

# Golden Crescent AAA Area Plan



**FFY 2027 - 2029**

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

**Pending Approval by HHSC Office of Area Agencies on  
Aging May 2026**

Public Review and Comment Period runs from March 26, 2026, through April 30, 2026. Please send public comments to Louis Morales, Aging and Community Services Manager, at [louism@gcrpc.org](mailto:louism@gcrpc.org).

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## Executive Summary

Since 1974, the Golden Crescent Regional Planning Commission has served as the designated Area Agency on Aging (AAA) for the seven-county region, working to support the health, independence, and well-being of older adults and their caregivers. The AAA develops and carries out the Area Plan, a roadmap that identifies local priorities and outlines strategies for meeting the needs of older adults through policy development, planning, coordination, and delivery of community-based services funded under the Older Americans Act.

For the 2027–2029 planning period, the Golden Crescent AAA will focus on three primary goals:

- **Enhance nutrition and access services** by strengthening meal, transportation, and information programs that meet critical needs of older adults and caregivers.
- **Promote independence and healthy living** by expanding home and community-based services, supporting evidence-based health programs, and encouraging informed choices that improve quality of life.
- **Strengthen advocacy and connections** by serving as a visible advocate and trusted source of information, linking older adults and caregivers to both AAA and community resources.

The strategies in this plan are guided by demographic data from the U.S. Census Bureau, the Texas Health and Human Services Commission, Aging Texas Well indicators, and regional trend analyses. This data-driven approach ensures services remain responsive to community needs while anticipating future challenges.

Through the 2027–2029 Area Plan, the Golden Crescent AAA reaffirms its commitment to advancing dignity, independence, and quality of life for older adults and caregivers across the region.

### Mission

To provide outstanding health and human services through consumer benefits, advocacy, and information and referral services.

Golden Crescent AAA strives to serve as an advocate for persons 60 years and older to achieve a better quality of life; to secure and maintain self-determination and dignity; and, to remove individual and social barriers to economic and personal independence. The Golden Crescent

AAA will fund Title III Older Americans Act programs in an ethical, transparent, and fiscally responsible manner.

**Vision**

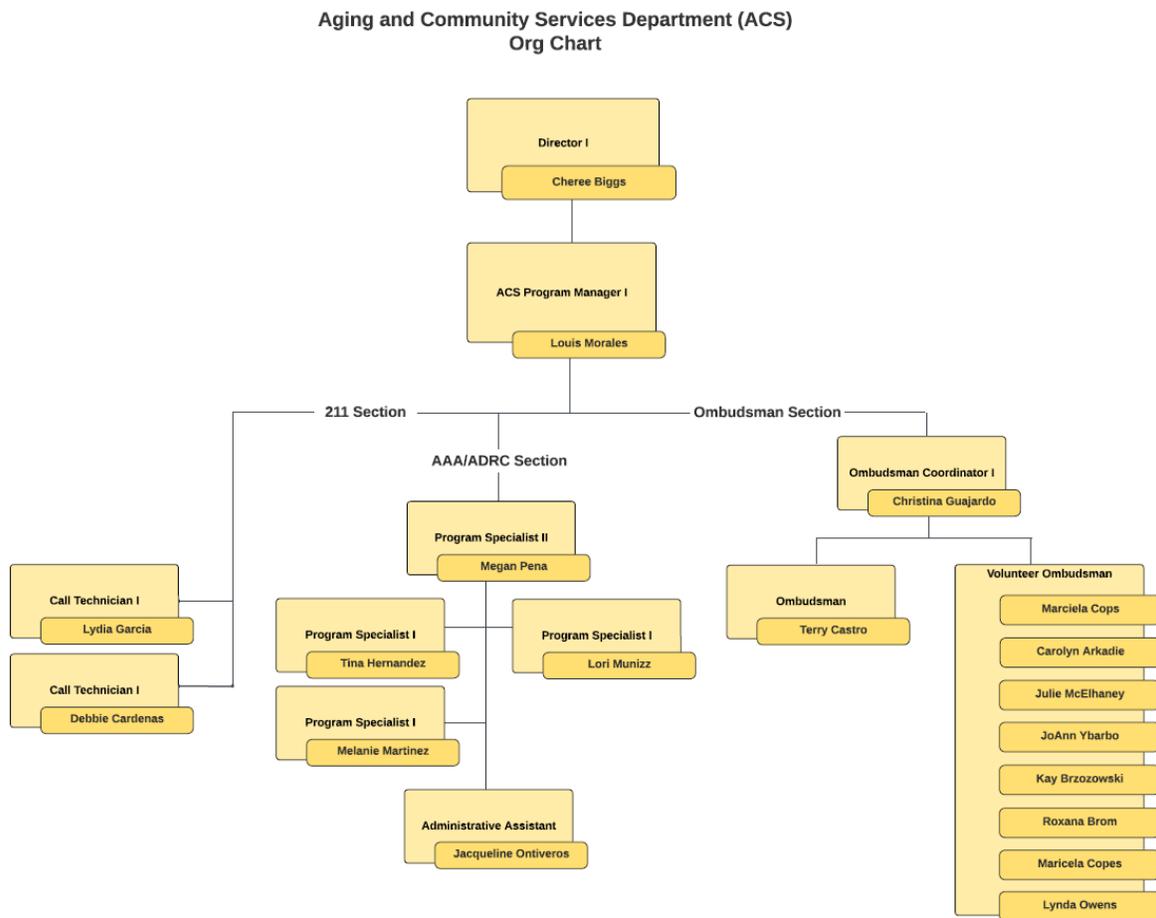
Golden Crescent Area Agency on Aging: A regional community with services and supports that enable older adults and their caregivers to flourish and thrive in an environment of self-sufficiency and independence.

**Organizational Profile**

Reference: [45 CFR 1321.57](#), [45 CFR 1321.63](#), & [45 CFR 1321.65\(b\)\(2\)](#)

**Organization and Staff Composition**

**AAA Department Organizational Structure**

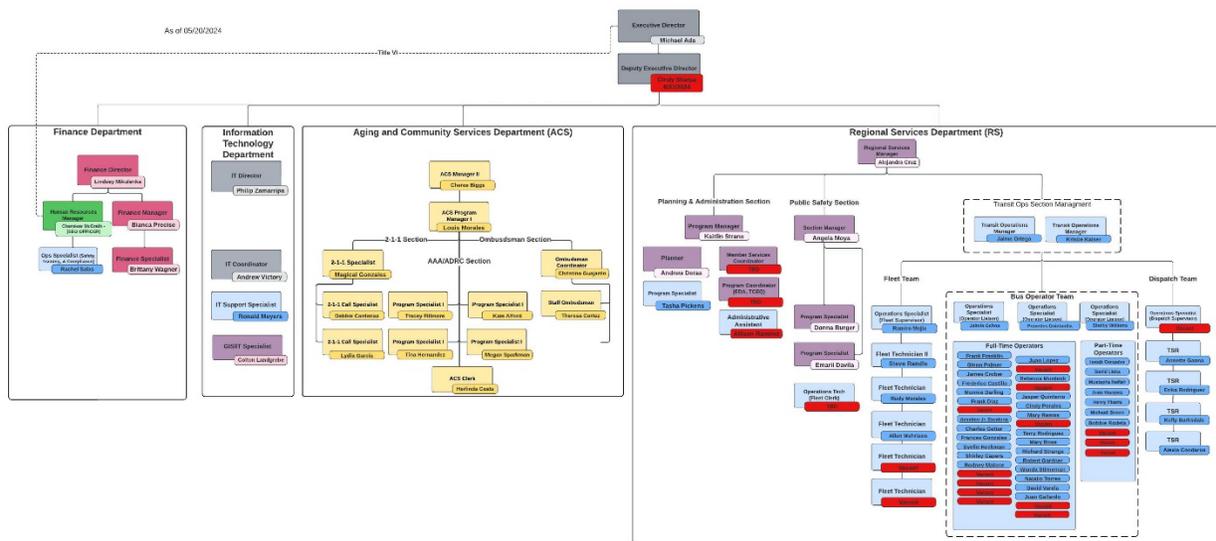


The Area Agency on Aging (AAA) operates within the Aging Community Services Department and is organized to support the planning, coordination, and oversight of Older Americans Act

programs and related services. The department’s structure supports effective program management, contract oversight, fiscal accountability, and service coordination to ensure older adults and caregivers have access to a comprehensive and responsive aging services network throughout the planning and service area.

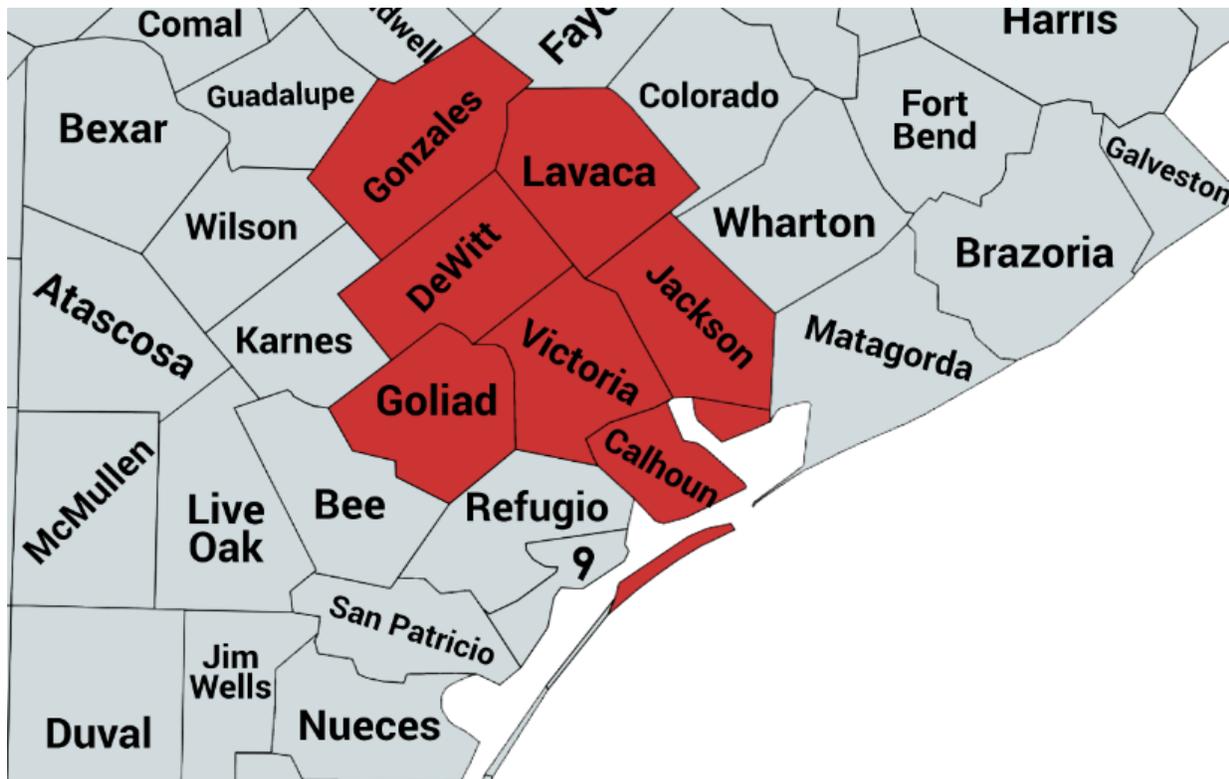
### Organization-Wide Structure

The AAA functions within the agency’s overall organizational framework, which provides executive leadership, administrative oversight, and shared support services. This structure ensures compliance with federal and state requirements, promotes coordination across departments, and supports the AAA’s ability to carry out its mandated roles in advocacy, service development, and system coordination for older adults.



### Planning Service Area (PSA)

The Golden Crescent Regional Planning Commission’s Area Agency on Aging(AAA) serves as the designated agency for the seven-county Planning and Service Area (PSA), which includes Calhoun, DeWitt, Goliad, Gonzales, Jackson, Lavaca, and Victoria Counties. The PSA is a mix of rural communities and small urban centers, with older adults facing unique challenges in accessing healthcare, transportation, affordable housing, and supportive services. Many residents live in isolated areas, and some experience financial or social vulnerabilities that make independent living more difficult.



### Populations with Greatest Economic and Social Need

In accordance with federal regulations (45 CFR §1321.3 and §1321.65), the Golden Crescent AAA prioritizes services for older adults with the greatest economic need and greatest social need.

a) ***Greatest Economic Need***

This refers to older adults whose income is at or below the Federal Poverty Level. Within the Golden Crescent region, this includes individuals living on fixed incomes, those facing housing or food insecurity, and residents whose financial resources are limited by local expenses or geographic factors.

b) ***Greatest Social Need***

Greatest social need refers to older adults who face barriers to independence and quality of life due to non-financial factors. These barriers can include physical or mental disabilities, language or cultural differences, and social or geographic isolation, particularly in rural areas. Older adults may also experience limitations related to minority status, including racial, ethnic, religious, sexual orientation, gender identity, or Native American identity, as well as chronic health conditions or HIV status. Other

challenges may include limited access to reliable housing, food, utilities, transportation, or clean water, and safety or stability concerns. Any of these conditions can restrict daily functioning or threaten an individual's ability to live independently.

### **Economic and Social Resources**

The Golden Crescent Region demonstrates resilience and adaptability, having faced multiple challenges over recent years, including Hurricane Harvey (2017), the COVID-19 pandemic (2020–2021), and the 2021 ice storm. Despite these events, the region has maintained essential economic, healthcare, housing, and social service resources. According to the Golden Crescent Regional Planning Commission Five-Year Comprehensive Economic Development Strategy (2020–2025), the overall economic outlook for the region is neutral, reflecting moderate stability but limited capacity for significant new local financial resources. Senior centers and community programs continue to rely heavily on local support.

### **Healthcare and Social Services**

The region serves as a medical hub with community hospitals in rural counties and two major hospital systems in Victoria. Post-acute rehabilitation facilities, assisted living centers, adult daycare, and home health agencies are distributed throughout the region, allowing many older adults to receive care close to home. However, travel to larger cities for specialized healthcare remains a barrier for some residents.

Higher education institutions contribute to workforce development and programming for older adults. Victoria is home to the Texas A&M University–Victoria, which provides opportunities for lifelong learning and community engagement, and Victoria College, which offers allied health programs supporting local healthcare facilities. Senior-focused programs are also offered through the Institute of Lifelong Learning. Civic and cultural opportunities, along with volunteer programs, provide enrichment and engagement for older residents across the region.

### **Transportation**

Transportation remains a significant challenge, particularly in rural counties. Victoria Transit operates fixed-route and evening/weekend services within the city limits, including wheelchair accessible vehicles. Rural public transportation is provided by Rtransit across all seven counties, offering curb-to-curb service scheduled in advance. The AAA supports rides to senior centers and scheduled destinations for a small fee. Ride-share options are limited, and access to medical facilities outside the PSA continues to be a need.

### **Housing**

Homeownership in the Golden Crescent Region is relatively high, with an average rate of 73.4% across the seven counties, compared with the Texas state average of 62.6%. This suggests a higher level of housing stability among residents in the region. Despite this, many homes are not equipped to meet the needs of older adults as they age. Common barriers include steps, narrow doorways, and bathrooms that are not accessible. Repairs and modifications, such as widened doorways, ramps, grab bars, and shower seats, are often unaffordable for residents. The AAA addresses some of these needs by providing resources for home modifications and referring clients to local programs and volunteer services that assist with home repairs and accessibility improvements.

In Victoria, the region's largest urban center, the owner-occupied rate is approximately 66.6%, slightly above the state average. Affordable housing for older adults continues to be a need, as the Victoria Housing Authority operates at capacity. Several new low-income and senior-focused apartment complexes are under construction or approved, which will help meet growing demand.

Each county within the seven-county region has at least one housing authority and multiple low-income housing options. The AAA maintains active partnerships with housing authorities, property management teams, and community organizations to provide outreach, education, and support to older residents. These partnerships allow the AAA to connect older adults to available housing, advocate for their needs, and ensure that they are informed about local resources.

### **Food Security**

Food insecurity is addressed through the Food Bank of the Golden Crescent, which provides food distribution, SNAP, Medicaid, and other assistance at central and mobile locations. Thirty-six local pantries are supported across the seven counties. Home-delivered meals remain a highly requested service, funded and facilitated by the AAA. Congregate meal sites have reopened post-COVID, providing nutritional and social support in four of the seven counties although the region has not returned to pre-pandemic participation.

### **Limitations**

While the region offers a range of resources, challenges remain. Transportation limitations, particularly for rural residents, continue to restrict access to healthcare and social services. Affordable and accessible housing options remain constrained. Food insecurity persists for some older adults, despite available programs. Local financial resources for senior services are limited, making coordination and partnership critical to meeting the needs of older adults and caregivers in the PSA.

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

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

In the State of Texas, one in five residents is over the age of 60. In the Golden Crescent region, more than 24% of the population is aged 60 and over. The region’s population is higher than the statewide average. Regional growth of the older population into 2025 will be about 50%. Within the senior population, adults aged 85+ comprise about 15.2% of the sector.

Racial and ethnic minorities will make up an increasing share of the older population in the Golden Crescent region. Seniors of minority ethnicity represent 34% of the senior adult population. Hispanic seniors dominate at 25.7% of the 60+ demographic group. Minority seniors will steadily increase to 43% of the 60+ population over the next ten years.

The region is considered predominantly rural. Over 52% of older residents are living in areas outside the Victoria City metroplex. Rural living presents its challenges in terms of accessing services and engaging with the community.

In the Golden Crescent region, the population aged 60 and over currently represents over 24% of the total population of the region. Goliad and Lavaca counties are home to the highest percentages of seniors compared to the total population.

Over the next two years, the region’s population aged 60 and over is expected to increase to 33.75%. The greatest increases are projected for Goliad, Gonzales, and DeWitt counties, with a combined increase to a senior population of 5,661 people. Other growth areas include Calhoun County. Calhoun County is bordered on its eastern edge by beach land. It is a highly desirable retirement community.

The U.S. Census Bureau that the population aged 85 and over could grow from 5.5 million in 2010 to 19 million by 2050. Individuals over age 85 represent about 8.55% of the senior population in the Golden Crescent region. By 2031, those 85+ will increase slightly to

9.67% of the elder population. DeWitt and Victoria Counties will see the greatest numerical increase in the 85+ population.

The 60+ population in the Golden Crescent from minority heritages in 2021 comprise about 34% of the total elder population in the region. Over the next ten years, the number will rise to about 42.8% of the total 60+ population.

The Golden Crescent region is home to a large population of residents of Hispanic ethnicity. Of the 35,713 persons over age 60 in the region, 24.6%, or 12,327 are Hispanic. By 2031, the Hispanic elderly will comprise 35% of the senior population.

According to the American Community Survey, the poverty rate in 2021 among those over age 65 in Texas was 10.8%. In the Golden Crescent region, those living in poverty will represent about 11.5% of the total 60+ population. By 2031, those living in poverty will remain stable at 10.18% of the population over age 60.

The region is predominately rural, with one large metropolitan area, the City of Victoria. About 52% of the senior population live in rural counties and 48% in Victoria County. A strong local provider network and continuous outreach will be critical to reaching rural, isolated seniors.

To summarize the census data, predictions from the Administration for Community Living set the growth of the 60+ population in Texas over the next eleven years at about 35%. In the Golden Crescent, the population growth among senior adults will hover around 10%. Elderly persons living in poverty in Texas will account for about 13% of the senior population, while in the Golden Crescent, the number averages 18.4%. The minority composition of the elderly population in Texas will be about 38.9%. In the Golden Crescent region, minority seniors will comprise over 33% of the area's 60+ population. More seniors live in rural areas of the region than in the urban community surrounding Victoria.

In Texas, there are currently 340,000 people living with **Alzheimer's disease**, according to the Texas Alzheimer's Research Consortium statistical report released in March 2010. This number represents about 14% of the total Texas population. The National Alzheimer's Association estimates by 2025, that number is expected to rise to 470,000. The source notes, one out of eight people aged 65 and older has Alzheimer's disease. The report indicates for every person with Alzheimer's disease, there are about 2.5 unpaid caregivers. The demographics, coupled with a regional interest list for AAA services with over 30 names, validate strategies that include services and information for caregivers.

The *Texas State Plan for Alzheimer's Disease 2019-2023* identifies Education and Awareness as a major priority area for state agencies and community-based organizations. The Golden Crescent AAA is uniquely positioned to support this priority by providing

caregiver information, respite, supportive services, and efficient ways of locating and applying for these services.

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

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

1. Advisory Council composition.

- 2. Council Composition**

- i. The Advisory Council for the Golden Crescent Area Agency on Aging is called the Regional Health & Human Services Advisory Committee (RH&HSAC). The membership is composed of appointed members and community stakeholders. Four representatives from each county in the service area are nominated and serve for at least a one-year term. This committee is well established and has long-term experience in advising the staff and the Golden Crescent Regional Planning Commission Board of Directors on matters related to the Area Agency on Aging, the Aging & Disability Resource Center, and the Golden Crescent 211 services.
- ii. As outlined in the Regional Health and Human Services Advisory Committee By-Laws all nominations to this Committee are subject to appointment by the Golden Crescent Regional Planning Commission Board of Directors. The composition of this committee shall be as prescribed by directives and procedures as may be established by the Board of Directors of the Golden Crescent Regional Planning Commission and those set forth by the Older Americans Act.
  - (1) Special requirements for membership shall include:

- (a) A majority (more than 50%) of members shall be 60 years of age or older.
- (b) older persons with the greatest economic and/or social needs;
- (c) participants in the Older Americans Act programs;
- (d) representatives of older persons including contractors for services;
- (e) local elected officials;
- (f) the general public; and
- (g) minority older individuals shall be represented at least in proportion to their number in the region, that is, minority members of the Advisory Committee shall be at least in proportion to their number in the region.

iii. The Committee shall consist of up to and including four (4) members from each county. Each county will be afforded the opportunity for equal representation. Each of the counties within the region shall have at least one (1) representative on the Committee.

**b. Members by Category**

i. 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.

Category	Number of Members
Older Individuals Residing in Rural Areas	6
Clients of Title III Services	1
Older Individuals	11
Minority Older Individuals who Participate or are Eligible to Participate in OAA Programs	1
Local Elected Officials	1
General Public	4
Veterans' Health Care Providers, if applicable	0
Service Providers	9
Family Caregivers of Older Individuals who are Minority or who Reside in Rural Areas	1

Category	Number of Members
Business Community Representatives	21
Representatives of Older Individuals	21
Representatives of Health Care Provider Organizations	5
People with Leadership Experience in the Private and Voluntary Sector	6
Representatives of Supportive Services Provider Organizations	9

**c. Frequency of Meetings**

d. The Advisory Committee meets once a quarter. Meetings are usually held in February, May, August, and November. Special meetings are held if action is required or if requested by the council.

**e. Member Selection Schedule**

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

**g. Advisory Council Members**

RH&HSAC Voting Members

**Calhoun County- Point Comfort, Port Lavaca, and Seadrift**

Tria Svatek <i>Admission Director</i> Port Lavaca Nursing and Rehab Center	WENDY CABRERA <i>Director</i> United Way	MARGARITA ALMANZA <i>Public Citizen</i>	KAREN LYSSY County Extension Agent Texas A&M Agrilife
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**DeWitt County- Cuero, Yorktown, and Nordheim**

<p>MARK BETHUNE <i>Director</i> Community Action Committee of Victoria</p>	<p>TERRI RODGERS <i>EMS Director</i> DeWitt County EMS</p>	<p>GLORIA HERNANDEZ <i>Admissions Director</i> Cuero Nursing and Rehab</p>	<p>KATIE MITCHELL <i>Admissions Director</i> Cuero Nursing and Rehab</p>
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**Goliad County- Goliad**

<p>CHALIISE MACKEY <i>Health Care Coordinator</i> Goliad County Indigent Health Office</p>	<p>CANDACE CAMACHO <i>Public Health Specialist I</i> Texas Department State Health Services</p>	<p>JODY HARPER <i>Public Health Specialist I</i> Texas Department State Health Services</p>	<p>VACANT</p>
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**Gonzales County- Gonzales, Nixon, Smiley, and Waelder**

<p>KARI BREITSCHOPF <i>Executive Director</i> Gonzales County Senior Citizens Association</p>	<p>SARAH ZAMORA- RIVERA <i>Service Coordinator</i> Volunteers of America</p>	<p>VACANT</p>	<p>VACANT</p>
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**Jackson County- Edna, Ganado, and LaWard**

<p>DONNA COLEMAN <i>Public Citizen</i></p>	<p>BROOK MOORE <i>Director EMS</i> Jackson County Hospital</p>	<p>IDA RAMIREZ <i>Executive Director</i> Friends Of Elder Citizens, Senior Center</p>	<p>STACIE KLIEN <i>Admissions Director</i> Southbrooke Manor Nursing and Rehabilitation Center</p>
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**Lavaca County- Hallettsville, Moulton, Shiner, and Yoakum**

BECKY JANAK <i>Program Manager</i> Community Connections of Lavaca County	LAUREN WARNER Public Health Nurse Texas Department of State Health Services	NATALIE KNESEK County Extension Agent Texas A&M AgriLife	SHAYLA PHOVHAJSKY <i>Admissions Director</i> Hallettsville Nursing and Rehab
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**Victoria County- Victoria**

BETHANY CASTRO <i>Executive Director</i> United Way, The Crossroads	DAN WILLIAMS-CAPONE <i>Executive Director</i> Meals On Wheels of South Texas	TONYA PEREZ <i>Assistant Project Director</i> AARP Foundation	JENNY KREMLING <i>Clinical Liaison</i> Regency Integrated Health Services
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**Stewardship & Oversight**

**Reference:** [OAA of 1965, as amended through P.L. 116-131 \(3/25/2020\)](#), & [45 CFR 1321.59](#)

The Area Agency on Aging (AAA) maintains a comprehensive framework of program management and administrative practices designed to ensure responsible stewardship and oversight of funds received under the Older Americans Act (OAA) of 1965, as amended through P.L. 116-131, and in accordance with 45 CFR §1321.59. These practices support the AAA’s responsibility to administer programs in a manner that promotes transparency, accountability, and effective service delivery for older adults, caregivers, and individuals with disabilities.

At the organizational level, the AAA maintains written policies and procedures that guide operational, fiscal, programmatic, and administrative activities. These policies are regularly reviewed and updated to ensure alignment with federal and state regulations, including the principles and requirements of the OAA. Internal policies address key functions such as program monitoring, fiscal management, contract oversight, data management, client confidentiality, and conflict-of-interest protections. Staff are trained on these policies to ensure consistent application and compliance across all program areas.

Fiscal stewardship is maintained through established financial management procedures that ensure federal and state funds are used appropriately and in accordance with approved budgets and program guidelines. The AAA utilizes standardized accounting practices, internal financial controls, and regular expenditure monitoring to ensure responsible management of public funds. Fiscal activities include review of invoices, documentation of allowable costs, monitoring of spending against budget allocations, and coordination with the organization's finance department to ensure compliance with applicable federal and state fiscal requirements.

The AAA also maintains strong oversight of contracted service providers through structured procurement, contract management, and monitoring activities. Providers receiving OAA funds are required to comply with federal, state, and local regulations, as well as performance expectations outlined in contractual agreements. Monitoring activities may include desk reviews, on-site monitoring visits, review of program reports, fiscal documentation reviews, and technical assistance to ensure providers meet program requirements and maintain quality service delivery. Corrective action procedures are implemented when necessary to address compliance concerns and support continuous improvement.

Programmatic oversight is supported through ongoing data collection, performance monitoring, and reporting processes. The AAA uses state-approved data systems to track service utilization, client demographics, and program outcomes. This information is reviewed regularly by Program Manager to ensure services are reaching priority populations identified under the OAA, including older adults with the greatest economic need, greatest social need, and those residing in rural areas. Data reviews also inform program planning, resource allocation, and service improvements.

Staff development and training are also essential components of stewardship and oversight. The AAA ensures that staff and contractors receive ongoing training related to OAA requirements, program standards, reporting requirements, and best practices in aging services. Training topics may include program compliance, client-centered service delivery, data integrity, cultural competency, and emerging needs of older adults and caregivers. Finance Director who conducts fiscal management activities for the AAA, the AAA Director, any AAA staff relevant to the review process, and the Executive Director, when appropriate. The Golden Crescent AAA engages in an evaluation of service levels as the budget is prepared for the new fiscal year. Of primary consideration is the status and needs of current clients. Care plans are reviewed to determine the level of services needed as the fiscal year begins. The client characteristics (i.e., targeting criteria) of those receiving Congregate, Home Delivered, and Transportation services are reviewed. Demand for services in each county is evaluated by reviewing performance levels and waiting lists. Demographic trends are also considered. Funding and service levels for the direct purchase of services are also determined based on the Area Plan priorities, purposes of the funding sources, categorical transfer limits, adequate proportion, performance measure objectives, the current client levels by service, waiting lists, and maintenance of effort requirements. Funding and performance are tracked with the use of general ledger Microix

financial management system, fiscal expenditure reports, Request for Reimbursement worksheets, Notices of Fund Awards, and the State Unit on Aging Peer Place Reporting System. A quarterly comprehensive review is conducted and shared with management, which includes utilization by service; progress toward meeting Legislative Budget Board goals; status carry-over funding; progress toward meeting adequate proportion requirements, and recommendations to address any issues that may have arisen within the review.

Other funding sources, including local cash, fundraising, program income, and in-kind contributions, are critical to maintaining service levels. While some services have waiting lists across the region, specifically for home-delivered meals, hundreds of consumers are served with other resources. In FY2025 alone, 85 % of the total resources reported to the AAA from service providers were from non-Title III sources.

Golden Crescent AAA engages in continuous data quality review and performance measure testing to ensure data is recorded accurately and timely. Staff timesheets are compared to daily activity logs, and the logs are checked for data in the client information database. Procedures are in place to address error rates and remedies. Vendor data is reviewed monthly, and a risk assessment is conducted annually. The dietician provides annual training and technical assistance on food service to each kitchen in the region. An annual Client Satisfaction Survey is conducted to assure quality services are being delivered to consumers. The primary goal of the Golden Crescent AAA is to deliver a comprehensive, coordinated system of long-term services and support in the home and community-based settings, in a manner that is responsive to the needs and preferences of older individuals and their families. This is accomplished by offering AAA's signature services to facilitate access including Information & Referral, Care Coordination, Caregiver Support Coordination, and Legal Assistance. Coupled with the Direct Purchase of Services, older individuals can receive supportive services and the coordination skills of case managers to ensure they have access to AAA services, as well as other public benefits for which they may be eligible. The AAA is one of many agencies that have the same goal and vision of independence and self-determination for senior adults. Many collaborative working relationships are maintained to ensure the needs of older individuals are met. With the designation as the region's Aging and Disability Resource Center, formal referral protocols have been adopted between the AAA, the local Mental Health Authority-Gulf Bend Center, and the Health and Human Services office for Medicaid services. The Golden Crescent AAA, the ADRC, and the 211 Area Information Center are all services of the Golden Crescent Regional Planning Commission and are managed under the unified Aging and Community Services Department. Working partnerships are also in place between Texas A&M AgriLife Extension, Citizens Medical Center, Victoria and Calhoun County Community Resource Coordination Groups, Homeless Coalition, Victoria Health Alliance, the Food Bank of the Golden Crescent, Community Action Committee, Christian Assistance Ministries, Senior Medicare Patrol, Adult Protective Services, Social Security Administration, local libraries and community volunteer groups.

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

In addition, the AAA maintains transparent communication and coordination with governing bodies, advisory committees, and community stakeholders to support accountability and alignment with the goals of the OAA. Regular reporting, stakeholder engagement, and strategic planning activities help ensure that services remain responsive to community needs and consistent with federal priorities promoting independence, dignity, and well-being for older adults.

Through these integrated operational, fiscal, and programmatic practices, the AAA demonstrates its commitment to responsible stewardship of public funds and effective oversight of programs funded under the Older Americans Act.

## **Key Topic Areas**

**Reference:** [45 CFR 1321.65\(b\)\(5\)](#), [45 CFR 1321.65\(b\)\(2\)](#), & [45 CFR 1321.65\(c\)](#)

**3. Core Program Area 1: Supportive Services:** Supportive Services represent a core program area authorized under Title III-B of the Older Americans Act (OAA) and are designed to promote independence, safety, and quality of life for older adults. The Area Agency on Aging (AAA) administers and coordinates supportive services to assist older individuals in maintaining their ability to live safely and independently in their homes and communities for as long as possible. These services help address barriers that may otherwise lead to social isolation, declining health, or premature institutionalization. The AAA provides supportive services through a coordinated system of information, referral, case assistance, and direct or contracted service delivery. At a high level, these services connect older adults, individuals with disabilities, caregivers, and family members to resources that support daily living and community participation. Services are delivered through partnerships with local service providers, community-based organizations, and public agencies to ensure broad access to essential support throughout the region. Examples of supportive services may include information and assistance, care coordination, transportation services, benefits counseling, caregiver supports, health and wellness activities, and other community-based services that

help older adults maintain independence. The AAA also works to ensure services are accessible to priority populations identified under the OAA, including individuals with the greatest economic need, greatest social need, rural residents, and those with limited access to community resources. In addition to service coordination, the AAA plays a key role in community planning, outreach, and resource development to strengthen the local aging services network. By collaborating with healthcare providers, local governments, nonprofit organizations, and community partners, the AAA helps identify service gaps and develop strategies to improve service availability and accessibility.

Through the administration of supportive services, the AAA advances the primary goals of the Older Americans Act by promoting independence, dignity, and well-being for older adults while helping communities build responsive systems of care that support aging in place.

**Core Program Area 2: Nutrition Services – Congregate Meals, Grab & Go Meals, and Home Delivered Meals** Nutrition Services are authorized under Title III-C of the Older Americans Act (OAA) and are designed to reduce hunger, food insecurity, and malnutrition among older adults while promoting health, well-being, and the ability to remain living independently in the community. The Area Agency on Aging (AAA) administers and oversees nutrition programs that provide older adults with access to nutritious meals, opportunities for social engagement, and connections to additional supportive services. The AAA coordinates nutrition services through partnerships with contracted community providers and local organizations that operate congregate and home-delivered meal programs throughout the region. Congregate meal services provide older adults with nutritious meals served in community-based settings such as senior centers, community centers, and other accessible locations. These settings offer opportunities for socialization, health education, and wellness activities that help reduce isolation and support overall well-being. Home-delivered meal services are provided to eligible older adults who are homebound due to illness, disability, or mobility limitations and who may be unable to obtain or prepare adequate meals on their own. These services ensure that vulnerable older adults receive regular, nutritionally balanced meals while also providing an important safety check through regular contact with program staff or volunteers. In addition to meal service delivery, the AAA supports nutrition-related activities such as nutrition education, screening for nutritional risk, and referrals to additional services that address broader health and social needs. The AAA also monitors contracted providers to ensure compliance with federal and state nutrition program requirements, including meal quality standards, service reporting, and participant eligibility guidelines. Through the administration and oversight of congregate and

home-delivered meal programs, the AAA supports the goals of the Older Americans Act by addressing food insecurity, promoting health and wellness, reducing social isolation, and helping older adults maintain independence within their communities.

The Area Agency on Aging (AAA) may offer Grab & Go meal options as a supplemental nutrition service designed to increase access to nutritious meals for older adults who may face barriers to participating in traditional congregate meal settings. Grab & Go meals are intended to complement, not replace, congregate meal programs by expanding service accessibility for older adults who have transportation challenges, mobility limitations, caregiving responsibilities, employment obligations, or other barriers that prevent them from remaining onsite for a scheduled congregate meal. The AAA remains committed to maintaining the integrity and social benefits of the congregate meal program while utilizing Grab & Go services as an additional strategy to reduce hunger and food insecurity among older adults.

The implementation of Grab & Go meals will be designed to enhance participation in the nutrition program overall and will be coordinated with congregate meal providers to ensure that the availability of Grab & Go meals supports broader program goals, including increasing service reach and improving nutritional access for underserved populations.

#### **a. Monitoring the Impact of Grab & Go Meals on Congregate Programs**

The AAA will monitor the impact of Grab & Go meals through ongoing program oversight, data tracking, and provider monitoring activities. Service utilization data will be reviewed regularly to assess trends in congregate meal participation and Grab & Go meal distribution. The AAA will evaluate whether Grab & Go services are expanding access to individuals who would otherwise not participate in congregate meals rather than shifting participation away from traditional congregate settings.

Monitoring strategies include review of monthly service reports, participant demographics, and meal counts to identify changes in participation patterns. The AAA will also engage with nutrition providers through regular communication, site monitoring visits, and program reviews to gather feedback regarding operational impacts and participant engagement. If data suggests that Grab & Go meals are negatively impacting congregate participation, the AAA will work collaboratively with providers to adjust program implementation strategies to ensure the congregate program remains a central component of the nutrition services network.

#### **b. Reaching Older Adults in Greatest Economic Need (GEN) and Greatest Social Need (GSN)**

The AAA will ensure that Grab & Go meals are targeted to older adults with the greatest economic need and greatest social need, consistent with the priority populations identified in the Older Americans Act. Outreach efforts will focus on underserved communities, including

individuals living in rural areas, low-income older adults, minority populations, individuals with disabilities, and those experiencing social isolation.

The AAA will utilize existing referral networks such as Information and Assistance services, Aging and Disability Resource Center (ADRC) partners, community organizations, healthcare providers, and local social service agencies to identify individuals who may benefit from Grab & Go meal access. Providers will also conduct outreach through community partnerships, senior centers, faith-based organizations, housing authorities, and local service agencies to ensure that vulnerable populations are aware of and able to access nutrition services.

Through targeted outreach and referral coordination, the AAA will work to ensure that Grab & Go meals expand access to nutrition services for individuals who may not otherwise participate in congregate meal programs due to logistical or personal barriers.

### **c. Consultation with Nutrition Experts, Providers, and Community Stakeholders**

The AAA will engage in consultation with nutrition service providers, nutrition professionals, and community stakeholders to assess the need for Grab & Go meal services and to ensure appropriate implementation. This consultation process includes collaboration with contracted meal providers, registered dietitians or nutrition program staff responsible for meal planning and compliance with nutrition standards, and other community partners involved in aging services.

Input from advisory committees, community partners, and local stakeholders will also inform the development and implementation of Grab & Go services. Public engagement opportunities, such as community meetings, stakeholder discussions, and feedback from program participants, help ensure that the program reflects community needs and supports the goals of the Older Americans Act. Feedback gathered through these consultations will guide program design, service delivery strategies, and continuous program improvement.

### **d. Strategies to Address Hunger, Food Insecurity, Malnutrition, and Social Isolation**

The AAA will utilize Grab & Go meals as one component of a broader strategy to address hunger, food insecurity, malnutrition, and social isolation among older adults. Nutrition programs are designed to provide not only access to healthy meals but also connections to supportive services and opportunities for engagement.

Participants accessing Grab & Go meals will receive information about additional AAA programs and services, including benefits counseling, caregiver support, transportation services, and health and wellness programs. Providers will also offer nutrition education and wellness information when appropriate to support healthy aging. A new initiative in our local community is combining the grab and go program with Evidence Based Walke With Ease classes.

To address social isolation, the AAA will encourage participants who are able to do so to engage in congregate meal activities, social events, and community programming when possible. Grab

& Go services may also serve as a gateway to connect individuals with other community-based services and supports that promote social interaction and well-being.

Through these coordinated strategies, the AAA seeks to ensure that nutrition services—including Grab & Go meals—support the overall goals of the Older Americans Act by improving access to nutritious food, reducing isolation, and promoting independence for older adults within the community.

**Core Program Area 3: Evidence-Based Disease Prevention and Health Promotion Services** are authorized under Title III-D of the Older Americans Act (OAA) and are designed to help older adults maintain and improve their health, reduce the risk of chronic disease, and support independent living. The Area Agency on Aging (AAA) administers and coordinates evidence-based health promotion programs that empower older adults with the knowledge, skills, and resources necessary to manage their health and enhance overall quality of life.

The AAA works with community partners, healthcare providers, and local organizations to implement evidence-based programs that are recognized through national research and evaluation as effective in improving health outcomes for older adults. These programs typically focus on chronic disease self-management, fall prevention, physical activity, nutrition education, and other wellness initiatives that address common health risks affecting the aging population. Programs are delivered in accessible community settings such as senior centers, community centers, libraries, faith-based organizations, and other locations where older adults regularly gather.

Through these programs, participants learn practical skills for managing chronic health conditions, maintaining physical activity, improving nutrition, and preventing injury. In addition to improving individual health outcomes, these programs help reduce healthcare utilization and support older adults in maintaining independence and active participation in their communities.

The AAA also conducts outreach and education to ensure that evidence-based health promotion programs reach priority populations identified in the OAA, including individuals with the greatest economic need, greatest social need, and those living in rural or underserved areas. Partnerships with healthcare organizations, local governments, community groups, and aging service providers help expand program availability and ensure services are culturally appropriate and accessible to diverse populations.

Program oversight includes monitoring of program implementation, staff and facilitator training, participant tracking, and reporting of program outcomes to ensure compliance with federal and state requirements. The AAA works with providers and partners to ensure programs are delivered with fidelity to their evidence-based models and that participants receive high-quality health promotion services.

Through the implementation and coordination of evidence-based disease prevention and health promotion programs, the AAA supports the goals of the Older Americans Act by helping older adults maintain health, prevent or delay the onset of chronic disease, reduce health disparities, and promote healthy aging throughout the community.

**Core Program Area 4:** Family Caregiver Support Services are authorized under Title III-E of the Older Americans Act (OAA) and are designed to assist family members and other informal caregivers who provide care to older adults and individuals with disabilities. The Area Agency on Aging (AAA) administers and coordinates caregiver support services to help caregivers sustain their caregiving roles while maintaining their own health and well-being. These services recognize the critical role family caregivers play in helping older adults remain safely in their homes and communities.

The AAA provides caregiver support through a coordinated system of information, assistance, education, and direct services. At a high level, these services help caregivers better understand available resources, navigate complex service systems, and access supports that reduce caregiver stress and burden. Core caregiver services may include information and assistance, caregiver training and education, support groups, respite services, and supplemental services that address the needs of caregivers and care recipients.

Respite services are a key component of the caregiver support program, providing temporary relief for caregivers who provide ongoing care for a loved one. These services allow caregivers time to attend to personal needs, employment responsibilities, or other obligations while ensuring that the care recipient continues to receive appropriate support. Supplemental services may include assistance with medical supplies, home safety items, or other resources that help caregivers continue providing care in the home environment.

The AAA also works to enhance services and supports for caregivers through outreach, partnership development, and program expansion efforts. Collaboration with healthcare providers, community organizations, faith-based groups, and other service providers helps identify caregivers in need of support and improves access to available resources. Educational workshops, caregiver conferences, and community awareness initiatives are used to provide caregivers with information about caregiving strategies, stress management, legal planning, and available community supports.

Outreach efforts are designed to reach priority populations identified under the OAA, including caregivers supporting individuals with Alzheimer's disease and related dementias, caregivers with limited financial resources, those living in rural communities, and caregivers who may be socially isolated or unaware of available support services.

The AAA monitors caregiver support programs through data tracking, program reporting, and provider oversight to ensure services are delivered in compliance with federal and state

requirements and that caregivers receive meaningful support. Program evaluation and feedback from caregivers help inform service improvements and identify opportunities to strengthen caregiver support initiatives across the region.

Through the coordination and enhancement of Family Caregiver Support Services, the AAA supports the goals of the Older Americans Act by recognizing caregivers as essential partners in the long-term services and supports system and by providing resources that help caregivers continue supporting older adults in their homes and communities.

**Core Program Area 5:** Legal Assistance services are authorized under Title III-B of the Older Americans Act (OAA) and are designed to help older adults protect their rights, access benefits, and address legal issues that may threaten their independence, financial security, or personal well-being. The Area Agency on Aging (AAA) administers and coordinates legal assistance services to ensure older adults have access to professional legal support and information needed to resolve civil legal matters that commonly affect the aging population.

The AAA works with contracted legal service providers and community partners to deliver legal assistance to eligible older adults throughout the service region. Legal services are provided by qualified attorneys or legal professionals who have experience working with issues affecting older adults. These services are typically offered through consultations, legal advice, document preparation, representation when appropriate, and legal education activities that help older adults better understand their rights and available protections.

Legal assistance services may address a variety of civil legal issues commonly experienced by older adults, including access to public benefits, advance directives and estate planning documents, housing rights, consumer protection, financial exploitation, guardianship and alternatives to guardianship, and other matters affecting an individual's ability to remain independent and financially secure. These services help prevent or resolve legal problems that may otherwise lead to loss of housing, financial instability, or diminished autonomy.

The AAA prioritizes legal assistance services for older adults with the greatest economic need, greatest social need, and those who may be vulnerable to abuse, neglect, or exploitation. Outreach efforts are conducted through community partners, social service agencies, healthcare providers, and other local organizations to ensure older adults are aware of and able to access available legal resources.

In addition to providing direct legal services, the AAA collaborates with legal service providers to offer community education and awareness activities that help older adults understand their rights and make informed decisions regarding legal matters that affect their well-being and independence.

Program oversight includes monitoring contracted providers, reviewing service reports, and ensuring compliance with federal and state requirements governing legal assistance under the Older Americans Act. Through these activities, the AAA helps ensure that older adults have

access to high-quality legal services that protect their rights and support their ability to live safely and independently within their communities.

**Core Program Area 6:** Long-Term Care Ombudsman Services are authorized under Title III-B and Title VII of the Older Americans Act (OAA) and are designed to protect the health, safety, welfare, and rights of residents living in long-term care facilities, including nursing homes, assisted living facilities, and other residential care settings. The Area Agency on Aging (AAA) supports the Long-Term Care Ombudsman Program as part of a coordinated effort to ensure that residents of long-term care facilities receive quality care and are treated with dignity and respect.

The Long-Term Care Ombudsman Program provides advocacy services for residents by investigating and resolving complaints related to care, services, rights, and living conditions within long-term care facilities. Ombudsman representatives work to address concerns raised by residents, family members, facility staff, or other concerned individuals and seek resolution through communication, mediation, and collaboration with facility staff and regulatory agencies when appropriate.

The AAA works in coordination with the State Long-Term Care Ombudsman Office and designated local ombudsman representatives to support program implementation within the service area. Ombudsman staff and trained volunteers regularly visit long-term care facilities to provide residents with access to advocacy services, information about their rights, and assistance in resolving concerns. These visits also allow ombudsman representatives to observe facility conditions and identify potential systemic issues affecting resident care and quality of life.

In addition to complaint investigation and resolution, the Ombudsman Program provides education to residents, families, facility staff, and community members regarding the rights of long-term care residents and the services available through the Ombudsman program. The program also supports residents and family councils and encourages resident participation in decisions that affect their care and living environment.

The AAA supports outreach efforts to ensure that residents, family members, and community partners are aware of ombudsman services and understand how to access assistance when concerns arise. The program also contributes to broader advocacy efforts by identifying patterns of issues affecting residents and sharing information with appropriate policymakers and regulatory bodies to improve long-term care systems.

Through the coordination and support of the Long-Term Care Ombudsman Program, the AAA helps ensure that residents of long-term care facilities have access to independent advocacy, that their rights are protected, and that concerns related to care and quality of life are addressed in accordance with the principles and requirements of the Older Americans Act.

1. The Older Americans Act (OAA) identifies older individuals with **greatest economic need (GEN)** as a priority population for services funded under the Act. In accordance with the OAA, *greatest economic need* refers to older adults with **income at or below the federal poverty level**, with particular attention to those who are economically disadvantaged due to limited financial resources, fixed incomes, or other economic circumstances that affect their ability to access necessary services and supports. Within the AAA's Planning and Service Area (PSA), older adults experiencing greatest economic need may face significant barriers to maintaining independence, including limited access to transportation, healthcare, adequate nutrition, safe housing, and supportive services. Individuals living in poverty or near-poverty conditions may also experience higher rates of chronic illness, food insecurity, and social isolation. These challenges are often compounded by individuals living in rural areas, older adults living alone, and those who rely primarily on fixed incomes such as Social Security or Supplemental Security Income. The AAA prioritizes services for individuals with greatest economic need through targeted outreach, referral processes, and service coordination strategies designed to identify and assist vulnerable populations. Staff and contracted providers are trained to assess financial need as part of service eligibility and intake processes. When resources are limited, priority is given to individuals who demonstrate the greatest economic hardship and whose needs place them at higher risk of institutionalization or declining health. To reach individuals experiencing greatest economic need, the AAA collaborates with community-based organizations, healthcare providers, housing authorities, social service agencies, and local governments to identify individuals who may benefit from supportive services. Outreach efforts also include partnerships with community centers, faith-based organizations, food assistance programs, and other local entities that serve low-income populations. In addition, the AAA uses program data, demographic information, and community needs assessments to identify geographic areas within the PSA where economic need is most prevalent. This information helps guide resource allocation, program development, and outreach efforts to ensure services are accessible to those most in need. Through these strategies, the AAA works to ensure that older adults and family caregivers experiencing greatest economic need receive priority access to services authorized under the Older Americans Act, helping to reduce disparities and support the ability of vulnerable individuals to remain safe, healthy, and independent within their communities.
2. Within the AAA's Planning and Service Area (PSA), older adults experiencing greatest social need may include individuals living in rural or geographically isolated areas, those with limited English proficiency, individuals with disabilities, persons experiencing social isolation, and older adults who lack strong social support networks. Caregivers may also experience greatest social need when they face barriers such as limited access to respite services, transportation challenges, or difficulty navigating complex service systems while supporting a loved one. The AAA prioritizes individuals with greatest social need through targeted outreach, service coordination, and community partnerships designed to identify and assist vulnerable populations. Staff and contracted providers assess social needs during intake and service planning processes to identify individuals who may require additional support to

remain independent in their homes and communities. When program resources are limited, priority is given to individuals whose circumstances place them at higher risk of isolation, declining health, or institutionalization. To effectively reach individuals with greatest social needs, the AAA collaborates with local governments, healthcare providers, community-based organizations, faith-based organizations, and other partners that serve vulnerable populations. Outreach efforts focus on increasing awareness of available services and reducing barriers that may prevent individuals from accessing assistance. The AAA also uses community needs assessments, demographic data, and program performance data to identify areas within the PSA where social isolation, disability, or other social barriers may be more prevalent. This information helps guide program planning, outreach efforts, and resource allocation to ensure services are accessible and responsive to community needs. Through these strategies, the AAA works to ensure that older adults and family caregivers experiencing greatest social need receive priority access to services funded under the Older Americans Act, supporting equitable service delivery and helping vulnerable individuals maintain independence, dignity, and quality of life within their communities.

3. **Collaboration with Home- and Community-Based Services (HCBS):** The Area Agency on Aging (AAA) collaborates with Home- and Community-Based Services (HCBS) providers and partners throughout the Planning and Service Area (PSA) to support a coordinated system of care that allows older adults and individuals with disabilities to remain safely in their homes and communities for as long as possible. These collaborative efforts align with the goals of the Older Americans Act (OAA) to promote independence, reduce unnecessary institutionalization, and ensure access to a continuum of community-based supports. The AAA works closely with local HCBS providers, healthcare organizations, community-based organizations, and state and local agencies to coordinate services and referrals that address the needs of older adults and family caregivers. Through partnerships with organizations that provide services such as personal care, homemaker services, transportation, nutrition programs, and caregiver support, the AAA helps connect individuals to the appropriate services needed to maintain independence and improve quality of life. Information and Assistance (I&A) and Aging and Disability Resource Center (ADRC) functions play an important role in facilitating collaboration with HCBS providers. Through these services, AAA staff help individuals and caregivers navigate available service options and make referrals to HCBS providers based on individual needs and eligibility. This coordinated approach helps reduce service fragmentation and ensures that individuals receive timely access to appropriate community-based supports. The AAA also collaborates with HCBS providers through participation in regional coalitions, advisory committees, and community planning initiatives focused on aging and disability services. These partnerships help identify service gaps, strengthen referral networks, and improve coordination across systems serving older adults and caregivers. In addition, the AAA maintains working relationships with healthcare providers, hospitals, and social service agencies to support care transitions and connect individuals leaving institutional settings with community-based services that support continued independence. Through these collaborative efforts, the AAA helps ensure that older adults have access to a comprehensive network of services that promote health, safety, and well-being within their communities. By strengthening partnerships with HCBS providers and community organizations throughout the PSA, the AAA supports the development of an integrated service delivery system that expands access to home- and community-based supports and aligns with the goals and principles of the Older Americans Act.

#### 4. **Practices and Strategies to Serve Older Adults with Physical and Mental Health**

**Conditions:** The Area Agency on Aging (AAA) implements a variety of practices and strategies to support older adults living with physical and mental health conditions within the Planning and Service Area (PSA). These efforts align with the goals of the Older Americans Act (OAA) to promote independence, improve quality of life, and ensure that older adults have access to services that support their health, safety, and well-being in the community. The AAA works to address the complex needs of older adults with physical and mental health conditions through coordinated service delivery, referral networks, and partnerships with healthcare providers, community-based organizations, and social service agencies. Through Information and Assistance (I&A) and Aging and Disability Resource Center (ADRC) functions, staff help older adults and caregivers navigate available services and connect them with resources that support their health and daily living needs. These may include access to supportive services, nutrition programs, transportation, caregiver support, and benefits counseling. To further support individuals managing chronic health conditions, the AAA promotes participation in evidence-based health promotion and disease prevention programs. These programs focus on areas such as chronic disease self-management, fall prevention, physical activity, and wellness education. By providing education and skill-building opportunities, these programs help older adults better manage their health conditions, maintain mobility, and reduce the risk of injury or hospitalization. The AAA also collaborates with healthcare providers, behavioral health organizations, and community partners to improve access to services that support mental health and emotional well-being. Outreach and education activities help raise awareness of available resources for individuals experiencing depression, anxiety, cognitive decline, or social isolation. When appropriate, individuals are referred to behavioral health providers or community programs that offer counseling, peer support, and other supportive services. Care coordination and caregiver support services also play an important role in assisting individuals with physical and mental health conditions. The AAA works with caregivers to ensure they have access to respite services, training, and resources that help them manage caregiving responsibilities and support the health and safety of their loved ones. Through these coordinated strategies—including service referrals, evidence-based programming, community partnerships, and caregiver support—the AAA helps ensure that older adults with physical and mental health conditions receive the resources and assistance needed to maintain independence and remain engaged in their communities.

### **Needs Assessment Activities**

Reference: [45 CFR 1321.65\(b\)\(3\)](#) & [45 CFR 1321.65\(c\)](#)

## **1. Assessment of Preparation to Complete the Area Plan**

To support the development of the Area Plan, the Area Agency on Aging (AAA) conducted a needs assessment process that incorporated multiple data sources and stakeholder input. Activities included distribution of surveys to current program participants, dissemination of survey materials to the AAA Advisory Committee and Board of Directors, and review of statewide data and priorities identified in the **2024–2025 Aging Texas Well Strategic Plan**. Additional review of program utilization data, community trends, and service demand during the previous Area Plan cycle was conducted to ensure the planning process reflected both local and statewide perspectives on aging services.

#### **a. Population Trends and Issues Impacting Older Adults in the PSA**

Analysis of demographic trends indicates continued growth in the older adult population across the Planning and Service Area (PSA), particularly among individuals aged 60 and older. As the population ages, several trends affecting service demand have become more evident. These include increased prevalence of chronic health conditions, rising demand for caregiver support, transportation challenges in rural areas, and increased risk of social isolation among older adults living alone.

The 2022 American Community Survey (ACS) 5- year estimates inform the main demographic characteristics of the Golden Crescent Region. In the Golden Crescent region, the population aged 60 and over currently represents over 27% of the total population of the region. Goliad and Lavaca counties are home to the highest percentages of seniors compared to the total population. Over the next 10 years, the region’s population aged 60 and over is expected to increase by 10.46% with the greatest numerical increases projected for Calhoun County, which is bordered on its eastern edge by coastal land. Other growth areas include Dewitt and Victoria counties whose 85 and older populations will have the greatest increases. Aging Populations Projections for the region reported 46,460 people 65 years or older in the region accounting for 24.04% of the population. This compares with the state average of 13%. The same report estimates reported 15.2 % among the older age group of 85 years or older in the Golden Crescent region. The charts below indicate minimal changes to the 65+ population; however, a marked increase is noted within the 85+ population.

GCAAA feels somewhat prepared based on the current abilities of AAA to meet the needs. Golden Crescent AAA is concerned about available resources as people prepare to age in place, in-home settings, or in nursing facilities, because of the increased need for nutritional services and caregivers and social isolation issues, and home modifications. These needs correspond to current funding deficits and long waiting lists. Also, hard-to-reach populations where most of the 85 and older population will reside is a concern as the AAA seeks innovative ways to reach those with the greatest need.

Many older adults in the PSA rely on fixed incomes and may experience financial constraints that affect their ability to access healthcare, housing, and other essential services. Geographic

barriers within rural portions of the PSA also create challenges related to transportation and access to services. Additionally, the growing number of family caregivers supporting aging relatives highlights the need for increased caregiver education, respite services, and support resources.

According to the Aging Texas Well Survey, projected income population changes for the Golden Crescent indicate of those 60 and older living within 200% of the Federal Poverty Level is 31.8%. Each county represented in the region is expected to have at least 25% of residents 60 and older or whose poverty income status was determined below 200%. This results in 6 of the 7 counties being higher than state averages. In the region, 3.6% of the 60 and older population does not have any health insurance and 6.3% have both Medicare and Medicaid. 37% of the population 60 and older report at least one disability and 10.9% report 3 or more. 10975 people report having Medicare only. The percentage of the population living alone is higher than the state average at 23.3% or 10380 persons. 5.3% report living with their grandchild and 73.4% report living with another family member, while 23.3% report living alone. The Golden Crescent populations over 60 are 53.1% female and 46.9% male. The Golden Crescent aging population is 6% Black and 1% Asian. The 60 + population in the Golden Crescent from minority heritages in 2021 comprised about 36% of the total elder population in the region. Over the next 10 years, the numbers will rise from approximately 42% from 19,284 to 25,308 by 2033. The Golden Crescent region is home to a large population of Hispanic ethnic residents. Of the persons over age 60 in the region in 2021, 28% are Hispanic and 15% report not speaking English well or at all. By 2033, the Hispanic elderly will comprise 35% of the senior population in the region.

Findings from the **Aging Texas Well Strategic Plan** further emphasize statewide trends that are reflected locally, including the importance of improving access to community-based services, strengthening caregiver support systems, addressing social isolation, and promoting healthy aging initiatives.

#### **b. Analysis of the PSA Based on Current Impact on Individuals Served During the Last Area Plan Cycle**

Review of program data from the previous Area Plan cycle indicates continued demand for core services such as nutrition programs, caregiver support services, benefits counseling, legal assistance, and information and referral services. Nutrition services remain one of the most utilized programs, providing both congregate and home-delivered meals to support food security and social engagement among older adults.

Caregiver support services have also seen increased utilization, reflecting the growing number of individuals providing care to aging family members. Requests for assistance navigating public benefits, healthcare coverage, and long-term services have remained consistent, demonstrating the ongoing need for information and assistance services.

Service utilization data and feedback from stakeholders also indicate that transportation access, social isolation, and caregiver burden continue to impact the well-being of older adults and their families within the PSA.

### **c. Analysis of Opportunities for Program, Service, and Policy Improvements**

Based on the needs assessment process and review of program data, the AAA identified opportunities to strengthen existing programs and improve service accessibility. Strategies include enhancing outreach efforts to underserved populations, expanding partnerships with community organizations and healthcare providers, and improving coordination of services across the aging services network.

The AAA will continue to evaluate program operations and resource allocation to ensure services are responsive to community needs. Efforts will focus on improving access to nutrition services, increasing caregiver support resources, promoting evidence-based health and wellness programs, and strengthening information and referral systems to better connect individuals with available services.

## **2. Needs Assessment Activities Conducted for the AAA's PSA**

The AAA conducted several activities to gather input and identify priorities for the development of this Area Plan. A survey was distributed by mail to current clients receiving services through the AAA to gather feedback regarding service satisfaction, emerging needs, and gaps in services. Survey information was also shared with the AAA Advisory Committee and Board of Directors to ensure that planning efforts incorporated perspectives from community leaders and stakeholders involved in aging services.

In addition to survey responses, the AAA reviewed service utilization data, demographic trends, and statewide priorities outlined in the **2024–2025 Aging Texas Well Strategic Plan**. Advisory committee discussions and stakeholder input provided additional insight into community needs and helped identify service gaps affecting older adults and caregivers.

The planning process involved reviewing available data, analyzing service trends, and identifying areas where additional resources or program adjustments may be needed. Through this process, the AAA worked to develop a comprehensive and coordinated plan that aligns local priorities with state and federal aging service goals.

## **3. Top Needs and Findings Identified Through Planning Activities**

The needs assessment process identified several key priorities affecting older adults and caregivers within the PSA. These include:

- Continued demand for nutrition services to address food insecurity and support social engagement

- Increased need for caregiver support services, including respite and caregiver education
- Transportation challenges that limit access to healthcare, social activities, and community services
- Social isolation among older adults, particularly those living alone or in rural areas
- Growing need for information and assistance services to help individuals navigate complex healthcare and benefit systems
- Increased interest in health promotion and wellness programs that help older adults manage chronic conditions and maintain independence

While the AAA works to address these needs through available programs and partnerships, certain constraints may limit the agency’s ability to fully meet all identified needs. These constraints may include limited funding resources, workforce capacity, and geographic challenges associated with serving rural areas within the PSA.

Despite these limitations, the AAA remains committed to strengthening the aging services network through collaboration with community partners, efficient use of available resources, and continued engagement with stakeholders to ensure services remain responsive to the evolving needs of older adults and family caregivers.

## **Goals, Objectives, Strategies, and Outcomes**

**Reference:** [45 CFR 1321.65\(e\)](#)

In alignment with **45 CFR 1321.65(e)** and the **2026-2028 Texas State Plan on Aging (SPoA)**, the Golden Crescent Area Agency on Aging (AAA) has individualized goals, objectives, strategies, and outcomes based on our local needs assessment. These efforts reflect the unique needs of older adults and caregivers in the Golden Crescent region, while supporting the shared goals of the OAA and SPoA.

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

### **State Goal 1**

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

### **State Objective 1.1**

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

### **Outcome 1.1**

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

### **AAA Strategies 1.1**

The Golden Crescent AAA will recruit, train, and retain skilled and qualified AAA personnel to enhance the quality of services delivered by the access and assistance team. Staff will monitor and evaluate programs and services to help ensure the needs are being met of older individuals and their caregivers. Through evaluation, the AAA can identify areas for improvement and help ensure funds are being used effectively and efficiently.

Conduct accurate Data Management and client/fiscal record maintenance procedures to assure variances in data are minimized and successful accomplishment of Performance Measures Testing, both internally and at State level review, is achieved. Accept Participant Assessments from outside sources and provide funding for the process as needed. Provide the system Administration, budgeting, procurement, monitoring, reporting, long-range planning, and program development necessary to support the comprehensive access and service delivery system. Maintain and update the Emergency Operations Plan to assure business continuity and community coordination in the event of a disaster.

### **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**

There are no Federally recognized tribes within the Golden Crescent Region and therefore there is no AAA Strategy.

### **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**

To increase awareness of the signs and symptoms of malnutrition the AAA will continue to conduct nutrition assessments for all Title III nutrition consumers at intake and years updates. The AAA will assure the provision of nutritionally balanced meals in a congregate setting and for frail home-bound for a minimum of 250 days per year to persons 60 years of age or older and other eligible recipients. The purpose of Nutrition services is to promote a healthier lifestyle through proper nutrition, provide socialization, and reduce hunger and food insecurity. While also promoting the health and well-being of older individuals by assisting such individuals to gain access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health.

### **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**

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

### **State Objective 1.5**

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

### **Outcome 1.5**

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

#### **AAA Strategies 1.5**

The AAA will partner with existing organizations and cultivate new relationships to enhance cross-agency responses to elder abuse by promoting services and community assistance available for older individuals experiencing abuse, neglect, or exploitation and their families.

### **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**

Organize, or participate in, events in the community with the focus of raising awareness about dementia and Alzheimer's disease. Target AAA Caregiver Support Coordination and Respite to families caring for individuals with Alzheimer's disease or related dementias. Coordinate efforts to establish, facilitate and /or provide technical assistance to caregiver support groups organized throughout the region (either with special emphasis such as Alzheimer's disease or with a generic focus reaching all caregivers). Train staff and volunteers on Alzheimer's disease. Develop caregiver information packets, with a focus on Alzheimer's caregiving, for dissemination by the AAA's Care Coordination staff, hospital discharge planners, nursing home ombudsmen, and/or benefits counselors. Coordinate with the ADRC to promote and participate in Texas Lifespan Respite. The program utilizes the AAA network of Respite Providers and the AAA authorization, care planning, and monitoring system for its clients in the Texas Lifespan Respite program.

### **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 the risks for older individuals associated with falls and how to prevent them.

#### **AAA Strategies 1.7**

The AAA will conduct evidence-based programs, including the “A Matter of Balance” program, which teaches practical strategies for reducing the fear of falling. Procuring the services according to the AAA’s direct purchase of services contract methodology. The ADRC will host interagency pieces of training to inform and educate the community provider on risks for fall-related traumatic brain injuries for older individuals.

### **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**

Partners with community organizations build partnerships through outreach, in person and virtual, with providers to increase the visibility of aging services across the states. The AAA will utilize social media, radio stations, and news outlets for public awareness and continue to work with other AAAs, ADRC’s, and Ombudsman for the referral process.

### **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**

Provide a comprehensive Public Benefits Counseling Program that combines both direct consumer assistance and community awareness for older clients, caregivers, and family members. Benefits counseling centers on helping consumers with questions and applications related to Medicare and Medicaid programs. Topics include Medicare coverage options and the Prescription Drug Program, supplemental insurance, long-term care insurance, consumer protection, Medicaid programs, and other publicly funded programs. Consumers will receive income and resource eligibility guidelines, when these limits are applicable, and application assistance by AAA staff will be completed upon request. Impartial health and drug plan comparisons and benefits explanations will be provided. Participate with the Community Partner Program to facilitate online applications for consumers. Staff will maintain the required Benefits Counseling certifications required by SHIP and the Centers for Medicare and Medicaid Services (CMS). Attending all required trainings relating to Medicare Part D and Centers for Medicare and Medicaid Services ensuring all information provided to older individuals, family members,

and caregivers is up-to-date and reporting processes are accurate and complete. Assure availability of on-site benefits counseling in the counties in the AAA's region on a routine basis by a professional AAA benefits Counselor. Maintain visible, accessible counseling sites, which comply with the Americans with Disabilities Act.

## **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 recovery. 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**

Partner with healthcare providers and caregivers, providing them with informational material and resources to mitigate and promote the risks and impacts of social isolation for older individuals and help them stay connected to their communities.

#### **State Objective 2.2**

Enhance awareness of the available assistive technology supports and strengthen HHSC's 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 AAA and ADRC staff will screen for needs for state assistive technology devices for older individuals and provide information and referrals to those in need by using the State Assistive Technology Program Directory from the ACL website.

### **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**

Promote and seek opportunities for public-private sector collaborations to enhance system access and visibility by older consumers and their families. This will be accomplished by actively participating in inter-agency coordination efforts such as the Victoria Health Alliance, Community Resource Coordination Group, and Homeless Coalition, and serving on advisory boards.

### **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**

Provide a holistic approach to the continuum of supportive needs identified by the consumers. Offer Information, Referral and Assistance, Benefits Counseling, and Care Coordination, including multiple needs Care Management, Long-Term Care Ombudsman, and Caregiver Support Coordination by the AAA. The AAA will also participate in community events, including the "Shine The Light" event for mental health. Maintain confidentiality of information in accordance with the Data Use Agreement.

### **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

Create literature targeting Medicare Preventative Services. Train staff to be knowledgeable in preventative services that help prevent illness or early detection, so consumers can be treated before illnesses become more serious, to be used during care coordination and benefits counseling procedures. The AAA will also provide materials and training to healthcare providers and Medicare beneficiaries.

### **State Objective 2.6**

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

### **Outcome 2.6**

Awareness of the availability of telecommunications and virtual sessions.

### **AAA Strategies 2.6**

To ensure the availability of aging services through telecommunications and virtual sessions, the AAA has a reliable telecommunications infrastructure that includes high-speed internet connections, video conferencing availability, and cybersecurity training measures. The use of these services is provided for all consumers to help increase accessibility through all channels.

### **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**

Fund Demand Response Transportation to facilitate access to senior center meal sites and medical treatment. Identify and authorize one-way trips for the elderly eligible for these services. Monitor Monthly ridership to ensure trips billed by provider comply with authorized service

categories. Conduct an annual client satisfaction survey with selected users of the demand-response transportation system Link eligible individuals to Medicaid Medical Transportation, and public transit systems, as appropriate. Require the provider to utilize and implement all required reporting documentation and forms, and source reporting procedures. Procure the service under the direct purchase of service centered methodology. Educate all AAA and ADRC staff on existing services to inform consumers during care coordination and benefits counseling procedures.

### **Key Topic Area 3: Equity**

Serving people with the greatest economic and social needs 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**

Nutritional service providers will work with registered dietitians to address cultural and ethnic preferences and cultural sensitivity when creating menus and food choices for nutritional providers. The dietitian provides annual training and technical assistance on food service to each kitchen in the region.

### **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**

To be aware of trends impacting the health and economic welfare of older Texans the AAA staff will attend conferences and seminars related to aging and healthcare, connect with experts in the field to learn about their insights and trends, join organizations that advocate for older adults to stay informed about policy changes and initiatives that impact older adults, and AAA staff will use data resources from various credible sources. AAA staff will track Bills moving through systems to ensure the organization remains up to date on available information.

### **State Objective 3.3**

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

### **Outcome 3.3**

HHSC OAAA, AAA, and ADRC staff are aware of information and data sources available for older individuals living with HIV/AIDS. AAA Strategies 3.3

The AAA and ADRC staff will follow reputable organizations that focus on HIV/AIDS education and awareness, attend events and/or webinars that provided information related to the condition and consult with local healthcare professionals to remain aware of information and data sources available for older individuals living with HIV/AIDS.

### **State Objective 3.4**

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

### **Outcome 3.4**

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

### **AAA Strategies 3.4**

The AAA will maintain the regions integrated access and assistance service delivery system that includes AAA Title III Information & Referral, 2-1-1 Information & Referral, and the Golden Crescent Aging & Disability Resource Center as a universal access point, to effectively guide the older client, and their family members and/or caregivers through a progression of service options, too adequately address each of the clients specific needs, based on their individual choice, in a coordinated timely manner. The availability of this “one-stop shop” approach through the three services together within the Aging & Community Services Department creates a comprehensive, seamless service delivery.

### **State Objective 3.5**

Ensure access to services for all older individuals with the 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 outreach efforts to underserved populations to ensure all older Texans have access to OAA services.

#### **AAA Strategies 3.5**

The AAA will create and engage in a target outreach plan that includes community presentations, newspapers press releases and ads, brochures, and flyers. Conduction of presentations as outlined in the Targeting Outreach Plan. Collaborate with the Aging & Disability Resource Center, 2-1-1 Information and Referral, and other community partners to provide mutual support of shared initiatives to increase efforts of reaching underserved populations and our programs visibility.

### **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 heirs and preferences.

#### **Outcome 4.1**

Increase awareness of long-term care services and support that enable older individuals to receive long-term care in settings of their choice. AAA Strategies 4.1

Together with the Aging and Disability Resource Center and 2-1-1 Information & Referral, the Area Agency on Aging will work as a comprehensive access system available for the region by

participating in distributing the ADRC Resource Guide and long-term care services and support literature to the public, including all AAA functions.

#### **State Objective 4.2**

Ensure care transitions for older individuals at risk of institutionalization.

#### **Outcome 4.2**

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

#### **AAA Strategies 4.2**

The AAA will continue to support and coordinate existing partnerships with local supporting agencies and community partners to share information and increase awareness of services. The AAA will organize and attend community events to collaborate and partner with local organizations and community leaders to create a comprehensive sharing of information.

#### **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**

By consulting with social services professionals in nursing homes, hospitals, assisted living facilities, and other health facilities the AAA will continue to harness existing and new partnerships that foster the integration of health care and social services available for older individuals.

### **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 support for caregivers.

#### **State Objective 5.1**

Enhance awareness of caregiving services and support.

### **Outcome 5.1**

Increase awareness of caregiving services and support.

### **AAA Strategies 5.1**

Conduct a caregiver support program to include caregiver support coordination performed by AAA Staff, respite, and supplement services for family caregivers of senior adults so they may effectively cope with the challenges and rewards of being a caregiver.

### **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**

Coordinate with the ADRC to promote and participate in the Texas Lifespan Respite. The program utilizes the AAA network of Respite Providers and the AAA authorization, care planning, and monitoring system for its clients in the Texas Lifespan Respite program. Assist caregivers to learn about their options in community-based and/or state-funded programs and provide application assistance, as needed. Conduct ongoing outreach, especially in rural areas with an emphasis on bilingual formats, with hospital social workers, discharge planners, and physicians to enhance awareness of available respite services. The AAA will integrate the Caregiver Specialist work as an integral component of the caregiver service continuum to supplement the special needs of caregivers identified by the IR&A Specialist, benefits counselors, nursing home ombudsmen, and the AAA's Care Coordination Staff.

### **State Objective 5.3**

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

### **Outcome 5.3**

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

### **AAA Strategies 5.3**

The AAA and the ADRC will continue to use the National Technical Assistance Center on Grand families and Kinship families as a resource for providers and consumers by navigating resources offered to those who are eligible.

#### **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 Grand families and Kinship families.

#### **AAA Strategies 5.4**

In conjunction with the National Technical Assistance Center on Grand families and Kinship families, the AAA and ADRC will also maintain awareness of recommendations for better supporting family caregivers provided by the Recognize, Assist, Include, Support, & Engage (RAISE) Family Caregiving Advisory Council and Advisory Council to Support Grandparents Raising Grandchildren through the Administration of Community Living website.

### **Goal 1: Support older adults to age in their community by accessing available resources, including HCBS.**

- **Objective:** Expand access to home and community-based services (HCBS) for older adults in the Golden Crescent region.
- **Strategy:** Strengthen partnerships with local providers, hospitals, and senior centers; provide targeted outreach in rural counties; and maintain a robust referral process through our Aging and Disability Resource Center (ADRC).
- **Outcomes:**
  - *Short-term:* Older adults and caregivers in the region report increased awareness of HCBS resources.
  - *Intermediate:* More referrals and service connections result in older adults receiving in-home supports and avoiding unnecessary institutional care.
  - *Long-term:* Older adults in the Golden Crescent region are able to age safely and independently in their communities.

### **Goal 2: Increase awareness about caregiving and the support available.**

- **Objective:** Improve caregiver support and visibility of available resources across the seven-county region.
- **Strategy:** Offer caregiver education workshops, expand respite opportunities, and collaborate with local employers, faith-based groups, and health providers to reach family caregivers.
- **Outcomes:**
  - *Short-term:* Caregivers report greater knowledge of respite, training, and support services.
  - *Intermediate:* Increased participation in caregiver programs and utilization of respite care.
  - *Long-term:* Family caregivers in the Golden Crescent region experience reduced stress and are better equipped to sustain their caregiving roles.

**Goal 3: Improve communication and collaboration among Texas state agencies, AAAs, providers, and community-based organizations.**

- **Objective:** Strengthen regional collaboration to build a coordinated service delivery system.
- **Strategy:** Convene quarterly partner meetings with health care providers, long-term care ombudsmen, senior centers, and local non-profits to share updates, coordinate referrals, and align outreach efforts.
- **Outcomes:**
  - *Short-term:* Community partners demonstrate improved awareness of each other's services and referral processes.
  - *Intermediate:* Increased collaboration leads to reduced duplication of services and more timely support for older adults.
  - *Long-term:* Golden Crescent residents experience a seamless system of care that effectively connects them to the right services at the right time.

**Goal 4: Strengthen Aging Services Network infrastructure.**

- **Objective:** Build the internal and external capacity of the Golden Crescent AAA and its partner network to address growing needs.
- **Strategy:** Provide staff training in evidence-based programs, utilize technology to improve client tracking and outreach, and pursue additional funding through grants and community partnerships.
- **Outcomes:**
  - *Short-term:* AAA staff and partners increase their skills and knowledge in service delivery and data management.

- *Intermediate:* More efficient operations and improved reporting strengthen accountability and responsiveness.
- *Long-term:* The Golden Crescent AAA maintains a sustainable and resilient Aging Services Network prepared to meet the evolving needs of older adults and caregivers

## **Long Range Planning**

**Reference: [OAA of 1965, as amended through P.L. 116-131 \(3/25/2020\)](#) Page 63**

The Area Agency on Aging (AAA), operating within the regional Council of Governments (COG), engages in ongoing long-range planning to prepare the Aging Services Network within the Planning and Service Area (PSA) for the needs of older adults and family caregivers over the next five to ten years. Long-range planning activities are informed by demographic trends, program utilization data, stakeholder input, and statewide priorities identified in the Texas State Plan on Aging and the Aging Texas Well Strategic Plan.

As a regional planning organization, the AAA is uniquely positioned to coordinate aging services with broader regional initiatives involving transportation planning, emergency preparedness, public health, housing, and community development. Through partnerships with local governments, healthcare providers, community-based organizations, and state agencies, the AAA works to ensure the regional aging services network remains responsive to population growth, evolving service demands, and emerging challenges affecting older adults.

### **1. Impact of Population Growth and Change on Service Delivery**

Population projections indicate continued growth in the number of adults aged 60 and older within the PSA over the next decade. As the population ages, the demand for home- and community-based services will increase significantly. Older adults are increasingly choosing to age in places which place greater demand on services that support independent living such as nutrition programs, caregiver support, transportation, benefits counseling, and health promotion programs.

Many communities within the PSA are rural, which presents unique service delivery challenges. Geographic distances, limited transportation infrastructure, and reduced access to healthcare providers can make it difficult for older adults to access essential services. These barriers are particularly significant for individuals with mobility limitations, chronic health conditions, or limited financial resources.

In addition, the growing number of older adults living with chronic conditions such as diabetes, heart disease, cognitive impairment, and mobility limitations will increase demand for evidence-based health promotion programs, caregiver support services, and coordinated care planning. Family caregivers will continue to play a critical role in supporting older adults, further increasing the need for respite services, caregiver education, and support networks.

Economic factors will also influence service demand. Many older adults rely on fixed incomes and may face rising housing, healthcare, and transportation costs. These economic pressures can increase the number of individuals experiencing food insecurity, housing instability, and limited access to supportive services.

These demographic and economic trends indicate that the aging services network will need to expand service capacity, strengthen partnerships with healthcare systems, and improve coordination of services across the continuum of care.

## **2. Opportunities for Program, Service, and Policy Improvements**

In preparation for these demographic changes, the AAA is focused on strengthening the regional aging services network through program innovation, collaboration, and improved service coordination.

Expanding partnerships with healthcare providers, hospitals, and community-based organizations will help strengthen care coordination and support individuals transitioning from hospitals or institutional settings back into the community. Collaboration with regional partners also supports improved referral systems and more efficient navigation of services for older adults and caregivers.

The AAA will continue to expand outreach efforts to ensure that older adults with the greatest economic need and greatest social need are aware of available services. Enhanced outreach strategies will focus on underserved populations, rural communities, and individuals who may experience barriers to accessing services.

Technology will also play an increasing role in service delivery. Telehealth services, virtual wellness programs, and digital communication tools may help improve access to services for individuals who have transportation limitations or live in geographically isolated areas. However, continued efforts will be necessary to address the digital divide that affects many older adults.

As part of its regional planning role, the AAA will continue to work with transportation planning partners to strengthen mobility options for older adults, including coordination with mobility management initiatives and regional transportation systems.

### **3. Recommendations to the State Unit on Aging (SUA)**

Based on local needs assessment activities and long-range planning discussions, the AAA recommends several areas where statewide support could strengthen the Aging Services Network and improve service delivery outcomes.

#### **Housing**

Affordable and accessible housing remains a growing concern for older adults. Increased statewide investment in home modification programs, accessible housing development, and aging-friendly housing initiatives would help older adults remain safely in their homes and communities.

#### **Transportation**

Transportation remains one of the most significant barriers to accessing healthcare, nutrition services, and social engagement opportunities. Increased funding and coordination for rural transportation programs and mobility management initiatives would significantly improve service accessibility.

#### **Public Safety**

Enhanced collaboration between aging services providers and public safety agencies can help improve emergency response systems for vulnerable older adults. Programs that support wellness checks and emergency response coordination may help reduce risk for socially isolated individuals.

#### **Workforce and Economic Development**

The aging services workforce will need continued support as demand for services grows. Workforce recruitment, training programs, and professional development opportunities will help ensure that qualified staff are available to support aging services programs.

#### **Recreation and Social Engagement**

Programs that promote social engagement are essential to reducing loneliness and improving mental and physical health. Community-based wellness programs, senior centers, and recreational activities should continue to be supported as key components of healthy aging initiatives.

## **Education and Public Awareness**

Increased public awareness campaigns can help older adults and caregivers better understand available services and plans for future needs. Educational efforts should focus on benefits counseling, caregiving resources, and healthy aging strategies.

## **Emergency Preparedness**

Older adults are particularly vulnerable during natural disasters and emergency situations. Continued development of emergency preparedness planning that includes vulnerable populations will strengthen community resilience.

## **Protection from Elder Abuse, Neglect, and Exploitation**

Support for elder rights programs, including legal assistance services and the Long-Term Care Ombudsman Program, remains essential to protecting vulnerable older adults and ensuring their rights are upheld.

## **Assistive Technology**

Assistive technology devices and services can significantly improve safety and independence for older adults with disabilities or mobility limitations. Increased access to assistive technologies would help support aging in place.

## **4. Organizational Sustainability Planning**

The AAA is committed to maintaining a sustainable organizational structure that supports long-term program effectiveness and responsiveness to community needs. Sustainability planning includes ongoing evaluation of program performance, strategic financial planning, workforce development, and partnership building across the regional aging services network.

As part of the regional Council of Governments structure, the AAA collaborates with local governments, transportation planners, emergency management officials, healthcare providers, and community-based organizations to integrate aging considerations into broader regional planning initiatives. This collaborative approach strengthens the capacity of the aging services network and promotes coordinated service delivery across systems.

Staff development and professional training remain key priorities for organizational sustainability. The AAA invests in ongoing education and professional development opportunities to ensure staff remain knowledgeable about evolving program requirements, best practices in aging services, and emerging community needs.

Additionally, the AAA continually seeks opportunities to strengthen community partnerships, expand funding opportunities, and improve operational efficiency to ensure that services remain

sustainable and responsive to the growing population of older adults. The AAA has added mobility coordination to increase transportation options. Digital navigation is another plan as technology gaps are forecast to increase. Golden Crescent is also positioning our region to begin the work to become a Dementia Friendly Community with the AAA as the leader of the initiative.

Through strategic planning, collaboration, and resource management, the AAA is working to ensure that the Aging Services Network within the PSA remains prepared to support the needs of older adults and family caregivers over the next decade.

## **Appendix A – Emergency Preparedness**

**Reference:** [45 CFR 1321.103](#)

### **Aging Services Disaster Plan**

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

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

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

(1) When a disaster occurs, a GCRPC-AAA must notify TEXAS HEALTH AND HUMAN SERVICES COMMISSION of its need to provide for emergency management activities, provide information to the TEXAS HEALTH AND HUMAN SERVICES COMMISSION regarding the impact of the disaster on the older population in its PSA 17 2024–2026 Area Plan. July 2023 service area, provide emergency management services by current Administration on Aging disaster relief guidelines and collect pertinent data necessary to submit reimbursement requests for disaster services.

(2) The Golden Crescent Aging and Community Services Department (GCACS) must consult with the appropriate agencies that have an interest or role in meeting the needs of persons 60 years of age or older to plan for the occurrence and aftermath of natural, civil defense, or man-made disasters. To accomplish this, a GCACS must: (A) develop an emergency disaster plan by TEXAS HEALTH AND HUMAN SERVICES COMMISSION requirements; (B) require by contract or contractor agreement that a service provider develop plans for emergency management; and (C) provide technical assistance as necessary to service provider staff persons regarding emergency management activities.

#### Procedures Related to Contractors and Clients:

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

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

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

unusual client circumstances or unmet need so PSA 17 2024-2026 Area Plan. July 2023 The issue can be directed to the appropriate emergency management authority. Providers report to the GCRPC-AAA regarding the status before, during, and post-event, including the number of clients impacted and the scope of the disaster as it relates to their operations. The GCRPC-AAA Director/Department Manager will compile the data and communicate all required information to the Texas Health and Human Services Commission as directed.

#### Disaster Coordination:

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

#### Recovery:

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

## **Appendix B – Public Comment Activities**

**Reference:** [45 CFR 1321.65\(b\)\(4\)](#) and [45 CFR 1321.29](#)

The Area Agency on Aging (AAA) provided opportunities for public input on the Area Plan through a **30-calendar day public comment period** to ensure community members, stakeholders, and service providers had the opportunity to review the plan and provide feedback.

The draft Area Plan was made available to the public through multiple channels to promote transparency and accessibility. The plan was posted on the agency’s website and shared electronically with members of the AAA Advisory Committee, the Board of Directors, contracted service providers, community partners, and other stakeholders within the Planning and Service Area (PSA).

Public notice of the comment period was distributed through several communication channels including email notifications, community partner outreach, and social media platforms. Copies of the draft plan were also made available upon request to ensure individuals without internet access could review the document.

Community members were invited to submit comments during the 30-day period through multiple methods including email, written correspondence, and direct communication with AAA staff. The AAA also shared the draft plan with the Advisory Committee and Board of Directors to gather input from community leaders and representatives of the aging services network.

All comments received during the public comment period were reviewed by AAA staff and considered during the finalization of the Area Plan. When appropriate, feedback was incorporated into the final plan to ensure that services and priorities reflected the needs and perspectives of the communities served within the PSA.

Through this public comment process, the AAA ensured that the Area Plan development included meaningful stakeholder engagement and community input, supporting the principles of transparency, collaboration, and responsiveness outlined in the Older Americans Act.

## **Attachment 1: 2027-2029 Projected Distribution of Serviced by County**

Separate Excel spreadsheet attachment (template provided) is to be completed based on projected distribution of service by assigned counties for the area plan cycle (2027-2029). Spreadsheet is required with the 2027-2029 Area Plan submission.

Purpose of Spreadsheet: Demonstrate projected distribution of services. ACL regulatory requirements include that an AP must identify how services will be distributed within the PSA to address populations identified as greatest economic and social need.

Implementation of Spreadsheet: The initial submission of the spreadsheet accompanies the AP and is based on projections at the time of AP submission. Subsequent to the 2027-2029 AP approval, updated spreadsheet versions of the projections made are to be submitted annually with the working budget.

## **Attachment 2: Verification of Intent & Assurances**

**Reference:** [OAA of 1965, as amended through P.L. 116-131 \(3/25/2020\)](#)

Separate attachment (template provided) requires signature by one authorized representative of AAA.

By an authorized official signing the Verification of Intent and Assurances, the AAA is assuring the written activities included in the plan will be completed during the effective period with amendment submission as required.

Certification of such assurances include the following:

- Input through a 30-calendar day public comment period.
- Input from the AAA advisory council.
- Composition requirements of advisory council are met.
- Approval from the AAA's governing board.
- Active policies and procedures are in place to identify both organizational and individual conflicts of interest.
- Direct Service Waiver will be submitted as required.
- Annual budget process will include submission of number of individuals served, type and number of units provided, and corresponding expenditures.