



Area Plan

FFY 2021–2022

Harris County Area Agency on Aging

PSA 16B

8000 N. Stadium, Houston, TX 77054

www.houstontx.gov/health/Aging/index.html

Area Plan

FFY 2021–2022

Submitted June 30, 2020

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Area Plan

FFY 2021–2022

1. Area Plan Certification

AAA INFORMATION

LEGAL NAME OF AGENCY: HARRIS COUNTY AREA AGENCY ON AGING

MAILING ADDRESS: 8000 N. STADIUM, 3RD FLOOR, HOUSTON, TX 77054

TELEPHONE: 832-393-4301

FEDERAL ID NUMBER: 74-6001164

CERTIFICATION BY AUTHORIZED OFFICIAL, AAA ADVISORY COUNCIL CHAIR, HOUSTON HEALTH DEPARTMENT DIRECTOR AND AAA DIRECTOR

I HEREBY CERTIFY THAT:

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

ADDITIONALLY:

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

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

Signing this form verifies that the City of Houston, Harris County AAA Advisory Council and Harris County AAA understand that they are responsible for the

development and implementation of the area plan and for ensuring compliance with Section 306, OAA.

HOUSTON HEALTH DEPARTMENT DIRECTOR

NAME: STEPHEN L. WILLIAMS

SIGNATURE: _____

DATE:

AAA ADVISORY COUNCIL CHAIR

NAME: DEBRA SMITH ANDERSON

SIGNATURE: _____

DATE:

AAA DIRECTOR/AUTHORIZED OFFICIAL

NAME: PAULA D. JOHNSON

SIGNATURE: _____

DATE:

2. Executive Summary

Harris County Area Agency on Aging (HCAAA) has been the focal point for older adults in the metropolitan Houston area since the onset of the Older Americans Act in 1965 and is committed to facilitating access to services and benefits that help seniors age in place with independence and dignity. The major highlights of this Plan will be to illustrate core services and forecast future needs and how meeting these needs will be addressed when providing services to older adults. While the year 2020 brings about a new era in time the one consistent thing is that though the faces of Texans across the counties are different the stories remain the same. In identifying significant needs of older adults residing in Harris County this Plan will feature a holistic approach to providing paired state and local services that are client centered and “keep seniors first!” The HCAAA priority will be to have 20/20 vision when accessing present and future needs of older adults in our communities while providing servant care to a valued population.

Houston is the fourth most populous city in the nation, with an estimated population of 4.26 million residents trailing only New York, Los Angeles and Chicago and is the largest city in Texas. Reports indicate that currently one out of every ten Houstonians is age 65 or older. Due to an unprecedented influx of baby boomers Houston is expected to become the third most populous U.S. city during the second half of the 2020 decade. This influx of baby boomers accelerates our need to address new and emerging needs. Harris County also represents the most ethnically diverse metropolitan region in the country. HCAAA’s role will be to assess and address the significant needs of our target population. We will accomplish this by prioritizing traditional services that are responsive to basic needs and by identifying and sponsoring innovative programming for emerging needs. Needs assessments were conducted internally and externally in which respondents were asked to identify their core service needs and service gaps. Activities included client satisfaction surveys, needs assessments, listening sessions, focus groups and more; all of which illustrated that basic human needs such as food, shelter, and safety continue to take precedence when identifying service priorities. Surveys also reflected a significant increase in poverty levels, language barriers, food insecurities, startling health disparities, and social isolation of older adults. Five basic services dominated the list for greatest need to include nutrition, health services, transportation, caregiving and housing. HCAAA key needs shall include:

Nutrition reigned highest in the need for services for older adults. HCAAA shall prioritize connecting older adults to nutrition services and opportunities that address food insecurities, food deserts, social isolation, health disparities, and more.

Currently HCAAA is responsible for providing an estimated 1.3 million home delivered and/or congregate meals in Harris County to an estimated 20,000 unduplicated consumers.

Transportation ranked second as a core need for connecting older residents to opportunities for transportation to and from congregate centers and for non-emergency medical appointments. The need to explore progressive transportation opportunities is paramount in addressing this service.

Caregiving inclusive of in-home services, care giver education, adult day care, emergency response, and respite ranks high Inservice needs. The AARP 2019 Age Friendly Action Plan noted that the availability of affordable home health care is their top tier of unmet needs and without Title III funding for in-home services this service would be virtually out of reach for most older adults and their caregivers. Older adults are living longer, and it is imperative that caregivers can continue employment and maintain family structure while caring for a loved one.

Housing for older adults presents multiple challenges of affordability, accessibility, and maintenance. After recent storms the need for program income to support deductibles and/or repairs has presented. The HCAAA plans to increase funding for Residential Repair, Chore Maintenance and Program Income to address the shortages in these areas. In addition, we will work closely with the ADRC to ensure older adults are aware of housing opportunities that are affordable and accessible.

As we address significant needs the HCAAA will work closely with state, federal, and local guidelines to help amend policies and procedures that hinder or delay the ability to provide effective and progressive services and will collaborate efforts to effect change that incorporates progressive ideas and improved services. Key initiatives and challenges for these areas include:

Nutrition waitlists are long and additional funding and changes to policy are paramount to appropriately meet the needs. The HCAAA will work closely with our funders to amend policies and allow flexible meal routes, increase HDM delivery times, utilize non-traditional menu designs, include funding for congregate fitness programs, include evidence-based intervention classes at all congregate sites, and provide menu choices in the congregate settings. As well as, utilize benefit counselors to work closely with managed care organizations (MCO's) to help identify consumers on wait lists that may be eligible for home delivered meals.

Transportation in metropolitan cities is imperative to get from place to place. New and progressive strategies to contract this service and accommodate variable rate costs is essential. HCAAA will explore progressive forms of transportation such as

Uber or Lyft as well as coordinate services with MCOs providing non-emergency medical transportation for older adults.

According to the CDC, Caregiving is an important public health issue that affects the quality of life for millions of individuals. With an increasing older adult population and people with disabilities living longer, the need for caregiving is growing. Some caregivers are overwhelmed and impacted by their caregiving responsibilities and the lack of resources. The HCAAA will prioritize respite and mental health funding to help decrease caregiver fatigue and depression. In addition, we will enhance and expand partnerships with organizations that support Caregiving and Caregivers to include Elder Locator, Adult Protective Services, Alzheimer's Association, mental health providers as well as conduct quarterly Conversations with Caregivers forums. Special focus will be on caregivers of veterans, older adults caring for their children with disabilities, and identifying resources for caregivers coping with the opioid crisis.

The need for affordable and accessible Housing is rising to the top of unmet needs priorities. In support of our mission the HCAAA will increase residential repair funding in FY21 and FY22 by 25 % to help older adults safely remain in their homes and communities and avoid early institutionalization. Residential Repairs (RR) that aid in fall prevention will be our program's emphasis. Falls represent a disproportionately high number of emergency room visits for older adults any many visits result in hospitalization. The HCAAA will target additional partners such as the Texas ramp Association to provide ramps, grab bars, etc. to help impact these percentages. The Residential Repair program will also increase services supported by program income to assist older adults needing moving expenses to move into housing that meets ADA needs.

HCAAA's commitment is to promote older adults aging in place with independence and dignity. HCAAA has partnered with AARP and the Age Friendly Livable Community initiative to create an equitable plan that benefit all Houstonians, especially older adults. HCAAA will make general recommendation to support the following domains: transportation, Health and Community Support, Communication and Information, and Respect and Inclusion.

Strategies to age in place will include comprehensive services that provide freedom from food insecurities through utilization of Title III funded nutrition programs; funding health maintenance programs that include dental, vision, hearing, prescription assistance, incontinent supplies, durable medical equipment; provision, directly or through partnerships, of caregiver education, in-home services, respite services, evidence based-programming and non-emergency medical transportation. And, equally important, an attitude that values the uniqueness of older adults.

We will consistently advocate for the continued reauthorization of the Older American Act and its subsequent amendments. Our organizational role shall support increased funding opportunities that are in line with the nation's growth are essential to ensure continued services to older adults in need of these services. We recognize that Title III funding will not meet all the needs and will work diligently to create partnerships with senior serving entities such as MCO's and ACL initiatives that help sustain quality of life. The HCAAA is committed to addressing significant needs of older adults, expanding partnerships and identifying and developing solutions that respond to the challenges that impede providing quality services. We stand at the forefront prepared to serve older adults and their caregivers in Harris County.

3. Mission and Vision Statements

Mission

The mission of the Harris County Area Agency on Aging is to promote well-being and a quality of life for older adults through education and access to services that support aging in place with independence and dignity.

Vision

Support the needs of a diverse older adult population that addresses both traditional and emerging needs of while ensuring client centered options and partnerships that support quality of life are priority.

4. Advisory Council

Council Composition

The membership of HCAAA APAC shall consist of:

- A. Older adults broadly representing the geographic, ethnic, and socioeconomic distribution of the area's population.
- B. Representatives of older adults, including the Texas Silver-Haired Legislators representing Harris County
- C. Locally-elected officials
- D. Independent School District (ISD) and Colleges
- E. Veterans Administration
- F. Chapters of State-Chartered Senior Organizations operating in Harris County

Frequency of Meetings

APAC shall meet at least six times a year.

Member Selection Schedule

- A. Appointees shall serve as members of APAC until reappointed, replaced, or notified that the membership is terminated.
- B. Failure to comply with minimum attendance requirements may upon a majority vote of the Steering Committee result in forfeiture of membership.
- C. Should a vacancy occur for any reason, the appointing official shall be notified and asked to name a replacement.

Table 3 Advisory Council Composition

Category	Number of Members
Older adults residing in rural areas	4
Clients of Title III services	1
Older adults	18
Minority older adults who participate or are eligible to participate in OAA programs	4
Local elected officials	4
General public	13
Veterans' health care providers, if applicable	5
Service providers	12
Family caregivers of older adults who are minority or who reside in rural areas	6
Business community representatives	4
Representatives of older adults	14
Representatives of health care provider organizations	5
People with leadership experience in the private and voluntary sectors	15
Representatives of supportive services provider organizations	15

Advisory Council Members

Table 4 Advisory Council Members

Name	Occupation or Affiliation	County of Residence	Member Since	Current Office Term	Name of Agency Group Represented ¹
Debra Anderson	Chair	Harris	2020	2020-2022	Community
Connie Assiff	1 st Vice Chair	Harris	2017	2020-2022	Community
Richard Gamez	2 nd Vice Chair	Harris	2020	2020-2022	Community
Tammy Mermelstein	Secretary	Harris	2020	2020-2022	Community
Julia Manzo	Assistant Secretary	Harris	2020	2020-2022	Community
Lynne Foley	Former Chair	Harris	2019	2018-2020	Community
Jennifer Salazar	BBB-Program Director	Harris	2016	N/A	Community

¹ Enter "N/A" if not Applicable

Name	Occupation or Affiliation	County of Residence	Member Since	Current Office Term	Name of Agency Group Represented¹
Pamela F. Kelly	N/A	Harris	2017	N/A	Community
Betty Tyree	YMCA-Asst. HDM Coordinator	Harris	2017	N/A	Community
Tabitha Ghani	Intervention Ministries-Manager of Client Services	Harris	N/A	N/A	Community
Jacqueleene Cutlip	Self Dietitians for Health Care, LLP-Consultant Dietitian	Harris	2014	N/A	Community
Marie A. Jones	VA Hospital-MFH Program Coordinator	Harris	2017	N/A	Community
Betty Jo Brown	Retired-Educator	Harris	2017	N/A	TSHL
Lou Ann Nolan	City of Pasadena-Director of Senior Center/Grant Admin.	Harris	2017	N/A	Community
Mari Okabayashi	N/A	Harris	2017	N/A	TSHL
Doris Muinde	Gateway to Care- Senior Caregiver Coordinator	Harris	2017	N/A	Community
Connie Galloway	TDFPS-In-Home Investigator III	Harris	2017	N/A	Community
Stephen A. Coycault	Retired	Harris	2017	N/A	TSHL
Chritopher Kerr	Montrose Center-Clinical Director	Harris	2017	N/A	Community

Name	Occupation or Affiliation	County of Residence	Member Since	Current Office Term	Name of Agency Group Represented¹
Esther Steinberg	Healthy Ideas-national Trainer	Harris	2017	N/A	Community
Carla Vigilante	Cigna Health Spring-Director Community Outreach-Medicaid	Harris	2017	N/A	Community
Augustine Stout	YMCA of Houston-Nutrition Services Manager	Harris	2017	N/A	Community
Grace Jackson	NW Assistance Ministries-Senior Service Director	Harris	2017	N/A	Community
Jane Bavineau	Neighborhood Centers-Social Worker	Harris	2013	N/A	Community
Katherine Bingham	Archdiocese of Gal/Hou-Non- profit Management	Harris	2013	N/A	Community
Theresa Chen	Gold Care Services Center	Harris	2011	N/A	Community
Dora Cruz	Harris County Precinct #3- Administrative Assistant	Harris	2014	N/A	Community
Dr. Beng T. Ho	UT TX-Houston-Profesor Emeritus	Harris	2013	N/A	Community
Irene D. Cain	VA Hospital-Social Worker	Harris	2013	N/A	Community
Monica Jones	Gateway to Care- Care Program Manager	Harris	2013	N/A	Community
Trenace Jones	Council on Alcohol & Drugs Houston-Lead Prevention Specialist	Harris	2014	N/A	Community

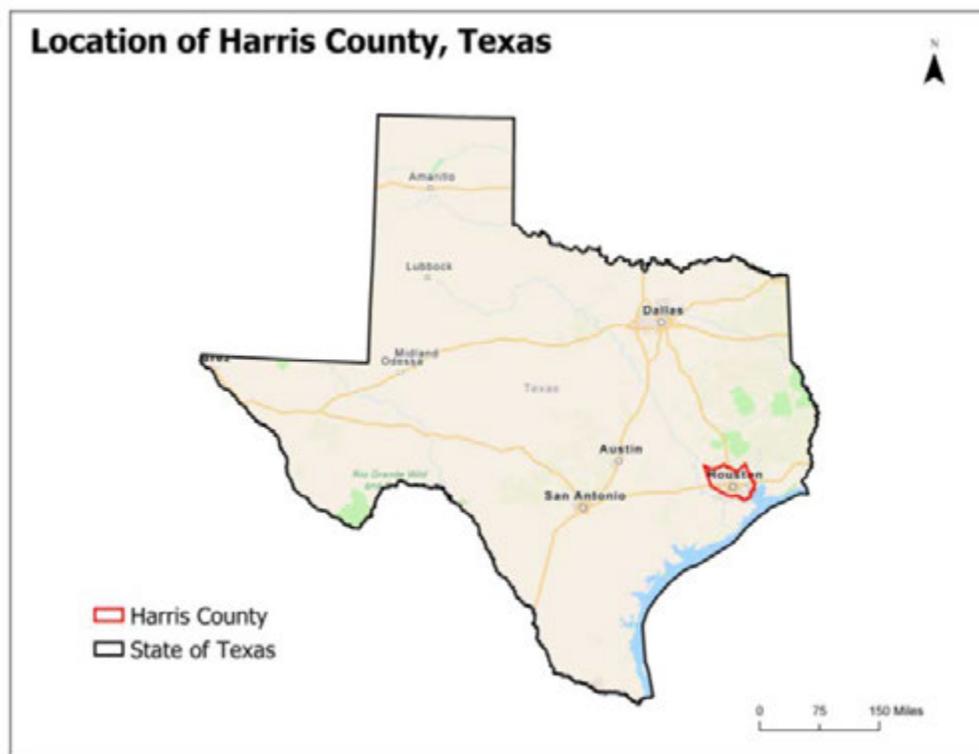
Name	Occupation or Affiliation	County of Residence	Member Since	Current Office Term	Name of Agency Group Represented¹
Jacqueline Lane	Retired	Harris	2014	N/A	Retired / Community
Virginia L. Lootens	Self-Employed-Elder Law Attorney	Harris	2013	N/A	Community
Ray McClain	Retired-Computer Science Management	Harris	2014	N/A	Community
Victoria McClain	Manouso Mediation-Counseling & Administration	Harris	2014	N/A	Community
Judith A. Miller	Greater Houston (NAMI)-LCSW	Harris	2014	N/A	Community
Shondra E. Wygal	AARP & Livable Communities-Associate State Director	Harris	2014	N/A	Community
Candice Twyman	BBB Education Foundation-Executive Director	Harris	2013	N/A	Community
Delsie Stoute	Harris County Precinct #1- Assistant Director of Senior Programs	Harris	2013	N/A	Community
Marla Turner	Catholic Charities	Harris	2013	N/A	Community
Betty Streckfuss	Retired-N/A	Harris	2011	N/A	TSHL
Pat Pullins	Council on Alcohol & Drugs Houston-N/A	Harris	2013	N/A	Community
Donna M. Ross	New Life Temple Church, Inc.-N/A	Harris	2014	N/A	Community

Name	Occupation or Affiliation	County of Residence	Member Since	Current Office Term	Name of Agency Group Represented ¹
Bridget Samuel	Vested in Aging Consulting Group, LLC-Founder & President	Harris	2014	N/A	Community
Dr. Lalita Sen	Texas Southern University-Professor	Harris	2011	N/A	Community
Greg Shelley	University of Texas- Professor	Harris	2014	N/A	Community
Patty Thierry	Harris County Precinct #2- N/A	Harris	2013	N/A	Community
Galen Toennis	Evercare-Registered Dietitian	Harris	2011	N/A	Community
Marilyn Vargin	JCC-Accountant/Federal Grants	Harris	2011	N/A	Community
Robert Bratcher	Port of Houston Authority-Harbor Ship Pilot	Harris	2015	N/A	Retired / Community

5. Agency Description and PSA Profile

Identification of Counties and Major Communities

Harris County Area Agency on Aging (HCAAA) is located in the largest county in Texas, Harris County. Situated in Southeast Texas, it is comprised of 1,777 miles of vast urban and suburban landscape. The map of Texas below identifies Harris County outlined in red.



Based on the 2019 Census population count, Harris County was the third largest in the United States by population with 4.8 million residents, ranking behind only Los Angeles County (Los Angeles, CA) and Cook County (Chicago, IL). Its county seat is Houston, the fourth largest city in the nation.

Table 1 below compares the percentage of population growth for Harris County to LA and Cook counties, which are the only two counties with more population than Harris nationally. Harris County is on track to pass Cook County and become the second most populous U.S. county within the next four to five years.

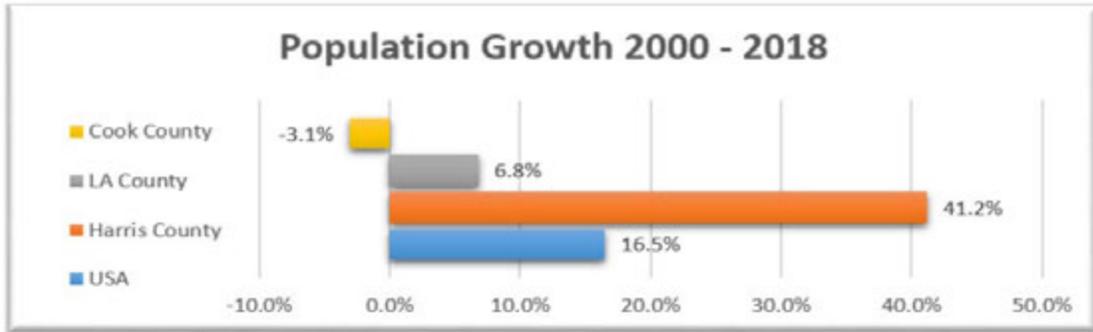


Table 1

While Harris County is classified as urban due to its large population, the US Census designated about 29 percent of the county as rural in 2010. Information on this distinction does not appear to have been calculated since the 2010 Census. At that time, the Census found that 1.1 percent of households in Harris County, regardless of age, were considered rural. Based on growth trends from 1990 only a few if any Harris County residents including older adults will be considered rural residents after the 2020 Census is conducted.

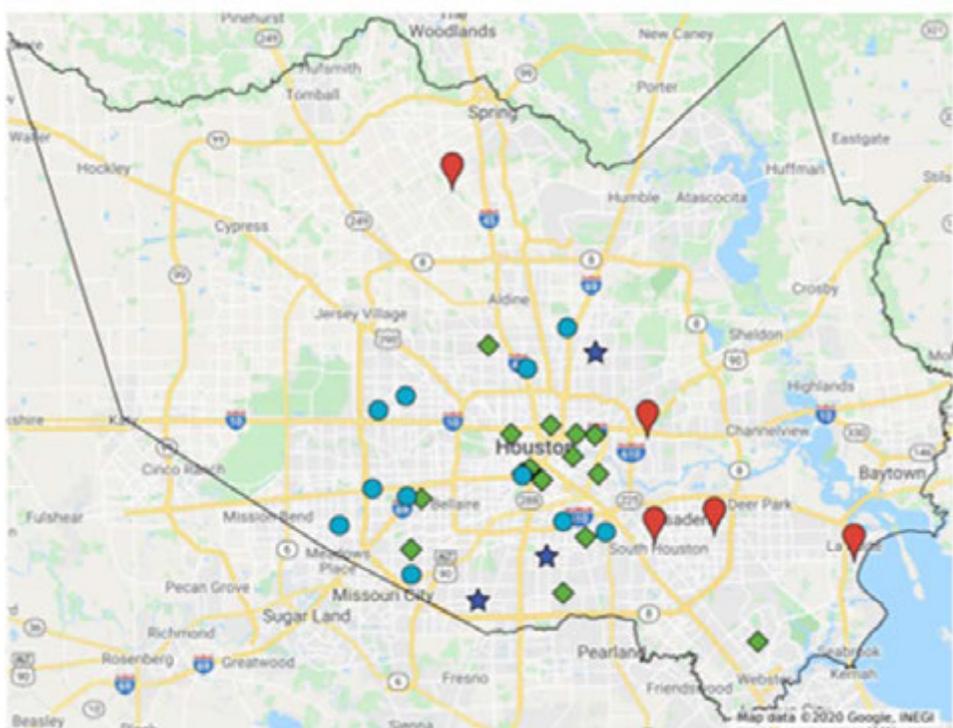
The Harris PSA is home to a host of major communities that are listed below in Table 2 and reflected in Map 1. Map 2 includes focal points throughout Harris County and will be discussed more in the *Focal Points* section.

Table 2 Population by Major Community.

Municipality	2018 U.S. Estimate
City of Baytown	77,024
City of Bellaire	18,966
City of Bunker Hill Village	3,982
City of Deer Park	33,931
City of El Lago	2,759
City of Friendswood	40,181
City of Galena Park	10,931
City of Hedwig Village	2,669
City of Hillshire Village	819
City of Houston	2,325,502
City of Humble	16,041
City of Hunters Creek Village	4,891

City of Jacinto City	10,625
City of Jersey Village	7,962
City of Katy	19,216
City of La Porte	35,423
City of Missouri City	74,705
City of Morgan's Point	345
City of Nassau Bay	4,037
City of Pasadena	153,219
City of Pearland	122,149
City of Piney Point Village	3,449
City of Seabrook	14,291
City of Shoreacres	1,611
City of South Houston	17,583
City of Southside Place	1,715
City of Spring Valley Village	4,333
City of Stafford	18,312
City of Taylor Lake Village	3,625
City of Tomball	11,761
City of Waller	53,126
City of Webster	11,201
City of West University Place	15,676

Source: U.S. Census Bureau, 2018 Population Estimate



Socio-Demographic and Economic Factors

Over an 18-year period Harris County's population has grown more than twice as fast as the nation's population. According the Harris County Budget Office, the county continues to be one of the fastest growing in the nation with 41 percent growth since 2000 and 70 percent growth since 1990.

Harris County's population has been increasing by an annual average of 80,000 to 85,000 residents since the 2010 Census. In August 2017, historic levels of rain fell on Harris County as a result of Hurricane Harvey, which could have resulted in vast devastation to population and economic growth. According to the Harris County Budget Office, the impact of this flooding on population growth appears to be insignificant 16 months after the event, however, the 2020 Census will reflect Hurricane Harvey's true impact on population growth.

Descriptions of Harris County's citizens and socio-demographic and economic factors that follow demonstrate its diversity, robustness and potential for continued support of all community members, particularly older adults.

Socio-Demographic Factors

Age

According to the 2018 American Community Survey (ACS) 5-year estimates, the median age of residents living in Harris County is 33.1 and fifty percent of the

county is female. Table 3 reflects age range percentages, and Table 4 is a breakdown of ages 60 and over.

Table 3. Age range & percentages

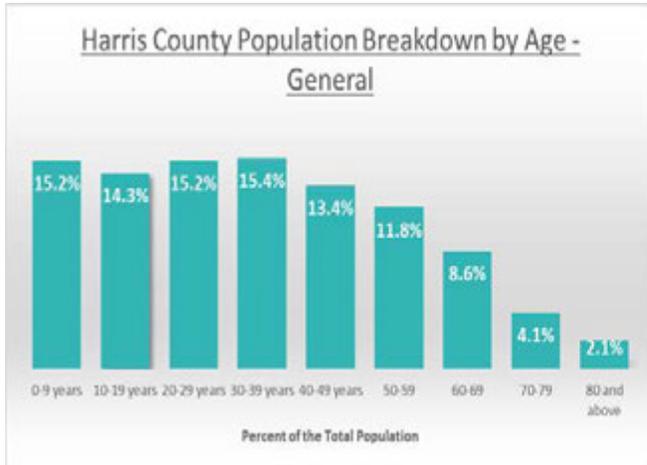
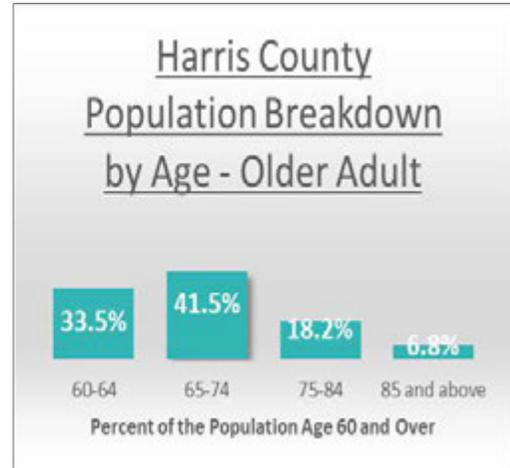


Table 4. Percent of age 60 and over



Based on 2014-2018 ACS 5-Year Estimates, Harris County is home to 680,268 adults ages 60 and older. The population skews female - 54.6percent (n=371,426) compared with 45.4 percent (n=308,842) male.

The median age for the County’s older adult population is 68.1 years, which means the County has a slightly younger older adult population than the State, which has a median age of 69 years. Of Harris County’s older adults, 6.8 percent of those over the age of 60 (n=45,967) are the “oldest old,” defined as age 85 or older. This rate is lower than the State’s, which is 7.6 percent.

The older adult population in Harris County has grown significantly over the last five years. Comparing the ACS 5-year estimates from 2013, which covered the years 2009-2013, Harris County saw a 26.1 percent growth in this population. This growth is much faster than the State’s 16.2 percent growth over the same time period. The County gained over 4,100 older adults age 85 and older during that time period, though the group’s overall percentage of the population remained unchanged.

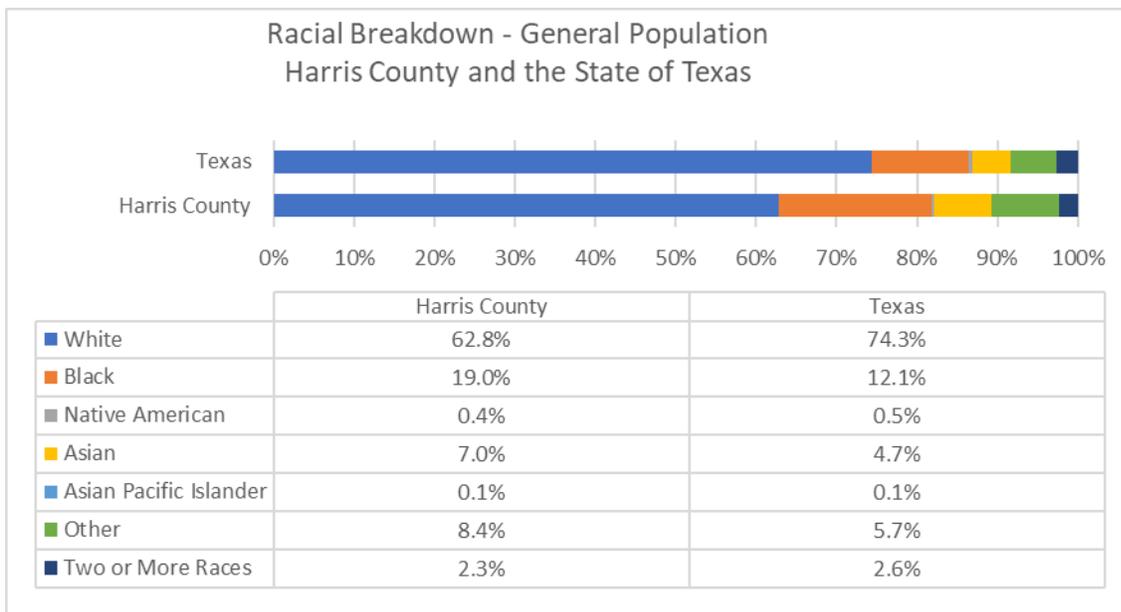
Race and Ethnicity

Harris County is considered one of the most racially and ethnically diverse in the nation. According to the Greater Houston Partnership, several studies in recent years have shown Houston at the top of the list for ethnic and racial diversity in the country.

According to the Greater Houston Partnership, the City of Houston, Harris County’s largest city, has no ethnic majority and nearly one-in-four residents are foreign born. According to demographers, Houston mirrors what the U.S. population will

look like in four decades. Table 5 demonstrates the racial breakdown of all ages in Harris County.

Table 5. Racial Breakdown in Harris County



The American Community Survey reports race by several categories. The Census Bureau notes that a person can be of any race and be Hispanic, and as such, reports the numbers separately.

While Harris County is very diverse, its older adult population is more homogenous. However, Harris County's older population has more diversity than the State's older population overall. In Texas, 18.5 percent of older adults identified themselves as something other than White. In Harris County, that number rises to 31.6percent (n=214,965). Both Texas and Harris County have an almost identical percentage of Hispanic residents, 23.6percent to 23.5percent, respectively. In Harris County, that translates to 159, 863 Hispanic older adults. Table 6 compares racial breakdown for those age 60 and over in Harris County and the State, while Table 7 compares the percentage of Hispanic or Latino Origin among the general Harris County population, 60 and over and the State.

Table 6. Racial Breakdown Age 60 and Over

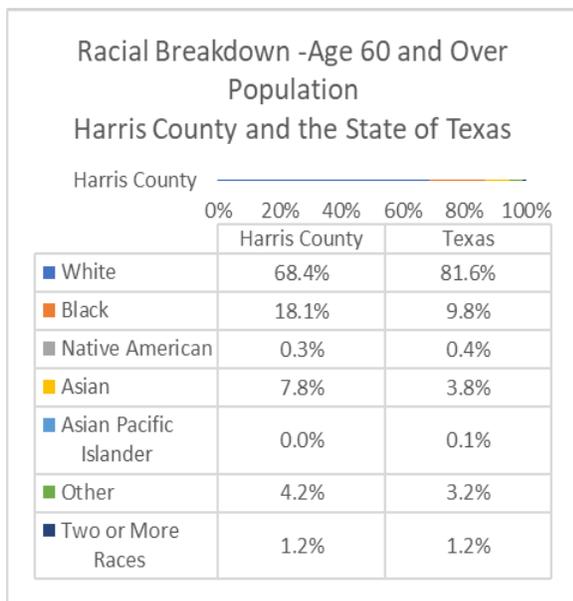
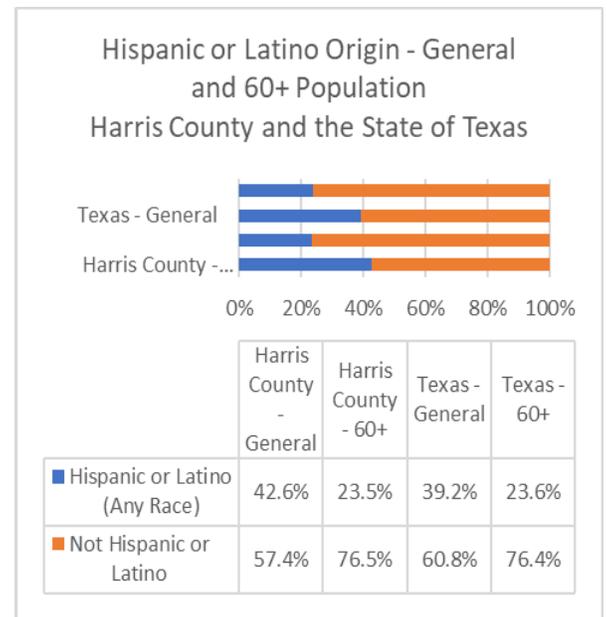


Table 7. Hispanic or Latino Origin



Another way to examine diversity is by the percentage of residents who are White, not Hispanic. In Harris County, 49.7 percent (n=338,093) of residents are in that category. Thus, more than half of older adults (n=342,145) consider themselves as

part of a minority group. This is in stark contrast to the State, where the majority of older adults (61.8percent) identify as White, not Hispanic.

Having an older population that contains more minorities than people who are White, not Hispanic, is new, and the ACS 2018 survey is the first to capture this change.

Poverty

Overall, almost 17 percent of Harris County residents live in poverty. Based on traditional methods used to calculate poverty, the percentage is lower among older adults.

There are several ways of examining poverty among older adults. The first measure is the most traditional, the number of people living at or below 100 percent of the Federal Poverty Level. Using that measure, 11.2 percent of Harris County's older residents (n=75,396) are impoverished. Harris County's rate is higher than that of Texas's (10.5 percent). As older adults age, they are slightly more likely to be in poverty. For example, for older adults ages 65 to 74, 11.9 percent have incomes less than the Federal Poverty Level, while 13percent of those ages 75 and older are in poverty.

Racial minorities and those who identify as Hispanic are considerably more likely to be in poverty. Of those at or below 100 percent of the Federal Poverty Level, 71.9 percent are racial minorities and/or are Hispanic.

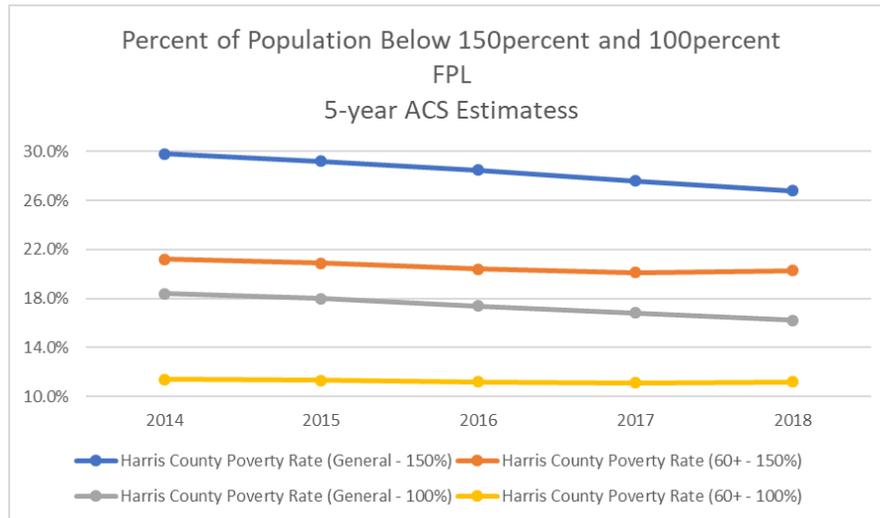
There are many critics and social policy experts who believe that the Federal Poverty Level is not a good measure of poverty, especially for older adults. The Federal Poverty Level is based on the Consumer Price Index and does not consider expenditures that older adults are more likely to make, such as medical-related expenses or factor geographical living expenses in its equation.

These experts believe that other ways to measure poverty, such as Supplemental Poverty or the Elder Index may paint a more accurate picture of poverty among older adults.

Under these measures, poverty calculations would be closer to 125 percent of the Federal Poverty Level under the Supplemental Poverty Measure or 150 percent, depending on a person's housing and health. Thus, expanding the definition of poverty to include those at or below 150 percent of the Federal Poverty Level may paint a more accurate picture of County residents struggling to meet basic needs or who are one crisis away from needing assistance with basic needs. Applying this

new definition, 20.3 percent of Harris County’s older adults would be considered at or near poverty (n=136,656). This percentage is consistent with Texas’s poverty rate under the same definition. Table 8 reflects the percent population below 150 and 100 percent Federal Poverty Level (FPL).

Table 8. Percent population below 150 percent and 100 percent FPL



Source: American Community Survey 5-Year Estimates 2010-2014 through 2014-2018 (table s0102)

It is important to note that while, for older adults, poverty rates have dipped slightly over this time period, the population increase means that more older adults in 2018 (n= 136,656) were below 150 percent of the Federal Poverty Level than in 2014 (n=118,317).

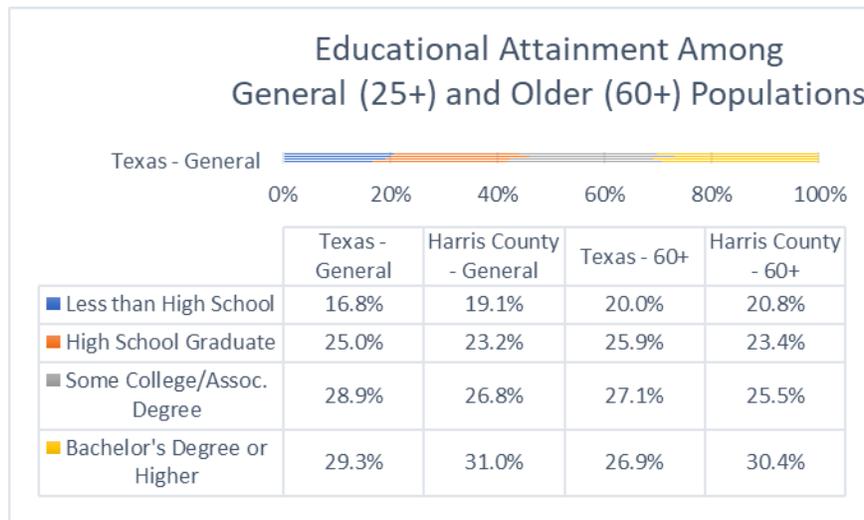
Thus, for older adults, while the poverty rate has declined slightly, Harris County saw a 15.5 percent growth in the *number* of older adults at or near poverty. The percentage of older adults below 100 percent Federal Poverty Level has changed slightly over the last 5 years, but the number of older adults in poverty has increased by 18.5 percent, rising from 63,624 to 75,396.

Educational Attainment

Compared to state averages, Harris County residents who are age 25 or older are more likely either to have less than a high school education or to have at least graduated college, while Texas residents are more likely to have completed high school and pursued college or an Associate’s Degree but stopped short of a four-year degree.

That trend also is reflected in the over 60 population, with 30.4 percent of the County's older population having at least a Bachelor's Degree, compared with 26.9 percent of the State's over 60 population. The educational attainment rates for Harris County's general population compared with its older population are very similar, with older adults being slightly less likely to have completed high school. Table 9 shows educational attainment among the general population and the 60 and over population.

Table 9. Educational Attainment



Health Insurance

Compared to national and statewide data, Harris County shows some interesting differences. Texas has a higher rate of uninsured individuals (both general population and older population) than does the nation, and Harris County's rate is higher than Texas's.

Harris County's rate of uninsured (26.7 percent) is double that of the national average (13.2 percent). While the overwhelming majority of older adults 65 and over have some type of health insurance coverage, Harris County's older adults are four times more likely to be uninsured. Thus in Harris County, nearly 1 out of every 33 older adults lacks health insurance.

The ACS divides all insurance programs into Public and Private. Public insurance programs are those run by states and the Federal Government, including Veteran Administration health insurance. Private insurance is any type of insurance where the individual directly, through employment, or through a union contracts with a health insurance company. This category also includes insurance through any insurance exchange, Medicare Advantage, and TRICARE for members of the military.

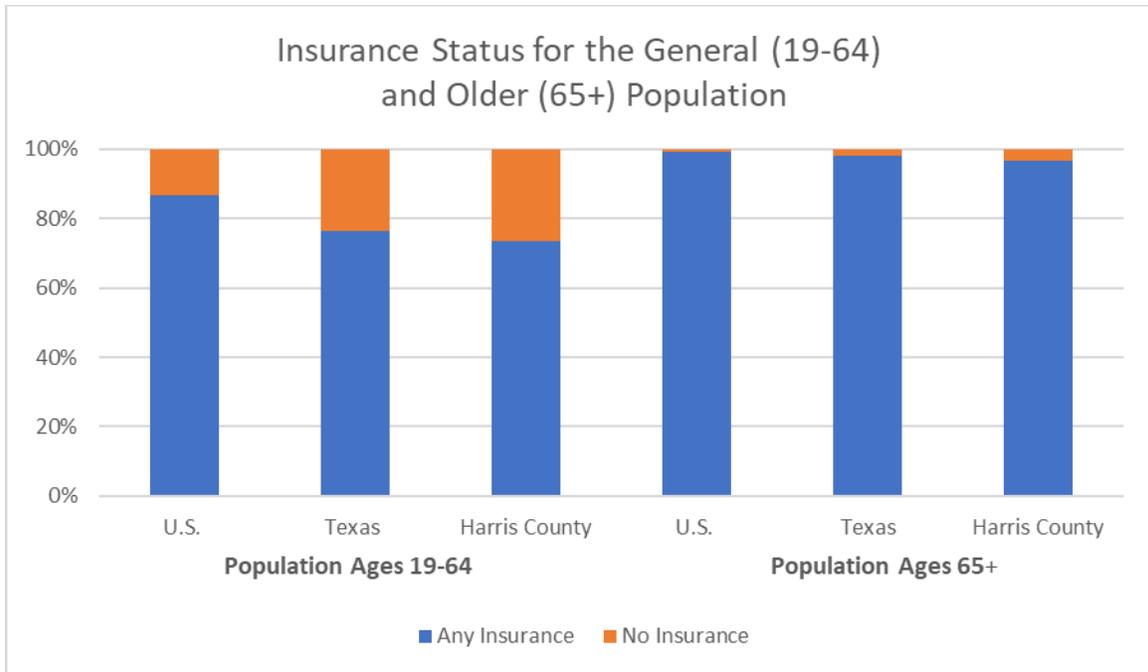
Most people ages 19 through 64 have private insurance, though a slightly smaller percentage of Harris County residents have this type of insurance. For public only insurance, Harris County residents in this same age range are slightly more likely than other Texas residents but less likely than the national average to have public health insurance.

The insurance breakdown for adults looks very different. Almost all older adults have either public health insurance or a mixture of public and private coverage. Nationally, 40 percent of older adults have public only coverage, mostly Medicare. That percentage rises to 45 percent for Texas. In Harris County, just over half of all adults 65 and over rely on public health insurance programs, namely Medicare. Conversely, while 56percent of older adults nationally rely on a mix of public and private health insurance, in Texas, that number falls to just under half (49 percent), and in Harris County, it drops to 41 percent.

The ACS also provides an in-depth look at the different ways older adults cover their health care costs. Nationally, 28 percent of older adults rely exclusively on Medicare. In Texas, that rate rises to 31 percent and in Harris County to 36 percent. While across to U.S. 19 percent of older adults use a combination of employer and Medicare coverage, in Texas and Harris County, the rate dips slightly to 17 percent. Harris County residents are less prone to using a combination of direct purchase and Medicare (such as Advantage plans). The rate of usage for this combination falls from 20percent nationally to 16percent statewide to 13percent in Harris County. While rates remain close, Harris County residents have a slightly higher usage of Medicare with Medicaid (9 percent nationally, 10 percent statewide, and 11 percent in Harris County).

Table 10 compares insurance status of the general public and older adult population nationally, in Texas and Harris County.

Table 10. Insurance Status



Source: American Community Survey 5-Year Estimates 2014-2018 (table s2701)

Location and Concentration of Specific Categories

There are 143 zip codes that are wholly or are in part within Harris County borders. For the following characteristics, Table 11 is the location and concentration of specific categories, represents the number of zip codes that are above or below county averages, depending on the variable.

In the *Population Referenced* category in the table below, a breakdown by zip code is not available for the 60 and over population. When available, numbers for 55 and older were used to be more inclusive. Numbers for 65 and over were used when 55 and over was unavailable.

Table 11. Location and Concentration of Specific Categories

Variable	Harris County	Population referenced²	Number of zip codes exceeding Harris County rate
Poverty	11 percent	55+	64 (with 14 exceeding 22percent, or double the County's rate)
Social Isolation/Living Alone	24.2 percent	65+	68 (with 9 zip codes exceeding 40percent)
Older Native Americans	0.33percent	55+	38 (with most under 1percent)
Limited English Proficiency	13.2percent	65+	56 (with 3 zip codes exceeding 50percent limited English proficiency)
Minority Status	52.3percent	55+	71 (with 16 zip codes exceeding 90percent minority)
Urban and Rural	n/a		

Overall Quality of Life for Older Adults

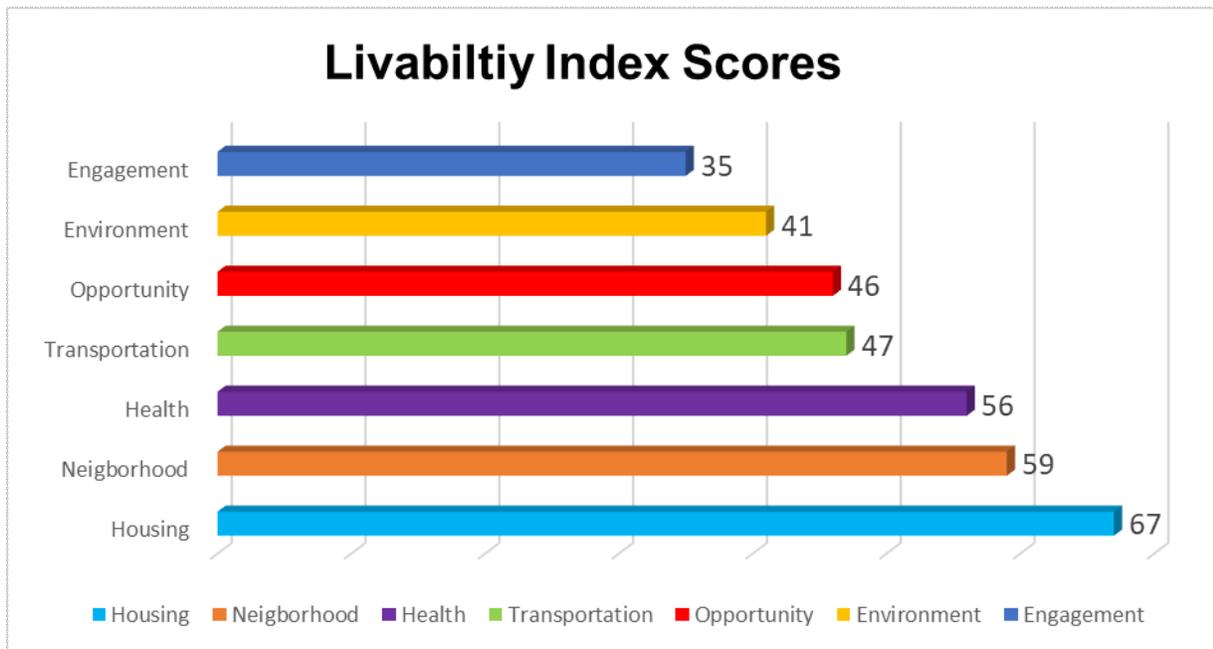
In 2020 the Houston AARP Office produced a document called the *Age-Friendly /Livable Community Action Plan for Houston*. The conditions and circumstances of older adults in are reflected in AARP's Livability Index, a tool that measures the overall community livability of a selected neighborhood, city, county or state.

Every two years AARP assesses communities on seven livability categories—housing, health, neighborhood, transportation, opportunity, environment and engagement. The Livability Index score noted in the *Community Action Plan* reflects

ouston’s characteristics and not the entirety of Harris County. Houston scored a 50 on the Livability Index out of a possible 100, which is the national average.

The City led in the following categories: housing, neighborhood and health. According to the report, areas in need of improvement are transportation and engagement. Table 12 reflects individual category scores and areas with the highest scores.

Table 12. Livability Index Scores



Leading Three Domains		
 Housing 67	 Neighborhood 59	 Health 56

The Plan notes that there is more work to do to make the City more livable for all, particularly older adults and notes a host of recommendations for improvement in all categories. While there is more work to do, HCAAA is pleased to partner with an organization that identifies the need for creating better communities for older adults and acts to make the necessary changes.

The next section describes economic factors impacting the Harris County population in general and among older adults.

Economic Factors

According to the *Harris County Economic Highlights* publication, the Health Care and Social Assistance industry sector employs the highest number of people at 296,287 employees in Harris County.

The Mining and Oil & Gas Extraction industry sector offers a competitive advantage as it has the highest share of total employment within the region compared to the industry's share in the U.S. This industry sector along with Management of Companies and Enterprises, offer the highest average wage per worker, with a combined average wage of \$176,348 annually.

The highest concentration of interrelated industry sectors in Harris County comprises the Coal/Oil/Power industry cluster, at over four times the national average, employing 96,312 workers with an average annual wage of \$177,051.

Port Houston is the largest Texas port, the busiest U.S. waterway, and the nation's largest break-bulk terminal. The largest Gulf Coast container port, Port Houston handled 68 percent of the U.S. Gulf Coast container traffic in 2016. The port is home to the nation's largest petrochemical complex and is the second largest in the world.

According to The 2019 *Kinder Houston Area Survey*, in recent years, after oil prices fell from highs in 2014 to lows in 2015, positive evaluations of the local economy rebounded to reach more stable and modest long-term growth.

With a diverse collection of school systems – 25 K-12 school districts, a plethora of K-12 private schools, a vast number of colleges and community colleges, choices are plentiful to prepare Harris County residents for the future.

While educational opportunities abound, some Harris County residents have difficulty connecting this resource to job opportunities. The *Kinder Area Survey* reveals that 67 percent of those surveyed rated local job opportunities as excellent or good. Since these ratings are modest, it may be an opportunity for Houston and Harris County to plan thoughtfully for new investments that will be needed in order to improve the PSA's prospects for sustained economic prosperity.

When *Kinder* survey participants were asked to name the biggest problem facing people in the area today, traffic was the predominating concern just as it has been over the past five years of the survey, but this time it was cited by 36 percent of all the respondents, up significantly from 25 percent in the 2018 survey. Fifteen percent of respondents named floods and storms as their dominant concerns.

The factors above provide insight into the general socio-demographic and economic factors impacting Harris County. The description below highlights specific conditions and circumstances of older adults in the Harris PSA.

There are various job opportunities throughout Harris County for older adults. Senior Community Service Employment Program (SCSEP) is a community service and work-based training program for older workers. The program provides subsidized, service-based training for low-income (not more than 125 percent of the established federal poverty guidelines) persons at least 55 years of age who are unemployed and have poor employment prospects.

The Houston AARP chapter is the organization that houses SCSEP and serves Harris County. AARP posts jobs for older adults and provides work and job resources such as *Perfect Your Networking and Interviewing Skills*.

Economic and Social Resources

Harris County offers a wide variety of economic and social resources to all citizens, with a significant array of arts and cultural activities as well as a wealth of amenities.

Resident companies in drama, ballet, opera and orchestra perform year-round in the area. More than 500 institutions are devoted to the performing and visual arts, science and history. Houston's nonprofit arts and culture industry generated over \$1.1 billion in total economic activity, according to the *'17 Arts & Economic Prosperity* report by Americans for the Arts. This spending – \$579.4 million by nonprofit arts and culture organizations and an additional \$538.0 million in event-related spending by their audiences – supports 25,817 full-time equivalent jobs, generates \$801.6 million in household income to local residents and delivers \$119.3 million in local and state government revenue.

The Houston Museum District is one of the country's most visited and diverse cultural centers with 19 museums. These museums provide rich experiences in art, history, culture, nature and science. The district is divided into four walkable zones, each of which includes a group of museums.

There are a host of sports and activity venues that include BBVA Compass Stadium, the state-of-the-art, open air stadium designed to host Dynamo and Dash soccer matches, as well as additional sporting and concert events, Minute Maid Park, the Houston Astros' retractable-roof downtown baseball stadium and Fertitta Center which is a 7,100-seat multipurpose area. NRG Park, which occupies 350 acres is among the most versatile sports and meeting complexes in the United States and hosts over 500 events annually.

Two universities house large football stadiums. Rice Stadium is a 47,000-seat football stadium and TDECU Stadium, a 40,000-seat football stadium located on the campus of the University of Houston. Toyota Center is a sports and entertainment center located in downtown Houston and is home to the National Basketball Association's Houston Rockets. The county is home to the George R. Brown (GRB) Convention Center, a 1.85 million square foot exhibit and meeting space.

The City of Houston has over 500 miles of designated bikeways, including shared-use paths, separate bike lanes, bike routes and shared sidewalks.

In addition to social resources, Houston fares well economically. When compared to the national average, Harris County enjoys a lower cost of living by 8 percent of the national average in the areas of transportation, utilities, housing and groceries.

Harris County boasts a wide variety of economic and social resources for older adults. The City of Houston Parks and Recreation Department provides recreation and leisure activities to older adults ages 55 years and older at community centers across the city.

Activities include specialty and creative craft classes, fitness and walking clubs, cultural events, field trips, and senior forums. Older adults may also participate in craft exhibitions, computer classes at local libraries, fashion shows, special holiday events, Senior Olympics competition, and sports programs. Most programming is free. Additionally, Harris County Precinct offices offer older adult activities similar to the City of Houston.

Additionally, over 14 venues that include museums and movie theaters offer admission discounts to older adults.

Community college systems such as the Houston Community College (HCC), Lone Star and San Jacinto College systems offer free tuition to older adults 65 and older for a designated number of credit hours per semester. At HCC, students between 55 and 65 can receive a 50 percent discount on tuition.

Description of Service System

The HCAAA structures its delivery of services to support the Older Americans Act service priorities and program initiatives, as established under the Older Americans Act (OAA), the Health and Human Services Commission and local service priorities. Ongoing advocacy for older adults through planning, education, coordination, public information, monitoring and evaluation serves as the core of the HCAAA's mission "to promote well-being, independence and dignity for older persons". With this mission

in mind, the HCAAA is committed to creating a standardized and streamlined service process that is consumer focused and characterized by consumer choice.

SERVICES AND COLLABORATIONS

Through collaboration with public and private service providers, community-based organizations and advocacy groups, the HCAAA joins together an integrated network of partners to outreach and serve the consumers of Harris County.

The HCAAA is responsible for the administration, management and oversight of more than 25 programs and services to older adults funded through the OAA. Achieved through a mix of direct and contracted service delivery the chart below outlines the services and the way in which the services are provided.

Table 13. HCAAA Services

	Direct Delivery	Contracted Delivery	Combination
ACCESS TO SERVICES			
Information and Referral	X		
Care Coordination	X		
Caregiver Education and Training			X
Caregiver Information Services			X
Transportation		X	
NUTRITION			
Congregate Meals		X	
Home Delivered Meals		X	
Nutrition Education		X	
HOME AND COMMUNITY BASED SERVICES			
Adult Daycare		X	
Caregiver Respite - In Home		X	
Caregiver Respite – Institutional		X	
Caregiver Respite – Non-Residential		X	
Caregiver Respite – Voucher		X	

	Direct Delivery	Contracted Delivery	Combination
Chore Maintenance		X	
Emergency Response		X	
Income Support		X	
Personal Assistance		X	
Residential Repair		X	
Telephone Reassurance		X	
Visiting		X	
DISEASE PREVENTION AND HEALTH PROMOTION			
Evidence-Based Intervention		X	
Health Maintenance		X	
Health Screening/Monitoring		X	
Mental Health Services		X	
ELDER RIGHTS AND PROTECTION			
Legal Assistance		X	
Legal Awareness		X	
Ombudsman		X	

As noted in Table 13 above, the HCAAA contracts a significant number of programs and services to local area public and private service providers, community-based organizations and advocacy groups. These services are procured through a regimented and periodic procurement process comprised of a Request for Proposal/Qualification (RFP/RFQ) bid process or enrollment period.

Subrecipients and contractors must complete the published documents appropriate for each process in accordance with and approved by the City of Houston's Office of Strategic Procurement practices and guidelines. Typically, contacted service providers are procured or assigned to serve specific geographical service areas, or a targeted population.

The HCAAA also collaborates with the HHD to provide consumer focused services such as evidence-based health programs, procurement services, nutrition services, dental services as well as residential assessments and repair. As increased efforts

are undertaken to reduce health disparities and ensure wellness, further expansion of existing programs and implementation of new models, particularly in the areas of physical fitness, chronic disease self-management, substance abuse and medication management will occur. The introduction of evidence-based health promotion programs by aging network providers has increased the awareness and importance of incorporating successful models into existing programs for older adults, people with disabilities and the broader community.

Harris County is fortunate to have many human service agencies, both public and private, which provide and advocate for services for consumers and caregivers. The depth and breadth of the partnerships between the HCAAA and local area contracted service providers is illustrated in Table 14 below.

Table 14. HCAAA Service Providers

Subrecipient/Contractor Business Name	Product/Service Provided
Alpha Eye Care	Vision services
Alzheimer's Association	Evidence-based training
Baker Ripley (Sheltering Arms)	Evidence-based training; Congregate meals; In-home; Adult Daycare
Baylor Asset Management	Home repairs
Baytown Meals on Wheels	Home delivered meals
Brown Sterling Builders	Home repairs
Bruce Matson	Dental services
Byrdson Services, LLC	Home repairs
Chinese Community Center	Evidence-based training
City of Jacinto City	Home delivered meals; Congregate meals
City of La Porte	Home delivered meals; Congregate meals

City of South Houston	Home delivered meals; Congregate meals
Connect Dental Specialists	Dental services
Dinsmore	Emergency response
Evelyn Rubenstein Jewish Community Center	Visiting services; Home delivered meals
Greater Houston Transportation Company	Transportation services
H & H Remodeling	Home repairs
Harris County Protective Services – Youth Services	Case management services
Hearing Aid Express	Hearing services
Heights Audiology & Hearing	Hearing services
Honesty Construction Group	Home repairs
Houston Precise Dental	Dental services
Interfaith Ministries of Greater Houston	Home delivered meals
J. Huerta Construction, LLC	Home repairs
MJL	Prescription review and reconciliation
Montrose Center	Evidence-based training
MPJ Audiology	Hearing services
Northwest Assistance Ministries	Home delivered meals; Congregate meals

Partners in Care	Prescription medications
Perry Lee	In-Home services
Royal Dental	Dental services
Salvation Army (Pasadena)	Home delivered meals; Congregate meals
Sentido Health	Incontinence supplies
Southside Pharmacy	Prescription medications
Synergy Home Care – Central	Personal Assistance/Respite
Synergy Home Care - Katy	Personal Assistance/Respite
Synergy Home Care - Northwest	Personal Assistance/Respite
Texas Southern University	Evidence-based training
The Harris Center for Mental Health and IDD	Mental health services
Urban Bridge Consulting	Re-entry services
University of Houston	Vision services
University of Texas	Ombudsman services
Valley Food, Inc.	Home delivered and congregate food services
Y.W.C.A. of Houston	Home delivered meals; Congregate meals

The scale of service needs for an area and population the size of Harris County, combined with limited and competing financial resources dictates that the HCAAA critically assess and prioritize the direct service role and make realistic service delivery decisions based on federal and state mandates, organizational capacity and a changing human service arena. While the inclusion of a broad array of service providers strengthens the delivery of services to older adults, it nonetheless presents challenges to consumers who must navigate the service delivery system.

It is with this recognition that the HCAAA is focused on developing a broad base of interconnected relationships that contributes towards a “no wrong door” consumer focused and consumer driven system of service delivery. Hence, the HCAAA participates in established collaborative partnerships to leverage funding and increase the pathways for services to consumers.

The Aging and Disability Resource Center (ADRC) structure is an example of one of the integrated networks of service providers that the HCAAA has invested in to facilitate the access to information about the array of services, supports and opportunities available to consumers. Key partners include HHSC, Harris Center for IDD, Houston Center for Independent Living, Adult Protective Services, 211, corporate entities, hospital networks and Managed Care Organizations.

The HCAAA also partners with community-based organizations such as the the Elder Services Provider Network, Adult Protective Services Board and Interagency Network and TSU, Better Business Bureau Education Foundation H-FAST which provides valuable resources and information, not only to the HCAAA, but to all health and human service providers serving consumers who are older and their caregivers.

These partnerships provide access to additional funding streams that support and promote program stability, particularly since the OAA is not intended to provide complete funding for program services.

PROGRAM SERVICES

Information Referral and Assistance

Information, Referral and Assistance (IRA) serves as the entrance for assessing and addressing service needs. Through IRA services, the HCAAA ensures consumers receives personal touch system navigation (“live voice”), quick response, outstanding customer service, coordination of requests for assistance internally, and evaluation of access services.

Benefits Counseling

Benefits Counseling staff, certified as Aging, Information, Referral Specialist (AIRS), focuses on assisting consumers and caregivers identify and receive available public and private benefits, including eligibility screening.

Care Coordination

Care Coordination staff work with consumers and caregivers in planning, arranging, coordinating and following-up on services. Using an established vendor pool, under

the Access and Assistance Program, the HCAAA can procure services for consumers in the areas of:

- Personal Assistance
- Caregiver Respite Care In-Home
- Caregiver Respite Care-Institutional
- Emergency Response
- Legal Assistance
- Mental Health Services
- Residential Repair

Ombudsman Services

The HCAAA contracts with the University of Texas Health Science Center in Houston to provide ombudsman services, to include identifying, investigating and resolving complaints made on behalf of residents of nursing facilities and assisted living facilities.

Health Promotion and Evidence-Based Programing

The implementation of evidenced-based disease prevention programs nationwide has increased the awareness of the importance of participating in health promotion programs with established outcome measures. Within Harris County, HCAAA partners with service agencies for older adults to provide evidence-based disease prevention programs in the areas of chronic disease self-management, physical fitness, care transitions, substance abuse and falls prevention which will enable older adults to make behavioral changes that will reduce their risk of disease, disability, and injury.

Support Services

Through vendor agreements HCAAA provides or makes appropriate referrals for durable medical equipment and other assistive devices intended to assist individuals in coping with a functional impairment in carrying out activities of daily living.

Nutrition Services

The HCAAA currently contracts with 11 local area service providers (non-profit and governmental) to provide congregate and home delivered meals. Meals are prepared by a for-profit preferred food service provider who prepares the meals locally each day. Last year the home delivered meal program provided more than 1 million meals to homebound consumers. Continued growth in the home delivered program with

wait lists for services underscores the importance of considering alternative service delivery strategies.

Despite serving more than 337,000 congregate meals last year, decreased attendance at the traditional congregate meal sites represents challenges for enhanced programming to attract younger consumers with greater emphasis on consumer choice, evidence-based programming, health initiatives, technology, recreational and leisure activities and civic engagement. The HCAAA continues to seek innovative approaches to meeting the preferences of today's older adult consumers.

ADRC

The ADRC offers an integrated network of service providers that facilitates access to, and information about a complete array of services, supports and opportunities for consumers who are older and/or have a disability to make informed decisions and seek assistance. The core functions and services include Enhanced IR&A, Respite, Medicare assistance, Local Contact Agency, Housing Navigation and Education and Training.

Veterans Services

The HCAAA in a partnership with the U.S. Veterans Administration operates the Veteran Directed Care Program. Under the initiative, the HCAAA provides case management services in support of a self-directed, non-traditional model of care for veterans.

The provision of the services described above ensures the targeting of agency resources consistent with the requirements of the Older Americans Act and HHSC mandates. Funding between direct services and contractor/vendor services, along with the leveraging of partnership resources, has allowed the HCAAA to increase number of consumers served in each of the past four years.

SERVICES TO TARGETED POPULATIONS

Based on the demographic analysis of the target populations, the HCAAA has developed community partnerships with organizations whose primary focus is service provision and advocacy for targeted populations, such as the Alzheimer's Association Houston for evidence-based training.

The HCAAA is also able to extend services to target populations through the local participation and partnerships with other City of Houston Departments, Harris County Departments and other service providers, advocates, stakeholders and consumers.

Strategies are initiated, and services delivered to ensure that preference is given to consumers who are:

- Older individuals with greatest economic need;
- Older individuals with greatest social need, with attention to low-income individuals and low-income minority individuals;
- Older individuals with limited English proficiency; and
- Older individuals who are socially and geographically isolated.

To ensure access to services, the HCAAA uses a wide array of methods to target required populations. Outreach strategies include using marketing materials and publications, health fairs, activities with City Council, media, community-based presentations, partnerships with other agencies, town hall meetings with elected officials, HHD, HCAAA and ADRC's websites and existing contractor and vendor base.

HCAAA also utilizes a centralized service delivery system which not only provides a large number of services in one location, but also bundles services through easily assessable sites such as HHD Multi-Service Centers, ADRC, community senior centers and contractors and vendors across Harris County. Additionally, services are available through the telephone, including a toll-free number, as well as written and electronic communications.

Mental Illness/Physical or Developmental Disabilities/Alzheimer's Disease

As in the general population, older adults have diverse needs, orientation, abilities, and disabilities. However, older adults experiencing the loss of loved ones, experiencing debilitating physical changes and demanding environmental obstacles may be more emotionally challenged than the general population. Depression is a reality in the older adult population. The difficult changes that many older adults face—such as the death of a spouse or medical problems—can lead to depression, especially in those without a strong support system. Symptoms of depression can also be triggered from chronic diseases, such as diabetes. According to the Center for Disease Control and Prevention, more than 39 million Americans age 65 or older are affected by depression, with more than 2 million suffering from severe depression.

A substantial proportion of the population 55 and older—almost 20 percent of this age group—experience mental disorders (anxiety, cognitive impairment or mood disorder) that are not part of normal aging. Research that has helped differentiate

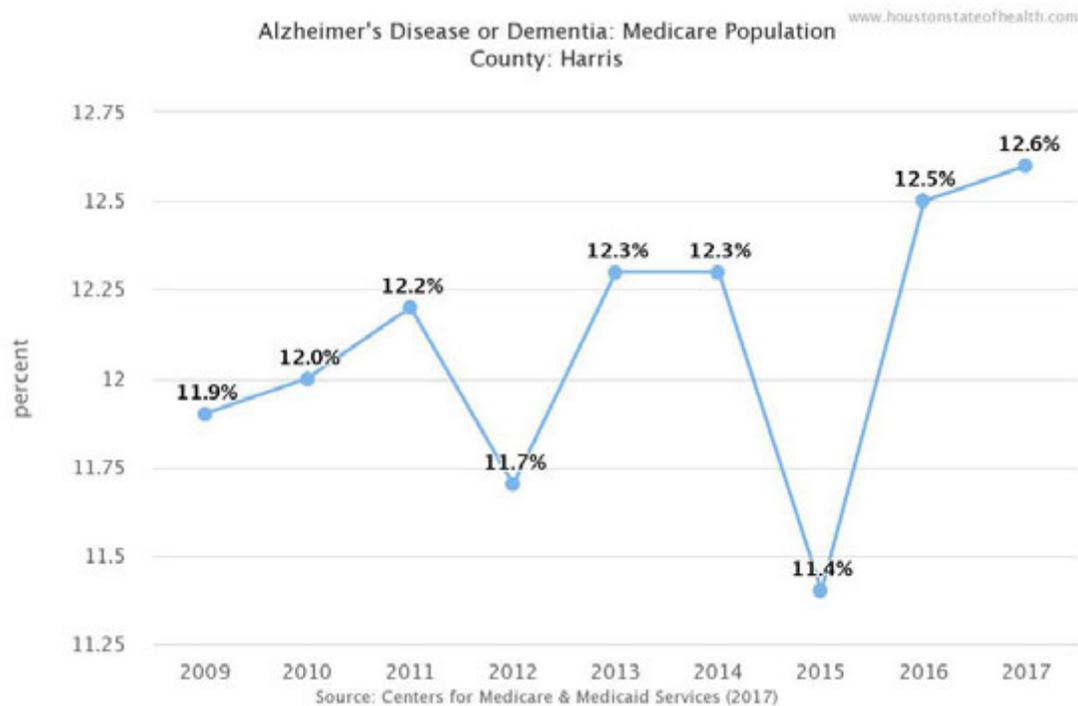
mental disorders from normal aging has been one of the more important achievements of recent decades in the field of geriatric health.

Unrecognized or untreated depression, Alzheimer’s disease, alcohol and drug misuse and abuse, anxiety, late-life schizophrenia and other conditions can be severely impairing, and even fatal. While the rate of suicide among older adults, which is frequently a consequence of depression, has been dropping for the past 20 years, demographers have expressed alarm as the baby boom cohort, a group with historically high rates of suicide, enters older adulthood. Expectations are that as more and more baby-boomers age, statistics will begin to register increases in the rates of suicide in older adult men and women.

As reported by the Alzheimer’s Association Houston and Southeast Texas Chapter, based on population figures in the 2019 Facts and Figures, there are an estimated 42,737 individuals living with Alzheimer’s disease in Harris County. According to the Centers for Medicare and Medicaid Services for the period of 2017, Houston Harris County ranks in the second worst quartile of counties in Texas, and in the worst 25 percent of counties nationwide, for incidences of Alzheimer’s Disease or dementia.

The Houston State of Health website illustrates in the table below the unfortunate trendline of increasing incidences of Alzheimer’s and dementia over time in Harris County, though not significantly.

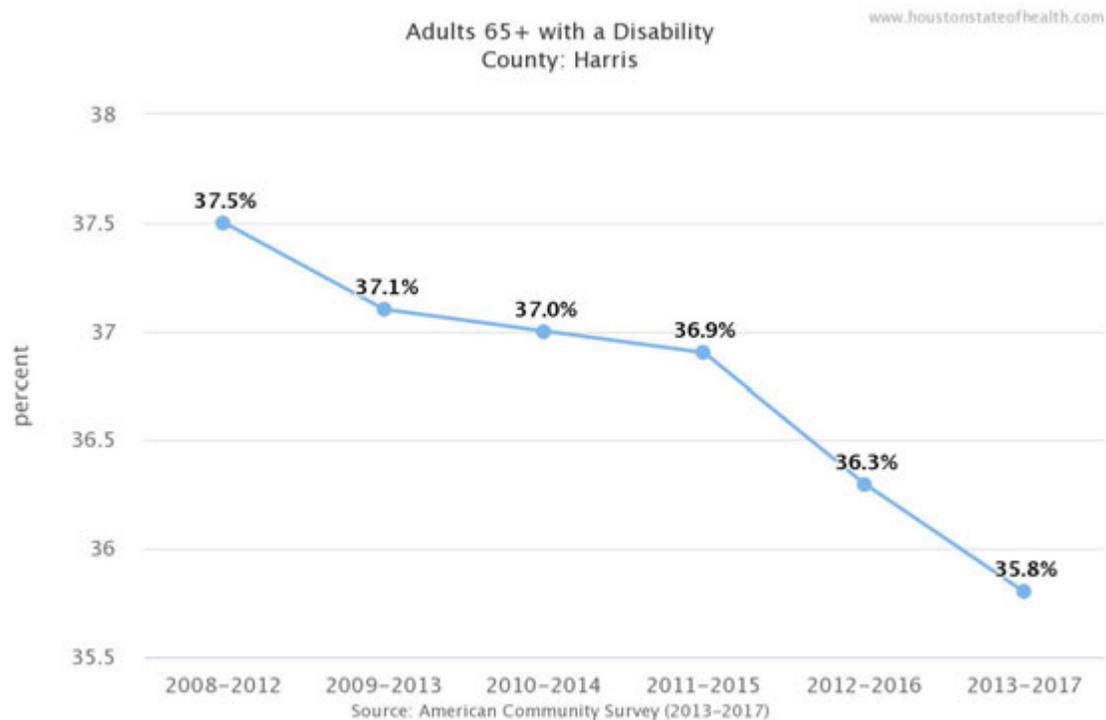
Table 15. Prevalence of Alzheimer’s Disease in Harris County



Based on the growing need for mental health services, the HCAAA continues to identify and increase evidence-based interventions to address mental health needs and provide increased public awareness and advocacy about the mental health services for older individuals.

And, the link between mental health and disabilities is conclusive. According to the National Institute of Mental Health, nearly a quarter of the 600,000 people who experience a stroke each year will also suffer with depression. In Harris County, over 35.8 percent of adults 65 or older are grappling with a disability.

Table 16. Adults 65+ with a Disability



While the trendline is headed in the right direction, the prevalence of consumers 65 or older with a disability living in Harris County still exceeds the national rate.

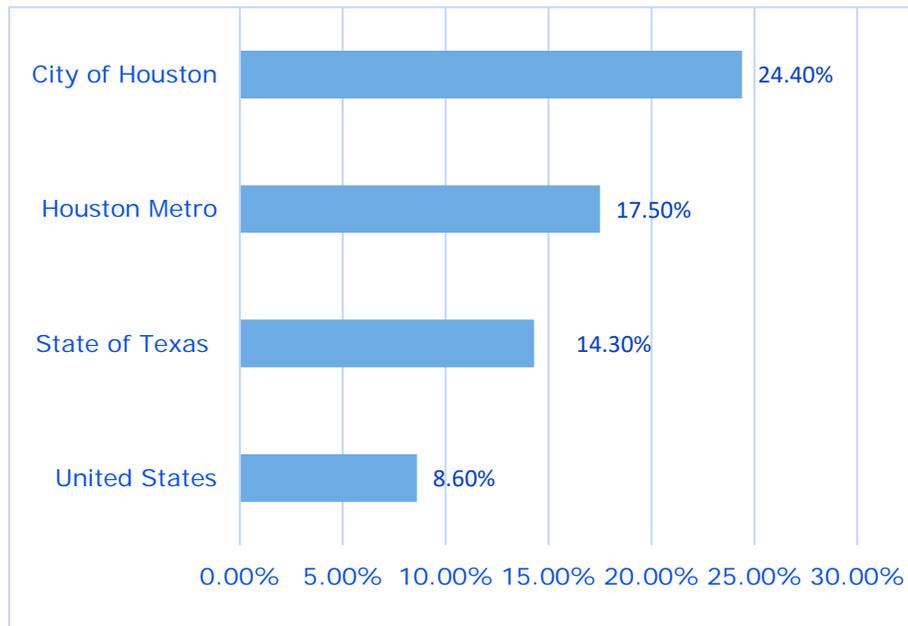
English as a Second Language

According to a recent report from the Kinder Institute for Urban Research and the Hobby Center for the Study of Texas, the Houston metropolitan area is the most racially/ ethnically diverse of the five most populous metropolitan areas in Texas. Houston stands out for having no racial/ethnic majority and nearly equal percentages of the two largest race/ethnic groups (Latinos and Anglos). Indeed, Houston is one of the most racially/ethnically diverse metropolitan areas in the

nation, and the most diverse of the 10 largest U.S. metropolitan areas. More than 100 languages are spoken in Houston neighborhoods.

The City of Houston’s Planning and Development Department aggregated data from U.S. Census Bureau, ACS 2015 1-year Estimates, to develop the table below for planning purposes.

Table 17. Limited English Proficiency



The table indicates that the City of Houston’s percentage share of consumers with Limited English Proficiency (LEP) is significantly higher than the State and nearly three times higher than the U.S.

To ensure that all consumers receive information about services, programs and activities, the City of Houston adopted policies that call for the designation of a Language Access Coordinator (LAC), preparation of public information in a minimum of the top five most commonly used languages based on Census data, and LEP training for employees with direct and substantive public interaction. In accordance with these policies, the HCAAA has implemented oral interpretation and written translation services.

Consumers can receive oral translation services through the 3-1-1- Language Line if an employee is unable to provide in-person oral translation services. As necessary, written translation services is available to the following five languages:

- Spanish
- Vietnamese

- Chinese
- Arabic
- Urdu

As the HCAAA continues to address and meet the challenges of serving an increasingly diverse older adult population and caregivers who have LEP, diverse lifestyles and divergent needs, the availability of a bilingual and culturally sensitive staff is essential in ensuring effective service delivery. The diversity of the workforce is reflected not only in the ethnic diversity of the staff, but the varied experiences that staff bring to the organization. The average tenure of the HCAAA permanent workforce is ten plus years. HCAAA has minimal turnover in staff, resulting in a dedicated, committed and experienced workforce.

The certification of IR&A and Benefits Counselors in Aging Information Referral Specialist/Aging (AIRS) is consistent with the program direction of establishing integrated intake and eligibility systems to enhance Access and Assistance for older individuals and their caregivers.

FUNDING

The impact of level or decreasing funding, competing service needs, more distinctive service demands from consumers, and increasing information technology requirements has created an operational environment, particularly in the human service area, that requires the HCAAA to make best business decisions regarding service design and implementation based on the following factors:

- Mode of operation
- Possible duplication /overlapping of service delivery within the community
- Access barriers for clients needing services
- Cost effectiveness and cost efficiencies of providing service
- Service outcomes
- Service gaps
- Reviewing and/or redefining the organization's purpose.

Harris County Area Agency on Agency funding and other resources are as follows:

- Title III, Grants to State and Community Programs on Aging, of the Older Americans Act of 1965 and its subsequent amendments
- Nutrition Service Incentives Program (NSIP)
- Texas State General Revenue Fund
- City of Houston
 - General Fund
 - Housing and Community Development Block Grant
- Title VII

- CMS
- Other [Special Grants]
- Program Income
- In-Kind/Match

During fiscal year 2019, the Harris County Area Agency on Aging received the following listed in Table 18:

Table 18. HCAAA FY19 Funding Allocation by Source

Funding Source	Award	FY 2019 FUNDING
Title III – Administration	\$975,483	1,194,125
Title III – B Supportive Services	\$2,764,331	3,757,265
Title III-C Nutrition Services	\$5,626,374	7,303,719
Title III-E Caregiver Programs	\$1,176,238	2,127,333
Title III – D Evidence - Based Intervention	\$240,541	322,930
SGR State General Revenue	\$496,082	455,269
SGR Ombudsman ALF	\$112,322	240,098
General Fund	\$173,530	44,600

Funding Source	Award	FY 2019 FUNDING
Community Development Block Grant	\$397,115	390,364.05
Nutrition Service Incentive Program	\$1,836,910	1,809,898
Title VII – Elder Abuse Prevention	\$41,072	38,904
Title VII – Ombudsman Activity Grant	\$121,435	136,626
CMS (HICAP)	\$156,212	163,422
MIPPA (AAA & ADRC)	\$77,402	Total 66,914 ADRC 35,130 AAA 31,784
Lifespan Respite	\$135,000	74,684
ADRC	\$577,947	721,255
Total	\$16,207,065	18,847,406.05

Through our parent organization the City of Houston, and collaborations with other older adult service provider agencies, the HCAAA receives local funds and in-kind services which are used to leverage federal and state funds.

HCAAA utilizes the accrual method of fiscal management. All budget tracking,

performance and reporting are managed through the City of Houston’s SAP funds management system. Budget projections are based upon historical utilization and emergent trends. All projected and actual budget and performance is reported to HHSC through the quarterly performance reporting tool and other state required reporting mechanisms.

As with any provision of services and established program requirements, it is important that mechanisms are in place to evaluate program effectiveness, quality assurance and desirable program outcomes. The HCAAA works with internal contract compliance staff, fiscal management staff and the department’s Quality Assurance and Internal Audit Bureau to ensure provider accountability and contract compliance.

Focal Points

Below are the focal points that exist throughout Harris County. Focal points are also identified on Map 2 in the Identification of Counties and Major Communities section of the plan.

The services key below is a guide describing acronyms in the table below.

Services include:

O – Outreach	AS – Availability Support Groups	R&S Recreation and Social Activities	VR – Volunteer Recruitment
SG – Support Groups	E&PT – Exercise and Physical Training	IaC – Interagency Coordination	VO - Volunteer Opportunities
FT – Field Trips	RT – Recruitment & Training	IP – Intergenerational Programs	RT-RE – Retraining-Re-employment
HS – Health Screening	NE – Nutrition Education	HE – Health Education	IR&A– Information and Referral
ST – Special Transportation			

	Community Served	Name and Address of Focal Point	Services Provided	Services Coordinated with Other Agencies
1.	City of Jacinto City	City of Jacinto City Senior Center 1301 Mercury Drive, Jacinto City TX 77029	O/VR/IaC/FT/HE/AS/ST/RT/HS/IR/R&S/E&PT/VO/IP/NE	O/ST/E&PT/NE/R&S/IaC/HE/IR&A
2.	City of La Porte	City of La Porte Senior Center 1322 S. Broadway, La Porte TX 77571	O/FT/HE/HS/I&R/R&S/E&PT/NE	O/ST/E&PT/NE/R&S/IaC/HE/IR&A
3.	City of South Houston	City of South Houston Senior Center	O/VR/IaC/FT/HE/AS/ST/RT/HS/IR/R&S/E&PT/VO/IP/NE	O/ST/E&PT/NE/R&S/IaC/HE/IR&A
4.	City of Pasadena	Salvation Army Senior Center 2732 Cherrybrook Lane Pasadena TX 77506	O/VR/IaC/FT/RT-RE/HE/AS/ST/RT/HS/IR/R&S/E&PT/VO/IP/NE	O/ST/E&PT/NE/R&S/IaC/HE/IR&A
5.	City of Houston	Northwest Assistance Ministries Center 15555 Kuykendahl, Houston TX 77090	O/FT/HE/HS/I&R/R&S/E&PT/NE	O/ST/E&PT/NE/R&S/IaC/HE/IR&A
6.	City of Houston	J.W. Peavy Senior Center 3814 Market St., Houston, TX 77020	O/VR/IaC/FT/HE/ST/IR/R&S/E&PT/VO/IP/NE	O/ST/E&PT/NE/R&S/IaC/HE/IR&A
7.	City of Houston	Ripley House Senior Center 4410 Navigation Blvd., Houston, TX 77011	O/VR/IaC/FT/HE/ST/IR/R&S/E&PT/VO/IP/NE	O/ST/E&PT/NE/R&S/IaC/HE/IR&A
8.	City of Houston	Harbach-Ripley Senior Center 6225 Northdale St., Houston, TX 77087	O/VR/IaC/FT/HE/ST/IR/R&S/E&PT/VO/IP/NE	O/ST/E&PT/NE/R&S/IaC/HE/IR&A

9.	Acres Homes	Acres Home Multi-Service Center 6719 W. Montgomery, Houston, TX 77091	O/FT/HE/ST/R&S /E&PT/NE	O/ST/E&PT/NE/R&S/IaC/ HE/IR&A
10.	Third Ward	Third Ward Multi-Service Center	O/VR/IaC/FT/HE/ ST/IR/R&S/E&PT /VO/IP/NE	O/ST/E&PT/NE/R&S/IaC/ HE/IR&A
11.	Kashmere Gardens	Kashmere Multi Service Center 4802 Lockwood, Houston, TX 77026	O/FT/HE/ST/R&S /E&PT/VO/NE	O/ST/E&PT/NE/R&S/IaC/ HE/IR&A
12.	City of Houston/ East End	Magnolia Multi Service Center 7037 Capitol Street, Houston, TX 77074	O/FT/HE/ST/R&S /E&PT/VO/NE	O/ST/E&PT/NE/R&S/IaC/ HE/IR&A
13.	Southwest Houston	Southwest Multi Service Center 6400 High Star, Houston, TX 77074	O/FT/HE/ST/R&S /E&PT/VO/NE	O/ST/E&PT/NE/R&S/IaC/ HE/IR&A
14.	Heights and surrounding area	West End MSC 170 Heights Blvd. Houston, TX 77045	O/FT/HE/ST/R&S /E&PT/VO/NE	O/ST/E&PT/NE/R&S/IaC/ HE/IR&A
15.	Northeast Houston	Denver Harbor Multi Service Center 6402 Market St., Houston. TX. 77020	O/VR/IaC/FT/HE/ ST/IR/R&S/E&PT /VO/IP/NE	O/ST/E&PT/NE/R&S/IaC/ HE/IR&A
16.	South Houston	Sunnyside Multi Service Center 4605 Wilmington St., Houston, TX 77051	O/VR/FT/RT/HE/ SG/HS/I&R/R&S/ E&PT/VO/IG	O/ST/E&PT/NE/R&S/IaC/ HE/IR&A
17.	South Houston	Hiram Clarke Multi Service Center 3801 W. Fuqua, Houston, TX 77045	O/VR/IaC/FT/NE/ HE/I&R/VO	O/ST/E&PT/NE/R&S/IaC/ HE/IR&A
18.	Northeast Houston	Northeast Multi Service Center 9720 Spaulding, Houston, TX 77016	O/IaC/FT/NE/I&R /R&S/VO	O/ST/E&PT/NE/R&S/IaC/ HE/IR&A

19.	Southwest Houston	Longhorn Senior Center 1414 Longhorn, Houston TX 77080	O/IaC/FT/NE/I&R /R&S/VO	O/ST/E&PT/NE/R&S/IaC/ HE/IR&A
20.	South Houston	Gateway Senior Center 6309 MLK, Houston TX 77021	O/IaC/FT/NE/I&R /R&S/VO	O/ST/E&PT/NE/R&S/IaC/ HE/IR&A
21.	Northeast Houston	Northeast Community Center 10918 Bentley, Houston, TX 77093	O/IaC/FT/NE/I&R /R&S/VO	O/ST/E&PT/NE/R&S/IaC/ HE/IR&A

Role in Interagency Collaborative Efforts

Through collaboration with partner agencies, HCAAA advocates for older adults when coordinating or participating in interagency collaborative efforts. Collaboration is evidenced through special initiatives established by OAAA, HHD and HCAAA. Our service delivery demonstrates effectiveness that results in program efficiencies, improved services and quality of life improvements. The following initiatives, projects and programs highlight HCAAA's interagency collaborative efforts.

Resources Through the City of Houston

The organizational placement of the Agency within the City of Houston governmental structure affords the Agency added administrative resources and support systems which augment its ability to remain administratively and fiscally compliant with the Texas Health and Human Services Commission. The Agency provides a continuation of services across fiscal funding periods when all anticipated awarded funds are not received in a timely manner. This minimizes service disruptions to agency operations and most importantly consumers.

The City's wealth of Subject Matter Experts (SME) within various city departments affords the opportunity to collaboratively plan and advocate in the areas of exploitation/abuse, public safety, recreational and leisure, environmental hazards, mental health, disability, disaster preparedness and volunteerism. Additionally, as a bureau within HHD, HCAAA enjoys timely access to SME personnel and resources that expand and enhance our ability to deliver quality services to our consumers.

Interdepartmental Collaborations

While the in-house collaborations and benefits to our consumers are far too numerous to document in this plan, a few examples include:

- Partnership with Mayor’s Office for Veterans Affairs
- Receipt of CDBG funding
- Mayor’s Office for People with Disabilities
- Parks and Recreation
- Office of Emergency Management
- City of Houston Helpline 3-1-1
- Department of Public Works

Departmental Collaborations

- Work with HIV/STI to promote awareness about the increase in sexually transmitted infections among the older adult population through outreach and education.
- HCAAA partners with HHD Environmental Health and Facilities divisions to leverage financial and in-kind assistance in the provision of residential repair for our consumers.
- HCAAA partners with Emergency Preparedness and other department areas to leverage funds and in-kind assistance in the provision of air conditioners and disaster preparedness items and materials for our consumers.
- Partnership with Immunization Bureau to secure “low or no cost” influenza immunizations for our consumers.
- Community Re-Entry Network Program and HCAAA collaborate to provide evidence-based classes to incarcerated individuals and IR&A to participants enrolled in the program who live in the community.

External Partnerships

The list below includes some of the partnerships HCAAA has outside of the City of Houston system that are worthy of highlighting:

- Ibn Sina—Includes a partnership with Ibn Sina primary health clinics to provide dental services and supports related to social determinants of health. This support may include case management.
- AARP—Provides in-kind support and has provided financial support for the annual Bridges conference since 2015.

Other partnerships and activities of note highlighting intergenerational activities and volunteer initiatives are listed below.

Grandparent Caregiver Services Expo

Through collaboration with entities such as Houston Health Department and Texas Agrilife, HCAAAA has provided support to grandparent caregivers for over eight years at the annual Grandparent Caregiver Service Expo (GCSE), with over 300 caregivers in attendance. The purpose of the GCSE is to provide a forum for grandparent caregivers to learn about various resources for themselves and for the children for whom they care.

Conversations with Caregivers

For over ten years, caregivers of older adults have been supported through quarterly meetings called Conversations with Caregivers. Conversations with Caregivers is made possible through collaboration with Cigna and Houston Health Department.

Corporation for National and Community Service

HCAAAA has participated in the VISTA program for over six years, utilizing a volunteer to educate the community about services and supports available through HCAAAA and demonstrating quality of life improvements. The VISTA volunteer was instrumental in developing a project called Learning to Grow What You Like to Eat to enhance food security resources for home bound older adults living in Harris County. The next phase of this project includes connecting area youth with older adults to engage in community garden activities. An example of this initiative is an event that took place on January 22, 2019 where sixty high school students from the School of the Woods Montessori School were paired with older adults from the Third Ward Dawn Center. Together, older adults and high school students performed a facelift on three derelict community gardens.

Houston Health Department

Over the past eight years, HCAAAA has collaborated with the Houston Health Department and their "Beat the Heat" program. The mission of the Beat the Heat program is to provide safe, cool places where older adults may go to find relief from the summer heat. Each year HCAAAA provides older adults 60 and over, people with disabilities, and caretakers of children with disabilities with a means of cooling themselves. These air conditioners are made possible through a donation from an electricity provider and the City of Houston.

6. Plan Development

Harris County Area Agency on Aging (HCAAA) is located within Harris County, the largest of the 11 counties in the Greater Houston region. The county comprises the city of Houston, which covers almost three-quarters of the county, and other smaller municipalities.

They include: Baytown, Bellaire, Deer Park, Galena Park, Jacinto City, Jersey Village, Seabrook, Nassau Bay, Pasadena, and South Houston

HCAAA is part of a collaborative, under the umbrella of the Texas Association of Regional Councils that developed a standardized needs assessment survey. The survey was shared with the Area Planning Advisory Council (APAC) for their input. Program participants, caregivers, aging network partners were informed of the process and the significant need for input especially from participants. The survey questions were broad based capturing options to include the type of respondent: recipient/caregiver or non-consumer, age, needs, challenges. HCAAA utilized its association with the vast aging network in Harris County to gather input for the development of the area plan. The process included discussion with and input from our Area Planning Advisory Council (APAC) members. APAC members also administered the survey to their respective host agency/municipality participants and stake holders.

The survey was made available in both paper and electronic format to ensure broad participation of consumers, caregivers, providers and other stake holders including advocates for older adults. The paper survey was distributed to HCAAA providers to be administered to their network of service participants. The paper survey was administered at special events attended by older adults where HCAAA was either the host or a sponsor. One such event was the All of US community event hosted by HCAAA in collaboration with The National Institute of Health (NIH). The survey was also provided to our aging network partners in Harris County for their older adult participants and caregivers. Paper responses upon receipt were entered into the Survey Monkey to facilitate uniform analysis of the data.

Resources Used

- | | |
|---|--|
| <input checked="" type="checkbox"/> AGID | <input type="checkbox"/> ALICE |
| <input checked="" type="checkbox"/> American Community Survey | <input type="checkbox"/> BRFSS Survey Data |
| <input type="checkbox"/> American FactFinder | <input checked="" type="checkbox"/> NAPIS |

- NASUAD
- POMP
- A Profile of Informal Caregiving in Texas
- SPURS
- The University of Texas at Austin Bureau of Business Research
- Texas Demographic Center
- Texas Comptroller of Public Accounts in Depth Resources
- Texas HHS Records and Statistics
- WOW Index
- Other Greater Houston Partnership
- Other [Click here to enter text.](#)

7. Regional Needs Assessment/SWOT Analysis

Regional Needs Assessment Development Process

To effectively advocate for and provide services to older adults in FYs 2020-2021, HCAAA conducted public forums and collected needs assessment survey results from aging services professionals and consumers to determine and understand expressed needs of older adults, people with disabilities and caregivers throughout Harris County. This process is the basis for the Regional Needs Assessment Development Process. The assessment process also consisted of reviews of unmet needs for diverse groups of older adults and underserved populations and communities.

The Regional Needs Assessment Development Process includes the assemblage of results from public forum discussions, surveys, and feedback from the following entities and groups:

- Annual Bridges Conference Public Forum Participants
- Montrose Center Public Forum Participants
- Baker Ripley Public Forum Participants
- Jobe Center Public Forum Participants
- HCAAA Consumer and Professional Surveys
- HHSC Survey (English Version)
- HHSC Survey (Spanish Version)

Survey or Public Forum Participants

Three types of surveys were administered between March 2018 and February 2019. One survey type was geared toward ascertaining service gap needs among older adults, people with disabilities, and caregivers, developed by HCAAA. The second survey tool was also designed by HCAAA to obtain feedback from aging services professionals. The third survey tool includes responses from a survey developed by Texas Area Regional Council for English and Spanish speaking older adults, people with disabilities, caregivers and service providers.

Results from survey participants reflect a diverse array of older adults, people with disabilities and caregivers. Along with assessments from multiple network partners and key organizations affiliated with aging issues, survey participants serve as the

basis for prioritizing services, identifying service gaps and identifying underserved communities.

One hundred thirty consumers completed the HCAAA needs assessment survey for consumers. Ninety percent of respondents identified as 60 years and age and older and eight percent under age 60. Thirty-seven percent sited having a disability and nine percent indicated that they were caregivers. Forty-four percent of respondents identified in more than one category.

Forty-four professionals completed the HCAAA needs assessment for professionals. Forty percent of survey respondents indicated they are direct service providers, thirty-three percent Agency/Site Coordinators, 26 percent as Volunteers, Thirty-seven percent as providers, twelve percent caring for a person with a disability and twelve percent as Other. Sixty percent selected more than one category.

Forty-eight Spanish speakers completed the HHSC needs assessment survey whose respondents included older adults, people with disabilities and service providers. Seventy-four percent of respondents identified as an HCAAA client over 60 years and age and seven percent under age 60. Thirty-seven percent indicated that they are 60 and over and not an HCAAA client and nine percent are under 60 and not a HCAAA client. Twenty-one percent identify as a person with a disability, seven percent family caregivers, seven percent service providers, five percent an elected official and seven percent a member of HCAAA's Area Planning Advisory Council (APAC). Seventy-four percent of respondents selected more than one category.

Three hundred forty-nine individuals completed the English version of the HHSC survey that included older adults, people with disabilities and service providers. Fifty-three percent of respondents identified as an HCAAA client over 60 years and age and three percent under age 60. Twenty-three percent indicated that they are 60 and over and not a HCAAA client and seven percent under 60 and not a HCAAA client. Twenty-one percent identify as a person with a disability, twenty-seven percent family caregivers, 12 percent service providers, .3 percent an elected official and one percent a member of HCAAA's Area Planning Advisory Council (APAC). Seventy-four percent of respondents selected more than one category

Harris County Area Agency on Aging held several public forum events to obtain input from older adults. Public forum events took place at the Annual Bridges Conference and participants consisted of older adults and people with disabilities who represented various socio-economic levels. Older adults representing the LGBTQ community provided information at the Montrose Center public forum. A third event took place at the congregate meal site Pilgrim Place II and the makeup of these participants was 40 percent White, 30 percent Hispanic and 30 percent Black. A session was also held at the Madison Jobe Center in Pasadena and most participants were Caucasian.

Key findings from HCAAA’s regional needs assessment reflect the top three needs expressed by older adults, people with disabilities and caregivers. These three needs include:

- Transportation
- Caregiver/Provider availability
- Access to and availability of food

While these are the top three needs, results from assessments yield a vast array of needs that include access to healthcare, social activities and finances to pay for services and daily needs. Below are results from public forum activities and community surveys.

Key Findings

Key findings from HCAAA’s regional needs assessment reflect the top three needs expressed by older adults, people with disabilities and caregivers. These three needs include:

- Transportation
- Caregiver/Provider availability
- Access to and availability of food

Analysis

Based on the key findings identified above, the SWOT analysis below reflects the strengths, weaknesses, opportunities and threats expressed by survey and forum participants. It is also a synthesis of information provided in the PSA and Agency Description section pertaining to overall quality of life for older adults.

The SWOT Analysis will be used as a tool HCAAA can use to understand the internal and external influences affecting our ability to adequately develop and provide services.

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> • Housing • Strong neighborhoods • Health 	<ul style="list-style-type: none"> • Limited or unavailable transportation • Lack and limited availability of 	<ul style="list-style-type: none"> • Identified modes of communication 	<ul style="list-style-type: none"> • Limited or unavailable transportation • Lack and limited availability of

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> • Vast array of services • Social connections with friends and family 	<ul style="list-style-type: none"> • providers & caregivers • Limited access to and availability of food 	<ul style="list-style-type: none"> • Exercise programs/social engagement • Recreation center/focal point availability to house innovative programming 	<ul style="list-style-type: none"> • providers & caregivers • Limited resources to meet the growing need for services • Varied needs and limited resources to meet needs

Analysis

The HCAAA analyzed community needs identified from survey results, community plans and reports and community forums to synthesize the top community needs of older adults. Among service providers, older adults and caregivers, transportation is consistently the number one need, concern and challenge. There is also consensus around the availability of quality caregivers and providers, as well as the availability of food. These outcomes will help HCAAA prioritize where to target resources and funding.

To date, HCAAA provides transportation to congregate meal sites and partners with Harris County Rides to connect older adults to medical and other health related appointments. It is imperative that we continue to provide existing health-related transportation and explore innovative ways to expand health and social transportation, where appropriate.

Caregiver and provider needs are currently addressed through HCAAA's Care Coordination and Caregiver Support Coordination programs, as well as the Veteran Directed Care Program. We will continue to deliver caregiver education through our vendors such as TSU and Chinese Community Center that provide caregiver education and training, and through internal programming such as Conversations with Caregivers. The HCAAA will look to identify new funding opportunities to increase caregiver support through supports such as respite to increase the availability of caregiver services.

Food insecurity/availability is among one of the top three needs and is currently addressed through HCAAA's home delivered and congregate meals programs. Our region is participating in HHSC's home delivered meals pilot, and it is hoped that

this initiative will allow HCAAA to diversify and expand food options to older adults in our region.

Additional needs are varied among service providers, older adults and caregivers, which will make it difficult to prioritize services beyond the three top needs identified above. Our leadership must continue to take the pulse of the community by listening to older adults, caregivers and services providers to refine and tweak other priority areas.

8. Targeted Outreach

Performance Analysis

HCAAA focused on older adults and their caregivers who are non-English speaking, at risk for institutional placement, with limited income, have the greatest economic and/or social need(s) and with/or at-risk of Alzheimer's disease and related disorders with neurological and organic brain dysfunction.

In 2017-2019, HCAAA utilized several strategies to target specific population groups. To measure the productiveness of the strategies, a comparison was done between the total population living in poverty, minorities and age 60+ versus the population living in poverty, minorities and age 60+ serviced by the agency. The chart below reflects the findings related to the population to be served according to the Older Americans Act (Table 6 Targeting Report).

Outreach strategies included:

- Disseminated marketing materials and literature
- Educational health fairs
- Activities with City Council members
- Media campaigns
- Community and Faith-based presentations
- Partnerships with other agencies (Adult Protective Services, Catholic Charities, United Way, Chinese Community Center, Baker Ripley, YWCA, etc.)
- Town hall meetings with elected officials
- Internal collaboration with the Houston Health Department (HHD), Care Connection
Aging and Disability Resource Center (ADRC), Department of Neighborhoods, Housing and Community Development Department, and Park and Recreation
- HCAAA and ADRC websites, and Houston Health Department media boards

Partnerships with the HHD, St. Pius V Parrish Pantry and Precincts opened doors for HCAAA to expand its' outreach services and strategically implemented service delivery mechanisms to ensure preferences were given to:

- Older individuals with greatest economic need
- Older individuals with greatest social need
- Low-income individuals, including low-income minority individuals
- Older individuals with limited English proficiency
- Older individuals who are socially and geographically isolated

Certified Benefits Counselors, outreach specialist, bi-lingual staff, contractors and sub-recipients were vetted according to state and agency guidelines to provide equitable resources and services to at-risk older adults across Harris County. Additionally, the services were accessible through a local and toll-free number, as well as written and electronic communications.

During the fiscal years 2017-2019 HCAAA participated in 443 targeted outreach events and touched 33,077 consumers. At these events the appropriate Agency information, referral and assistance was provided to older adults in the community. Some of the events included Alexander Deussen Park Senior Center First Annual Will-A-Thon, City of Houston Health and Wellness Day, Hiram Clarke Annual Valentine's Day Event, ADRC Bridges Conference, City of Houston Finnegan Park Mini Health Fair, Williams Temple Church of God in Christ Health Fair, Delta Sigma Theta Sorority Health Fair, HCAAA Home Repair Fair, 14th Annual APS Conference, YWCA Senior May Day, City of Houston Denver Harbor Multi-Service Center Event, SPRY Montrose Center Event, 2019 Extreme Weather Ready Expo, Re-Entry Health and Job Fair, 1st Filipino United Methodist Church Health Fair, LyondellBasell Safety Day and Health Fair, Ibn Sina Health Fair, Care Coordination Conversation with Caregivers, Congressman Al Green Annual Greenlight Health Fair, 16th Annual Family Strengthen Conference, UNIFY Stroke Support Group and Metropolitan CME Health Fair. HCAAA plans to participate in equal or more outreach events and reach just as many or more older adults living in Harris County.

OBSTACLES:

- HCAAA identified obstacles when attempting to deliver services to non-English speaking, low income minorities, older individuals who faced social and geographical isolation due to language barriers, financial insecurities, health issues, challenges with dependable transportation and stable housing.
- Additionally, funding dictates the number of consumers HCAAA can service in a planned year. The need is far greater than the allotted funds. Although the Agency is the provider of last resort, HCAAA faces challenges with dental and minor home repair interest lists due to service cost.
- Non-English speakers and immigrants are often resistant to services and resources offered by governmental agencies. These individuals struggle with trusting others due to the implementation of the Public Charge Act.

Targeted Outreach Plan

The diversity of HCAAA's staff mirrors that of the targeted populations which promotes and enhance positive service delivery outcomes for older individuals with greatest economic need, older individuals with greatest social need, low-income individuals, including low-income minority individuals, older individuals with limited English proficiency, older individuals who are socially and geographically isolated and individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction as stated in OAA. The City of Houston provides unlimited access to a language line with solid translators that are efficient in 80 languages spoken worldwide.

According to the Older American Act, the Area Agency on Aging is responsible for providing services to older adults 60 and over. These services should be comprised of nutrition and supportive home and community-based services, disease prevention/health promotion services, elder rights programs, the National Family Caregiver Support Program, and the Native American Caregiver Support Program. Listed below are strategies HCAAA will utilize to target hard to reach populations with the greatest needs.

- **Older adults with limited English proficiency:** Outreach activities will be routinely and strategically scheduled to meet the needs of the low income, limited English proficiency, at-risk population eligible for service age 60 and over. Outreach Specialist will distribute multi-language agency literature to older adult populations to ensure they are in (The Know). Which means being privy to updated information related to community services and resources. HCAAA has unlimited access to The City of Houston language line, which contracts with licensed translators who have the capability to translate in over 80 different languages.
- **Older adults with greatest economic need and/or social need(s):** Benefits Counselors and professional trained staff will do presentations and promote Agency services at faith-based organizations, senior centers, multi-service centers, senior housing complexes and community events to minorities who are older adults with greatest economical and/or social need(s). Utilization of Information Pop-Up Booths provides a visual presence to attract older adults who attend events at St. Pius V Parrish Pantry, Precincts, Multi-Service Centers (MSCs), Senior Centers and Senior Housing Complexes. Certified Benefits Counselors will be available to provide relevant information related to insurance, social security, long-term care and legal assistance.
- **Older adults with severe disabilities:** Collaborations with internal and external partners, such as the Houston Health Department, Care Connection Aging and Disability Resource Center (ADRC), Ibn Sina Community Clinics, Adult Protective Service, Harris Center for Mental Health and Intellectual Developmental

Disabilities, St. Pius V Parrish Pantry and United Way to assist with providing information, resources and services to individuals with severe disabilities.

- **Older adults with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction:** Staff will provide one-on-one information sessions at educational health fairs, outreach events and community engagements geared toward dementia friendly environments to address issues related to older adults with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction. To promote resources and services provided by HCAAA Care Coordination program, the Outreach Specialist will disseminate literature pertaining to long-term care, institutional placement, Alzheimer’s disease, in-home and caregiver support services at outreach events, conferences, health fairs and seminars. HCAAA has partnerships with an Adult Day care facility that is Alzheimer’s diagnosis specific.

- **Older adults at risk for institutional placement:** HCAAA partners with APS and Harris County Guardianship Program to educate and engage older adults who are at risk of being institutionalized, financially exploited and/or at-risk for social isolation. The HCAAA recognizes that the home delivered meal program does far more than simply supporting the nutritional needs of frail and vulnerable older adults. The day-to-day contact with older adults is as important as the nutritional aspects of the meal. As a result, older adults are more likely to remain independent for longer, staying healthier, with a better quality of life, placing a reduced burden on the healthcare system. Additionally, evidence-based classes including A Matter of Balance, Tai Chi, Diabetes Self-Management Education, Chronic Disease Self-Management Education and Aging Mastery Program are offered to older adults to promote self-care, independence and community engagement.

- **Family caregivers of older adults with Alzheimer’s:** In support of caregivers, Care Coordination Access and Assistance team will host a quarterly round table seminar called Conversation with Caregivers. At this event caregivers gather, and exchange information related to the challenges of everyday caregiving. HCAAA contracts with adult day centers and home health care providers to offer respite care, In-home and personal assistance services to consumers, family member and caregiver.

- **Caregivers who are older adults with greatest economic need and/or social need(s):** Benefits Counselors and professional trained staff will do presentations and promote Agency services at faith-based organizations, senior centers, multi-service centers, senior housing complexes and community events to older adults with economic and/or social unmet needs.

- **Older relatives, age 55 or older, who provide care to children or adults with severe disabilities:** The partnership with ADRC allows HCAAA to extend its’ reach to offer Respite relief and connect family members age 55 or older who provide care for adult children with severe disabilities to community resources and

services. Formalizing a partnership with the local Social Security office in conjunction with the Harris County Guardianship Program provides an opportunity to decrease service gaps that are challenging, such as in-home services and caregiver support services.

- **Homeless and Previously incarcerated terminally ill:** HCAAA will create new partnerships with Torchbearer Reentry and Prairie View A&M University (PV) to provide Legal Assistance to the homeless population and individuals who have been released from jail or prison who are terminally ill.

Planned Outreach Activity	Date/Location	Anticipated Participants
Open Medicare Enrollment	Oct 7- Dec 15 25-30 Locations	25-50 people at each location
Bridges Conference	May 2021-2022/Crown Plaza Hotel	250 attendees
Will-a-Thon	Semi-Annually	50 per event
Grandparents Expo	Annually	150
Conversations with Caregivers	Quarterly	60 per event
Interfaith Care Partners	Annually	150
Asian Community Luncheon	Dec 2021-2022	800

Targeting Report

Table 6 Targeting Report

2021–2022 Targeting Report						
Characteristic	PSA 60+ Population Count ³	% ⁴	No. of Registered Service Recipients in PSA ⁵	%	Goals for 2021	Goals for 2022

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

⁴ See instructions for example calculations of figuring both percentages.

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

2021–2022 Targeting Report						
All 60+	739,680	6.6	13,540	54.6	58.4	55.4
Poverty Level	82,398	59.3	8,764	9.4	10.1	9.5
Minority	395,875	12.3	11,004	35.9	39.9	38.6
Rural Areas						

9. Top Needs and Service Constraints

Priority Area 1: Transportation

Identify and describe the need

Lack of accessible transportation was identified as a core need for connecting older residents to opportunities for transportation to and from congregate centers and for non-emergency medical appointments.

Explain the agency's plans to address the need

The need to explore progressive transportation opportunities is paramount in addressing this service. HCAAA will consider non-traditional options such as Lyft, Uber, and other ride sharing options as possible solutions. HCAAA has contacted HHSC to request the methodology be revised to offer variable-rate or cost reimbursement as a reimbursement option.

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

The fixed unit rate per one-way trip is the only reimbursement methodology for Transportation.

Priority Area 2: Caregiver Availability

Identify and describe the need

With an increasing older adult population and people with disabilities living longer, the need for caregiving is growing. Some caregivers are overwhelmed and impacted by their caregiving responsibilities and the lack of resources.

Explain the agency's plans to address the need

The HCAAA will prioritize respite and mental health funding to help decrease caregiver fatigue and depression. In addition, we will enhance and expand partnerships with organizations that support Caregiving and Caregivers to include Elder Locator, Adult Protective Services, Alzheimer's Association, mental health providers as well as conduct quarterly Conversations with Caregivers forums. Special focus will be on caregivers of veterans, older adults caring for their children with disabilities, and identifying resources for caregivers coping with the opioid crisis.

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

The availability of affordable home health care is their top tier of unmet needs and without Title III funding for in-home services this service would be virtually out of reach for most older adults and their caregivers. Older adults are living longer, and it is imperative that caregivers can continue employment and maintain family structure while caring for a loved one.

Priority Area 3: Nutrition

Identify and describe the need

Nutrition was identified as the third most critical need facing older adults in Harris County.

Explain the agency's plans to address the need

HCAAA shall prioritize connecting older adults to nutrition services and opportunities that address food insecurities, food deserts, social isolation, health disparities, and more. The HCAAA will work closely with our funders to amend policies and allow flexible meal routes, increase HDM delivery times, utilize non-traditional menu designs, include funding for congregate fitness programs, include evidence-based intervention classes at all congregate sites, and provide menu choices in the congregate settings. As well as, utilize benefit counselors to work closely with managed care organizations (MCO's) to help identify consumers on wait lists that may be eligible for home delivered meals.

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

Nutrition waitlists are long and additional funding and changes to policy are paramount to appropriately meet the needs.

10. Goals, Objectives and Strategies

[Click here for instructions](#)

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

Objective 1.1	Screen potential clients and provide effective linkage to information and services.
Explanation	Strategies should address AAA processes for incoming referrals; for example, from the LTSS referral system.
Strategy 1.1.1	<ul style="list-style-type: none">• Provide access to information about health and long-term care options by maintaining an open referral system for accepting referrals from individuals seeking services for themselves, informal caregivers, and professionals.• Develop innovative ways to get information to older adults on how to access health and long-term care services including mental and behavioral health services• Utilize websites to educate older adults about long-term care options

Objective 1.2	Use volunteers to supplement the AAA workforce and support the delivery of services to the aging network.
Explanation	Strategies should include how volunteers are used and any plans for expanding their use to provide services to the aging network.
Strategy 1.2.1	Maintain volunteers and recruit new volunteers from the SER Program, universities, community-based partner organizations, workforce solutions program and others to support AAA services and initiatives such as home-delivered meals, IR&A, Benefits Counseling and Outreach.

Objective 1.3	Promote the adoption of healthy behaviors in older adults through evidence-based programs.
Explanation	Strategies should address lifestyle choices such as nutrition, physical activity, smoking, alcohol use, misuse of prescription or illegal drugs, sleeping habits, amount of stress, amount of socialization and engaging in enjoyable pursuits.
Strategy 1.3.1	<p>HCAAA will promote EBI programs at congregate centers, senior housing, multi service centers, faith-based organizations and civic clubs.</p> <ul style="list-style-type: none"> • Diversify evidence-base programming • Increase and enhance physical activity and nutrition education in the congregate setting • Provide health and wellness options specifically for homebound Seniors and their caregivers • Explore new opportunities to expand health and wellness services through grants and billable services • Maintain and expand prescription and over the counter medication education program

Objective 1.4	In accordance with state and federal law, implement a nutrition education program to meet the needs of eligible participants.
Explanation	Strategies should identify how the AAA’s nutrition education program is developed to meet the individual health and nutritional needs of eligible participants.
Strategy 1.4.1	<ul style="list-style-type: none"> • Conduct annual nutrition education training for aging network partners. • Provide each partner with approved nutrition education materials to be used for delivering nutrition education to Seniors. • Maintain nutrition education information on the AAA website, and offer a link to additional resources. • Contract with a nutritionist/dietician to develop nutritional education information to meet the individuals needs of eligible participants

Objective 1.5	Encourage social connectivity, community service, and lifelong learning to promote positive mental, behavioral, and cognitive health.
Explanation	Strategies should address decreasing social isolation, promote community service and life-long learning
Strategy 1.5.1	<ul style="list-style-type: none"> • Increase opportunities for meaningful engagement and socialization for Seniors • Reduce social isolation by training and educating Seniors on how to seek and accept help • Promote senior centers as an entry point for lifelong learning, volunteering, and community-based services • Encourage social connection through virtual platforms

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

Objective 2.1	Increase public awareness and understanding of the interests of older adults, their family members and their caregivers.
Explanation	Address strategies to partner and develop relationships with agencies and local governmental entities to increase awareness of the needs of the aging population.
Strategy 2.1.1	<ul style="list-style-type: none">• Identify new community partners and strengthen existing relationships to promote the benefits and needs of the aging population• Increase public awareness through outreach, public speaking, social media, public television, and public service announcements paid and unpaid

Objective 2.2

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

Explanation

Address strategies to coordinate with other agencies and governmental entities to promote the development of programs in order to meet the needs of the aging population.

Strategy 2.2.1

Work collaboratively with advocacy groups, AARP, caregiver, Disability Community, and other with similar interests to develop programs in order to meet the needs of the aging population.

Objective 2.3	Coordinate with the local ADRC and center for independent living (CIL) to streamline the exchange of referrals to improve access by older adults, their family members and their caregivers to long-term services and supports.
Explanation	Address coordination efforts with the local ADRC to effectively utilize resources and avoid duplication.
Strategy 2.3.1	Coordinate respite services between the ADRC and AAA. The ADRC will refer consumers to AAA who are 60 and older, and AAA will refer any consumer under 60 with a disability to the ADRC to receive respite services.
Strategy 2.3.2	Meet quarterly with the ADRC and Houston Center for Independent Living. The Houston Center for Independent Living serves as a member of the ADRC Advisory Board and provides guidance on streamlining the referral process to prevent duplication of services.

Objective 2.4

Build relationships with health care providers (including, but not limited to, Medicare Advantage Plans, Medicaid managed care organizations, and accountable care organizations) to increase awareness of AAA services and/or generate supplemental revenues.

Explanation

Address strategies to develop relationships with health care providers and other organizations

Strategy 2.4.1

Conduct targeted outreach to health care related organizations known for their ability to deliver high-quality programs and services, to meet the needs of older adults.

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

Objective 3.1	Promote social connectivity, community service and lifelong learning to promote positive mental health.
Explanation	Address strategies to reduce social isolation among older adults and promote their active participation in the community.
Strategy 3.1.1	<ul style="list-style-type: none">• Promote evidence-based programs to empower older adults to become more active, socially engaged and improve their mental wellbeing at the congregate sites• Increase access to and encourage access to computer and technology through classes at convenient locations for Seniors

Objective 3.2	Promote programs and strategies that support community integration for older adults.
Explanation	Work with older adults as they fully engage and participate in their communities, make informed decisions, and exercise self-determination and control about their independence, well-being, and health.
Strategy 3.2.1	Provide older adults with information, education, and counseling on their options to live independently and to access services and resources that sustain their ability to remain healthy and safe in their community.

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

Objective 4.1	Increase public awareness and remove barriers to prevent abuse, neglect and exploitation.
Explanation	Address strategies to use existing mechanisms and expand education and outreach for public awareness related to the prevention of abuse, neglect and exploitation.
Strategy 4.1.1	<ul style="list-style-type: none">• Through legal service representation, AAA call center, ombudsman and presentation to the staff and public, promote awareness of rights and prevent abuse, neglect, and exploitation of older adults and people with disabilities

Objective 4.2	Serve as an effective advocate to uphold and ensure the rights, quality of life and quality of care for nursing facility and assisted living facility residents.
Explanation	Address strategies to deliver long-term care Ombudsman services in the PSA.
Strategy 4.2.1	Recruit, train, develop and retain certified Ombudsmen (staff and volunteers) and ensure that every licensed facility in Harris County has at least one certified ombudsman assigned for regular visitation
Strategy 4.2.2	Make routine visits to all licensed facilities in Harris County
Strategy 4.2.3	Identify, investigate, and resolve complaints made by and on behalf of residents of nursing facilities and assisted living facilities

Input agency-specific objective and strategy for Goal 4 in the following table.

Objective 4.3	Educate the general public about the ombudsman program and role, and provide information regarding how to choose a home and how to get the best possible care there.
Explanation	Empower Harris County consumers to make informed decisions regarding long-term care and raise awareness of issues related to abuse, neglect and exploitation (ANE)
Strategy 4.3.1	Seek opportunities for public education, facility staff in-servicing, and individual consultations regarding resident rights and the ombudsman program and role.
Strategy 4.3.2	Utilize social media, advertisements, or other online digital platforms to raise awareness of the ombudsman program and role.

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

Objective 5.1	Provide services, education and referrals to meet the needs of individuals with Alzheimer’s disease or related dementias (ADRD).
Explanation	Address strategies to ensure the specific needs of individuals with ADRD are a focus in serving the aging population.
Strategy 5.1.1	<ul style="list-style-type: none"> • Implement caregiver programs that adopt or expand state and federal volunteer respite program models and innovative projects that address caregiver needs and reduce their stress through Conversations with Caregivers. • Develop and maintain effective partnerships with organizations and providers who have dementia expertise, for example, Alzheimer’s Association, Easter Seals, and Adult Day Care Programs, and other Memory Programs.

Objective 5.2	Promote the delivery of services to caregivers based on their individualized needs.
Explanation	Address strategies to identify and reach caregivers in need of education and support.
Strategy 5.2.1	<ul style="list-style-type: none"> • Identify a Caregiver Specialist within the AAA who can handle longer calls from caregivers with complex needs, such as making difficult decisions and planning for future needs

- Assess the needs of the caregiver and care recipient to effectively plan, arrange, coordinate and follow-up on services which most appropriately meet the identified unmet needs(s) as defined by the caregiver, care recipient and Access and Assistance Staff.

Objective 5.3	Promote self-determination through the provision of elder rights services.
Explanation	Address strategies to empower people and promote self-advocacy and access to elder rights services.
Strategy 5.3.1	Educate older adults and the community on elder rights and how to identify and report abuse, neglect, and exploitation

Objective 5.4	Provide person-centered case management to all consumers
Explanation	Deliver person-centered case management to Care Coordination and Caregiver Support Coordination participants.
Strategy 5.4.1	<ul style="list-style-type: none"> • Incorporate person-centered care principles into long-term care supports and services • Develop unique care model utilizing modern technology, including telehealth practices

Create Agency-Specific Goal

Goal 6 Promoting aging in place with independence and dignity.

Objective 6.1	Modification of dwellings that are essential for the health and safety for older adult and/or caregivers
Explanation	Address the need to allow older adults to age safely in place.
Strategy 6.1.1	Collaborate with Senior repair programs within the Harris County service area to leverage and maximize our resources to repair Senior homes to reduce slips, trips, and falls; and provide home modifications that support the well-being of older adults.

11. Performance Measures

[Click here for instructions](#)

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

LBB Performance Measures

Table 7 LBB Performance Measures

LBB Performance Measures					
Performance Measure		Actual SFY19	Proj SFY21	Proj SFY22	AAA Strategy
Unduplicated People Served					
1	Unduplicated number of people receiving care coordination funded by MSS - SUA	3,056	4,255	4,331	5.2.1
2	Unduplicated number of people receiving legal assistance (age 60 and over) funded by MSS – SUA	2,899	3,026	3,130	1.1.1
3	Unduplicated number of people receiving congregate meals funded by MSS – SUA	4,330	5,033	5,200	1.3.1,1.4.1
4	Unduplicated number of people receiving home-delivered meals funded by MSS – SUA	7,091	6,925	6,982	1.4.1
5	Unduplicated number of people receiving homemaker services funded by MSS - SUA				N/A
6	Unduplicated number of people receiving personal assistance funded by MSS – SUA	139	160	163	5.2.1

Expenditures					
7	MSS - SUA funded care coordination expenditures	\$315,847	\$468,142	4485,165	5.2.1
8	MSS - SUA funded legal assistance (age 60 and over) expenditures	\$332,382	\$287,534	297,449	1.1.1, 1.2.1
9	MSS - SUA funded congregate meal expenditures	\$1,931,717	\$2,363,920	\$2,363,920	1.4.1, 1.5.1
10	MSS - SUA funded home delivered meal expenditures	\$4,758,730	\$4,826,643	\$4,875,894	1.4.1
11	MSS - SUA funded homemaker services expenditures				N/A
12	MSS - SUA funded personal assistance services expenditures	\$229,487	\$276,401	\$282,682	5.2.1
13	MSS - SUA funded modified home (residential repair service) expenditures	\$190,042	\$290,000	\$290,000	6.1.1
Average Cost					
14	Average cost per care coordination client funded by MSS – SUA	\$103.35	\$110.02	\$112.02	5.2.1
15	Average cost per person receiving legal assistance funded by MSS - SUA	\$114.65	\$95.02	\$95.03	1.1.1, 4.1.1
16	Average cost per congregate meal funded by MSS – SUA	\$5.54	\$5.46	\$5.47	1.4.1, 1.5.1
17	Average cost per home-delivered meal funded by MSS – SUA	\$5.12	\$5.28	\$5.29	1.4.1
18	Average cost per person receiving homemaker services funded by MSS - SUA				N/A
19	Average cost per person receiving personal assistance services funded by MSS - SUA	\$1,651	\$1,727.5	\$1,734.24	5.2.1
20	Average cost per modified home (residential repair service) funded by MSS – SUA	\$3,277	\$4,461.53	\$3,918.91	6.1.1

Ombudsmen					
21	Unduplicated number of active certified Ombudsmen	83	80	80	4.2.1
22	Cumulative number of visits to assisted living facilities by a certified Ombudsman	1,877	980	1,050	4.2.2
23	Total expenditures Ombudsman program (federal, state, other federal, program income, and local cash)	\$463,255	\$445,986	\$464,328	4.2.2, 4.2.3 4.3.2
24	Unduplicated number of assisted living facilities visited by an active certified Ombudsman	302	280	290	4.2.1
25	Percentage of complaints resolved and partially resolved in NH and ALF	97%	85%	85%	4.2.3
Service Units					
26	Number of congregate meals served funded by MSS – SUA	348,724	432,952	432,160	1.5.1
27	Number of home-delivered meals served funded by MSS – SUA	928,771	914,136	921,719	1.4.1
28	Number of homes repaired/modified (residential repair service) funded by MSS – SUA	58	65	74	6.1.1
29	Number of one-way trips (demand response transportation service) funded by MSS – SUA	98,346	108,695	95,000	1.5.1

Agency-Specific Performance Measures

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

Table 8 Agency-Specific Performance Measures

Agency-Specific Performance Measures					
Performance Measure		Actual SFY19	Proj SSFY21	Proj SFY22	AAA Strategy
1	Hold at least 3 training sessions throughout the fiscal year to train newly certified Ombudsmen	6	6	6	4.2.1 4.3.2
2	Conduct at least 4 continuing education events in the fiscal year to educate and train existing ombudsman volunteers regarding strategies that help make them more effective advocates	4	4	4	4.2.1
3	Maintain a database of all licensed nursing facilities with the names of the certified ombudsman assigned to each	Y	Y	Y	4.2.1
4	Complete at least 1600 facility visits by a Certified Ombudsman each year and ensure that 90% of licensed facilities get a quarterly visit at minimum	4475 100%	1600 90%	1600 90%	4.2.2
5	Resolve, document and close at least 200 cases in Wellsky each year	816	200	200	4.2.2
6	Complete at least 1000 individual consultations to individuals	2735	1000	1000	4.3.1
7	Complete at least 100 individual consultations to facility staff and conduct at least 10 trainings for facility staff each year	625/23	100/10	100/10	4.3.1
8	Complete at least 6 Ombudsman public education events per year	15	6	6	4.3.1

Performance Measure		Actual SFY19	Proj SSFY21	Proj SFY22	AAA Strategy
9	Number of information referral and assistance units of service	34,274	35,974	37,774	1.1.1
10	Increase monthly community outreach events scheduled	202	215	230	1.1.1
11	Recruit and maintain a minimum of volunteers to support AAA services and initiatives	8	8	8	1.2.1
12	Increase the number of evidence programs to assist older adults to address lifestyle choices	9	10	10	1.3.1
13	Increase the number of nutrition education units of service	9864	10,000	10,000	1.4.1
14	Increase the number of community, government and social service organizations that provide a range of activities for older adults	4	5	6	2.1.1 2.3.2
15	Increase partnerships with organizations to advance the interest of older adults	2	3	4	2.2.1 2.2.2 2.3.2
16	Attend the quarterly ADRC advisory meetings	4	4	4	2.2.3 2.3.2
17	Increase relationships with healthcare related organizations	2	3	4	2.4.1
18	Establish linkages with mainstream mental health providers in serving diverse populations	3	4	4	3.1.1
19	Increase the number of older adults served through AAA programs	79,654	83,154	87,672	3.2.1

	Performance Measure	FY19	FY21	FY22	AAA Strategy
20	Annually 100% of required employees and volunteers who provide services to an older adult, or the older adult's family members or caregivers must complete ADRD training by the 4 TH quarter of the grant year	0	100%	100%	5.1.1
21	Increase the number of caregivers that access AAA services and support	5,782	6,071	6,375	5.2.1
22	Increase the number of training opportunities to provide education on elder rights, abuse, neglect and exploitation	12	18	24	5.3.1
23	Increase the number of consumers receiving person-centered case management	3,423	3,594	3,774	5.4.1
24	Increase the number of older adults receiving home modifications to support health and safety	58	61	63	6.1.1
25	Quarterly meeting with ADRD partners to enhance partnerships initiatives, new trends, and responding to community needs	4	4	4	5.1.1

12. Units of Service Composite

Table 9 Units of Service Composite

Units of Service Composite					
Service Name	Baseline Units FY19	Projected Units FY21	Change from Baseline (%)	Projected Units FY22	Change from Baseline (%)
Access & Assistance Services					
Care Coordination (Hour)	5,795	6,300	108.7%	6,400	110.4%
Caregiver Support Coordination (Hour)	3,928	4,000	101.8%	4,100	104.4%
Information, Referral & Assistance (Contact)	34,274	34,496	100.6%	34,840	101.7%
Legal Assistance age 60 & Over (Hour)	3,886	3,927	101.1%	3,966	102.1%
Legal Awareness (Contact)	12,688	13,000	102.5%	13,145	103.6%
Nutrition Services					
Congregate Meals (Meal)	343,758	337,000	98.0%	345,000	100.4%
Home Delivered Meals (Meal)	919,494	942,000	102.4%	950,000	103.3%
Nutrition Education (Contact)	9,864	8,950	90.7%	8,950	90.7%
Services to Assist Independence					
Caregiver Information Services (Activity)	233	233	100.0%	233	100.0%
Caregiver Respite Care In-Home (Hour)	17,659	18,000	101.9%	18,300	103.6%
Caregiver Respite Care Institutional (Hour)	16,986	17,486	102.9%	18,000	106.0%
Chore Maintenance (Hour)	0	5	#DIV/0!	10	#DIV/0!
Emergency Response (Month ERS Service)	984	1,010	102.6%	1,010	102.6%
Evidence Based Intervention (Hour)	12,053	12,100	100.3%	12,100	100.3%
Health Maintenance (Contact)	976	982	100.6%	982	100.6%
Income Support (Contact)	2	17	850.0%	17	850.0%
Mental Health Services (Contact)	342	342	100.0%	342	100.0%
Personal Assistance (Hour)	12,179	12,479	102.5%	12,800	105.1%
Residential Repair	58	65	112.1%	74	127.6%
Transportation Demand Response (One-Way Trip)	97,666	98,636	101.0%	98,750	101.1%
Visiting (Contact)	3,554	3,584	100.8%	3,600	101.3%

13. Summary of Services

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

Harris County Area Agency on Aging

Table 10 Summary of Services

Services to be Provided	III B	III C	III D	III E	VII	Program Income	Local Funds	In Kind	Other Funds
Area Agency Administration	X	X		X			X	X	
Care Coordination	X					X			
Caregiver Information Services				X				X	
Caregiver Respite Care - In-Home				X				X	
Caregiver Respite Care - Institutional				X				X	
Caregiver Support Coordination				X		X			
Chore Maintenance	X								
Congregate Meals		X				X	X	X	
Data Management	X	X							
Emergency Response	X			X					
Evidence Based Intervention			X					X	
Health Maintenance	X			X		X			
HICAP Assistance									X
HICAP Outreach									X
Home Delivered Meals		X		X		X	X	X	
Income Support	X			X					

Services to be Provided	III B	III C	III D	III E	VII	Program Income	Local Funds	In Kind	Other Funds
Information Referral & Assistance	X								
Legal Assistance Age 60 & Over	X					X			
Legal Awareness	X								
Mental Health Services	X							X	
MIPPA Outreach & Assistance									X
Nutrition Education		X							
Ombudsman	X				X			X	X
Personal Assistance	X							X	
Residential Repair	X			X					X
Transportation Demand Response	X			X					X
Visiting	X							X	

14. Service Narratives

Congregate Meals

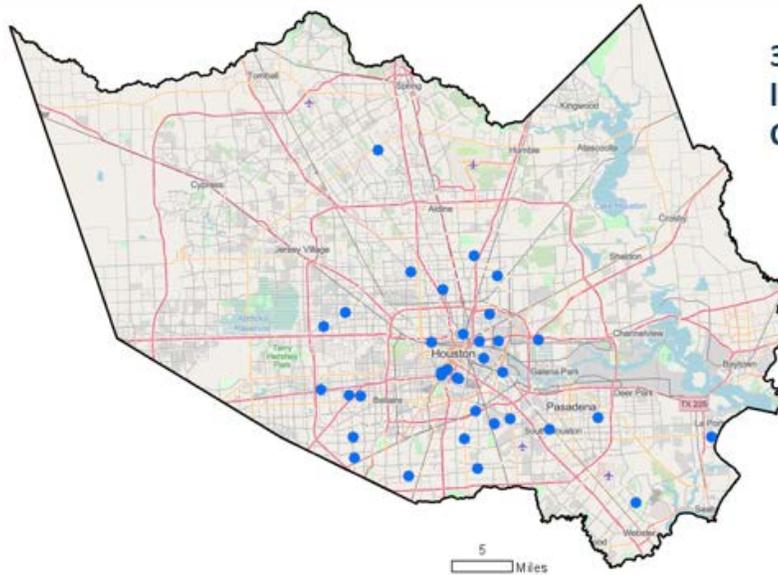
Service definition

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

Detailed description of how service is provided

The HCAAA funds 35 congregate meal sites located throughout Harris County. The meal sites are managed and operated by eight aging network partner agencies comprised of four non-profit agencies and four municipalities. The congregate meal sites are in a variety of facilities, including City of Houston Multi-Service Centers (10), community centers (14), senior centers (10) and a church (1). In addition to daily meal service, the congregate meal sites offer a wide range of other programs and services provided through the HCAAA, Houston Health Department and aging network partners, including but not limited to, health screenings and preventative medical services, evidence-based interventions and disease self-management, access to food pantry and supplemental food assistance, recreation and fitness classes and field trips and other socialization activities.

Hot meals are cooked locally in the food service provider's kitchen and delivered to the congregate meal sites Monday through Friday. Entrée and dessert features of the congregate meal is specifically upgraded in accordance to contractual requirements to serve as a differentiation strategy in comparison to home delivered meals. Shelf-stable meals are made available to be used during inclement weather, when home delivered meals cannot be delivered.



35 Congregate Meal locations in Harris County

In 2019, the HCAA provided 347,078 congregate meals, averaging 1,382 daily meals to 4,129 unduplicated consumers, an increase in the number of meals from 2018. The table below identifies the average number of consumers who attend daily.

Daily Avg. of Consumers	Number of Sites
20 – 29	13
30 – 39	7
40 – 49	8
50 – 59	3
60 - 69	2
70 +	2

Service-specific instructions

In accordance with the Texas Administrative Code (TAC) and HHSC, one nutrition education session is provided per consumer each year. In fulfillment of this requirement, several partners deliver monthly nutrition education sessions, while others provide nutrition education in conjunction with the annual assessment. An unduplicated count of the nutrition education session is reported by the aging network partners on the monthly invoice and entered in SPURS/SAMS.

The HCAAA conducts annual nutrition education training for aging network partners. The training is conducted by the registered, licensed dietician for the food service provider. At the training, each partner receives a binder containing approved materials to be used for delivering nutrition education. Aging network partners can supplement provided nutrition education with approved materials in accordance with the TAC. A best practice developed by an aging network partner for documenting the delivery of nutrition education was previously adopted by the HCAAA and disseminated for use.

All aging network partners are monitored annually by a team comprised of HCAAA program and fiscal staff. The on-site monitoring covers the fiscal, administrative, operational and nutritional aspects of the program, and compliance with the requirements for nutrition education is an element that is monitored during the annual monitoring.

The congregate meal program of the late 20th century is showing signs of stress as it enters the second decade of the 21st century. The stress is a result of both internal and external factors affecting every aspect of American life – from the growth in the number of older adults, with greater racial and ethnic diversity, to the impact of science and technology on the expectations and choices available to consumers. Federal, state and local funding has not kept up with either the demographic changes or consumer expectations, and additional funds to do so is unlikely. More than ever, the aging network that supports the congregate meal program must be nimble and adaptive. To this end, the HCAAA has taken steps to implement and promote change in the congregate meal program. Below are initiatives that the HCAAA is supporting:

- The HCAAA is working closely with the City of Houston and Houston Health Department to redesign existing and future Multi-Service Centers to more effectively meet the needs of older adults, with space and facilities designed specifically for the congregate meal program.
- The HCAAA is assisting aging network partners with developing innovative data management and automated reporting systems to streamline paperwork and enhance the consumer experience.
- The HCAAA is participating in state-wide pilot projects exploring different ways of delivering meals and enriching the consumer’s congregate meal experience.
- Through the RFP and the contracting process with the food service provider, the HCAAA is requiring more meal options and food choices for consumers.
- The HCAAA is encouraging aging network partners to seek alternative funding sources through grants and other funding sources, including hospital networks, to augment their program services.
- The HCAAA is advocating for changes to the Texas Administrative Code that allows AAA's and aging network partners more freedom and discretion in meeting consumer demands.

The HCAAA is committed to improving the congregate meal program in order to enhance the consumer experience so that it remains a viable option for a more diverse and demanding consumer.

Explanation of decrease or increase in service units

The number of congregate meals served has generally remained flat during the past four-year period – decreasing by only 0.7 percent from 2015 through 2019. The table below shows the number of meals and the number of unduplicated consumers served during the past four years.

Program Year	Number of Congregate Meals Served	Number of Unduplicated Consumers	Percent Increase/Decrease
2018 - 2019	347,078	4,129	+ 2.8

2017 – 2018	337,640	4,198	- .04
2016 – 2017	338,770	3,954	- 3.2
2015 - 2016	349,709	4,012	N.A.

Differences in the number of meals served on a year-to-year basis is partially attributable to increased weather phenomenon, such as Hurricane Harvey in August 2017 and the multi-day floods in July 2018 that resulted in multiple days of site closures across the network. Additional factors include closures (temporary and permanent) and/or relocations of congregate meal sites for facility repairs, upgrades and improvements along with changes or modifications to contracts and/or building use agreements.

Home Delivered Meals

Service definition

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

Detailed description of how service is provided

The HCAAA provides home delivered meals throughout Harris County with the assistance of nine aging network partner agencies, six non-profit agencies and four municipalities. One home delivered meal partner is designated as a common provider. As with the congregate meal program, hot meals are cooked locally in the food service provider's kitchen and delivered daily to the home delivered meal partners. Meals are delivered by paid staff or volunteers Monday through Friday, with frozen meals authorized on only a temporary and/or exception basis. Shelf-stable meals are made available to be used during inclement weather, when home delivered meals cannot be delivered.

In 2019, the HCAAA provided 1,052,379 home delivered meals, averaging 4,192 daily meals to 7,236 unduplicated consumers.

Service-specific instructions

As described previously, in accordance with the Texas Administrative Code (TAC) and HHSC, nutrition education for home delivered meal consumers is provided once per year with the annual assessment. An unduplicated count of the nutrition education session is reported by the aging network partners on the monthly invoice and entered in SPURS/SAMS.

Nutrition education training for aging network partners is conducted each year by the registered, licensed dietician for the food service provider. Each partner receives a

binder containing approved materials for delivering nutrition education and are able supplement with additional materials in accordance with the TAC. Annual on-site monitoring includes a review of compliance with the requirements for nutrition education.

The HCAAA recognizes that the home delivered meal program does far more than simply support the nutritional needs of frail and vulnerable older adults. The HCAAA's commitment to daily hot meals reflects the ethos that day-to-day contact with older adults is as important as the nutritional aspects of the meal, and that a daily hot meal decreases consumer isolation and increases human contact and socialization. As a result, older adults are more likely to remain independent for longer, staying healthier, with a better quality of life, placing a reduced burden on the healthcare system.

In accordance with the TAC, HHSC, and HCAAA policies and procedures, aging network partner paid staff and volunteers responsible for delivering meals each day are trained to report changes in a consumer's physical or mental state to the HCAAA for additional follow-up. HCAAA case management staff performs follow-up home visits to consumers identified with additional needs.

Based on feedback from the aging network partners a significant concern across the network is the retention of paid and volunteer staff to deliver meals daily, coupled with the requirements for training new persons. The capacity of non-profit organizations to recruit and train paid staff and volunteers, while ensuring meals are delivered each day, completing paperwork and maintaining data entry requirements, represents a challenge. A more user-friendly data management system that includes online intake and assessment forms, streamlined data entry and route management capabilities would strengthen the network.

The need for home delivered meals continues to increase as the population in Harris County continues to age. Houston's population of people age 65 and older increased by double digits in the last U.S. Census and estimates suggest a double digit increase again when the 2020 Census is complete. As a result, Wait List for home delivered meals continues to represent challenges for the HCAAA and aging network partners.

It is with these concerns in mind, combined with ensuring sufficient meal delivery options in cases of natural disasters, that the HCAAA aggressively sought participation in the initial Home Delivered Meal Pilot Project in 2017. The HCAAA continues to explore and pursue meal options that represents enhanced services and choices for consumers while strengthening the network.

As Harris County/Houston continues to grow, and sprawl, road construction and traffic is exacerbated, aging network partners are having to recruit more volunteers and reduce route sizes to stay within the 10:30 am to 1:30 pm meal delivery window. Expanding the window for meal delivery, while remaining within the four-hour holding time requirement would provide greater flexibility.

Explanation of decrease or increase in service units

Funding for the home delivered meal has remained essentially flat during the past four years, with small decreases related to unit rate changes, closures due to inclement weather and/or fluctuations in the capacity of aging network partners. The table below illustrates that the number of home-delivered meals served during the past four years.

Program Year	Number of Home Delivered Meals Served	Number of Unduplicated Consumers	Percent Increase/Decrease
2018 - 2019	1,052,379	7,134	+ 2.8
2017 – 2018	1,074,754	7,236	- .04
2016 – 2017	1,077,816	7,462	- 3.2
2015 - 2016	1,088,788	7,012	N.A.

Each year, the HCAAA transfers close to the maximum amount allowed from Title III C-1 to Title III C-2 to support the home delivered meal program. The HCAAA continues to also benefit from receipt of nearly \$400,000 in Community Development Block Grant funds from the City of Houston's Housing and Community Development Department that supported 76,551 home delivered meals last year.

Transportation

Service definition

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

Detailed description of how service is provided

The HCAAA provides demand response transportation to support congregate meal services. The HCAAA contracts with a local area transportation company willing to provide transportation on a fixed rate basis. The network partner is responsible for picking up consumers at their place of residence, transporting to the congregate meal site and returning the consumer back to their place of residence.

Service-specific instructions

The requirement that transportation be offered on a fixed rate basis, as stipulated in the TAC, has precluded the HCAAA from seeking alternative means of transportation such as from rideshare services. The HCAAA recommends that additional flexibility be provided to allow for the exploration of alternative means of payment for transportation services in order to expand the potential sources of transportation services.

Funding for transportation services must compete with other critical and high-demand services for older adults, such as dental, vision and hearing services. Because the transportation fixed unit rate has not kept up with the cost of doing business, some congregate meal sites in under-resourced areas of town has found it difficult to attract and maintain drivers.

Transportation for older adults is provided through a patchwork of for-profit and governmental entities, such as Harris County Transit, Houston Metro, Greater Houston Transportation, and rideshare services. While bus service has improved in recent years, and the City of Houston continues to expand light-rail, the size of Houston/Harris County continues to present challenge for older adults reliant upon public transportation. Gentrification of inner-city older neighborhoods is pushing older adults further away from reliable public transportation systems.

A more consumer driven transportation system with a larger number of transportation options would encourage higher ridership, allow greater flexibility of scheduling, reduce isolation, and provide older adults with the ability to remain independent for longer periods of time.

Explanation of decrease or increase in service units

The HCAAA has seen a reduction in the number of transportation units as a result of closures or the relocation of congregate meal sites with high transportation usage to locations with reduced use. Below is a chart that shows the reduction in the number of transportation units over the past four years. The table below shows the decline in transportation units over the past four years:

Program Year	Number of Transportation Units	Number of Unduplicated Consumers	Percent Increase/Decrease
2018 - 2019	97,666	484	+ 10.0
2017 – 2018	87,999	454	- 16.7
2016 – 2017	105,537	482	- 12.9
2015 - 2016	121,065	602	N.A.

Caregiver Support Coordination

Service definition

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

Detailed description of how service is provided

Harris County Area Agency on Aging (HCAAA) Access and Assistance staff assess the needs of the caregiver and care recipient to identify unmet need(s) as defined by the caregiver and care recipient. HCAAA staff utilizes a person-centered approach to effectively plan, arrange, coordinate and follow-up on services which most appropriately meet the identified need(s) of the consumer.

After the assessment, Access and Assistance staff review the care plan and make the necessary needed referrals to a community partner(s) and/or HCAAA contractor(s).

Service authorizations are sent to a contractor and/or sub-recipient if the care plan identifies a need that is within the scope of HCAAA services.

HCAAA Access and Assistance staff will monitor consumer services to ensure service initiation starts within 14 business days. Services are monitored every 30 days to verify services are continuing to meet the consumers' needs.

Consumers are monitored and reassessed after 90 days to determine if they are eligible for long-term care services through HHSC or other state agencies and/or identified natural support systems for long-term duration.

Service-specific instructions

- What are the barriers to providing caregiver support coordination in your PSA? Include proposed solutions for overcoming such barriers. Finding providers in the outline areas of Harris County and finding Adult Day Care Centers throughout Harris County.
- How do you plan to meet the increasing need for caregiver support coordination throughout your PSA? HCAAA has identified new contractors within the last year to address barriers of providing services to those hard-to-reach areas in Harris County.
- How do you plan to increase awareness throughout your PSA of the caregiver support services that you provide? HCAAA will continue to foster relationships, participate in outreach events, disseminate literature, advertise on media boards and in publications i.e. the Senior Resource Guide.
- Do you partner with other agencies to provide this service throughout your PSA? If so, explain strategic partnerships that allow you to better provide caregiver support coordination. Yes. HCAAA has developed strategic partnerships with Adult Protective Services, multiple home health agencies and other community partners to leverage services by bridging the gap until other services or resources are identified.
- Through caregiver support coordination, how do you facilitate the long-term care of older adults in home- and community-based settings? Long-term care of older adults in home- and community-based settings is accomplished through coordinated care planning and service arrangements with Health and Human Services Commission (HHSC) and Long-Term Services (RLS) programs to facilitate transition from HCAAA resources to HHSC resources within 90 days of determination of eligibility for HHSC services and/or other natural supports.
- Describe how you use the caregiver assessment to help direct plans of care for caregivers served through the National Family Caregiver Support Program.
During the initial assessment process, HCAAA care managers screen the caregiver and the care recipient to make a preliminary determination of eligibility for other federal, state and local programs, and make the

appropriate referrals. The caregiver assessment is part of the initial assessment process, and it helps in determining whether the caregiver needs further assistance with education, direct services, and decision support to address other identified needs.

Explanation of decrease or increase in service units

Every year, 3.3 million Texans provide care for relatives, assisting loved ones with a vast array of essential tasks, including eating, bathing, dressing, managing finances, childcare, administering medications, and arranging doctor visits and transportation.

HCAAA has seen an increase in the number of requests for caregiver support coordination due to the increased number of caregivers in need of additional caregiver relief. HCAAA partnered with AARP and their Caregiver Initiative and several Podcasts which highlighted the HCAAA Caregiver Support Programs which drove many listeners to our services. HCAAA collaborates with Care Connection ADRC, Alzheimer's Association and Interfaith Care Partners just to name a few who act as a referral source to HCAAA services.

The increase in the number of consumers and units can be contributed to the high demand of caregivers in need of Caregiver Respite In-home Services and Caregiver Respite Institutional Services which serves as a bridge until long term care options have been identified. HCAAA presence in the community has increased due to having a dedicated staff that was able to have high visibility at community outreach events. HCAAA also hosted several educational sessions for informal/formal caregivers throughout the year which increased the awareness of services offered.

HCAAA has continued to enhance internal and external partnerships. HCAAA has partnered with other agencies with special initiatives to fill the gaps of service to older adults in Harris County including partnership with Aging & Disability Resource Center (ADRC), Adult Protective Services (APS) and American Association of Retired Persons (AARP).

Legal Assistance

Service definition

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

Detailed description of how service is provided

Harris County Area Agency on Aging (HCAAA) strives to identify, protect and supply civil legal assistance to consumers in the community and institutions. HCAAA Access and Assistance program has 10 licensed State Health Insurance Assistance Program (SHIP) Counselors who are subject matter experts. Counselors provide accurate, objective, and comprehensive information to older adults residing in Harris County. SHIP Counselors assist consumers with appropriate Medicare/Medicaid options, social security benefits, legal assistance, prescription assistance, long term care options, Low Income Subsidy (LIS) and Medicare Savings Program (MSP). Staff provides this information on-site as well as off site at community events, educational fairs and conferences to Medicare beneficiaries, families and caregivers.

HCAAA Legal Assistance program relies on its' partnerships and collaborations with The Beacon, Texas Legal Service Center (TLSC), Catholic Charities, Ombudsman and Adult Protective Services (APS) to help older adults address legal challenges, identify resources, secure housing and making informed choices as stated in the Older Americans Act.

Listed below are the agencies and organizations HCAAA works in conjunction with to reach specific populations and provide legal assistance to consumers in Harris county that are faced with challenges beyond their reach.

- The Beacon is a non-profit organization comprised of licensed attorneys that serves the Houston homeless community through daily services, civil legal aid, counseling and mentoring and access to housing. Consumers can have wills, living wills, transfer on death deeds (TODD), advanced directives,

power of attorneys (POAs) and guardianship protective documents drafted and filed with the court system to protect their interest and financial securities. HCAAA collaborates with The Beacon to provide equal justice for individuals who are 60 and older, live in Harris County with civil unmet needs.

- Texas Legal Service Center is a nonprofit working towards civil justice for all Texans ensuring no one is denied their right to equal justice. TLSC provides HCAAA with legal advice, professional direction, referrals and support related to Healthcare (Medicare and Medicaid) fraud, consumer disaster rights and discrimination associated with Medicare beneficiaries or individuals who are 60 years of age or older.
- HCAAA partners with Catholic Charities Shoebox Initiative (the initiative is to assist older adults with compiling all important documents into one centralized location) to assist Medicare beneficiaries, their families and caregivers with Medicare and Medicaid related issues.
- HCAAA utilizes Ombudsman to investigate long-term care facility complaints and concerns regarding the care and living conditions raised by citizens and/or long-term care residences.
- HCAAA and APS collaborate to identify and provide services to neglected, abused or financially exploited older adults in need of social services, such as long-term care, housing, utility assistance and nutrition.

These collaborations along with HCAAA SHIP Counselors assist with keeping consumers well-informed and equipped to make informed choices to assist with legal burdens that may be financially, emotionally and physically impactful.

Service-specific instructions

Legal assistance

Provide answers to the service-specific questions. Include detailed responses to each question. This section should only include activities funded through Title III-B.

- **Describe each kind of activity you currently conduct within your PSA that you categorize as legal assistance.**

HCAAA uses Pop-Up Booths at Precincts, Multi-Service Centers (MSCs), Senior Centers and Senior Housing Complexes to focus on Medicare/Medicaid, long-term care and other benefits related to aging challenges. HCAAA utilizes every platform available to reach, educate, counsel and support older adults with legal assistance.

Additionally, HCAAA and The Beacon work together to host will-a-thons. This community initiative offers consumers the opportunity to legalize wills, complete advanced directives, Power of Attorney and TODD deeds to ensure their living and final wishes are carried out according to their final request.

- **Identify which legal assistance services you provide that are conducted by an attorney, or under attorney supervision, and which services are provided by a non-lawyer, such as a certified benefits counselor.**

HCAAA contracts with The Beacon, who employs licenses attorneys, to provide legal services such as, wills, POAs, advanced directives, TODD, property deeds, name changes and legal consultations.

Certified Benefits Counselors counsel Medicare beneficiaries via telephone, face-to-face and through electronic correspondence such as email and fax to assist and provide guidance related to health care, long-term care, social security, pension plans, Elder Justice and consumer fraud protection.

- **Identify agreements or contracts you have with any community partners to help provide legal assistance education.**

HCAAA has a contractual agreement with The Beacon, to provide legal assistance, and education to consumers 60 and older living in Harris County.

In addition, HCAAA shares a mutual agreement with Adult Protective Services (APS) – Texas Department of Family and Protective Services (DFPS), Catholic Charities Texas Legal Service Center (TLSC), United Way of Greater Houston and The Montrose Center, community-based organizations, faith-based community organizations and senior centers to reach and link Medicare beneficiaries and their caregivers to resources and services that are available in the community.

- **Identify counties or special aging populations in which there are obstacles in delivering legal assistance and provide explanations.**

Special aging populations in which there are obstacles in delivering legal assistance to are Medicare Beneficiaries under 65, Non-English-speaking individuals and the LGBTQ community.

- HCAAA has identified Medicare Beneficiaries under 65 rarely attend senior centers, live in senior housing complexes and attend educational health fairs.
- Non-English-speaking individuals struggle with trust from government entities.
- LGBTQ community often live in socially accepting communities and choose not to engage in certain public events due to stereo typical behaviors.

• **Include common best practices in your PSA. List any new and innovative practices you use to reach a wider network.**

The new and innovative practices HCAAA utilizes to reach a wider network are increasing outreach opportunities by reaching out to non-English speaking faith-based communities, senior living complexes and event organizers to disseminate multi-language literature. These communication efforts led to Outreach Specialist providing face - to- face counseling, participating in outreach events, health fairs and senior events to promote awareness and equip older adults with knowledge and resources that will assist them in maximizing their healthcare benefits to meet their medical and financial needs. Developing new partnerships opened doors and broaden the service area making it possible to identify the vulnerable and underserved population.

• **Describe the partnerships you have established with any legal aid/legal education/financial awareness organizations.**

HCAAA established partnerships with Senior Medicare Patrol (SMP), Ombudsman, Catholic Charities, APS, TLSC and Legal Hotline for Texans to provide legal aid, legal education and financial awareness to older adults.

- The Beacon licensed attorneys and support staff assist HCAAA consumers with legal aid/legal education including drafting and filing wills, living wills, transfer on death deeds (TODD), advanced directives, power of attorney (POA) and guardianship protective documents.
- Senior Medicare Patrol (SMP) is responsible for awareness and education associated with Medicare fraud, scams and abuse. SMP works closely with HCAAA to identify predators that prey on and exploit vulnerable older adults.

- Texas Legal Service Center (TLSC) collaborates with HCAAA as a legal support vessel to ensure limited income consumers are afforded equivalent health care benefits, promote civil justice protection, prepare TODDs and other civil legal documents.
- HCAAA refers consumers to Legal Hotline for Texans for over the phone civil legal advice related to advance directives, power of attorney, guardianship, home ownership, real property issues, private landlord/tenant Issues (for the tenant), Medicaid, Medicare, consumer issues (bankruptcy, collection and repossession issues, contracts) and food stamps (SNAP), SSI, social security, and other public benefits issues.
- HCAAA established a partnership with APS providing legal aid, legal education and financial awareness to older adults, family members and/or caregivers to promote Elder Justice.
- HCAAA utilizes Ombudsman to investigate long-term care facility complaints and concerns regarding the care and living conditions raised by citizens and/or long-term care residences.
- HCAAA partners with Catholic Charities Shoebox Initiative (the initiative is to assist older adults with compiling all important documents into one centralized location) to assist Medicare beneficiaries, their families and caregivers with Medicare and Medicaid related issues.
- **What partnerships have you established regarding assistance to natural disaster victims?**
 - ▶ *Examples: emergency medical technicians, local law enforcements, FEMA, homeland security, Red Cross, Salvation Army, food pantries, etc.*
 - The partnerships HCAAA established regarding assistance to natural disaster victims are:
 - Houston Health Department (HHD)
 - Legal Hotline for Texans
 - Harris County Public Health Department
 - Red Cross
 - APS
 - Catholic Charities
 - Houston Food Bank
 - Baker Ripley
 - Lone Star Legal Aid and
 - FEMA

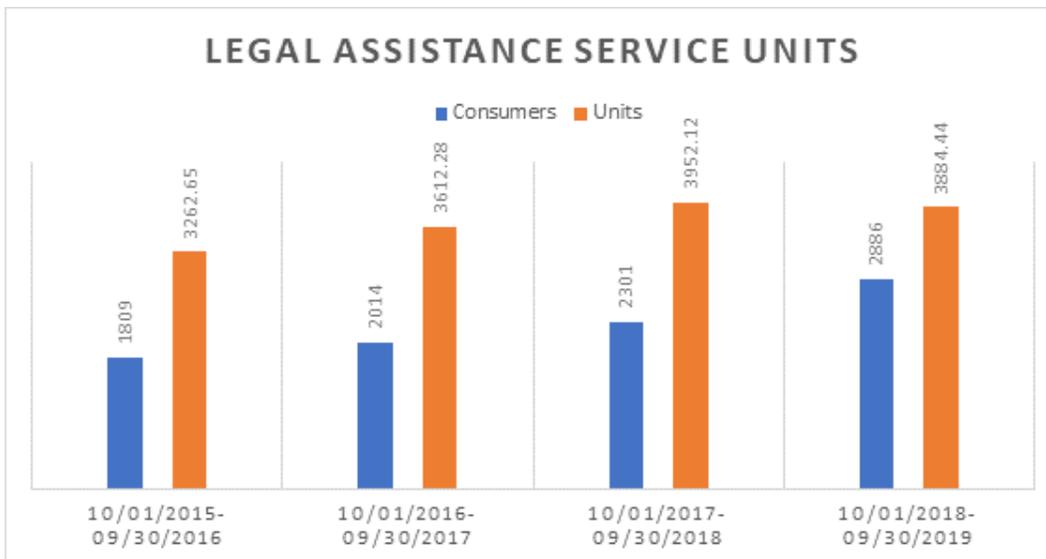
Strategic partnerships along with the assistance of HCAAA SHIP Counselors provide a large territory of legal aid, legal education and financial awareness to remedy legal burdens that are financially, emotionally and physically impactful to the lives of older adults when dealing with Legal issues linked to disasters.

Explanation of decrease or increase in service units:

In 2019, HCAAA participated in over fifty outreach events educating and promoting community resources, Medicare and LIS/MSP information to consumers throughout Harris County. The service units can be credited to the outreach collaborations, internal and external partnerships. HCAAA has a dedicated community outreach specialist whose responsibilities include but not limited to:

- Schedules and implement programs activities that address public health concerns
- Organize outreach events, and delegate tasks
- Ensures Agency's goals are met
- Maintains timeline and outreach log to track progress
- Periodically assess practices and outcomes to determine efficacy
- Research for future outreach projects, events and opportunities

The chart below reflects the number of consumers served has continued to increase which drives the service units. Additionally, with reduction in staff, HCAAA continued to see growth and consistency with a slight unit decrease in 2019.



15. Direct Service Waiver

[Click here for instructions](#)

AAA will not provide any direct service that requires approval during the effective period of this area plan.

AAA is requesting approval to provide direct service(s) during the effective period of this area plan. The Direct Service Waiver form(s) is included in Appendix A. [Direct Service Waiver Form](#)

16. Data Use Agreement

The HCAAA has developed policies and procedures that satisfies the terms of its data use agreement with HHSC. These policies and procedures, available upon request, designate an Information Security Officer and Privacy Official who share responsibilities for successful implementation. The policies and procedures describe ways in which the HCAAA obtains informed consent from clients, limits disclosure to those with need to know, secures physical records, secures electronic records, trains all users, maintains a breach protocol, allows clients to review and correct their confidential information, posts its privacy notice, and maintains sanctions and penalties on individuals who violate its policies.

The HCAAA is the state's largest Area Agencies on Aging; with the City of Houston Health Department servicing as its host organization, it invests heavily in internet security and employee training. It delivers cybersecurity awareness training through the City of Houston's Talent Management System, and employees are required to complete an annual online training (Kevin Mitnick Security Awareness Training -KnowBe4) that cover topics such as malicious e-mail attachments, malicious URLs, handling sensitive information, mobile device security, ransomware and proper handling of phishing attacks. The training emphasizes personal accountability as well as stress the importance of taking proactive steps to enhance cyber security at home and in the work place. In addition, City of Houston Cyber Division delivers monthly cybersecurity awareness updates.

In addition, all HCAAA new hires participate in an orientation that covers the Agency's cybersecurity policy, password security, data encryption, and other cybersecurity topics.

The HCAAA requires all its subrecipients who collect and/or store Personally Identifiable Information of Protected Health Information to execute a Data Use Agreement. Under the terms of that Data Use Agreement, subrecipients are required to develop and implement their own policies for safeguarding client data. In the event of a data incident or breach, they're required to timely notify the HCAAA.

HCAAA will notify HHS immediately upon discovery of the pattern of activity or practice of Subcontractor that constitutes a material breach or violation of the DUA and keep HHS reasonably and regularly informed about steps Contractor is taking to cure or end the violation or terminate Subcontractor's contract or arrangement.

17. Disaster Plan

Development of disaster plan

The City of Houston departments are required to have an established and maintained viable Continuity of Operations (COOP) capability that ensures performance and sustainment of essential functions during an emergency or disaster situation that disrupts normal operations. A viable COOP plan identifies essential business functions, records, and database support systems as well as lines of succession, delegations of authority, call lists, and alternate work site options to ensure the continuity of important city operations.

The City of Houston COOP Base Plan and Departmental Annexes identify procedures, coordination, and support actions during an incident which results in the activation of a COOP Plan. These activities are tested through exercises and validated during real-world incidents and emergencies. The purpose of this plan is to maintain the ability to continue to provide basic services and other essential functions during or immediately after an impacting incident. The framework establishes the activities and guidance to be considered before, during, and after an emergency or incident.

HCAAA's information and referral, nutrition and care coordination staff and services have been deemed essential functions to prioritize and reinstate service delivery as soon as possible.

HCAAA supports the State of Texas Emergency Assistance Registry (STEAR) program. The STEAR program is a free registry that provides local emergency planners and emergency responders with additional information on the needs in their community.

Older adults, people with disabilities, people who have communication barriers, and people who require additional medical assistance during an emergency event should register annually and will be contacted in the event of an emergency.

Local rules and regulations

Chapter 21 of the City of Houston's Code of Ordinances sets forth the duties of the Houston Health Department (HHD) and thereby the HCAAA. "Essential public health services" are defined by the Local Public Health Reorganization Act, Tex. Health and Safety Code Ann. § 121.002 (Vernon 1992), as services to:

FEMA recommendations for emergency preparedness

All Houston Health Department staff to include AAA staff are required to complete the following FEMA Incident Emergency Management courses:

IS200- Basic Incident Command System for Initial Response

IS300 & 400- Enhanced National Incident Command System

IS700- An Introduction to the National Incident Management System

IS800- National Response Framework, and Introduction

18. Assurances

[Click here for instructions](#)

Section 306(a), Older Americans Act

The City of Houston provides and agrees to comply with the following assurances:

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

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

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

(§306(a)(4)(A)(i))

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

(§306(a)(4)(A)(ii))

6. With respect to the fiscal year preceding the fiscal year for which such area plan is prepared:
 - a. Identify the number of low-income minority older adults in the PSA;
 - b. Describe the methods used to satisfy the service needs of such minority older adults; and
 - c. Provide information on the extent to which the AAA met the objectives described in §306(a)(4)(A)(i). **(§306(a)(4)(A)(iii))**

7. Provide assurances the AAA will use outreach efforts that will identify individuals eligible for assistance under the OAA, with special emphasis on:
 - a. Older adults residing in rural areas;
 - b. Older adults with greatest economic need (with particular attention to low-income minority older adults and older adults residing in rural areas);
 - c. Older adults with greatest social need (with particular attention to low-income minority older adults and older adults residing in rural areas);
 - d. Older adults with severe disabilities;
 - e. Older adults with limited English proficiency; and
 - f. Older adults with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such adults); and
 - g. Older adults at risk for institutional placement. **(§306(a)(4)(B)(i))**

Inform the older individuals referred to in sub-clauses a-f of §306(a)(4)(B)(i), and the caretakers of such individuals, of the availability of such assistance. **(§306(a)(4)(B)(ii))**

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

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

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

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

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

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

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

(§306(a)(13)(B))

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

(§306(a)(13)(E))

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

(§306(a)(14))

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

(§306(a)(15))

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

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

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

(§306(e))

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

HOUSTON HEALTH DEPARTMENT DIRECTOR/AUTHORIZED OFFICIAL

Signature: _____

Name and Title: Stephen L. Williams

Area Agency on Aging: Harris County Area Agency on Aging

Date: [Click here to enter text.](#)

AAA DIRECTOR/AUTHORIZED OFFICIAL

Signature: _____

Name: Paula D. Johnson

Date: [Click or tap to enter a date.](#)

Standard Assurances of Compliance

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

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

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

HOUSTON HEALTH DEPARTMENT DIRECTOR/AUTHORIZED OFFICIAL

Signature: _____

Name and Title: [Click here to enter text.](#)

Area Agency on Aging: Harris County Area Agency on Aging

Date: [Click or tap to enter a date.](#)

AAA DIRECTOR/AUTHORIZED OFFICIAL

Signature: _____

Name: [Click here to enter text.](#)

Date: [Click or tap to enter a date.](#)

Appendix A. Area Plan Checklist

Area Plan Checklist

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

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

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

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

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

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

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

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

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

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

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

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

Area Plan Comments and Recommendations

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

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

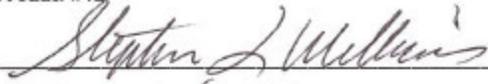
Signatures-Area Plan Certification

development and implementation of the area plan and for ensuring compliance with Section 306, OAA.

HOUSTON HEALTH DEPARTMENT DIRECTOR

NAME: STEPHEN L. WILLIAMS

SIGNATURE: _____



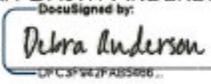
DATE: _____

6/15/2020

AAA ADVISORY COUNCIL CHAIR

NAME: DEBRA SMITH ANDERSON

SIGNATURE: _____

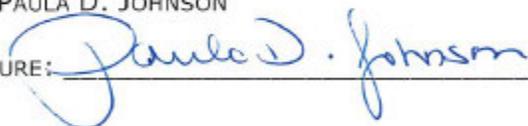
DocuSigned by:

DPC3P94ZFA85866...

DATE: 6/13/2020

AAA DIRECTOR/AUTHORIZED OFFICIAL

NAME: PAULA D. JOHNSON

SIGNATURE: _____



DATE: _____

Signatures-Section 306(a), Older Americans Act

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

HOUSTON HEALTH DEPARTMENT DIRECTOR/AUTHORIZED OFFICIAL

Signature: 

Name and Title: Stephen L. Williams

Area Agency on Aging: Harris County Area Agency on Aging

Date: 6/15/2020

AAA DIRECTOR/AUTHORIZED OFFICIAL

Signature: 

Name: Paula D. Johnson

Date: 15 JUNE 2020

Signatures-Standard Assurances of Compliance

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

HOUSTON HEALTH DEPARTMENT DIRECTOR/AUTHORIZED OFFICIAL

Signature: _____ 

Name and Title:

Area Agency on Aging: Harris County Area Agency on Aging

Date: 6/15/2020

AAA DIRECTOR/AUTHORIZED OFFICIAL

Signature: _____ 

Name: Paula D. Johnson

Date: 15 June 2020