.pdf

Austin Chamber of Commerce, Economic Development (2020). Retrieved from:
<https://www.austinchamber.com/economic-development/austin-profile>

Austin/Travis County, Texas. (2017). Community Health Assessment: Together We Thrive. Retrieved from:
https://www.austintexas.gov/sites/default/files/files/Health/CHA-CHIP/CommunityHealthAssessment_December_2017.pdf

Austin/Travis County, Texas. (2018). Community Health Improvement Plan. Retrieved from: http://austintexas.gov/sites/default/files/files/Health/CHA-CHIP/2018_Travis_County_CHIP_FINAL_9.12.18.pdf

Baylor Scott & White. (2019) Community Health Needs Assessment: Hill Country Health Community, Baylor Scott and White Medical Centers – Llano and Marble Falls. Retrieved from: https://www.bswhealth.com/SiteCollectionDocuments/about/community-health-needs-assessments/CHNA-2019/FINAL_CHNA_HILL_COUNTRY.pdf

Baylor Scott & White. (2019) Community Health Needs Assessment: Williamson/Travis/Hays Counties Health Community. Retrieved from: https://www.bswhealth.com/SiteCollectionDocuments/about/community-health-needs-assessments/CHNA-2019/FINAL_CHNA_WILLIAMSON_TRAVIS_HAYS.pdf

Capital Area Metropolitan Planning Organization. (2020). 2045 Regional Active Transportation Plan. Retrieved from: <https://47kzwj6dn1447gy9z7do16an-wpengine.netdna-ssl.com/wp-content/uploads/2018/03/Final-Plan-for-web.pdf>

Center for Medicare and Medicaid Services. (2019) Rural-Urban Disparities in Health Care in Medicare. Retrieved from: <https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Rural-Urban-Disparities-in-Health-Care-in-Medicare-Report.pdf>

Central Texas Food Bank (2020). Food Insecurity Rate by Texas County. Retrieved from: <https://www.centraltexasfoodbank.org/learn-more/hunger-around-us>

City of Austin Commission on Senior. (2018). Annual Internal Review 7/1/2018 – 6/30/2019. Retrieved from: <http://www.austintexas.gov/edims/document.cfm?id=326332>

City of Austin, Neighborhood Housing and Community Development. (2019). Austin Strategic Housing Blueprint Implementation Briefing Book, February 2019 Draft. Retrieved from: http://www.austintexas.gov/sites/default/files/files/Housing/ASHBI_Book_2_4_19_FINAL_VERSION.pdf

City of Austin Parks and Recreation. (2020). Retrieved from: <http://www.austintexas.gov/page/park-directory>

Community Advancement Network. (2019). CAN Dashboard 2018. Retrieved from: <http://canatx.org/wp-content/uploads/2018/07/2018-CAN-Dashboard-Report-FINAL.pdf>

CommUnityCare Health Centers (2018). Community Health Needs Assessment. Retrieved from: <https://communitycaretx.org/chna.html>

Executive Office of the President of the United States, Council of Economic Advisers. (2015) Long-Term Benefits of the Supplemental Nutrition Assistance Program. Retrieved from: <https://s3-us-west-2.amazonaws.com/assets.feedingtx.org/pdf/White-House-SNAP-Report.pdf>

Feeding Texas. (2020). Hunger Atlas. Retrieved from: <https://www.feedingtx.org/>

Green, Christopher. Hays Free Press (2019). Hays County Third in Economic Growth in Texas. Retrieved from: <https://haysfreepress.com/2019/09/04/hays-county-3rd-in-economic-growth-in-texas/>

Hado, Edem, and Harriet Komisar. *Long-Term Services and Supports*. Washington, DC: AARP Public Policy Institute, August 2019. Retrieved from: <https://doi.org/10.26419/ppi.00079.001>

Hill Country Community Action Association, Inc. (2019). 2018 Community Needs Assessment. Retrieved from: <http://hccaa.com/wp-content/uploads/2018/09/Community-Needs-Assessment-2018-Revised.pdf>

HousingWorks Austin. (2020). 2019 County and Precinct Analyses. Retrieved from: <http://housingworksaustin.org/county-and-precinct-analyses/>

Kim, Leland. (2012). Loneliness Linked to Serious Health Problems and Death Among Elderly: UCSF Researchers Find Social Factors Play Major Role in Older Adults' Health. Retrieved from: <https://www.ucsf.edu/news/2012/06/98644/loneliness-linked-serious-health-problems-and-death-among-elderly>

Meals on Wheels and More Central Austin. (2019). More Than A Meal: Impact Report. Retrieved from: https://www.mealsonwheelscentraltexas.org/uploads/files/general/2019_MOW_ImpactReport_web.pdf

Mermelstein, T.W. and Reynolds, J. (2016). A Spotlight on Aging: Houston, Harris County and beyond. Retrieved from:

<http://www.unitedwayofgreaterhousong.org/news>

National Association of Area Agencies on Aging. (2019). 2019 Policy Priorities: Retrieved from: https://www.n4a.org/files/n4a_2019PolicyPriorities_FinalWeb.pdf

National Association of Area Agencies on Aging. (2018). Annual Report. Retrieved from: https://www.n4a.org/files/2018AR_Final_Web.pdf

National Association of Area Agencies on Aging, Eldercare Locator (undated). Expand Your Circles: Prevent Isolation and Loneliness As You Age. Retrieved from: <https://www.n4a.org/Files/Isolation%20BrochureFINAL.pdf>

National Association of Area Agencies on Aging, Eldercare Locator (2017). Making Connections Consumer Needs in an Aging America. Retrieved from: <https://www.n4a.org/Files/eldercare-locator-data-report-508.pdf>

National Association of Area Agencies on Aging. (2018). Rural AAAs Structure and Services Information and Planning Issue Brief Retrieved from: <https://www.n4a.org/Files/Rural%20AAAs%20Structures%20and%20Services.pdf>

National Council on Aging. (2020). Measuring the Well Being of Older Adults and Community Members: Retrieved from: https://d2mkcg26uvg1cz.cloudfront.net/wp-content/uploads/2020-CHA-01_Adult-Well-Being-Assessment_2-20.pdf

National Hispanic Council on Aging. (2020) Economic Security. Retrieved from: <https://www.nhcoa.org/our-focus/economic-security/>

Opportunities for Williamson & Burnet Counties. (2018). 207 Community Assessment. Retrieved from: <http://www.opportunitiesforwbc.org/wp-content/uploads/2017/05/2017-Community-Assessment.pdf>

Oh, Soo. Austin, Nashville Rank at Top of Hottest U.S. Job Markets. Wall Street Journal (Feb. 24, 2020). Retrieved from: <https://www.wsj.com/articles/austin-nashville-rank-at-top-of-hottest-u-s-job-markets-11582545600>

Raney, Nicole. Austin Culture Map. (2015). Austin is the most economically segregated city in the country. Retrieved from:
<http://austin.culturemap.com/news/city-life/02-24-15-economic-segregation-report-austin-income-education-occupation-disparity-martin-prosperity-institute/>

Reinhard, Susan, Heather M. Young, Carol Levine, Kathleen Kelly, Rita Choula, and Jean Accius. Home Alone Revisited. Washington, DC: AARP Public Policy Institute, April 2019. Retrieved from: <https://doi.org/10.26419/ppi.00086.001>

Reinhard, Susan, C. Lynn Friss Feinberg, Ari Houser, Rita Choula, and Molly Evans. Valuing the Invaluable: 2019 Update – Charting a Path Forward. Washington, DC: AARP Public Policy Institute. November 2019.
<https://doi.org/10.26419/ppi.00082.001>

St. David's Foundation, North Austin Medical Center. (2019). Community Health Needs Assessment. Retrieved from:
<https://stdavidsfoundation.app.box.com/s/f4vw7ojto9njuvb1u1b38v5sdow2puym>

St. David's Foundation, Round Rock Medical Center. (2019). Community Health Needs Assessment. Retrieved from:
<https://stdavidsfoundation.app.box.com/s/yl4ck2r02ze972uncry6a4t2pg58ar3e>

St. David's Foundation, South Austin Medical Center. (2019). Community Health Needs Assessment. Retrieved from:
<https://stdavidsfoundation.app.box.com/s/tkpyrpxgtdvdqjd0lokvva6qjfevy1>

St. David's Foundation, St. David's Medical Center. (2019). Community Health Needs Assessment. Retrieved from:
<https://stdavidsfoundation.app.box.com/s/pzs9cbybfhiel4vfx96synd3gw661uo2>

Texas Demographic Center. (2016). Aging in Texas: An Introduction. Retrieved from:
https://demographics.texas.gov/Resources/publications/2016/2016_06_07_Aging.pdf

Texas Demographic Center. (2019). Texas Population Projections 2010 to 2050. Retrieved from:
https://demographics.texas.gov/Resources/publications/2019/20190925_PopProjectionsBrief.pdf

Texas Department of Family and Protective Services. (2019). Adult Protective Services: Protecting with Purpose, Passion, and Persistence Strategic Plan FY19-23. Retrieved from:

https://www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/APS/documents/2019/2019-01-17_APS_Strategic_Plan_FY19-23.pdf

Texas Department of Family and Protective Services. (2020). Data Book, APS 3.1 investigations: Active – County Table FY08 – FY18. Retrieved from:

<https://data.texas.gov/Social-Services/APS-3-1-Investigations-Activity-County-Table-FY08-/3zr8-huug>

Travis County Health and Human Services. Supportive Services for Community Living FY 2019 Community Impact Report. Retrieved from:

https://www.traviscountytexas.gov/images/health_human_services/Docs/cir-2019/supportive-services-for-community-living.pdf

United Health Foundation. (2020). America's Health Rankings. Retrieved from:

<https://www.americashealthrankings.org/explore/annual/measure/Suicide/state/TX>

United Way of the Greater Austin Area (2019) 2018 Community Needs & Trends Report. Retrieved from: http://www.unitedwayaustin.org/wp-content/uploads/2019/03/Community-Needs-Trends-Report_MR.pdf

United Way of the Greater Austin Area (2018) 2017 Community Needs & Trends Report. Retrieved from: <https://www.unitedwayaustin.org/CNT2017/>

United Way of the Greater Austin Area (2017) 2016 Community Needs & Trends Report. Retrieved from: http://www.unitedwayaustin.org/wp-content/uploads/2017/05/2016_CNT_Report.pdf

United Way of the Greater Austin Area (2016) 2015 Community Needs & Trends Report. Retrieved from: <https://www.unitedwayaustin.org/community-needs-and-trends-report-2015/>

United Way of Hays & Caldwell Counties. (2020). Alice Report. Retrieved from: <https://www.unitedwayhaysco.org/do-you-know-alice>

United Way of Williamson County. (2019) United We fight: Impact Agenda. Retrieved from: <https://www.unitedway-wc.org/sites/unitedway-wc.org/files/Impact%20Plan.pdf>

US News and World Report. (2019). The Best Places to Retire 2020: Retrieved from: <https://realestate.usnews.com/places/rankings/best-places-to-retire>

US News and World Report. (2018). The Best Places to Retire 2019: Retrieved from: <https://www.usatoday.com/story/money/nation-now/2018/10/10/best-places-retire-us-retirement-planning-lancaster-pennsylvania/1575935002/>

Williamson County. (2019). Community Health Assessment. Retrieved from: http://www.healthywilliamsoncounty.org/content/sites/wcchd/2019cha/2019WilCoC_HA_PublicComment.pdf

Zehr, Daniel. Austin American Statesman. (2015). A City Divided. Retrieved from: <https://projects.statesman.com/news/economic-mobility/index.html>

Appendix B: Area Plan Comments and Recommendations

(to be completed by OAAA staff)	
Section	Reviewed
Cover Page	<input type="checkbox"/>
Comments:	
Table of Contents	<input type="checkbox"/>
Comments:	
Area Plan Certification	<input type="checkbox"/>
Comments:	
Executive Summary	<input type="checkbox"/>
Comments:	
Mission and Vision Statements	<input type="checkbox"/>
Comments:	
Board of Directors	<input type="checkbox"/>
Comments:	
Advisory Council	<input type="checkbox"/>
Comments:	
Agency Description and PSA Profile	<input checked="" type="checkbox"/>
Comments:	
Plan Development	<input checked="" type="checkbox"/>
Comments:	
Regional Needs Assessment/SWOT Analysis	<input checked="" type="checkbox"/>
Comments:	
Targeted Outreach	<input type="checkbox"/>

(to be completed by OAAA staff)	
Section	Reviewed
Comments:	
Top Needs and Service Constraints	<input type="checkbox"/>
Comments:	
Goals, Objectives, Strategies and Performance Measures	<input type="checkbox"/>
Comments:	
Units of Service Composite	<input type="checkbox"/>
Comments:	
Summary of Services	<input type="checkbox"/>
Comments:	
Service Narratives	<input type="checkbox"/>
Comments:	
Data Use Agreement	<input type="checkbox"/>
Comments:	
Disaster Plan	<input checked="" type="checkbox"/>
Comments:	
Assurances	<input type="checkbox"/>
Comments:	
Area Plan Checklist	<input type="checkbox"/>
Comments:	