Concho Valley AAA Area Plan FFY 2024 – FFY 2026

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

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

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Section 1. Executive Summary

Through the efforts of an Area Plan, such as this, that occurs every few years it allows all levels of our organization to become more aware and familiar with current and forward thinking needs, goals, initiatives, and unmet needs. The Area Plan planning and formulating process also allows time for input, suggestions, problem solving, and understanding of current operations, client status and needs, program utilization, partnerships, refresher on available services, and advocacy on ongoing agency needs and services that are available to the community. The finished Area Plan will serve as a time study of the needs, as identified by July 2023, per the analysis of data gathered over the past two fiscal years with input gathered in a variety of methods from key target populations: active and previous clients, caregivers, general public, nutrition participants, community partners, advisory committee members, Executive Committee (CVCOG Governing Board), current AAA staff, volunteers, public transportation riders, and outreach participants.

The Area Agency on Aging of the Concho Valley serves as a program of the Concho Valley Council of Governments (CVCOG) with the main office housed in San Angelo, TX, serving 13 counties considered the Concho Valley region. The CVCOG is a voluntary organization of local governments formulated to foster a cooperative effort in resolving problems, policies, and plans that are common and regional. The role of the Area Agency on Aging is to serve as the focal point for Aging matters throughout the region and to serve as a resource for information, services, educational programs, collaborations, outreach, emergency response, and other efforts that present themselves, all with the intent of meeting the needs of the ever- growing Senior population within the region. The CVCOG also administers the following regional programs: 211 Texas, 911, Aging and Disability Resource Center (ADRC), Concho Valley Transit, Criminal Justice, Economic Development, Foster Grandparent Program, AmeriCorps, Head Start, Homeland Security, Retired Senior Volunteer Program (RSVP), Senior Companion. By having the variety of regional programs under one primary organization it fosters an environment for natural partnerships to formulate and benefits the consumers of the Area Agency on Aging by allowing internal collaborations to happen more effortlessly. Due to the knowledge and awareness of all programs, by CVCOG Administrator staff: Executive Director, Finance Director, Human Resources Director and Procurement, there are times, that because of their interactions with the various programs and director's they are able to offer suggestions on how our programs can better partner on ideas

and initiatives that we had not yet realized were similar in the line of work and end goals.

Nutrition and Transportation services continue to be the most in demand, long-term services that the AAACV offers. The AAACV has partnerships with eight counties in the 13-county region to provide Nutrition services and has agreements in place with the primary rural public transportation provider whose services cover 12 of the 13 counties in the region. For many years, the most outstanding need had been Rural Transportation. Based on on-going analysis and various determining factors, Concho Valley Transit made the decision in 2019 to offer "Free Rural Rides"; individuals who reside in the rural counties of the Concho Valley Transit service area are able to ride the CVT bus for free within their county, to/from another county within CVT service, and/or from their county to San Angelo, as long as they call CVT to schedule their trips within the required timeframe. This initiative has allowed the AAACV to focus on meeting the demands of Transportation Demand Response needs of older individuals and/or their caregivers within the City of San Angelo city limits.

The AAACV's goals in designing its service delivery system are to offer a comprehensive, coordinated, and flexible continuum of services for older individuals and their caregivers; provide services in order to secure and maintain maximum independence; meet all fiscal and programmatic requirements; and develop new programs and/or methods to meet the emerging needs of the older population in the Concho Valley. To further ensure adequate services are being provided to our community, to continue to meet the demands of the ever-growing client population, fiscal and contractual obligations, as well as, maintaining accurate, timely data entry and in an effort to complete Quality Assurance, AAACV has utilized Field Students from the Angelo State University Bachelor's and Masters of Social Work program. These Field Students learn the roles of full-time AAACV employees, work a set number of hours per week, and contribute by completing job tasks just as an employee of the AAACV would do, at no cost to the program. While there is an investment in time and training from the AAACV staff, we do feel that it is valuable to provide education and guidance to individuals who show interest in joining the field of Aging and who, in real time, can offer support to meeting the needs of individuals in the Concho Valley region.

Section 2. Mission and Vision Statements

Legal Reference: 45 CFR 1321.53

Mission

The mission of the Area Agency on Aging is to be the Concho Valley's leader in Aging and advocate in facilitating those supportive services and opportunities that enable older citizens to be able to live dignified, independent, and productive lives.

Vision

The vision of the Area Agency on Aging:

- Regardless of the type of interaction, may we strive to make the person feel welcomed, appreciated, and treat them as we would want our loved ones to be treated.

- Each person who calls for assistance, will receive informative, timely, objective information that is based on their individual needs, delivered in an empathic, nonjudgmental, person-centered manner.

- All clients will be treated with dignity, respect, and have their confidentiality maintained, while participating in all options available during coordination of services and case management planning.

- Community partners, that we may serve as a sounding board, identify problems, create solutions, and work towards bridging gaps within the community.

- Executive Board and Advisory Committee, that we strive to maintain transparency, trust, and commitment of excellence through customer service and thorough fiscal and contractual reporting.

- Employees, may we continue to provide guidance and leadership to help meet personal and professional growth and goals, while helping achieve a consistent work-life balance.

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

Membership Composition

The Concho Valley Council of Governments shall be a voluntary organization of local governments to foster a cooperative effort in resolving problems, policies, and plans that are common and regional. The purpose of this organization is:

To join and cooperate to improve the health, safety, and general welfare of their residents; to plan for the future development of communities, areas, and regions; to improve the planning of transportation systems; to help provide adequate street, utility, health, educational, recreational, and other essential facilities as the communities, areas, and regions grow; to recognize the needs of agriculture, business, and industry; to help provide healthful surroundings for family life in residential areas; to help preserve historical and cultural values; to help ensure the efficient and economical use of public funds is commensurate with the growth of the communities, areas, and regions; to make studies and plans to guide the unified, far-reaching development of a region, eliminate duplication, and promote economy and efficiency in the coordinated development of a region.

The geographic area within which eligible members shall be located include Coke, Concho, Crockett, Edwards, Irion, Kimble, Mason, McCulloch, Menard, Reagan, Schleicher, Sterling, Sutton and Tom Green Counties. Members must be geographically situated within one of these 14 counties. All incorporated communities within a county shall become members simultaneously with the county. The Executive Committee may deviate from this requirement when requested if in its opinion such a deviation would give priority to the condition that the incoming members who are units of general local government together represent 75% of the aggregate population of the county. The membership by a county will continue the contiguous nature of the existing membership and will not create a geographic void in the existing membership area. Compliance by the member with the requirement in the Bylaws concerning financial contributions of its members.

Membership - Except when filling a vacancy, new Executive Committee members, after being duly selected, shall assume their position on the Executive Committee beginning January 1st following their appointment. Each county, within the Concho

Valley region, shall have one representative who shall be the County Judge or a County Commissioner, appointed by the Commissioner's Court. A member city with a population of 50,000 or more (determined by the preceding U.S. Census) shall have one (1) representative on the Executive Committee chosen from that unit's governing body. A member independent school district with an enrollment exceeding 10,000 shall have one (1) representative on the Executive Committee chosen from that independent school district's representatives to the General Assembly. Two members of the Texas Legislature chosen by the other members of the Executive Committee from among the legislators whose districts include all or a portion of the Concho Valley Region shall be voting members of the Committee. Such members shall serve until a successor shall be appointed.

Frequency of Meetings

The Executive Committee shall meet at least monthly or on call of its Chairman, or at the direction of the General Assembly, or upon call of at least 10% of the voting membership of the Executive Committee.

Officer Selection Schedule

The officers of the Executive Committee shall be Chair, Vice-Chair, and Secretary. The officers shall be elected annually by the Executive Committee. Should a vacancy occur in the office of the Chair, the Vice-Chair shall become Chair for the balance of the unexpired term. Should a vacancy occur in the office of Vice-Chair, the Secretary shall become Vice-Chair for the balance of the unexpired term. Should a vacancy occur in the office of the Secretary, the Executive Committee shall by simple majority of the members present, elect a new Secretary to serve the balance of the unexpired term.

Current Officers

- Chair (or President): Judge Jim O'Bryan, Reagan County, Term January 1 – December 31, 2023

- Vice Chair (or Vice President): Judge Brandon Corbin, Menard County, January 1 – December 31, 2023

- Treasurer (or equivalent position): N/A

- Secretary (or equivalent position): Judge Molly Criner, Irion County, January 1 – December 31, 2023

- Immediate Past Chair (or President): Judge Hal Spain, Coke County, January 1 – December 31, 2023

Section 4. Advisory Council

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

Council Composition

The following is taken from the Concho Valley Regional Advisory Committee on Aging (RACOA) Operating Guidelines, most recently reviewed and approved on May 22, 2019.

As stipulated in federal regulations, the Older Americans Act 306(a)(6)(D), the purpose of RACOA is to: provide meaningful input to AAACV on issues faced by senior citizens, receive and disseminate information from AAACV concerning trends, developments, and issues affecting the delivery of programs and services to senior citizens in the Concho Valley, and serve as an advisory body to AAACV on all matters relating to the development and administration of operations conducted under the Area Plan.

Membership shall consist of the following:

RACOA members must reside in the Concho Valley, and total membership is limited to no more than 30 members who represent the following constituencies: (a) persons who are 60 years of age or older (including minority persons and persons residing in rural areas) who are program participants or who are eligible to participate in programs under the Older Americans Act; (b) family caregivers of such individuals; (c) representatives of persons 60 years of age or older; (d) service providers; (e) representatives of the business community; (f) local elected officials; (g) providers of veterans' health care, if appropriate; (h) members of the Texas Silver Haired Legislature; and (i) the general public.

The Committee shall strive for representation from all counties served by the Concho Valley Council of Governments. Should there be interest from multiple individuals from one rural county serving on the Committee at one time, a member may be asked or may ask to serve as the representative for a rural county that has no representation. This would require the member to make contacts in the designated county, in an effort to recruit representation for that county and/or become more knowledgeable with Senior needs in the designated county.

At least 50% of the membership of RACOA shall be persons who are 60 years of age or older.

Individuals interested in serving on the Committee will attend two RACOA meetings prior to being placed on the agenda for a Committee vote.

The term of office for a member of the Committee shall be two (2) years.

*A Committee member in good standing shall remain eligible for reappointment every two (2) years without limitation on the number of terms served.

Any member of the Committee who is unable to complete the membership term may resign from the Committee by notifying the Chair of the Committee verbally or in writing, with a written letter of resignation being the preferred method. A suggested replacement may be provided by the resigning member; however, the interested party must attend two meetings prior to being placed on the agenda for Committee vote.

Members of the Committee must avoid any conflicts of interest in fact or in perception. A conflict of interest includes:

> (A) having a substantial financial interest, directly or indirectly, in the profits of any entity from which services or goods are contracted or otherwise procured by AAA or the Concho Valley Council of Governments; and
>
> (B) deriving a personal profit, directly or indirectly, from any entity that would conflict in any manner or degree with the performance of responsibilities of the Committee member.

Prospective Committee members will first be voted on at a RACOA meeting. The name(s) of the approved nominee(s) will be presented at the next available meeting of the Executive Committee meeting of the Concho Valley Council of Governments, by the Aging Services Director, for final approval.

Once approved by the RACOA and the CVCOG Executive Committee, the new member will be contacted by the Aging Services Director. The new member will receive an orientation on RACOA and the AAACV, a tour of the AAACV offices, RAOCA binder, member list, service definitions and any other current, relevant information.

If a person is deemed ineligible to join the Committee or has a complaint against the RACOA, the person will follow the AAACV grievance procedure. A copy may be obtained from the Aging Services Director or the Front Desk of the CVCOG.

Members by Category

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

Table 1. Advisory Council Members by Category

Category	Number of Members
Older Individuals Residing in Rural Areas	3
Clients of Title III Services	2
Older Individuals	9
Minority Older Individuals who Participate or are Eligible to Participate in OAA Programs	6
Local Elected Officials	1
General Public	18
Veterans' Health Care Providers, if applicable	1
Service Providers	9
Family Caregivers of Older Individuals who are Minority or who Reside in Rural Areas	6
Business Community Representatives	6
Representatives of Older Individuals	18
Representatives of Health Care Provider Organizations	6
People with Leadership Experience in the Private and Voluntary Sector	6
Representatives of Supportive Services Provider Organizations	6

Frequency of Meetings

Meetings are to be held bimonthly on the fourth Wednesday of the month at the Concho Valley Council of Governments offices, unless otherwise noted.

Member Selection Schedule

The officers of the Regional Advisory Committee on Aging of the Concho Valley shall be a Chair and a Vice Chair.

Officers shall serve a two-year term starting in January.

(A) Nominations are to be held in September of odd years. Example: September 2023

(B) Vote for Chair and Vice Chair will be held at the November meeting. Example: November 2023

(C) Term begins in January of even year. Example: January 2024

Advisory Council Members

Table 2. AAA Advisory Council Members

*A Committee member in good standing shall remain eligible for reappointment every two (2) years without limitation on the number of terms served.

Name	Occupation or Organization or Affiliation	County of Residence	Member Since	Current Office Term
Lori Rodriguez – Interim Chair	Meals for the Elderly	Tom Green	January 2020	Unlimited*
Shelly Bailey	LTSS Coordinator	Region	September 2019	Unlimited*
Teresa Bentle	LTSS Coordinator	Region	September 2019	Unlimited*
James Casillas	Legal Aid of Northwest Texas	Region	September 2019	Unlimited*
Shandy Childs	Medical/Health	Tom Green	March 2017	Unlimited*
Mary Cortinas	Shannon Medical Center	Region	Served prior to 2012; current Aging Director began July 2012	Unlimited*
Tracey Dishon	Concho Valley Community Action Agency	Region	January 2020	Unlimited*
Andrea Eaton	CV Regional Food Bank/Medicaid App Assistance	Region	September 2019	Unlimited*
Karen Green	Wesley Nurses	Tom Green	September 2019	Unlimited*
Beth Grounds	Caregiver	Concho	January 2013	Unlimited*
Cindy Jones	TSHL/Rural	Mason	September 2021	Unlimited*

Name	Occupation or Organization or Affiliation	County of Residence	Member Since	Current Office Term
Sherry Hubbard	TSHL/Retired Teacher	Kimble	November 2016	Unlimited*
Erin Kelly	Baptist Retirement Community/Alzheimer's Education	Region	May 2016	Unlimited*
Sharon Kulig	TSHL	Tom Green	January 2022	Unlimited*
Wayne Merrill	Community Leader/TSHL	Tom Green	Served prior to 2012; current Aging Director began July 2012	Unlimited*
Deborah Palmer	Angelo State University	Tom Green	Served prior to 2012; current Aging Director began July 2012	Unlimited*
Mary Palos	Shannon Medical Center - Case Management	Region	July 2020	Unlimited*
Rosie Quintela	TX HHS - Community Care Services	Region	March 2018	Unlimited*
Dana Sercos	Disability Connections - Center for Independent Living	Region	July 2018	Unlimited*
Staff – Supervisor, Outreach Coordinator	CVCOG Head Start	Region	September 2019	non-voting
Staff - Director or Program Coordinator	Call Center Information	Region	September 2005	non-voting
Staff - Director, Supervisor, or Outreach Coordinator	Transportation	Region	January 2018	non-voting
Staff - Supervisor,	Housing Navigator,	Region	September 2019	non-voting

Name	Occupation or Organization or Affiliation	County of Residence	Member Since	Current Office Term
Manager or Housing Navigator	MIPPA, Options Counseling			

Section 5. Agency Description and PSA Profile

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

Identification of Counties and Major Communities

The Area Agency on Aging of the Concho Valley Council of Governments (AAACV) serves State Planning Region 10 centrally located in West Texas. The region is located at the midpoint between Houston and El Paso and covers approximately 16,287 square miles. The AAACV serves the thirteen counties of Coke, Concho, Crockett, Irion, Kimble, Mason, McCulloch, Menard, Reagan, Schleicher, Sterling, Sutton, and Tom Green. The geography of the region ranges from the arid rolling prairie of the Permian Basin in the west to the rocky hills of the Texas Hill Country in the east.

Coke, Crockett, Irion, Reagan, Schleicher, Sterling, Sutton, and Tom Green Counties are the largest oil and gas producing areas in the region and as most of the country have experienced a steady decline in the oil field over the past few years. The remaining counties of Concho, Kimble, McCulloch, Mason, and Menard continue to rely on an agricultural economy. The city of San Angelo, in Tom Green County, serves as the largest City and County for the region and has a strong telecommunications and medical center industry for the region with businesses such as: Time Clock Plus, Frontier, Performant, Blue Cross, and Shannon Medical Centers. San Angelo is also the home to Angelo State University, Howard College, and Goodfellow Airforce Base.

Between the years 2010 and 2020, official Census data, the total regional population increased from 154,192 to 159,613 for an increase of about 3.5 percent, according to the U.S. Census Quickfacts website. The most significant factor for the Area Agency on Aging of the Concho Valley is the rural landscape of the region that we cover. Given the large population and the vast area within the Concho Valley, the region is made up of almost 24% individuals who are 60 years of age and older and almost 43% of the region's population is of Hispanic or Latino origin. Per the requirements of the Administration for Community Living (ACL), Older Americans

Act (OAA) and the Texas Administrative Code (TAC), the AAACV provides services aimed towards assisting individuals 60 years of age and older, their families, and informal Caregivers for Seniors (individuals 60+), geared towards helping them continue to live at home independently for as long as possible, focusing on individuals with limited English proficiency and older individuals at risk for institutional placement, identifying target populations who may have the greatest social need. With that in mind, there is actually a higher percentage of individuals that are possibly in need of AAACV services, especially considering that 12 of the 13 counties in the Concho Valley region would be considered "Rural", as defined by ACL State Reporting definitions.

As previously mentioned, San Angelo/Tom Green County is the largest county of the 13 counties within the Planning Service Area. The estimated total population, as of the 2020 Census data, was 120,007. In contrast, the next "largest" county, by estimated population is McCulloch County, Brady, TX, with an estimated population of 7,630 in 2020. Brady is located 75 miles East of San Angelo; Brady is 127 miles to Austin, which is the closest major city. The remaining 11 rural counties, each have an estimated 2020 population of less than 4,500 each; total estimated population for these 11 counties is 31,980.

Mason is the farthest county in the Concho Valley region, at approximately 100 miles one way. Two major urban cities, Austin and San Antonio, are only about 10 additional miles more than the distance to San Angelo. However, the AAACV staff maintains the same level of outreach efforts for Mason County as we do for the other 11 rural counties in the region. Feedback that we do receive from Mason County residents is that if they are going to travel 100 miles for anything, it is more than likely going to be towards the larger city to meet all their needs. Through various surveys and in-person discussions, there has been an overwhelming, continuous response that Mason County residents are aware of services that the AAACV has to offer and that they know they do not have to visit the office in San Angelo to access services. Mason County is also the only county that has a different Transportation provider than the other 12 counties due to how the Texas Department of Transportation (TXDOT) service regions are organized. Hill Country Transit District provides Transportation Demand Response services for eligible, authorized clients approved by the AAACV.

The two rural counties that are closest to the San Angelo office, each approximately 30 miles away, are Coke and Irion. Coke County has two towns that we visit frequently due to a nursing facility located in each town within the county; the distance between the two towns, Bronte and Robert Lee, is approximately 12 miles,

in an even more rural part of the region. Irion County, Mertzon, is the second to least populated county, but is consistently the county with the least number of individuals who access AAACV services, despite consistent efforts to promote services. Irion County has estimated population of 1,513 individuals with an estimated 538 individuals who are 60 years of age or older; an estimated 35% of individuals 60 years of age and older who reside in Irion County.
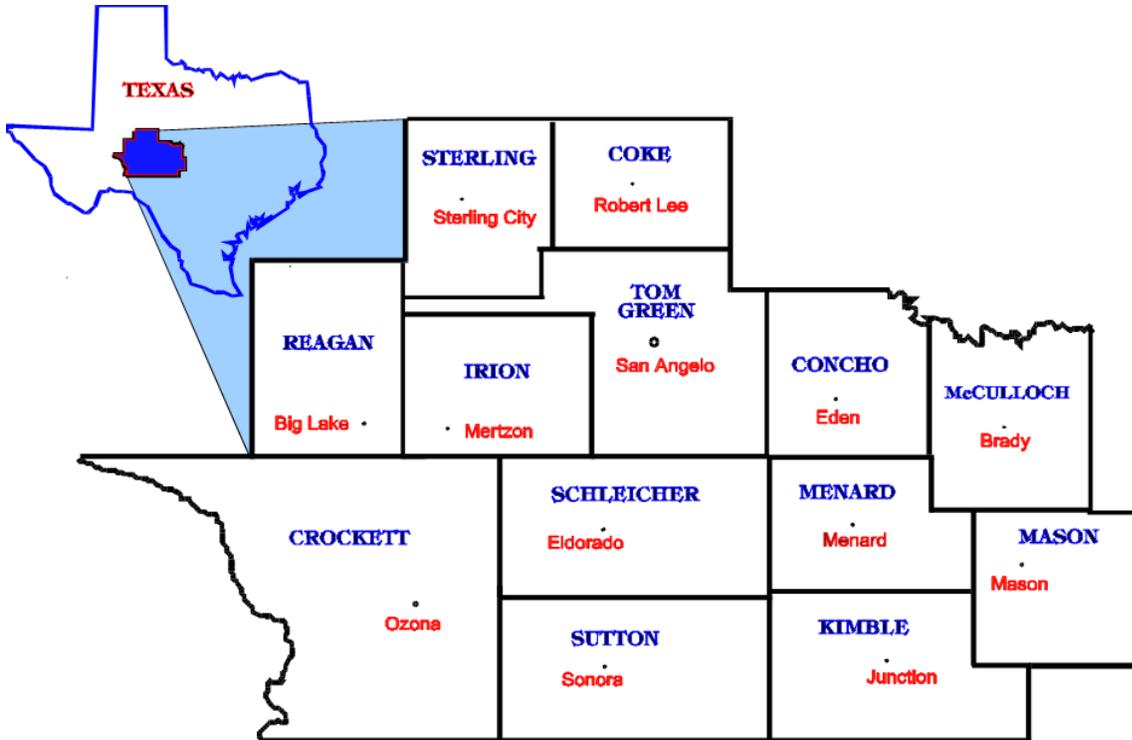
Socio-Demographic and Economic Factors

The Texas Demographic Center (TDC) produces annual estimates of the total population of the state and its counties and places. These estimates are widely used by the state and local governments, non-profit and community-based organizations, businesses, as well as the public in their planning and decision-making processes. The TDC website is utilized as a resource by the AAACV when completing projections for client services, analyzing outreaching efforts, and identifying potential use of funding by counties based on projected growth and age.

Per the TDC, "As Texas grows, it also becomes older and increasingly diverse." The July 1, 2022, estimated population for Texas is 30,029,572, which represents a 16 percent increase from the census count of 25,145,565 in April 2010. However, growth is not evenly distributed across age and race/ethnicity groups. Comparable statistics were not easily found in the same formatting; based on other analysis of changes to statistics in our region/Texas, this data is still relevant. Figure 1 shows that between 2010 and 2018, the 65 plus age category had the greatest increase (slightly more than one million) and grew at the fastest rate compared to the younger age groups."

Figure 1: Race/Ethnicity Composition by Age Group in Texas 2010-2018
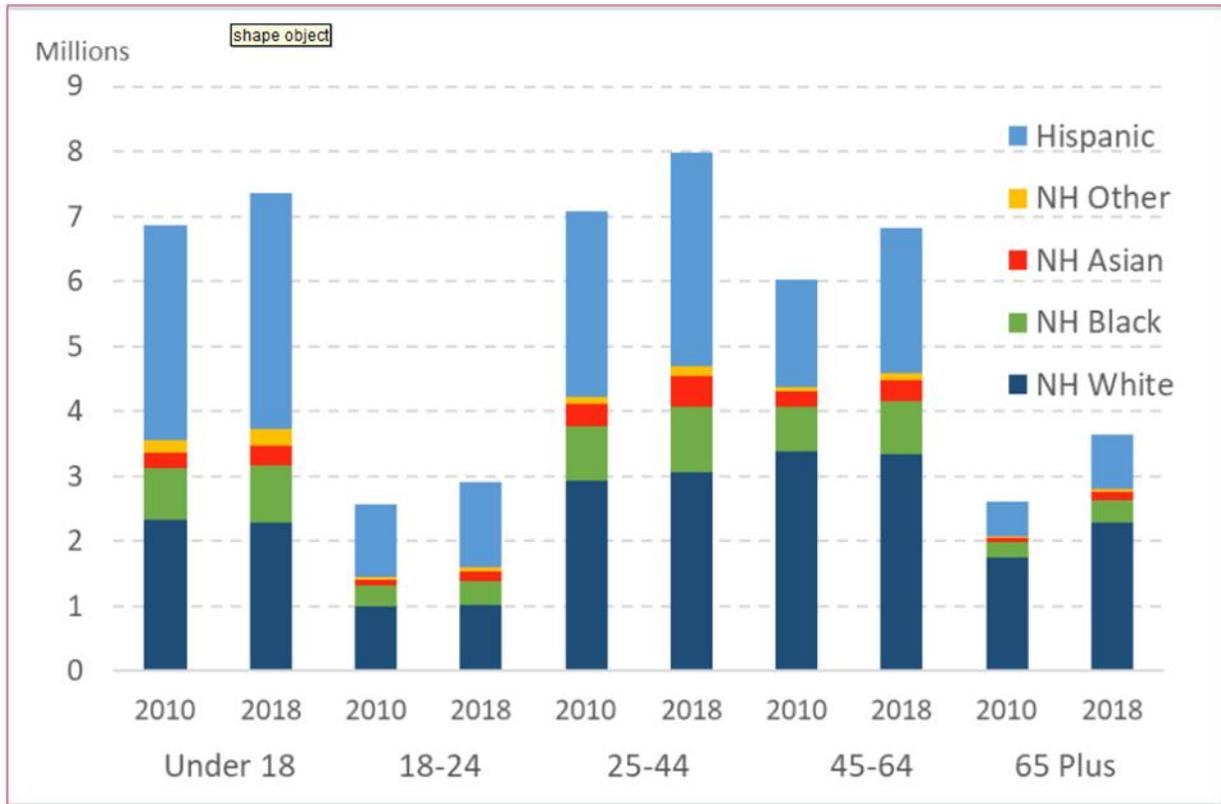
Source: U.S. Census Bureau, 2010 Census Data; Texas Demographic Center, 2018 Population Estimates

According to the TDC, in general, more than two thirds, or 68.5 percent, of counties saw population growth between 2010 and 2018, while less than one third, or 31.1 percent, saw population decline. The components of population change, consisting of natural increase (or births minus deaths) and net migration (or in-migrants minus out-migrants) driving population growth and decline, varied population size. Specifically, 43.7 percent of Texas counties experienced population growth driven to a greater extent by a positive net migration, whereby more than 50 percent of the population growth is due to more people moving into a county. Figure 3, shows the components of change by three population thresholds: 1) metropolitan counties with populations of more than 20,000, 2) small town counties with populations between 2,500 to 20,000, and 3) rural counties, or counties with less than 2,500 people.

Figure 3: Population Change by Type of Driving Force in Counties in Texas, Metros (Population > 20,000), Towns (Population 2,500 to 20,000), and Rural Areas (Population < 2,500)
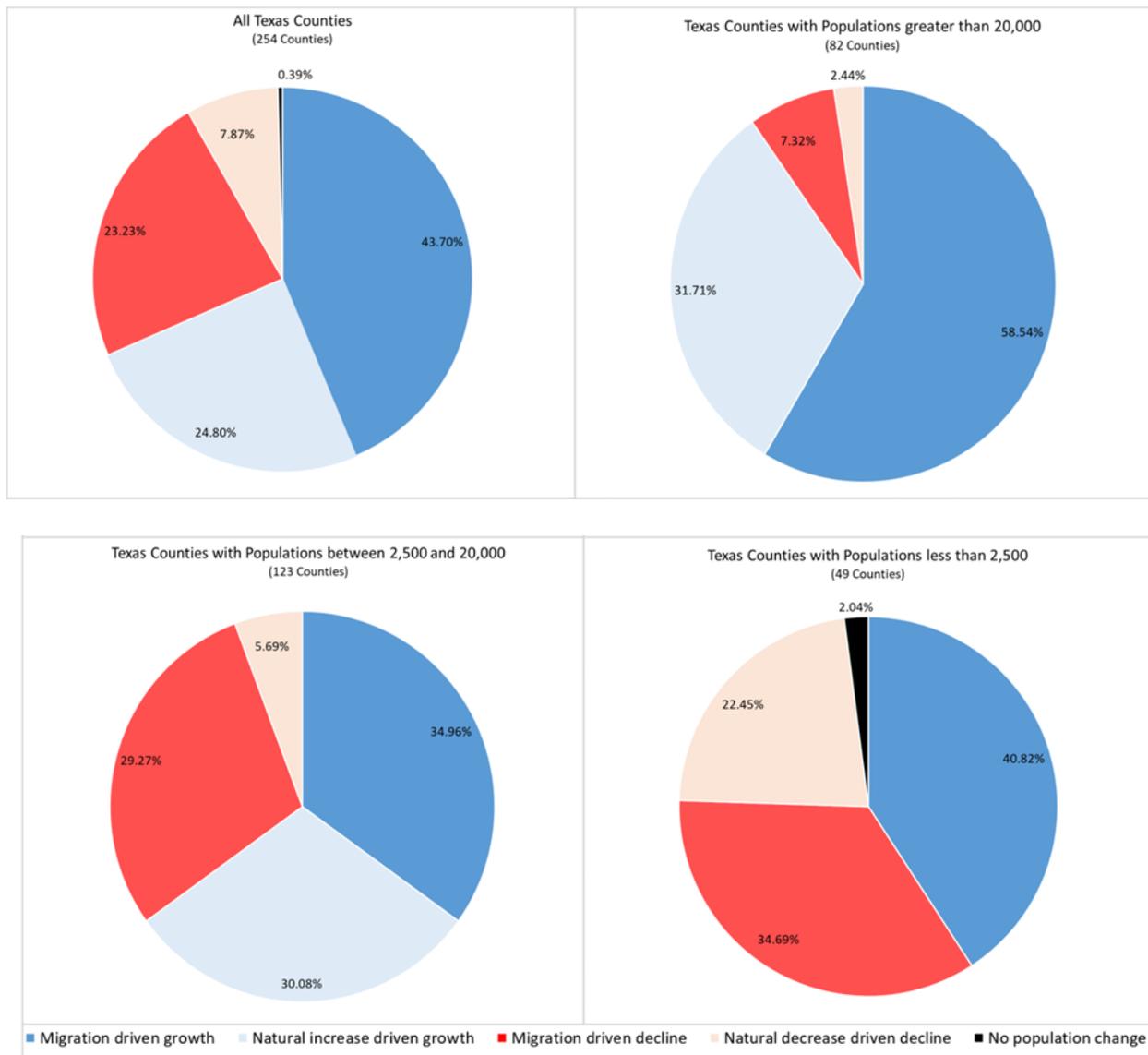
Source: U.S. Census Bureau, 2010 Census Data; Texas Demographic Center, 2018 Population Estimates

Data referenced below has been updated per the U.S. Census QuickFacts, 20202 Census data. Out of the 13 counties within the Concho Valley region, only Tom Green County would be considered a metropolitan county, with an estimated population of over 118,000. The county did have an estimated growth of 8% in 2020 from 2010, according to the U.S. Census QuickFacts. It is estimated that 16.7% of Tom Green County is 65 years of age or older, 50% of the population is female, 52.3% is minority, with 42.7% of that population considered Hispanic or Latino, and 13.2% of the population is considered in poverty with an estimated median income of $62,052. There is a significantly high percentage of individuals

age 25 years and older with a high school graduate or higher, 87.4%; an estimated 91.9% of households who reported having a computer, along with 82.1% who reported having a broadband internet subscription; between the 2010 and 2020 Census, this was an increase of 7.5% of the Tom Green County population reporting having a broadband internet subscription. There is an estimated 24.1% of the population, in which, language other than English is spoken at home, of person age 5 years and older, which would be relative to what we see through interactions received in our office. The second most presented language, in our consumer interaction, is Spanish which is consistent throughout the region.

The remaining twelve counties within the Concho Valley region would be considered non-metropolitan. Per U.S. Department of Agriculture, Economic Research Service (ERS), non-metro counties include some combination of: open countryside, rural towns (places with fewer than 2,500 people) and urban areas with populations ranging from 2,500 to 49,999 that are not part of larger labor market areas (metropolitan areas). Nine of the twelve counties have 2,500 in estimated populations but none over 8,000. Out of these nine counties, eight have experienced **decreases** in population between the 2010 and 2020 Census data reviewed: Coke (1%), Concho (19%), Crockett (17%), Kimble (7%), Mason (1.5%), McCulloch (8%), Sutton (18.5%) Schleicher (29%). The remaining county, Reagan, experienced an increase between 2010 and 2020, with an estimated increase of 18 individuals.

For Concho County, one of the greatest impacts to the decline in population, previously was due to the closing of a private prison, the Eden Detention Center. In May of 2017, it was reported by the texasstandard.org that "according to the State Comptroller's Office, losing those jobs in Eden is equivalent to losing almost 90,000 jobs in Houston. The detention center at one point housed almost 1,500 inmates, more than half the town's population, employed roughly 260 people, about 50 of whom resided in Eden, and a majority of who coordinated travel from San Angelo or neighboring rural counties." As previously reported by gosanangelo.com, the Eden Detention Center was re-opened in 2019, with a contract between the U.S. Immigration and Customs Enforcement for 660 beds and the United States Marshals Service for 844 beds. The greatest impact to the population in Concho County occurred between the 2010 and 2020 Census data, with a decline of an estimated 784 individuals. According to QuickFacts data, Concho County has increased in population by 37 individuals between April 2020 and July 1, 2022 estimates.

Reagan County, City of Big Lake, is approximately 75 miles from San Angelo and can be considered the largest oil producing county within the Concho Valley region. Being approximately an hour's drive between Big Lake and San Angelo, it is reasonable that many employed in the oil field may reside in San Angelo or in the neighboring larger city, Midland, which is approximately 77 miles from Big Lake, to have access to more options in housing, entertainment, and conveniences than in the rural county; therefore, the population is not reflective of the day to day activity. It has been noted and observed over the years by city officials, oil field workers, employees from the convenience stores and restaurants in Big Lake, that at the varying peaks of the oil booms over the years that the daytime population can hit up to 12,000 people in a day in Big Lake. The adverse reaction that the oil boom success has created not only for Reagan County, but Tom Green and other counties in closer proximity to Big Lake, Crockett and Irion, is that prices and demand has increased: the housing market, fuel, food costs, labor for needed repairs is harder to come by due to demand in the oil field job market, all which may create a hardship for Seniors. However, it is of interest to note that per the 220 Census data, the median household income was $62,829 with 11.9% of persons in poverty. Reagan County had an estimated population of 11.5% of persons 65 years of age and older with 72.9% of individuals who were Hispanic or Latino and 55% population in which a language other than English was spoken at home, of persons age 5 years and older. Excluding Reagan County, the median household income for the remaining 11 non-metro counties, averages $52,338.

The three smallest, non-metro, counties within the Concho Valley region each have an estimated population of less than 2,000 and would be considered, "Rural Areas". Sterling County had an estimated increase of 20% between 2010 and 2020 data, which was equivalent to an increase of 229 individuals. Irion and Menard counties, each had a decrease of approximately 10%, combined, between the same timeframe. Irion County has the lowest percentage of persons in poverty rate, at an estimated 8.8%, despite not being the lowest in estimated population. Menard has an estimated population of individuals 31.1% aged 65+ with 59.5% White alone, not Hispanic or Latino, and 19.4% estimated persons in poverty, which is the most significant percentage for the small county population. The median household income for these three "rural areas" counties averages just under $50,000; the average estimated percentage of females for these three counties is 49.83%.

The Texas Demographic Center generated a report titled "Texas Population Projections 2010 to 2050." In this report, for the 85 years of age and older category, it is anticipated that Texans in this age range will grow at the fastest rate.

The eldest Seniors, those 85 years of age and older, are projected to nearly quadruple in size between 2010 and 2050, approaching 1.5 million. The age category including those 65 to 84 years of age is projected to be the second fastest growing age group, nearly doubling in size by 2050 to a population of over 6.8 million.

The map below, Figure 5, taken from the TDC shows how the county median age changed between 2010 and 2018. Among the 209 counties that were older than the state in 2010 (depicted in shades of orange to red), one third, or 86 counties, got older and 31 counties saw a decline in median age, or got younger. On the other hand, of the 45 counites that were younger than the state in 2010 (depicted in green), 31 counties got older but 6 got younger. The 13 counties of the Concho Valley region are outlined within the map, showing that the majority are getting older, only five with no change, and one was considered to trend "getting younger".

Figure 5: Trends in Aging by County 2010 to 2018
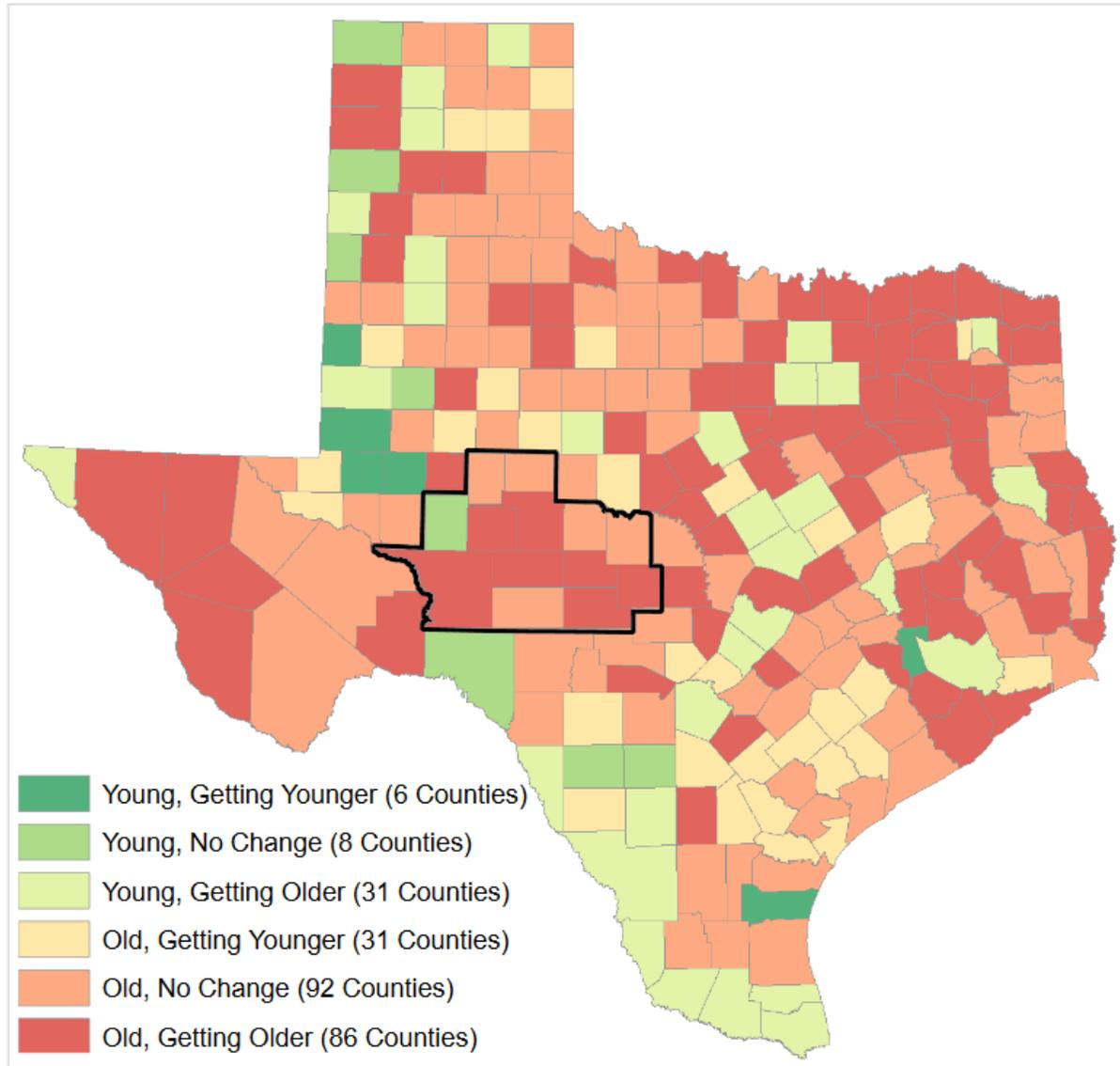
Young, Getting Younger (6 Counties)
Young, No Change (8 Counties)
Young, Getting Older (31 Counties)
Old, Getting Younger (31 Counties)
Old, No Change (92 Counties)
Old, Getting Older (86 Counties)

Source: U.S. Census Bureau, 2010 Census Data; Texas Demographic Center, 2018 Population Estimates

Economic and Social Resources

Tom Green County is the most populated county in the Planning and Service Area (PSA) 10. San Angelo is the most populated city of the PSA and is the seat of Tom Green County. While San Angelo serves as home to the main office of the Area Agency on Aging of the Concho Valley, it does not mean that it is the most centrally, convenient locale for each of the 12 outer lying counties. Due to the natural rural landscape of our region, there is not a major highway that easily connects the counties. Seven of the thirteen counties are over 60 miles away, one-way; three others are over 45 miles, one-way.

It is important to note that the designation of future Interstate 27 (I-27) became official in March 2022. The designation recognizes the Ports-to-Plains Corridor from Laredo, Texas through San Angelo and Midland to Raton, New Mexico as an addition to the Interstate Highway System. The first Interstate Highway designated for San Angelo, Interstate 14 (I-14) from Mississippi through Texas on US-190 through San Angelo to Midland, was approved in November 2021. From a local news article published in March 2022, the City of San Angelo Economic Development Director states, "Both the City and County have worked tirelessly for years to advance recognition of the I-14 corridor and to move it through the legislative processes. I-14 is anticipated to intersect with I-27 in San Angelo, so this is a game changer for our ability to attract businesses and industry to San Angelo, Tom Green County and the Concho Valley." While the actual implementation of these two major highways is still in the early planning phases, it is a major milestone for the region.

The farthest county, Mason, is over 100 miles away from San Angelo and is approximately the same distance, in miles, to Austin, a much larger metropolitan city. However, due to the PSA, a person who resides in Mason could not necessarily receive supportive services from the Area Agency on Aging in the Austin PSA due to designated funding allocations based on key target population for each service region. Mason County is also the only county that does not mirror the AAA service region in regard to Transportation services; instead, Mason County transportation services falls within the Texas Department of Transportation (TXDOT) planning region and is considered part of the Hill Country Transit District.

Since Concho Valley Transit had initiated the "Free Rural Rides" program, Mason County residents had wanted to explore this option to travel to San Angelo. This was one barrier that had been voiced over the years by residents of Mason County and was most recently addressed by the AAACV, Concho Valley Transit, and Hill

Country Transit, in an effort to identify, analyze, and remedy issues. Beginning in August 2019 and after several months of discussions, meetings at various levels with community members, bus riders, Nutrition and Transit staff, elected officials, disseminating surveys, and hosting public forums, it was identified that there was not enough demand to feasibly host a route in which Hill Country and Concho Valley Transit could combine efforts to logistically bridge the gap in merging service regions between Mason County and McCulloch County that would be advantageous to the rider.

Essentially, Hill Country Transit would have driven Mason County residents in to McCulloch County, CVT Bus Depot; at that point, the Mason County rider transitions to the CVT bus and could utilize the county bus to travel within city limits. The trip from Mason to McCulloch would be sponsored by the AAACV, as long as it was an eligible, authorized AAACV client. There would be no charge for the Mason resident in CVT because of the Free Rural Rides initiative; however, all trips within McCulloch would have needed to be planned out ahead of time for proper coordination of trips.

To make this connection, they would have needed to leave Mason by 7am, to make it to Brady by 8am (at the latest), after picking up residents from their homes; a rider could then anticipate to be back in Mason, no earlier than possibly 5:30pm. Once riders understood the logistics, it presented additional hardships and the interest was not as prevalent, since not a necessity, and had been sought with the intention of a leisurely trip. Mason County residents who had been involved with these discussions stated that they were appreciative of the time, consideration, and collaboration that AAACV, CVT and HCTD had offered in addressing their request. It was agreed by all parties and communicated to the residents, local elected officials, and Nutrition and Transit staff that this matter could be re-visited and assessed again at any time if it appeared that there was a greater need. Please see the map below for a better visualization of the rural geographic makeup of the 12 surrounding counties to Tom Green/San Angelo, in which the AAACV office is located.

In January 2022, the Area Agency on Aging was notified by the Hill County Transit District of a change to their transportation service delivery for Mason County residents. Effective immediately, the HOP would be following a similar model as described above as the "Free Rural Rides" initiative that Concho Valley Transit had previously implemented. Residents in Mason County would utilize the public transit option, free of charge, for trips within the county.

San Angelo is home to one large medical facility, Shannon Medical Center, which also maintains a number of rural clinics, Goodfellow Airforce Base, and according to the San Angelo Chamber of Commerce website, "has consistently been ranked as one of the best small cities for business and employment." To keep Seniors active throughout the year, the following options in recreational activities are available to choose from: San Angelo has a State Park, the Concho River/River Walk, Lake Nasworthy, Nature Center, the International Waterlily Collection, Angelo Civic Theater, San Angelo Museum of Fine Arts, the annual Stock Show and Rodeo, along with numerous events held throughout the year at Fort Concho, Angelo State University, Station 618 Senior Center, and other community organizations throughout the city. Concho Valley Transit offers public transportation, with updated technology options for mapping out trips, such as "Where's my Bus?" and updated options for payment services; individuals with disabilities, Seniors and informal Caregivers may coordinate application assistance for transportation through the CV ADRC, AAACV, or CVT, as well as, for Transportation Demand Response services.

Description of Service System

The Area Agency on Aging of the Concho Valley offers a number of services aimed to help meet the needs of older adults, older adults with disabilities, their caregivers, and their family members to maximize the ability to continue aging in place, living at home independently for as long as possible. Each AAA service region's needs will vary depending on the composition of that particular Planning and Service Area (PSA). The following services have primarily been offered by AAACV or will be offered in the coming planning years based on input from clientele, their caregivers, other family members, service providers, community members, advisory committee members, local elected officials, unmet needs reports, and other identified factors that have influenced the need for these services to be prioritized as most in demand for the Concho Valley region.

Since the AAACV is one of the smallest Area Agencies on Aging in Texas and due to the rural landscape, the agency has made a concerted effort to cross-train staff in relevant and appropriate programs within AAA and CVCOG operations to maximize the value and resources when delivering services on behalf of all clients, programs, funding sources, ensuring that we are avoiding duplication of work, accurately reporting per program requirements, and that funds accurately reflect the corresponding work activities. The AAA Director, AAA Operations Manager, and Managing Local Ombudsman (MLO) are the primary staff responsible for training program staff on core programs, service delivery, expectations on how to accurately record work activities to the appropriate funding source, and all other relevant and required job tasks. The Director, Operations Manager, and MLO will oversee staff/volunteers and are responsible for reviewing timesheets for accuracy to the tools we have in place, validating activities to coding, prior to final approval of timesheet, respective to each role.

In addition to these three full-time staff, there are an additional seven full-time staff whose primary focus is AAACV program management. There are three to four full-time AAA Program Coordinators who are cross-trained amongst the majority of AAA programs, or have a baseline skillset of all AAA programs, but are assigned to core programs. We currently have three AAA Program Coordinators, with one focused primarily on the Care Coordination and Caregiver clientele (Case Management), another is a certified Benefits Counselor who is also skilled to assist with intakes for Case Management and a third Program Coordinator who is primarily responsible for the AAA Nutrition program but is also a Certified Benefits Counselor. The Nutrition Program Coordinator is primarily focused on working with the eight

Nutrition providers and participants of the Congregate/Home Delivered programs, completing the respective Data Management tasks, and working closely with the Director to ensure quality monthly nutrition fiscal and data reporting. All three Certified Benefits Counselors are cross-trained in ADRC MIPPA. MIPPA is Medicare Improvements for Patients and Providers Act with the initiative being focused on Medicare beneficiaries with limited income and assets to learn about program that may save them money on their Medicare costs. Through ADRC functions, our Benefits Counselors are focused on outreach and awareness activities to eligible Medicare Beneficiaries, especially those who are:

- Low-income with limited resources

- Residents of rural areas

- Members of American Indian, Alaskan Native, and Native Hawaiian communities

- People with disabilities under age 65

- Speakers of English as a second language

Through Area Agency on Aging functions, with MIPPA grant funds, the Benefits Counselors can educate and assist Medicare beneficiaries about existing programs that can help them save money on their health care costs. These programs include:

- **Medicare Part D Low-Income Subsidy (LIS)/Extra Help:** Administered by the Social Security Administration, this program helps to lower Medicare Part D costs – including out-of-pocket costs for premiums, deductibles, and prescription drugs – for beneficiaries who meet certain income and resource eligibility requirements.

- **Medicare Savings Programs (MSPs):** Administered by state Medicaid agencies, MSPs can help pay some Medicare costs for health care, including Medicare Part B premiums, for eligible beneficiaries. These programs have four levels of benefits, each with its own eligibility requirements: Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLMB), Qualifying Individual (QI), and Qualified Disabled Working Individual (QDWI).

- **Medicare Preventive Services:** MIPPA grantees also educate the community about Medicare Preventive Services, which cover many preventive health services such as the "Welcome to Medicare" preventive visit, yearly "Wellness" visits, vaccinations like the flu and COVID-19,

screenings for cancer and heart disease, and more. These services are available to all Medicare beneficiaries, regardless of their income and assets.

Between 2017 – 2022, the role of the full-time Managing Local Ombudsman and, at one point, one of the Program Coordinators had grown to build program capacity, utilizing the cross-training model with an approved waiver through the Office of the State Long-term Care Ombudsman program. The MLO was trained to complete activities related to Benefits Counseling, IRA and complete volunteer recruitment on behalf of both programs. The Program Coordinator was a Certified Ombudsman and trained in completing AAA Case Management/Benefits Counseling activities. This particular staffing composition had been especially beneficial due to the required monthly outreach and facility visit components of the Benefits Counseling and Ombudsman programs which require frequent, consistent travel to the rural counties; while in one of the counties for other duties, this Program Coordinator was equipped to complete home visits while in the counties, complete outreach – including presentations or participating in health fairs (while meeting reporting requirements) and scheduling visits to build community partner relationships.

In the fall of 2022, the AAACV was notified by the Office of the State Long-term Ombudsman that the waiver for the Managing Local Ombudsman role would no longer be a viable option moving in to the FY '24 Fiscal Year due to the limited amount of time the MLO had been able to dedicate to the program. While AAACV did have a Certified Staff Ombudsman who was completing the monthly/quarterly field work, the requirement is that the host agency, CVCOG AAA, must have a Managing Local Ombudsman who is working full-time on Ombudsman functions. Therefore, in 2023, the AAACV staffing model was modified to seek, hire and retain a full-time MLO. For the immediate future there will only be this single position who is responsible for the majority of the Ombudsman program expectations, relying heavily on volunteer recruitment efforts to re-build program capacity.

There are currently three full-time Administrative Assistant positions who are cross-trained between 211 Texas Information and Referral Services or Aging and Disability Resource Center, along with cross-trained on AAA functions like Information, Referral and Assistance (IRA), Data Management functions, and quality assurance tasks. Job duties for these positions may vary throughout the year as they complete supportive program tasks, specifically for the Care Coordination and Caregiver programs, assisting Benefits Counseling staff with similar tasks during its peak season, Medicare Part D Open Enrollment, or assisting the Nutrition program with high peak times for intakes or during Rate Setting or monitoring visits.

The AAACV may also utilize a seasonal Administrative Assistant to complete tasks on behalf of the AAA Director and Operations Manager, throughout the year, as needed. We have also partnered with Angelo State University, Howard College and Workforce Solutions of the Concho Valley to utilize internship opportunities. We have placed Bachelor's and Graduate students of Angelo State University's Social Work program, Nursing students from Angelo State and Howard College and during the summer months have placed younger adults, new to the workforce, through a program that Workforce Solutions offers; these placements are unique because the individual placed with our agency actually receives payments from the Workforce Solutions program, based on the hours worked and tasks completed, including evaluation and feedback, from the Area Agency on Aging. While the Area Agency on Aging benefits from being able to build temporary program capacity and relieve the full-time staff of entry-level work, there is a large buy in from the AAACV and staff to complete training, monitoring, and ensuring quality customer service for these short-term placements. However, the benefit is the exposure to our target populations, service delivery models, and awareness on local, State and National resources available. This has been the most consistent feedback we receive from interns/Field Students, is that they were not aware of all the services available. Most students do end up moving out of our service region, but are equipped with the knowledge of how to locate similar agencies/services in other parts of the state or nationally.

English is the primary language spoken within the region, with Spanish serving as the next most requested language. At least 50% of the AAACV is bilingual in Spanish, and all staff are able to utilize Language Line.

Promotion of the CVCOG office location, hours, website, referral process and overview of services is promoted via printed documentation, through use of social media, email, websites, public service announcements, outreach events, community partner/networking meetings, radio/television interviews, and word of mouth.

Below is a map provided by the CVCOG 911 GIS department which provides the distances to each of the rural counties within the Concho Valley region.
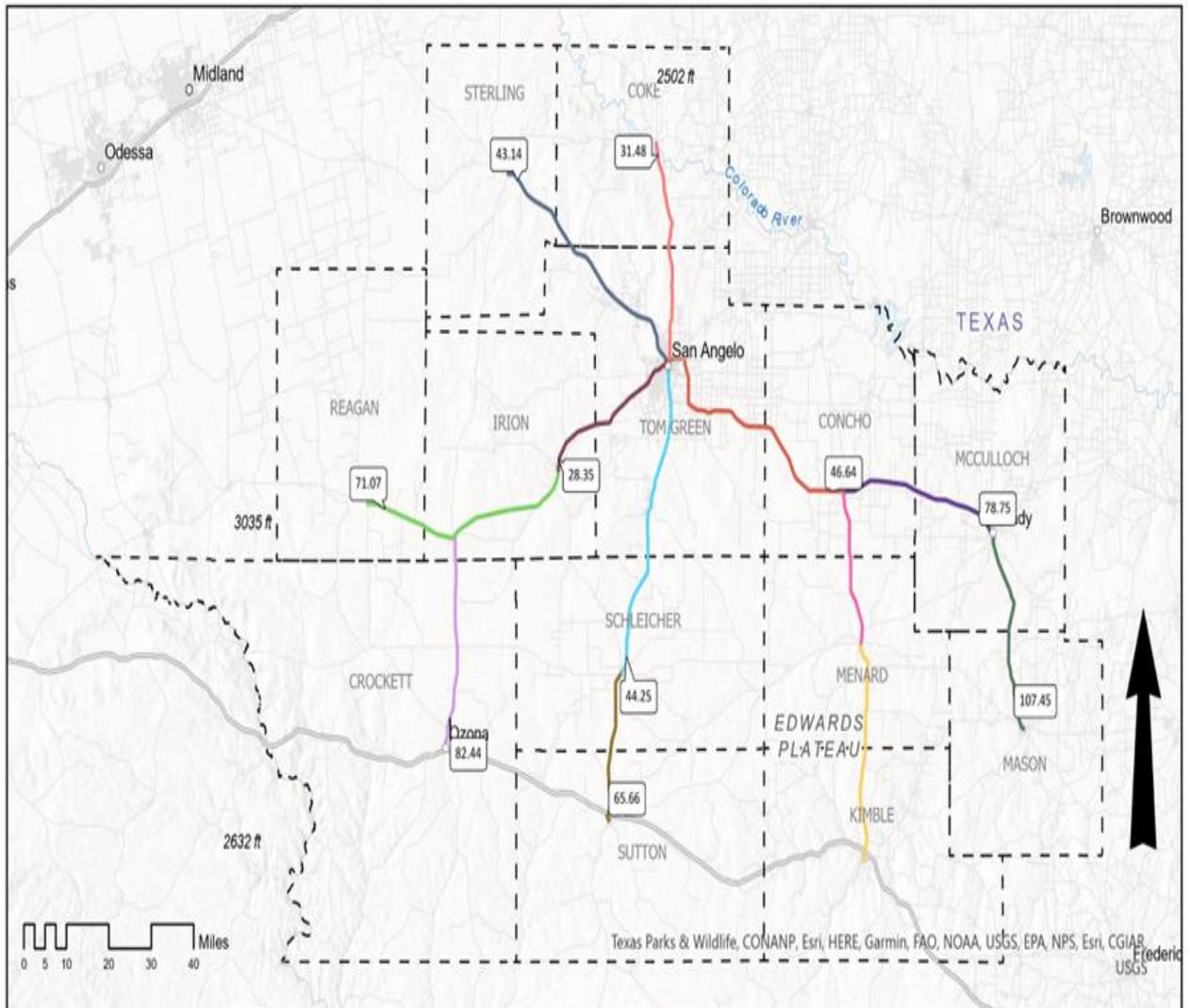
Name	Total_Minutes	Total_TravelTime	Total_Miles
San Angelo, TX, USA — Big Lake, TX, USA (Reagan County)	70.932871	74.478842	71.074173
San Angelo, TX, USA — Brady, TX, USA (McCulloch County)	69.243035	72.68997	78.753676
San Angelo, TX, USA — Eden, TX, USA (Concho County)	41.105321	43.042033	46.638762
San Angelo, TX, USA — Eldorado, TX, USA	42.841765	47.03859	44.252846
San Angelo, TX, USA — Junction, TX, USA	91.252425	93.823872	99.042346
San Angelo, TX, USA — Mason, TX, USA (Mason County)	97.086579	101.062948	107.454118
San Angelo, TX, USA — Menard, TX, USA	60.509246	62.377345	68.132474
San Angelo, TX, USA — Mertzon, Texas	29.116046	31.080277	28.34669
San Angelo, TX, USA — Ozona, TX, USA	79.935687	82.604784	82.437799
San Angelo, TX, USA — Robert Lee, TX, USA	32.137426	33.019686	31.480479
San Angelo, TX, USA — Sonora, TX, USA	63.941799	69.365803	65.65911
San Angelo, TX, USA — Sterling City, TX, USA	39.199498	41.853464	43.136177

CONCHO VALLEY
COUNCIL OF GOVERNMENTS

Description: CVCOG AAA Program Service Area with Route Distances labeled in miles

Focal Points

Table 3. Focal Points in the Planning and Service Area

Community Served	Name and Address of Focal Point	Services Provided	Services Coordinated with Other Agencies
Coke	Bronte Senior Citizens Center 613 East Oliver St. Bronte, TX 76933	Congregate, Home Delivered, Nutrition Education; AAA staff utilize the site to provide IRA, Benefits Counseling, Case Management, Ombudsman	Information and Assistance
Coke	Robert Lee Senior Center 1402 Austin St Robert Lee, Texas 76945	Congregate, Home Delivered, Nutrition Education; AAA staff utilize the site to provide IRA, Benefits Counseling, Case Management, Ombudsman	Information and Assistance
Concho	Housing Authority	AAA staff utilize the site to provide IRA, Benefits Counseling, Case Management, Ombudsman services to the HDM clientele	Information and Assistance
Crockett	Crockett County Senior Center 1 State Hwy. 163 N. Ozona, Texas 76943	AAA staff utilize the site to provide IRA, Benefits Counseling, Case Management, Ombudsman	Information and Assistance
Crockett	Helping Hands for the Elderly, Inc 1 State Hwy. 163 N. Ozona, Texas 76943	Congregate, Home Delivered, Nutrition Education; AAA staff utilize the site to provide IRA, Benefits Counseling, Case Management, Ombudsman services to the HDM clientele	Information and Assistance

Community Served	Name and Address of Focal Point	Services Provided	Services Coordinated with Other Agencies
Irion	Irion County Community Center 112 W. Duncan Ave. Mertzon, Texas 76941	AAA staff utilize the site to provide IRA, Benefits Counseling, Case Management, Ombudsman	Information and Assistance
Kimble	Kimble County Meals on Wheels 404 College Street Junction, Texas 76849	Congregate, Home Delivered, Nutrition Education; AAA staff utilize the site to provide IRA, Benefits Counseling, Case Management, Ombudsman	Information and Assistance
Mason	Mason County Multiservice Center 505 Moody St. Mason, TX 76856	Congregate, Home Delivered, Nutrition Education; AAA staff utilize the site to provide IRA, Benefits Counseling, Case Management, Ombudsman	Information and Assistance
McCulloch	Sunset Center	Congregate, Home Delivered, Nutrition Education; AAA staff utilize the site to provide IRA, Benefits Counseling, Case Management, Ombudsman	Information and Assistance
Menard	Menard Community Center 301 W. Travis Menard, Texas 76859	Congregate, Home Delivered, Nutrition Education; AAA staff utilize the site to provide IRA, Benefits Counseling, Case Management, Ombudsman	Information and Assistance
Reagan	Reagan County Library 300 Courthouse Square Big Lake, TX 76932	AAA staff utilize the site to provide IRA, Benefits Counseling, Case Management, Ombudsman	Information and Assistance

Community Served	Name and Address of Focal Point	Services Provided	Services Coordinated with Other Agencies
Schleicher	Eldorado Service Center	AAA staff utilize the site to provide IRA, Benefits Counseling, Case Management, Ombudsman	Information and Assistance
Sterling	Sterling County Senior Center 410 Stadium Lane Sterling City, Texas 76951	AAA staff utilize the site to provide IRA, Benefits Counseling, Case Management, Ombudsman	Information and Assistance
Sutton	City of Sonora Senior Center 102 S. Wilson Sonora, Texas 76950	Congregate, Home Delivered, Nutrition Education; AAA staff utilize the site to provide IRA, Benefits Counseling, Case Management, Ombudsman	Information and Assistance
Tom Green	Christian Village 4225 Billie Bolin Dr. San Angelo, Texas 76904	Congregate and Nutrition Education; AAA staff utilize the site to provide IRA, Benefits Counseling, Case Management, Ombudsman	Information and Assistance
Tom Green	Santa Fe Crossing Senior Center 702 South Chadbourne San Angelo, Texas 76903	Congregate and Nutrition Education; AAA staff utilize the site to provide IRA, Benefits Counseling, Case Management, Ombudsman	Information and Assistance
Tom Green	Oak Grove 4359 Oak Grove Blvd. San Angelo, Texas 76904	Congregate and Nutrition Education; AAA staff utilize the site to provide IRA, Benefits Counseling, Case Management, Ombudsman	Information and Assistance
Region	Concho Valley Community Action Agency	IRA	Income Support, Residential Repair, Emergency Housing

Community Served	Name and Address of Focal Point	Services Provided	Services Coordinated with Other Agencies
Region	Concho Valley Regional Food Bank Social Services program	IRA	Regional food bank and Medicaid Application assistance/renewals
Region	Shannon Medical Center – Case Management	IRA	Possible financial assistance with medications, health maintenance, and medical bills; other support services
Region	Baptist Retirement Community	IRA	Long-term housing, Alzheimer's education and awareness
Region	Adult Protective Services	IRA	Emergency services, income support
Region	Disability Connections	IRA	Center for Independent Living
Region	Concho Valley Transit	IRA	Urban and Rural Public Transportation
Region	Galilee Development Corporation	IRA, Chore Maintenance, Residential Repair	Housing repairs and modifications

Role in Interagency Collaborative Efforts

Within the Concho Valley Council of Governments there are several programs that are administered focused on services for older adults, caregivers, individuals with disabilities, and volunteerism. The 211 Texas program serves as a comprehensive information and referral program for the Concho Valley region, is an AIRS Accredited agency, and has five certified information specialists, three certified resource specialists, and four certified in aging and disability services specialists. The AAACV staff interact with 211 staff on a daily basis, are able to call via internal phone extension, email, chat or in person to request assistance with identifying available resources in the region, state, or nationally; the AAACV staff can also rely on 211 staff to network and advocate to identify resources to help address unmet needs in the community.

The Concho Valley Aging and Disability Resource Center, which was implemented under the CVCOG umbrella in September 2019, has allowed AAACV staff to see an increase in clientele and families from the target population of individuals with development disabilities (IDD). Through the CV ADRC, a new contract was established with MHMR of the Concho Valley for MHMR to provide respite services for caregivers of individuals with developmental disabilities. This partnership has allowed for AAACV staff, who are cross-trained in ADRC activities, to also provide more awareness to MHMR staff on AAACV services to further educate and refer individuals who may qualify for AAACV services to contact the AAACV. The ADRC has also allowed the AAACV to gain better awareness in regard to Housing needs/inventory. There has been an increase of calls to the CVCOG offices of individuals seeking assistance with affordable senior housing and while being screened for those services, they are also educated on AAACV services, if deemed eligible, which they may not have connected with AAACV prior to this call unless they were specifically in need of a service that AAACV was able to offer at that time.

The CVCOG also houses three programs administered through the Corporation for National and Community Service: Foster Grandparents Program (FGP), Retired and Senior Volunteer Program (RSVP), and Senior Companions Program (SCP). The AAACV coordinates with FGP/SCP/RSVP staff throughout the year to identify opportunities to provide education and awareness on "hot topics" in AAACV services to program participants; when fitting, the AAACV is also able to provide informational flyers on available services to mail outs that FGP/SCP/RSVP staff will be completing. Program participants may be from any of the 13 counties within the

Concho Valley region. AAACV will also utilize RSVP volunteers for various projects throughout the year. Some examples include: community needs assessment survey mail outs; preparing outreach/awareness materials for presentations; assisting with EBI programs as a trainer, coach, or other support staff; and assisting at events that the AAACV hosts like information fairs, Medicare enrollment kick-off event, etc.

The AAACV has also built strong partnerships with the following community partners: Adult Protective Services, Angelo State University Social Work program, Baptist Retirement Communities, Concho Valley Community Action Agency, Concho Valley Regional Food Bank – SNAP Education Coordinator, Disability Connections (Center for Independent Living), Esperanza Clinic, Galilee Community Development Corporation, Good Samaritan Resource Center (Brady), Hospice of San Angelo, Meals for the Elderly, My Health My Resources (Local Mental Health Authority) Regional TX HHS Community Care Services, Shannon Case Management, MAXIMUS - LTSS Coordinator, the regional Wesley Nurse program, and West Texas Rehab. These agencies/staff are well versed in the services that AAACV currently offers, the planning, coordination, advocacy, and identification of unmet needs that AAACV completes on behalf of the target population; we all have mutual intentions in bridging gaps, maintain fluid communication amongst agencies/staying up-to-date, minimizing duplication of efforts, and maximizing services for clients with a consistent, reliable customer service model throughout all agencies.

Section 6. Preparedness Assessment

Legal Reference: OAA 2020 306(b)

Projected Population Changes

Describe how prepared the AAA and services providers in the PSA are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted (2025 through 2035)

The Area Agency on Aging of the Concho Valley utilized the demographic and population projection data provided by HHSC to describe the projected change in the number of older individuals in the PSA during the 10-year period (2025 – 2035).

The projected population "age 60 and over" in 2025 for the Concho Valley region is 43,546; by 2035, the estimated projection for this same age group is 44,450. Statewide projections for the 60 and over population in 2025 is 6,469,672; by 2035, the estimated projection for this same age group is 8,100,765, which is a difference of 1,631,093 individuals. Concho Valley AAA feels that the estimated growth for our region over the next 10 years is manageable and consistent with the historical growth for the region. There are no major concerns about negative impacts from the projected growth for individuals with low incomes, individuals with greatest economic needs, minority older individuals, older individuals residing in rural areas, and other individuals with limited English proficiency.

Analysis of Population Changes

Include three analyses:

1. How the population change in the PSA may affect individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and other individuals with limited English proficiency.

In reviewing the projected population change for individuals 60 years of age and older, within the 13 county Concho Valley region, between the years 2025 – 2035, there is an estimated growth of 2.1%, equivalent of an estimated 904 individuals. Statewide projections for this same timeframe for the 60+ population is 25.2% growth. Concho Valley AAA does not anticipate any significant changes or restrictions in staffing nor service delivery based on this projected growth, nor do we anticipate this will majorly impact similar community partners. The projection analysis will be shared with the public, community partners, advisory members, etc. to allow for additional future planning as well.

For the Concho Valley region, the age group of individuals 85+ in 2025 is projected to be 3,550 and increase by 1,580 individuals to a total of 6,130 by 2035, with an estimated 34.7% growth in these 10 years for this age group. Statewide projections for individuals 85 and older are expected to increase by 68.7% between 2025 and 2035.

2. How the programs, policies, and services provided by the AAA can be improved, and how much resource levels can be adjusted to meet the needs of the changing population of older individuals in the PSA;

The Area Agency on Aging of the Concho Valley will continue to utilize presenting and historical needs, trends, service gaps analysis, feedback from consumers, caregivers, service providers, Advisory and Board members, and local data reporting to identify any needed changes to programs, policies and services provided by the AAA.

3. How the change in the number of individuals aged 85 and older in the PSA is expected to affect the need for supportive services.

Based on presenting needs for individuals 85 years and older, serviced by the Area Agency on Aging of the Concho Valley, a number of individuals from this age group tend to have a Caregiver relationship, so we do anticipate the Caregiver client

population to continue to trend upwards. For individuals who are 85 and older and continue to be self-sufficient, live at home independently, some of the specific requests our agency has identified is the need for home repairs/modifications, such as shower/tub conversion to minimize falls, raised toilet seats, grab bars in the bathroom area, widening of doors for use of mobility devices. Additional service requests have been for Transportation, Income Support and Health Maintenance. Some of the issues identified: no longer comfortable driving, medical concerns that no longer allow the person to drive themselves, non-working vehicles, or cost of vehicle maintenance, including fuel; fixed incomes with rising costs for monthly household living expenses, lack of support network, new or additional costs related to incontinence supplies that are not covered by an existing program. The AAACV works closely with other community partners when needs can not solely be met by AAA services to ensure the client is connected with any available resources.

Capacity Building

The Area Agency on Aging of the Concho Valley will continue to partner with key stakeholders within the region to help bridge gaps of unmet needs or project potential needs for the target population, specific to the service region.

The most recent examples of Capacity Building, within the Concho Valley region include:

- Free Rural Rides – based on trends and needs at the time and to maximize funding sources, various partnership meetings were held between local City/County officials, the Concho Valley Council of Governments, Concho Valley Transit District, Texas Department of Transportation with input from community stakeholders and ridership. This change allowed AAACV to re-allocate funds to urban demand response transportation and assist more individuals in the City of San Angelo with this service and utilize funds to focus on other services that were specific to each rural county. This could range from increased funds for Income Support, Residential Repair, Health Maintenance, etc.

- Utility Bill Payment Assistance – working in coordination with Concho Valley Community Action Agency and regional Adult Protective Services, AAACV was able to be proactive in helping meet gaps in service due to community partner reaching capacity. In doing so, we were able to better streamline processes to connect individuals who may meet AAA client eligibility with short-term service as they apply for longer-term assistance or emergency assistance through the appropriate community partner.

- TXDOT 5310 funding – in working closely with Concho Valley Transit District, the AAACV was able to create a more streamlined process to increase awareness on AAA services and eligibility for client services for CVT staff to allow 5310 and Para-Transit resources to be allocated to the underserved target population in need of "Transportation Demand Response" who did not meet AAA eligibility.

Concho Valley AAA will continue to seek opportunities to provide future recommendations on how the AAA can collaborate with government officials, State agencies, tribal organizations, and local entities to build the capacity in the Concho Valley region to meet the needs of older individuals for:

- Health and human services,

- Land use,

- Housing,

- Transportation,

- Public Safety,

- Workforce and economic development,

- Recreation,

- Education,

- Civic engagement,

- Emergency preparedness

- Protection from elder abuse, neglect, and exploitation,

- Assistive technology devices and services, and

- Any other service as determined by the AAA.

SWOT Analysis

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

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

Strengths	Weaknesses	Opportunities	Threats
Long standing established community partnerships	Lack of contracted provider pool	Exploring with new partners/contractors, the AAA service delivery and what has worked/not worked in the past	Restrictions on staff productivity as it relates to current expected units rates for Benefits Counseling, Care Coordination, Caregiver
Continual support and engagement from CVCOG Executive Committee (Governing Board) and Advisory Committee	More training and education needed for all staffing levels on core content, including Administratively on match requirements	Establish networking opportunities with similar size and composition AAAs	Changes to Service Definitions for increased number of services that must be contracted
Internal CVCOG partnerships that allow for continued growth – examples: Concho Valley Transit, Senior Corps, Regional Head Start	More guidance on how to locally implement annual Caregiver conferences	Partnerships with Baptist Retirement, Shannon Medical Center, and TSHL to expand AAA program capacity.	Lack of available streamlined training for key roles of the AAA, especially those requiring certifications, like Benefits Counselor.
Currently, Concho Valley has the highest number of TSHL representatives, in recent	Not currently offering enough Caregiver education and training	Identifying other experts on aging/caregiver related topics within the region	Service delivery impacts when there is staff turnover for positions requiring certifications: Benefits

Strengths	Weaknesses	Opportunities	Threats
history, for our region	opportunities		Counseling and Ombudsman
			Changing trends related to the traditional workforce applicant pool for AAA positions
			Increased rates/costs may limit service authorizations, if no significant funding increases
			Evidence Based Intervention requirements have been difficult to meet, due to demands on Admin. Contract/oversight, costs for EBI implementation, consistent client participation.

Stakeholder and Public Input (Statewide)

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

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

Addressing Needs and Priorities within the PSA

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

The Area Agency on Aging of the Concho Valley will continue to utilize already established partnerships, while seeking new opportunities to address unmet needs. As mentioned throughout this document, the AAA of the Concho Valley will continue

to work with community partners and key stakeholders to identify unmet needs and gaps in services to identify workable solutions. Recent examples include:

- The regional Mental Health Authority (MHA) offers free Mental Health First Aid training. This can be provided to AAA staff and/or work in collaboration with the MHA to offer training to AAA contractors and/or the AAA target population.

- In August 2023, the AAA of the Concho Valley was notified of a change to an ongoing partnership with the regional Food Bank. The Food Bank was no longer going to be able to readily offer the Social Services program, which had certified staff trained in yourtexasbenefits that assisted with applications for SNAP, Medicaid, TANF, MSP and LIS, including renewals. The AAA CV worked with other community partners to try to identify other resources for application assistance in case the volume was unmanageable by the AAA. The Concho Valley ADRC was identified as a valuable asset to have staff trained in the CPP to assist with the anticipated volume. Regional 211 staff were also made aware of this change to provide guidance to callers.

Section 7. Outreach

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

Strategy Effectiveness and Best Practices

Some of the best practices identified since the completion of the last Area Plan, which overlapped with the peak of the COVID-19 Pandemic, the Concho Valley AAA was able to strategize with other AAA's to better identify similarities in service deliveries while receiving reassurance that services will vary between the AAA's and as long as each AAA is following local policy and procedure, there is flexibility on how services are offered within each region. One of the biggest changes that the CVAAA made due to the pandemic was increase the services offered through Income Support. We did partner with the other primary community partners who offer similar services, in an effort to minimize duplication of services, streamline referrals and maximize the number of individuals we were able to assist. The CVAAA must also recognize the Nutrition providers throughout our region who worked tirelessly to ensure that meals were still being provided despite the pandemic, winter storms, damaged buildings due to the winter storms, and other issues that were encountered over the past several years. The pandemic allowed us to work through some of the most difficult times and strengthened partnerships.

One program that has been a continued hardship is the Evidence Based Intervention program. The classes that we previously had full-time AAA staff certified for have included: Texercise Select, Bingocize, Stress Busting for Caregivers, and Matter of Balance. During the pandemic, Concho Valley AAA did not facilitate any EBI classes due to minimizing social interactions, increased demand on core AAA services, such as Case Management and Nutrition services. We identify that this will continue to be an obstacle for our region due to the rural composition of our region, along with funding limitations on finding a suitable contractor to receive the required training and being able to offer the EBI classes throughout the region. CVAAA will explore which classes might be offered remote/hybrid, however, we still run in to broadband connectivity issues for some of our most rural target population.

Income Support, Residential Repair, Congregate and Home Delivered were the four main programs who saw the most growth in utilization. Concho Valley AAA was able to utilize increased funding related to the pandemic to provide the most support to the increased requests for these services. We were very conscientious about having conversations with clientele and service providers to notify that the increased volume in service authorizations were directly related to the increased funding received due to the pandemic and that within the coming years, funding and services would return to pre-pandemic levels. Other community partners in the region have, in FY 23, have utilized the majority of pandemic related funding by December 2022, so CVAAA did see a slight increase in requests for Income Support and Nutrition programs, especially after May 2023, when the Public Health Emergency officially ended and services such as Medicaid and SNAP were reduced or eliminated for those who no longer qualified.

Targeted Outreach Plan

Describe the AAA's outreach efforts that will identify individuals eligible for assistance under the OAA, with special emphasis on:

- Older individuals residing in rural areas,

- Older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas),

- Older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas),

- Older individuals with severe disabilities,

- Older individuals with limited English proficiency,

- Older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals).

- Older individuals at risk for institutional placement, specifically including survivors of the Holocaust,

- Older individuals who are Native Americans, and

- Caretakers of all the older individuals listed above.

If possible, indicate where these special emphasis populations are generally located and/or concentrated within the PSA.

The Area Agency on Aging of the Concho Valley will utilize internal tools to identify, execute and analyze the effectiveness of education and awareness opportunities throughout the year. We currently partner with 211 Texas of the Concho Valley who utilizes an Outreach Work Plan which identifies at least ten key outreach events throughout the Concho Valley region. This list identifies the planned months, event name, intended target audience and estimated reach. The Concho Valley ADRC also maintains an Outreach Work Plan that identifies a variety of planned outreach opportunities specific to Caregiver Respite Awareness and MIPPA. Finally, the AAA of the Concho Valley will utilize MIPPA and HICAP Outreach plans to maintain an active calendar of planned events with similar information as noted above.

Staff will offer feedback on what worked and didn't work when planning events, including any successes or barriers, and will seek participant input by offering a way to comment on the presentation.

Targeting Report

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

The data below, number of Registered Service Recipients, was taken from WellSky, "NAPIS – Demographics (III-B) Registered" report for the timeframe of Federal FY 22, October 1, 2022 – September 30, 2023. Since the last completed Area Plan in FY 2021, there was an increase of 43 individuals in Total 60 and over; an increase of 61 individuals who reported as "At or Below 100% Federal Poverty Level"; an increase of 113 individuals who reported as "Minority"; and an increase of 174 individuals who reported "Household Status" as lives alone. Additional review and explanation can be provided in reviewing the annual justifications for the Two-Year Comparison report; last review was completed in the Fall of 2022, for completed years FY 21 and FY 22. For Federal FY 23, as of August 2023, there are 1,608 Total Registered individuals 60 years of age and older, utilizing the same report for FY 22; 402 individuals "At or Below Poverty", 688 individuals reported as "Minority", and 879 individuals reported as "Lives Alone."

Table 5: PSA Targeting Report

Characteristic	Population Age 60 and Over in PSA	Percent Population Age 60 and Over in PSA	Number of Registered Service Recipients in PSA	Percent Number of Registered Service Recipients in PSA	Targeting Goals for FFY 2024
Total 60 and over	38,456	Less than 1%	1515	4%	1650
Poverty Level (at or below 100% FPL)	3,600	10.2%	441	12%	500
Minority	11,574	30.10%	636	5.5%	750
Rural Areas	no matching ACS data	no matching ACS data	736	Unable to calculate	750
Household Status (lives alone)	8,870	25.3%	867	9.75%	900

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

Section 8. Goals, Objectives, Strategies

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

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

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

Key Topic Area 1: OAA Core Programs

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

State Goal 1

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

State Objective 1.1

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

Outcome 1.1

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

AAA Strategies 1.1

Concho Valley Area Agency on Aging will continue to follow local policy and procedure, fiscal and programmatic, updating processes as guidance is provided by State, Federal and local entities or as driven by feedback offered by program participants, Advisory Committee, CVCOG Executive Committee, community partners, Nutrition providers and other contractors.

State Objective 1.2

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

Outcome 1.2

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

AAA Strategies 1.2

Concho Valley AAA will continue to promote awareness throughout the region by established partnerships and seeking opportunity for growth with leads found through word of mouth, community partners, advisory members, and local research.

State Objective 1.3

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

Outcome 1.3

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

AAA Strategies 1.3

Concho Valley AAA will work with Nutrition providers and other community partners to provide education on food insecurities and seek training opportunities for Nutrition providers and AAA staff to stay aware of current trends and best practices in addressing malnutrition in older individuals.

State Objective 1.4

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

Outcome 1.4

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

AAA Strategies 1.4

Concho Valley Area Agency on Aging will continue to work with key community partners who address issues related to abuse, neglect and exploitation of older individuals; key partners include, Adult Protective Services, Legal Aid of Northwest Texas, Senior Medicare Patrol, and regional law enforcement.

State Objective 1.5

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

Outcome 1.5

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

AAA Strategies 1.5

Concho Valley Area Agency on Aging will continue to seek opportunities to provide awareness of AAA services throughout the region by partnering with Adult Protective Services, Regional HHS long-term care services, Legal Aid, Senior Medicare Patrol, Texas Silver Haired Legislators, and similar community partners.

State Objective 1.6

Strengthen efforts related to dementia and Alzheimer's Disease.

Outcome 1.6

Increase awareness of dementia and Alzheimer's disease.

AAA Strategies 1.6

Concho Valley Area Agency on Aging will continue to seek opportunities to provide awareness and offer support services that increase efforts related to dementia and Alzheimer's Disease; examples included partnering with Baptist Retirement

Communities for ongoing support groups for loved ones caring for individuals with dementia or Alzheimer's disease, partnering with local hospitals/clinics, mental health providers, college/university and the regional Alzheimer's Association to identify ways to offer education and awareness opportunities.

State Objective 1.7

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

Outcome 1.7

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

AAA Strategies 1.7

Concho Valley Area Agency on Aging will try to identify ways to offer Falls Prevention education and awareness, specifically, through use of a contractor for an Evidence Based Intervention class to address falls prevention. CVAAA will also seek partnerships with the entities mentioned above to offer presentations related to falls prevention.

State Objective 1.8

Strengthen Title III and Title VII services.

Outcome 1.8

Increase in public awareness of aging services across the state.

AAA Strategies 1.8

Concho Valley AAA will seek training opportunities to ensure staff are trained on the most updated trends and best practices in aging services to better provide awareness through presentations, health fairs, and other public speaking opportunities about aging services.

State Objective 1.9

Integrate discretionary grant activities with OAA core programs and services.

Outcome 1.9

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

AAA Strategies 1.9

Concho Valley AAA will continue to work closely with the aging network and seek guidance from the Office of Area Agencies on Aging to ensure we are minimizing duplication of efforts while streamlining services offered through SHIP, MIPPA and SMP programs.

Key Topic Area 2: COVID-19

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

State Goal 2

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

State Objective 2.1

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

Outcome 2.1

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

AAA Strategies 2.1

Concho Valley AAA will work closely with Nutrition providers, home health agencies, local health providers, regional law enforcement and emergency responders to provide awareness of AAA support services and explain the CVAAA referral process to better help connect individuals with services.

State Objective 2.2

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

Outcome 2.2

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

AAA Strategies 2.2

The Texas Technology Access Program (TTAP) leads the state's efforts to carry out the federal Assistive Technology Act of 2004. Assistive Technology is any item, device, or piece of equipment used to maintain or improve the functionality of people with disabilities, allowing individuals to be more independent. The Concho Valley AAA will promote awareness of access to services with the regional Workforce Commission office, the regional Center for Independent Living, and other key partners.

State Objective 2.3

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

Outcome 2.3

Increase awareness of trauma-informed care and best practices.

AAA Strategies 2.3

Concho Valley AAA will seek training opportunities for staff to gain knowledge on trauma-informed care. CVAAA will then seek opportunities to work with community partners to gather baseline data about knowledge and implantation of trauma-informed care.

State Objective 2.4

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

Outcome 2.4

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

AAA Strategies 2.4

Concho Valley AAA staff will be trained on the use of a Lethality Tool which is has previously been utilized by the 211 Texas Information Specialists. Staff will be trained on best practices to better identify concerns with a person's mental and behavioral health to connect the individual with the best resources.

State Objective 2.5

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

Outcome 2.5

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

AAA Strategies 2.5

Concho Valley AAA certified Benefits Counseling staff will continue to promote available resources related to preventative health.

State Objective 2.6

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

Outcome 2.6

Awareness of the availability of telecommunications and virtual sessions.

AAA Strategies 2.6

Concho Valley AAA will work with CVCOG Homeland Security, local/regional emergency planning committees and law enforcement to explore and implement best practices for use of telecommunication and virtual services during disaster emergency situations.

State Objective 2.7

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

Outcome 2.7

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

AAA Strategies 2.7

Concho Valley AAA will continue to promote and connect access to public transportation by connecting individuals with the respective Transit program for their county and will explore additional transportation options to help address gaps in service delivery, such as, limited scheduling on days or times of the week.

Key Topic Area 3: Equity

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

State Goal 3

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

State Objective 3.1

Ensure meals can be adjusted for cultural considerations and preferences.

Outcome 3.1

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

AAA Strategies 3.1

Concho Valley AAA will seek guidance from the Office of Area Agencies on Aging on considerations for cultural considerations and preferences while working with Nutrition Providers to address current trends and feedback received from program participants.

State Objective 3.2

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

Outcome 3.2

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

AAA Strategies 3.2

Concho Valley AAA will provide information to the public through one-one-one visits, health fairs, presentations, community partner meetings on trends impacting the health and economic welfare of older Texans.

State Objective 3.3

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

Outcome 3.3

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

AAA Strategies 3.3

Concho Valley AAA will seek subject matter experts located throughout the region to ensure staff are updated with the latest information on this topic and to connect individuals with services.

State Objective 3.4

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

Outcome 3.4

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

AAA Strategies 3.4

Concho Valley AAA will review ACL guidance to provide training to staff on participant-directed and person-centered planning for older individuals and their caregivers.

State Objective 3.5

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

Outcome 3.5

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

AAA Strategies 3.5

Concho Valley AAA will continue to partner with key community partners to ensure visibility throughout the region by completing scheduling visits to the counties, utilizing social media, print and radio media, town hall meetings and hosting education/awareness opportunities at the host agency facility.

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

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

State Goal 4

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

State Objective 4.1

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

Outcome 4.1

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

AAA Strategies 4.1

Concho Valley AAA will seek to increase the number of community partners who service the aging population.

State Objective 4.2

Ensure care transitions for older individuals at risk of institutionalization.

Outcome 4.2

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

AAA Strategies 4.2

Concho Valley AAA will continue to partner and seek opportunities to partner with agencies to provide education and awareness on short and long-term supportive services geared towards helping older Texans and caregivers, continue to reside at home, living independently, for as long as possible.

State Objective 4.3

Enhance integration of health care and social services systems.

Outcome 4.3

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

AAA Strategies 4.3

Concho Valley AAA will continue to participate in networking meetings to stay aware of all health care and social services available for older individuals. CVAAA will also continue to utilize the 211 Texas and ADRC database resources, which are frequently updated to acknowledge changes to services, programs, and service delivery.

Key Topic Area 5: Caregiving

Enhance services and supports for caregivers.

State Goal 5

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

State Objective 5.1

Enhance awareness of caregiving services and supports.

Outcome 5.1

Increase awareness of caregiving services and supports.

AAA Strategies 5.1

Concho Valley AAA will continue to partner with the Concho Valley Aging and Disability Resource Center and community partners to minimize duplication of efforts and maximize awareness of caregiver resources to caregivers of all ages and circumstances.

State Objective 5.2

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

Outcome 5.2

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

AAA Strategies 5.2

Concho Valley AAA will continue to partner with the Concho Valley ADRC to identify referrals specific to respite requests and needs.

State Objective 5.3

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

Outcome 5.3

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

AAA Strategies 5.3

Concho Valley AAA will seek guidance from the Office of Area Agencies on Aging and Office of Aging and Disability Resource Center on best practices to help increase coordination with the National Technical Assistance Center on Grandfamilies and Kindship families.

State Objective 5.4

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

Outcome 5.4

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

AAA Strategies 5.4

Concho Valley AAA will seek guidance from the Office of Area Agencies on Aging and Office of Aging and Disability Resource Center on best practices to help increase awareness on RAISE Family Caregiving Advisory Council and Advisory Council to Support Grandparents Raising Grandchildren.

Section 9. Performance Measures

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

The following information was taken from FY 22 Closeout data: Budget, Final QPR, and SFY 2022 Ombudsman Q4 results.

Table 6. Performance Measures

Performance Measure	Actual SFY 2022	Projected SFY 2024	AAA Strategies
Number of unduplicated active certified Ombudsman	4	3	1.1, 1.4, 1.5, 1.6, 3.4, 3.5, 4.1, 4.2
Number of unduplicated persons receiving care coordination	283	300	1.1, 1.4, 2.1
Number of unduplicated persons receiving legal assistance (age 60 and over)	36	35	1.1, 1.9, 2.1, 2.5, 2.7
Total care coordination expenditures	$80,444	$98,000	1.1
Average cost per care coordination client	$284.25	$326.67	1.1
Total legal assistance (age 60 and over) expenditures	$3,192	$10,000	1.1
Average cost per person receiving legal assistance	$88.67	$285.71	1.1
Cumulative number of visits to assisted living facilities by a certified Ombudsman	50	50	1.1, 1.4, 1.5, 3.4, 3.5, 4.1, 4.2
Total expenditures Ombudsman program (federal, state, other federal, program income, and local cash)	$87,452	$85,000	1.1
Unduplicated number of assisted living facilities visited by an active certified Ombudsman	10	10	1.1, 1.4, 1.5, 1.6 3.4, 3.5, 4.1, 4.2
Percentage of complaints resolved and partially resolved in nursing homes and assisted living facilities	81%	80%	1.1,1.4, 1.5, 1.6 3.4, 3.5, 4.1, 4.2

Performance Measure	Actual SFY 2022	Projected SFY 2024	AAA Strategies
Number of unduplicated persons receiving congregate meals	699	800	1.1, 1.3, 2.1, 2.5, 2.7
Number of congregate meals served	34,527	38,500	1.1, 1.3, 2.1
Number of unduplicated persons receiving home-delivered meals	413	425	1.1, 1.3, 2.1, 2.5
Number of home-delivered meals served	43,282	44,200	1.1, 1.3, 2.1
Number of unduplicated persons receiving homemaker services	0	10	1.1, 2.1
Number of unduplicated persons receiving personal assistance	0	10	1.1, 2.1
Number of homes repaired/modified (residential repair service)	12	15	1.1, 2.1
Number of one-way trips (demand response transportation service)	3,287	6750	1.1, 2.1, 2.7
Total congregate meal expenditures	$260,526	$294,525	1.1, 1.3
Average cost per congregate meal	$7.55	$7.62	1.1, 1.3
Total home delivered meal expenditures	$325,691	$342,550	1.1, 1.3
Average cost per home-delivered meal	$7.52	$7.75	1.1, 1.3
Total homemaker services expenditures	0	$10,000	1.1
Average cost per person receiving homemaker services	0	$1,000	1.1
Total personal assistance services expenditures	0	$10,000	1.1
Average cost per person receiving personal assistance services	0	$1,000	1.1
Average cost per modified home (residential repair service)	$4,605	$4,750	1.1

Concho Valley AAA-HHSC approval: 11/30/2023

Section 10. Summary of Services

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

Provided Services

Please refer to the HHSC Services Definitions for Area Agencies on Aging Federal Fiscal Year 2023.

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

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

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

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Service Name (As of FFY 2023)	Provided During this Area Plan? Yes or No	Direct Service of AAA? Yes or No
Personal Assistance	Yes	No
Physical Fitness (Health Promotion)	No	No
Public Information Services	Yes	Yes
Recreation (Health Promotion)	No	No
Residential Repair – aside from a contractor for actual repair, the service can also be Authorized by a care coordinator through a delegated purchase	Yes	No
Respite In Home	Yes	No
Respite Out of Home	Yes	No
Respite Out of Home, Overnight	Yes	No
Respite - Voucher	Yes	No
Senior Center Operations	No	No
Social Reassurance	Yes	No
Special Initiative	No	No
Transportation	Yes	No
Transportation - Voucher	No	No
Visiting	Yes	No

Service Delivery Narratives

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

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

- What service is being provided in the PSA?

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

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

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

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

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

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

AAA Administrative Functions

Includes responsibilities as being the focal point for aging services, providing advocacy and outreach for older individuals in their service area, developing and implementing an area plan based on the Older Americans Act (OAA), procurement of OAA services funded with federal and state funds, contract negotiation, reporting, reimbursement, accounting, auditing, monitoring, and quality assurance.

The Aging Services Director works closely with the RACOA, CVCOG Executive Committee, CVCOG Admin, public, community partners, AAA/ADRC/211 staff, Office of the Area Agencies on Aging, Office of Aging and Disability Resource Centers, and Texas Information and Referral Network to meet program goals on a daily, weekly, annual basis. The AAA Operations Manager serves as the immediate supervisor for the AAA Case Management staff and Benefits Counselors to oversee daily operations and service delivery. The AAA Nutrition Coordinator works closely with the Director and Nutrition Providers throughout the region to ensure compliance with meals and reporting requirements. At least one or multiple Program Coordinators and Administrative Assistant staff, throughout the year, will assist the AAA Director and AAA Operations Manager with completing tasks related to quality assurance, data and fiscal verification on all programs related to the AAA Quarterly Performance Report (QPR), Planning, Working and Closeout budget process, Area Plan, and other Aging Admin related tasks.

Case Management Services

Ongoing process to assess the needs of an older individual and effectively plan, arrange, coordinate and follow-up on services which most appropriately meet the identified needs as mutually defined by the older individual, the access and assistance staff, and where appropriate, a family member(s) or other caregiver(s). A Consumer Needs Evaluation must be conducted for every person receiving Case Management services.

Once the referral is received for Case Management, the staff identify if the individual will be served as a Care Coordination or Caregiver client. Case Management staff is trained on the eligibility requirements for each program, required documentation and steps for authorization of services. Once proper steps have been followed, service planning proceeds, service authorizations, data entry, and all additional steps of Case Management are followed. Depending on the needs of the client and the service requested, the length of time between the initial intake and the close-out of a client file will vary. One eligible client may access a number of services over the course of a Fiscal Year, consecutively or non, depending on their individual circumstances.

Services are targeted to those with greatest economic and social need, especially those residing in rural areas, low-income minorities and individuals with limited English proficiency.

Information and Assistance Services

Consists of activities such as assessing the needs of the inquirer, evaluating appropriate resources, assessing appropriate response modes, indicating organizations capable of meeting those needs, providing enough information about each organization to help inquirers make an informed choice, helping inquirers for whom services are unavailable by locating alternative resources, when necessary, actively participating in linking the inquirer to needed services, and following up on referrals to ensure the service was provided.

Initial contact (phone call, community referral, voicemail, email, walk-in, letter, chat, etc.) is received by the designated Information Specialist. This position will be cross-trained between the AAA, 211 and ADRC programs and will have access to the 211 database to search for resources, ADRC Housing Inventory, and will access to relevant training opportunities that become available throughout the year within the three programs

Transportation Services

Taking an older individual from one location to another but does not include any other activity. Transportation designed to carry older individuals from specific origin to specific destination upon request. Older individuals request the transportation service in advance of their need, usually twenty-four to forty-eight hours prior to the trip.

The Case Management staff discusses with the client the number of weekly trips that would be ideal to help meet their needs. If the number of trips requested surpasses the client allocation for the designated authorization period, the Case Manager can escalate the need to Aging Admin staff to request additional trips be authorized to help meet the needs of the client. Authorization is sent to the Transportation provider and the client is notified once the Transit provider has provided notice to the Case Manager that the client can start booking trips. The client is provided with the Transit provider's operating guidelines, with operating hours and contact information for scheduling trips or to make a complaint/offer suggestions on service delivery. The client is also made aware that they may contact the AAA Case Management staff to relay any questions or concerns with service delivery.

Nutrition Services

A hot or other appropriate meal served to an eligible older individual 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 individuals. There are two types of congregate meals:

Standard meal – a regular meal from the standard menu that is served to the majority or all of the participants.

Therapeutic meal or liquid supplement - a special meal or liquid supplement that has been prescribed by a physician and is planned specifically for the participant by a dietitian (e.g., diabetic diet, renal diet, pureed diet, tube feeding). "Liquid supplement" meals are included in the allowable category of therapeutic meals, such as diabetic, renal or heart safe meals. The AoA defines "liquid supplement" meals as those meals provided through a feeding tube to meet the needs of a specific individual. These meals require a doctor's prescription and close monitoring. Dietary supplements, such as vitamins or Ensure, can be authorized by a doctor, dietitian/nutritionist or the need may be identified through the nutritional risk assessment. These items do not require a prescription, nor do they necessarily require oversight. As items such as these are not considered meals (stand-alone), they must be purchased under Health Maintenance. If a AAA is providing these services through Health Maintenance as a result of a doctor's prescription, some monitoring should be conducted, whether through a home health nurse or follow-up nutritional risk and functional assessment (CNE). The circumstance would dictate the follow up.

Congregate Meals

The Nutrition Program Coordinator works closely with the Nutrition providers to ensure proper training, service delivery, and contractual obligations are met. The Nutrition provider submits all documentation to the Nutrition Coordinator on a monthly basis; the Coordinator then completes a monthly desk reviews, offering feedback to the Nutrition provider prior to completing reporting and reimbursement.

Home Delivered Meals

The Nutrition Program Coordinator works closely with the Nutrition providers to ensure proper training, service delivery, and contractual obligations are met. The Nutrition provider submits all documentation to the Nutrition Coordinator on a monthly basis; the Coordinator then completes a monthly desk reviews, offering feedback to the Nutrition provider prior to completing reporting and reimbursement.

Legal Services

Benefits Counselors are certified via the Texas Legal Services Center certification process. The Benefits Counseling program provides information, counseling, and advocacy to older Texans, and Medicare beneficiaries of any age, on their public benefits, entitlements, and legal rights. Benefits Counselors also provide public education on a variety of topics impacting seniors. Benefits Counseling staff will work with the following programs throughout the year: Health Insurance Counseling and Advocacy Program (HICAP) Assistance and Outreach, Legal Assistance and Legal Awareness, Medicare Improvements for Patients and Providers (MIPPA) Outreach and Assistance.

Caregiver Services

Ongoing process to assess the needs of a caregiver and care recipient, effectively plan, arrange, and coordinate and follow-up on services which most appropriately meet the identified needs as mutually defined by the caregiver, the care recipient, and the access and assistance staff.

Once the referral is received for Case Management, the staff identify if the individual will be served as a Care Coordination or Caregiver client. Case Management staff is trained on the eligibility requirements for each program, required documentation and steps for authorization of services. Once proper steps have been followed, service planning proceeds, service authorizations, data entry, and all additional steps of Case Management are followed. Depending on the needs of the client and the service requested, the length of time between the initial intake and the close-out of a client file will vary. One eligible client may access a number of services over the course of a Fiscal Year, consecutively or non, depending on their individual circumstances.

Services are targeted to those with greatest economic and social need, especially those residing in rural areas, low-income minorities and individuals with limited English proficiency.

In-Home Services

Homemaker Voucher (Care Coordination clientele) - a service provided through the consumer directed services option whereby an individual provider is chosen by the older individual. Service activities include the performance of housekeeping/home management, meal preparation and/or escort tasks and shopping assistance, provided to individuals who require assistance with these activities in their place of residence. The objective is to help the older individual sustain independent living in a safe and healthful home environment.

Caregiver Respite Care – Voucher - A service provided through the consumer directed services 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. Temporary relief for caregivers by providing: In-Home – Services are provided in the older individual's home environment on a short-term, temporary basis while the primary caregiver is unavailable or needs relief. In addition to supervision, services may include meal preparation, housekeeping, assistance with personal care and/or social and recreational activities. Institutional – Temporary relief for caregivers includes an array of services provided in a congregate or residential setting (e.g., hospital, nursing home, and adult day center) to dependent older individuals who are in need of supervision. Services may include, where appropriate, meals, social and recreational activities, personal care, monitoring of health status, medical procedures and/or transportation. Supervised care at senior centers or other non-residential program locations that are not licensed as adult day care facilities. Activities include lunch and supervised recreational and/or social activities for dependent older individuals who require supervision.

The Care Recipient: Must be unable to perform a minimum of two activities of daily living identified through the Consumer Needs Evaluation and/or due to a cognitive or other mental impairment, requires substantial supervision because the care recipient behaves in a manner that poses a serious health or safety hazard to themselves or to another individual.

Service Delivery: The voucher program allows more flexibility in hours and days of availability (after 5pm and weekends), and, often times, comfort in selecting their own provider. A voucher packet is provided to the client for review, as well as the provider information. Once a provider is selected, the provider contacts the Case Manager and additional information is provider specifically to the provider about the voucher program. The intended provider also undergoes a background check and

the results of this are presented to the client for approval prior to services for the voucher program, beginning with the provider. Services are authorized for a three-month period and re-evaluated during that timeframe, for a possible three-month extension.

Personal Assistance - assisting an older individual having difficulty in 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 covers assistance in all activities of daily living.

Service: Caregiver Respite Care – In Home - temporary relief for caregivers including an array of services provided to dependent older individuals who need supervision. Services are provided in the older individual's home environment on a short-term, temporary basis while the primary caregiver is unavailable or needs relief. In addition to supervision, services may include meal preparation, housekeeping, assistance with personal care and/or social and recreational activities.

The Care Recipient: Must be unable to perform a minimum of two activities of daily living identified through the consumer needs evaluation (CNE) and/or due to a cognitive or other mental impairment, requires substantial supervision because the care recipient behaves in a manner that poses a serious health or safety hazard to themselves or to another individual.

Service Delivery: once the client has chosen this service, the Case Manager provides the list of contracted providers, services, and rates per hour to the client so that they may choose which provider they would like to utilize. Once chosen, a service authorization is sent to the provider who will then contact the CVAAA client to schedule a home visit to further discuss the schedule for in-home services. The client contacts the CVAAA Case Manager will any questions or concerns regarding in-home services that are being provided. Services are authorized for a six to twelve-week period based on provider rate, client needs, and utilization of service and may be extended, based on the need and lack of additional resources. Staff are trained to ensure that these are not long-term, ongoing needs, but in the event that they are, the proper referrals for longer-term services are provided.

Health Services (physical, mental, and behavioral)

Concho Valley AAA seeks to incorporate additional services for this category, that have not previously been offered.

Evidence-Based Interventions (EBIs)

Concho Valley AAA will utilize FY 24 to seek options in addressing ongoing hardships related to offering EBI classes.

All Other Services to Assist Independence

Concho Valley AAA seeks to incorporate additional services for this category, that have not previously been offered.

Section 11. Direct Service Waiver

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

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

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

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

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

No.

Section 12. Data Use Agreement

Area Agency on Aging of the Concho Valley (AAACV) is required to gather, retain, and share Confidential Information in the course of its business. In doing so it is bound by the Data Use Agreement (DUA) between it and the Texas Health and Human Services Enterprise (HHS). In addition, its contractors are bound by the DUA.

To ensure that confidential information is protected against unauthorized use, the Concho Valley Council of Governments (CVCOG) has established an Information Technology department which includes an IT Director and two additional IT staff who assists the AAACV to meet requirements in developing security and privacy policies at the program level, ensuring compliance, and providing technical assistance to AAACV staff, volunteers and contractors. The CVCOG maintains an IT Policy and Procedure manual that all staff must review and sign in acknowledgement at initial time of hiring that addresses expectations and requirements, as it relates not only to policy and procedure but to ensuring compliance with the DUA. A minimum of annual training is provided to all staff in regard to confidentiality, technology and best practices when merging the two.

Definitions

- Aging representative: employee of the Concho Valley Council of Governments' Area Agency on Aging, CVCOG Administrative staff, or CVCOG contractor.

- Confidential Information: any communication or record (whether oral, written, electronically stored or transmitted, or in any other form) provided or made available to the AAACV or that the AAACV may create, receive, maintain, use, disclose or have access to on behalf of the Texas Department of Aging and Disability Services and/or Texas Health and Human Services Commission that consists of or includes any of the following:

  ‣ Participant information

  ‣ Protected health information in any form

  ‣ Sensitive personal information, defined by the Texas Business and Commerce Code Chapter 521

  ‣ Federal tax information

  ‣ Personally identifiable information

- ‣ Social Security Administration Data
- Legally authorized representative (LAR): An LAR is defined as:
  - ‣ a parent or legal guardian if the person is a minor.
  - ‣ a legal guardian if a judge has ruled the person is not competent to manage his or her own personal affairs.
  - ‣ an agent named as the person's durable power of attorney for health care.
  - ‣ the person's court-appointed attorney ad litem.
  - ‣ the person's court-appointed guardian ad litem.
  - ‣ a personal representative or statutory beneficiary if the person is deceased.
  - ‣ an attorney retained by the person or by another person listed on this form.
  - ‣ if the person is deceased, their personal representative must be the executor, independent executor, administrator, independent administrator or temporary administrator of the estate.
- Personally Identifiable Information (PII): information that can be used to distinguish or trace an individual's identity, either alone or when combined with other personal or identifying (sensitive) information that is linked or linkable to a specific individual. PII includes, but is not limited to, name, social security number, and date of birth; and any other information that that is linked or linkable to an individual such as an identification number assigned by a client tracking software system.

To "distinguish" an individual is to identify an individual. Some examples of information that could identify an individual include, but are not limited to, names and social security numbers.

To "trace" an individual is to process sufficient information to make a determination about a specific aspect of an individual's activities or status. For example, a home-delivered meal route sheet that contains individuals' names would allow the user to determine that such individuals are homebound.

Business Necessity:

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

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

- Name
- Date of birth
- Address
- Phone number

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

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

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

- Need for assistance with transferring
- Need for assistance with walking
- Need for assistance with dressing
- Need for assistance with bathing

- Need for assistance with toileting

- Need for assistance with grooming

- Need for assistance with eating

- Need for assistance with laundry

- Need for assistance with meal preparation

- Need for assistance with shopping

- Need for assistance with administering medication

- Need for assistance with nail care

- Need for assistance with opening jars, cans, and bottles

- Need for assistance with using the telephone

- Need for assistance with transportation

- Need for assistance with money management

- Difficulty maintaining balance

In addition, HHSC has designated the following PII data sets as mandatory for participants of its nursing home relocation program:

- Social Security Number

- Medicare number

- Medicaid number

Obtain Informed Consent

Before Aging staff, volunteers, and contractors gather Confidential Information, they inform program participants why the information is being requested (e.g., "Our funding agency requires us to report certain information, such as names, addresses, and dates of birth." or "Our programs are limited to people age 60 and over who reside in the 13 county region.").

If a prospective client refuses to provide PII that's deemed mandatory by DADS, he/she is ineligible for AAACV funded services.

Before releasing Confidential Information, the Aging representative must obtain the individual's consent, except under the circumstances noted in Exceptions to Obtaining Participant Consent below. Written consent is the preferred means of

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

Authorization to Release PII

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

The Client Rights document includes the following language: "Information we gather through an intake or through an assessment may be shared to plan, arrange and deliver services to meet your individual client needs. The information collected is required by your local service provider, the Area Agency on Aging (AAA), and the Texas Department of Health and Human Services. All of your information will be kept confidential and guarded against unofficial use."

If a prospective participant refuses to sign the Client Rights document, he/she is ineligible for CVAAA funded services.

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

Authorization to Release PHI

If the Aging representative is conducting an assessment in person, he/she should obtain the individual's consent to release PHI by asking the individual to sign the "Client Information Release."

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

• Limited to designated people or agencies, or valid for any person/agency. If the client chooses to limit release of information to designated people or agencies, the

Aging representative should encourage him/her to designate an emergency contact person.

- Limited to certain types of information, or valid for all information
- Limited to a certain purpose, or valid for "assessing, arranging, and meeting individual service needs," broadly defined

If the prospective participant refuses to sign the Client Information Release, he/she may be ineligible to receive AAACV funded services. In the course of providing services to the participant, the Aging representative must honor any limitations—communicated either verbally or in writing—as stipulated by the client.

The Concho Valley Council of Governments takes a number of steps at both the Agency and employee level to prevent its electronic records from being accessed by unauthorized users.

At the Agency level, CVCOG:

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

CVCOG's general security policies include the following requirements that are binding on all employees:

- Staff must create original, unique and complex passwords
- Staff must not divulge their passwords to anyone.
- Staff must not allow other persons to share their accounts.
- If the staff person writes down a password, he/she must physically secure the written password (e.g., keep in a locked file cabinet, accessible to him/her only).

- Staff must change passwords at least once every 90 days.

- Staff must log off their computers while unattended for any length of time.

- Staff should not open email attachments from unknown or untrustworthy sources.

- Staff must not install any software on CVCOG devices. Only COG IT staff are authorized to install software.

- Staff who save or store Confidential Information in electronic format may do so only on CVCOG approved computers, systems, devices and equipment. Staff must not connect mobile computing devices that are not the property of the Agency to their computers or the network without authorization from the Information Security Officer.

- Computer workstations must be locked when not in use. CVCOG computers may automatically lock after minutes of activity.

The CVAAA has the following requirements of staff and providers who transmit participants' Confidential Information.

- Confidential Information that is transmitted electronically or stored on CDs, DVDs and flash drives must be encrypted using a Federal Information Processing Standards (FIPS) 140-2 compliant and National Institute of Standards and Technology (HIST) validated cryptographic module.

- Confidential Information or PII must not be electronically transmitted to any person or entity in an unsecured format.

- Include the following language in the sender's auto-signature:

"The contents of this email may contain confidential information that may be legally privileged and protected by federal and state law. This information is intended for use only by the entity or individual to whom it is addressed. The authorized recipient is obligated to maintain the information in a safe, secure, and confidential manner. The authorized recipient is prohibited from using this information for purposes other than intended, prohibited from disclosing this information to any other party unless required to do so by law or regulation, and is required to destroy the information after its stated need has been fulfilled.

If you are in possession of this protected health information, and are not the intended recipient, you are hereby notified that any improper disclosure, copying, or distribution of the contents of this information is strictly prohibited. Please notify

the owner of this information immediately and arrange for its return or destruction."

CVCOG and CVAAA will revise its privacy and security policies and procedures following any major changes, best practices, or additional requirements that are mandated for its programs that effect the use or disclosure of Confidential Information. At a minimum, CVCOG will review its policies and procedures on an annual basis and will revise them as necessary.

Section 13. Disaster Plan

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

Aging Services Disaster Plan

During the last Area Plan development phase, the CVCOG Administration identified the need to form a CVCOG Safety Committee. The intent in forming this committee was to identify all COG programs who were required to create and maintain an Emergency Preparedness/Disaster Plan for their respective contract requirements. To streamline efforts and lessen duplication of time and content, all plans for the major programs were reviewed and compared by the Safety Committee. A master draft titled, "CVCOG Comprehensive Emergency Management and Continuity of Operations Plan" was created. This plan serves as a master guide for CVCOG's plan in response for emergency/disaster situations. It took input from the various programs, as well as Best Practices from: 211 Texas, 911 Regional, Area Agency on Aging, Criminal Justice, and Homeland Security. Each individual program is responsible for adding to and ensuring that any additional, specialized requirements, per program are also included and/or addressed in a specific program procedure to supplement the master CVCOG Emergency Plan. The plan specific to Area Agency on Aging, was last reviewed in the Spring of 2022, for the required submittal to partner program 211 Texas – AIRS Accreditation process; that plan was also submitted to the Texas Information and Referral Network (TIRN) and was accepted by the Fall of 2022.

The staff of the CVCOG, and cross-trained staff who work with 211, ADRC and CVAAA, attend regional community disaster planning and preparedness trainings and meetings, as scheduled. The Local Emergency Planning Committee of the Concho Valley is a network that is invaluable to the operations of disaster preparedness, in which our staff frequently participates in, and attends applicable trainings.

The CVCOG Safety Committee Chair, staff from CVCOG's Criminal Justice and Homeland Security, and 211 Texas staff provide updates on FEMA guidance, best practices, certifications, that should be considered for the CVCOG Master Plan

and/or for awareness for individual program requirements. Due to COVID-19, local procedures were updated, timely and accordingly, per national guidance for staff, building, daily operations and as it pertained to contractors, clients, and other key partners. CVAAA staff work closely with CVCOG Admin to notify the public and service providers, if/when there may be anticipated disruption to services. Staff work closely with providers: Nutrition, Transportation, in-home, etc. to discuss preparations for any anticipated disruption to services and utilize after action reports during times of emergency/disaster.