



Area Plan

FFY 2021–2022

**North Central Texas Council of
Governments**

PSA 4A

**P.O. Box 5888, Arlington, Texas
76005-5888**

www.nctocog.org/cs/aging

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1. Area Plan Certification

AAA INFORMATION

LEGAL NAME OF AGENCY: North Central Texas Council of Governments

MAILING ADDRESS: P.O. Box 5888, ARLINGTON, TEXAS 76005-5888

TELEPHONE: 1-800-272-3921

FEDERAL ID NUMBER: 75-604912

**CERTIFICATION BY NORTH CENTRAL TEXAS COUNCIL OF GOVERNMENTS
EXECUTIVE BOARD AUTHORIZED OFFICIAL, AAA ADVISORY COUNCIL CHAIR,
NORTH CENTRAL TEXAS COUNCIL OF GOVERNMENTS EXECUTIVE 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 North Central Texas Council of Governments Executive Board, AAA Advisory Council and AAA understand that they are responsible for the development and implementation of the area plan and for ensuring compliance with Section 306, OAA.

NORTH CENTRAL TEXAS COUNCIL OF GOVERNMENTS EXECUTIVE DIRECTOR

NAME: MIKE EASTLAND

SIGNATURE:  _____

DATE: 2/27/2020

**NORTH CENTRAL TEXAS COUNCIL OF GOVERNMENTS EXECUTIVE BOARD
AUTHORIZED OFFICIAL**

NAME: J. D. CLARK

SIGNATURE:  _____

DATE: 2/27/2020

AAA ADVISORY COUNCIL CHAIR

NAME: BERNIECE REEVES-BROWN

SIGNATURE:  _____

DATE: 2/13/2020

AAA DIRECTOR/AUTHORIZED OFFICIAL

NAME: DONI GREEN

SIGNATURE:  _____

DATE: 2/27/2020

2. Executive Summary

The North Central Texas Area Agency on Aging (NCTAAA), a program of the North Central Texas Council of Governments, provides services and supports to persons age 60 and over, persons with disabilities, and their family caregivers who live in Collin, Denton, Ellis, Erath, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, and Wise Counties. This 14-county service area is dynamic and diverse.

Benefitting from the region's robust economy, the number of North Central Texans age 60 and over is projected to increase from 647,914 in 2021 to 686,238 in 2022. By 2027 that number is expected to swell to 887,516. As a share of the State's older adult population, North Central Texans will increase from 10.96% in 2021 to 12.4% in 2027.

However, rates of growth will vary significantly at the county level. Among the 14 counties in the service area, the 10 classified as urban are experiencing higher growth rates, compared to the four rural.

In the aggregate, residents of the rural counties are more likely to live in poverty and experience disability. In addition, rural counties tend to have less comprehensive networks of health and social services, creating additional barriers for residents in need of long-term services and supports.

Under the Older Americans Act, the NCTAAA is required to target older adults who live in rural areas, as well as those who have low incomes and are members of minority groups. To gauge its effectiveness, it uses regional data to establish benchmarks. An analysis of Fiscal Year 2019 client data indicates the NCTAAA is exceeding its goals relative to serving all three target populations. Among its clients for whom identifying information was gathered (i.e., registered clients), 15.91% lived in rural counties; among all older North Central Texans, 5.5% lived in rural counties. Among its registered clients, 33.42% had incomes below the poverty line; among all older North Central Texans, 6.9% lived in poverty. Among its registered clients, 21.37% were members of minority groups; among all older North Central Texans, 21.0% were members of minority groups.

As the NCTAAA plans, develops, and coordinates services, it embraces its duty to respond to the unique needs of older North Central Texans and their family caregivers. In preparing its Fiscal Years 2021-2022 area plan, it conducted both primary and secondary research to identify and prioritize the most critical needs of older adults and family caregivers. Primary research included gathering

representative input from 12 members of its Regional Aging Advisory Committee, verbal and written comments from 34 participants of open forums, and survey data from 612 respondents. In addition, the NCTAAA conducted a Strengths, Weaknesses, Opportunities, and Threats analysis among its staff members.

The NCTAAA collapsed needs assessment data into categories and ranked specific needs on the basis of frequency of mention and/or criticality. As a result of that analysis, it identified the top four needs of older adults and their family caregivers as transportation, housing, personal/home care, and nutrition.

The NCTAAA's strategic priorities during Fiscal Years 2021-2022 will focus on (but not be limited by) these four needs. A high-level summary of proposed strategies is as follows:

- **Transportation:** Increase the Title III budget for demand-response transportation. Explore the feasibility of establishing a transportation voucher and/or a volunteer transportation program. Work with transportation subrecipients to encourage out-of-county transportation as resources allow.
- **Housing:** Maintain a current and complete inventory of affordable housing. Educate clients about housing programs. Support housing authorities to help them obtain additional housing vouchers. Increase the Title III budget for residential repair to improve homeowners' accessibility and extend their community tenure. Relax program eligibility criteria in order to serve more clients.
- **Personal/home care:** Increase the Title III budget for Homemaker, Homemaker Voucher, Personal Assistance, Caregiver Respite, and Caregiver Respite Voucher. Increase the standard benefit for these programs. Relax screening criteria for the "umbrella" programs (i.e., Care Coordination and Caregiver Support Coordination) so that more clients may qualify.
- **Nutrition:** Begin funding Senior Center Operations and make seed money available to congregate meal sites that wish to invest in innovative programming. Share best practices between sites.

The NCTAAA is mindful of its significant limitations, including federal funding that is not keeping pace with regional growth. However, it uses this limitation as a call to action: to make efficient use of Older Americans Act (OAA) funds and to seek funding sources beyond the OAA. During Fiscal Years 2021-2022, the NCTAAA intends to realize greater efficiencies by placing greater emphasis on volunteer recruitment and relying on well-trained volunteers as staff extenders for its long-

term care ombudsman, benefits counseling, and evidence-based program. To expand its revenue base, it will seek contracts with health plans.

3. Mission and Vision Statements

Mission

The mission of the North Central Texas Area Agency on Aging (NCTAAA) is to maximize the independence, wellbeing, and health of older North Central Texans, persons with disabilities, and their family caregivers.

Vision

The vision of the NCTAAA is to allow older adults to live with dignity, exercise meaningful choice, and participate fully in their communities. In support of that vision, we will:

- Make available services that support community tenure
- Advocate for those who require institutional care
- Provide leadership and support to community-based organizations—both within and beyond the Title III network—that serve older adults, leveraging efforts to realize greater impact
- Invest in programs that have demonstrated outcomes, thereby making efficient use of resources entrusted to our care

4. Board of Directors

Membership Composition

The North Central Texas Council of Governments (NCTCOG) Executive Board is composed of 17 locally elected officials and one ex-officio non-voting member of the legislature. It serves as the policy-making body for all activities undertaken by NCTCOG, including program activity and decisions, regional plans, and fiscal and budgetary policies.

Frequency of Meetings

The NCTCOG Executive Board meets on a monthly basis, typically on the fourth Thursday of the month.

Officer Selection Schedule

In June of each year, representatives of NCTCOG's member governments elect Executive Board officers during the agency's General Assembly. Officers serve one-year terms that take immediate effect.

Board Officers

Table 2 Board Officers

Title	Name	Term
Chair or president	J. D. Clark	One year
Vice chair or vice president	Ray Smith	One year
Treasurer or equivalent position	Curtistene McCowan	One year
Secretary or equivalent position	Curtistene McCowan	One year
Immediate past chair or president	Kevin Strength	One year
Other: (Title Click here to enter text.)		
Other: (Title Click here to enter text.)		

5. Advisory Council

Council Composition

Each of the 14 counties in the NCTAAA's service area is entitled to two representatives to the Regional Aging Advisory Committee (RAAC). Per the RAAC bylaws, at least half of its members shall consist of older persons who are participants and/or eligible to participate in Older Americans Act programs. In addition, members shall include representatives of older adults, representatives of health care organizations, local elected officials, representatives of support services provider organizations, the general public, and persons with leadership experience in the private voluntary services.

Frequency of Meetings

RAAC has regular meetings on a quarterly basis. Meetings are generally held on the second Tuesday of February, May, August and November.

Member Selection Schedule

RAAC members serve staggered three-year terms. NCTAAA staff solicit nominees from the county judges in November of each year, and more frequently as members resign without completing their full terms. The NCTCOG Executive Board is responsible for all appointments to RAAC, and takes action at least annually during its December or January meeting.

Table 3 Advisory Council Composition

Category	Number of Members
Older adults residing in rural areas	3
Clients of Title III services	1
Older adults	4
Minority older adults who participate or are eligible to participate in OAA programs	
Local elected officials	1
General public	
Veterans' health care providers, if applicable	
Service providers	1
Family caregivers of older adults who are minority or who reside in rural areas	
Business community representatives	5
Representatives of older adults	12
Representatives of health care provider organizations	4
People with leadership experience in the private and voluntary sectors	2
Representatives of supportive services provider organizations	2

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
Sue Whitehurst	Semi-retired business owner	Collin	2015	2018-2020	Business community representatives, representatives of older adults
Pat Rodgers	Retired educator	Collin	2016	2019-2021	Representatives of older adults, representatives of supportive services provider organizations
Ronnie Smith	Vice-president, HNTB Corporation	Denton	2017	2018-2020	Business community representatives, Clients of Title III services

¹ Enter "N/A" if not applicable

Name	Occupation or Affiliation	County of Residence	Member Since	Current Office Term	Name of Agency Group Represented ¹
Maurice Osborn	Retired businessperson	Ellis	2017	2018-2020	Business community representatives, representatives of older adults
Leeann Hook	Home health social worker	Erath	2018	2019-2021	Representatives of health care provider organizations
Debbie Byers	Adult Protective Services investigator	Erath	2020	2020-2022	Representatives of supportive services provider organizations, representatives of older adults residing in rural areas
J.C. Campbell	Retired	Hood	2019	2019-2021	Representatives of older adults, People with leadership experience in the public and voluntary sectors
Trish Reiner	Home health community liaison, City of Granbury Councilmember	Hood	2018	2018-2020	Local elected officials, representatives of health care provider organizations

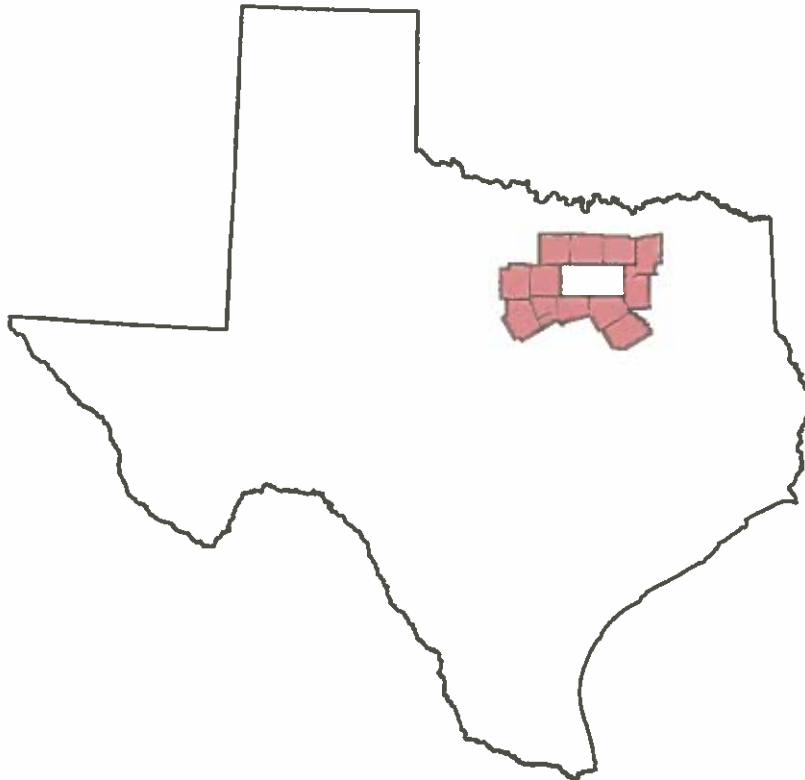
Name	Occupation or Affiliation	County of Residence	Member Since	Current Office Term	Name of Agency Group Represented ¹
Sheryl Zelhart	Retired	Hunt	2016	2019-2021	Representatives of older adults, service providers
Berniece Reeves-Brown	Coordinator of social services for federally qualified healthcare center	Hunt	2015	2020-2022	Representatives of health care provider organizations, service providers
DeeAnn Strother	Elder law attorney	Johnson	2018	2018-2020	Representatives of supportive services provider organizations
Emma Glenn	Community volunteer, National Alliance for the Mentally Ill (NAMI)	Kaufman	2018	2018-2020	People with leadership experience in the private and voluntary sectors
Dr. Bruce Wood	Past county judge	Kaufman	2020	2020-2023	Representatives of older adults
Carla Hay Purdue	Family nurse practitioner	Palo Pinto	2019	2020-2022	Representatives of health care provider organizations, representatives of older adults residing in rural areas
Kenneth Johnson	Retired medical sales representative	Palo Pinto	2018	2018-2020	Older adults residing in rural areas

Name	Occupation or Affiliation	County of Residence	Member Since	Current Office Term	Name of Agency Group Represented¹
Mike Zepada	Palliative care physician	Parker	2019	2020-2022	Representatives of health care provider organizations
Brian Chapman	Doctoral student, community volunteer	Parker	2018	2018-2020	People with leadership experience in the private and voluntary sectors
Monte Allred	Retired director of business operations	Rockwall	2017	2020-2022	Representatives of older adults
Dave Brown	Retired regional loss prevention manager	Rockwall	2019	2019-2021	Representatives of older adults
Allen Summers	Retired business owner	Somervell	2015	2018-2020	Representatives of older adults in rural areas
Kelly Jones	Director of social services and transitional care	Wise	2017	2019-2021	Representatives of health care provider organizations
Debbie Bounds	Co-owner, 2B Marketing Services	Wise	2020	2020-2022	Business community representatives of older adults

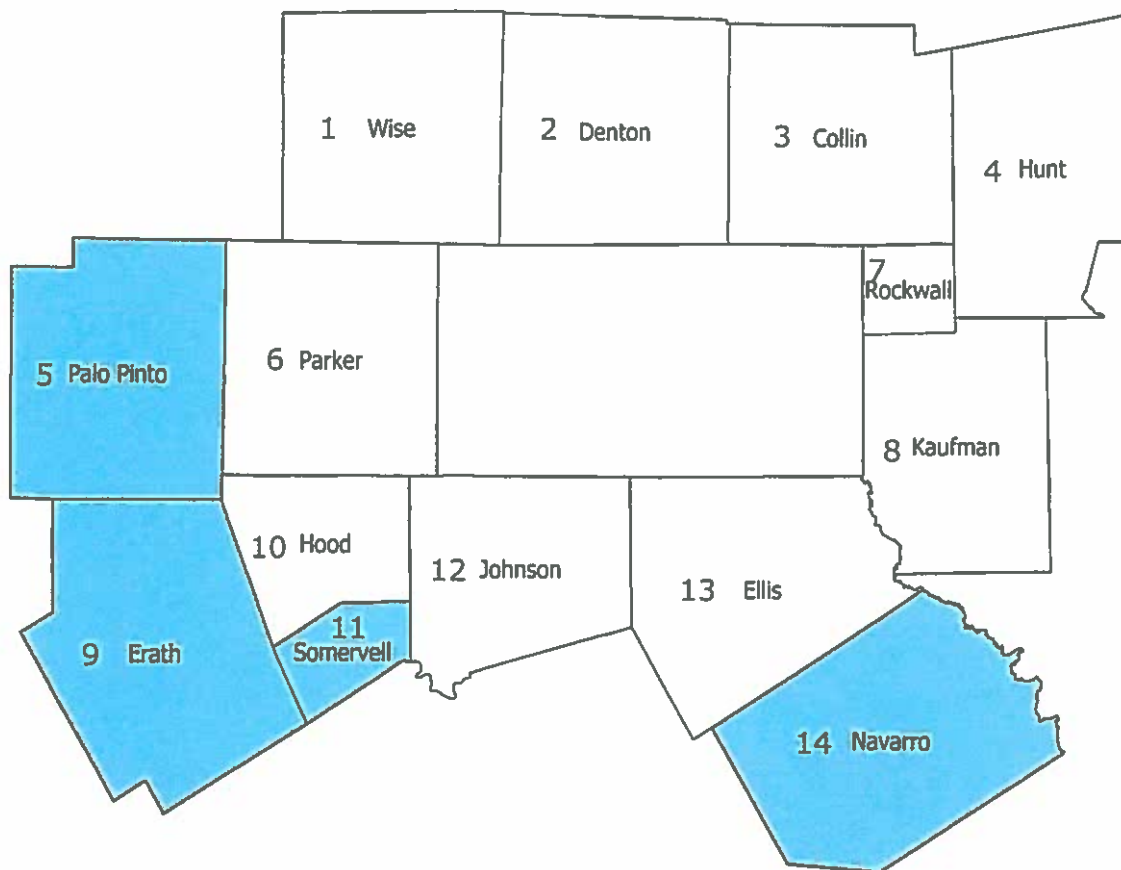
6. Agency Description and PSA Profile

Identification of Counties and Major Communities

The North Central Texas Planning and Service Area (PSA) 4A consists of 14 counties, namely: Collin, Denton, Ellis, Erath, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, and Wise. A map of the PSA relative to the state appears below:



As of January 2019 there were nine cities within the PSA with populations of more than 50,000: Plano (Collin), McKinney (Collin), Frisco (Collin), Carrollton (Denton), Denton (Denton), Lewisville (Denton), Allen (Collin), Flower Mound (Denton), and Wylie (Collin). Within the 14-county PSA, four counties are classified as rural: Erath, Navarro, Palo Pinto, and Somervell. A map of the PSA, with rural counties highlighted in blue, appears below:



The numbers appearing to the left of the county name correspond to the focal points noted below. As required by the Older Americans Act, the North Central Texas Area Agency on Aging (NCTAAA) has designated focal points at the county and regional levels to coordinate services for older adults. Focal points by county are:

- 1 (Wise): Wise County Committee on Aging and NCTAAA
- 2 (Denton): S.P.A.N. and NCTAAA
- 3 (Collin): Collin County Committee on Aging and NCTAAA
- 4 (Hunt): Senior Center Resources and Public Transit and NCTAAA
- 5 (Palo Pinto): Meals on Wheels of Palo Pinto County and NCTAAA
- 6 (Parker): Parker County Committee on Aging and NCTAAA

- 7 (Rockwall): Senior Center Resources and Public Transit and NCTAAA
- 8 (Kaufman): Senior Connect and NCTAAA
- 9 (Erath): Erath County Senior Citizens Services, Inc and NCTAAA
- 10 (Hood): Hood County Committee on Aging and NCTAAA
- 11 (Somervell): Somervell County Committee on Aging and NCTAAA
- 12 (Johnson): Meals on Wheels North Central Texas and NCTAAA
- 13 (Ellis): Meals on Wheels North Central Texas and NCTAAA
- 14 (Navarro): Meals on Wheels North Central Texas and NCTAAA

Socio-Demographic and Economic Factors

North Central Texas is a high-growth area that compares favorably to the State of Texas and nation relative to several indicators of economic wellbeing. This discussion of socio-demographic and economic factors will provide a snapshot of the region’s growth trends, employment and unemployment rates, levels of educational attainment, and median income among residents of all ages, using the most current data as of January 2020. It will then shift focus to the service area’s population age 60 and over.

Population Growth

North Central Texas is experiencing sustained growth that’s earned distinction at the state and national levels. The Dallas—Fort Worth—Arlington metropolitan area (of which the NCTAAA’s ten urban counties are a part) led the nation in growth among metropolitan areas in 2018. Collin County was fourth among all U.S. counties in numeric growth between 2017 and 2018. During that same one-year period, Kaufman and Hood Counties were numbers 3 and 9, respectively, in percentage growth among all U.S. counties.

With a cost of living that’s lower than the national average, no state income tax, mild winters, and ready access to amenities, North Central Texas is expected to remain on a high-growth trajectory during—and beyond—the planning period. As the following chart indicates, the service area is projected to add more than 75,000 residents during a one-year period, with an estimated growth rate of 2.45%.

NCT Population Projections and Percentage of Population Change by County: 2021-2022

County	2021	2022	Change	Percentage Change
Collin	1,069,017	1,099,759	30,742	2.88%
Denton	925,643	954,471	28,828	3.11%
Ellis	180,752	183,842	3,090	1.71%
Erath	41,950	42,363	413	.98%
Hood	59,402	60,158	756	1.27%
Hunt	96,303	97,277	974	1.01%
Johnson	173,888	176,087	2,199	1.26%
Kaufman	127,644	130,210	2,566	2.01%
Navarro	47,962	47,962	0	0
Palo Pinto	27,815	27,777	-38	-.14%
Parker	137,707	139,853	2,146	1.56%
Rockwall	104,969	107,826	2,857	2.72%
Somervell	9,388	9,482	94	1.00%
Wise	66,500	67,160	660	.99%
All counties	3,068,940	3,144,227	75,287	2.45%

By 2030, more than nine million people are expected to live in the Dallas—Fort Worth—Arlington metropolitan area. With more rapid growth in the suburbs than in the urban core, Collin County’s population is projected to be greater than Dallas County’s.

North Central Texas led the nation in housing starts during 2018, providing residents access to a broad range of residential settings. The area is home to several large master-planned retirement communities, including two that ranked among the top 50 nationwide in 2019 sales [i.e., Woodcreek in Fate (Rockwall

County) and Hillwood Communities' Harvest development in Argyle (Denton County)].

It is important to note that growth in North Central Texas varies significantly at the county level. It is strongest along major transportation corridors (e.g., Interstate 35 and Texas Highway 121), within the urban core. It is much more moderate at the outer edges of the service area, where all four of its rural counties (i.e., Erath, Navarro, Palo Pinto, and Somervell) are located.

There are tremendous advantages to living in a high-growth area, but growth is not an absolute good. It can strain infrastructure, as evidenced by increased congestion on North Central Texas roadways and worsening air quality. In addition, it can fuel competition for limited resources such as subsidized housing.

Renters in North Central Texas contended with occupancy rates that averaged 94.2% in late 2019. However, they were as high as 100% in Hood County. The market was tightest for low-income renters. In early 2020 all housing authorities in the North Central Texas area had a freeze on new applications and waiting lists that exceeded a year.

Employment and Unemployment Rates

Drawing from an educated workforce, North Central Texas is home to the largest concentration of company headquarters in the United States. Businesses with corporate headquarters in the region include JC Penney, Toyota Motor North America, Frito-Lay, Blue Cross Blue Shield of Texas, and Capital One.

As of November 2019, North Central Texas counties had unemployment rates ranging from 2.8% (Ellis and Rockwall) to 3.4% (Somervell). Only Somervell exceeded the state average of 3.3%.

Educational Attainment and Median Income

In 2018, all but one county in the SDA had educational attainment rates that exceeded the state average (82.8%). Nine of 14 counties had median incomes that exceeded the state average (\$57,051)—by up to 63.48% (Rockwall County). Refer to the chart below for details at the county level.

Educational Attainment and Median Income by County: 2018

County	Percent High School Graduate or Higher	Median Income
Collin	93.6%	\$90,124
Denton	92.0%	\$80,920
Ellis	84.8%	\$67,371
Erath	85.1%	\$47,013
Hood	88.9%	\$60,275
Hunt	84.5%	\$49,319
Johnson	84.1%	\$60,458
Kaufman	86.0%	\$63,926
Navarro	77.2%	\$45,103
Palo Pinto	83.4%	\$45,067
Parker	89.4%	\$70,608
Rockwall	91.7%	\$93,269
Somervell	85.1%	\$52,346
Wise	85.0%	\$59,081
State of Texas	82.8%	\$57,051

Demographic Profile of Older North Central Texans

Population growth among older North Central Texans will occur at a greater rate than among the service area's population at large. As the chart on page 22 indicated, the general population is expected to increase 2.45% from 2021 to 2022. In contrast, the number of North Central Texans age 60 and over is expected to increase 5.93% during that same period.

Following are North Central Texas counties' population projections for number of residents age 60 and over during the planning period (i.e., 2021-2022). Counties' projected growth rates range from 2.57% to 7.21%, with all four rural counties (highlighted in red) falling below the regional average of 5.93%.

NCT Population Projections and Percentage of Population Change for Persons Age 60+ by County: 2021-2022

County	2021	2022	Change	Percentage Change
Collin	209,022	224,087	15,065	7.21%
Denton	156,991	167,554	10,563	6.73%
Ellis	41,684	43,828	2,144	1.37%
Erath	8,991	9,222	231	2.57%
Hood	23,553	24,375	822	3.49%
Hunt	24,625	25,404	779	3.16%
Johnson	43,048	44,834	1,786	4.15%
Kaufman	30,345	31,959	1,614	5.32%
Navarro	14,052	14,486	434	3.09%
Palo Pinto	9,657	9,979	322	3.33%
Parker	38,781	40,783	2,002	5.16%
Rockwall	24,326	26,001	1,675	6.89%
Somervell	2,964	3,091	127	4.28%
Wise	17,854	18,613	759	4.25%
All Counties	645,893	684,216	38,323	5.93%

Robust growth is expected to continue beyond the two-year planning period. According to Texas Health and Human Services population projections, the number of North Central Texans age 60 and over will reach 887,516 in 2027. Collin and Denton Counties are expected to witness most rapid growth, with more than half a million older adults residing in those two counties in 2027.

With growth rates that exceed state averages, North Central Texans age 60 and over will constitute an increasing share of the Texas' older adult population, as the following chart indicates. By 2027, nearly one in eight older Texans will live in the North Central Texas service area.

**NCT Population Projections as a Percentage of Texas' Population Age 60+:
2021-2027**

Year	Total Population Age 60+	Percentage of Texas' Population Age 60+
2021	647,914	10.96%
2022	686,238	11.2%
2027	887,516	12.4%

North Central Texans age 85 and over (or "old old") are the population cohort with highest growth rates. Although 2021 projections indicate that "old old" North Central Texans will constitute only 7.31% of the region's older population, they demand attention. Persons within this age cohort are more likely to require long-term services and supports, with 81.2% experiencing disability. Further, they are more likely than persons age 60-74 to live in poverty, have dementia, and receive care in an institutional setting.

NCT Population Projections for Persons Age 85+ by County: 2021-2022

County	2021	2022	Change	Percentage Change
Collin	15,211	16,596	1,385	9.11%
Denton	11,029	11,920	891	8.08%
Ellis	3,365	3,555	190	5.65%
Erath	665	662	(3)	-.45%
Hood	1,427	1,478	51	3.57%
Hunt	1,770	1,830	60	3.39%
Johnson	4,206	4,508	302	7.18%
Kaufman	2,001	2,096	95	4.75%
Navarro	910	927	17	1.87%
Palo Pinto	591	612	21	3.55%
Parker	3,197	3,390	193	6.04%
Rockwall	1,835	1,951	116	6.32%
Somervell	188	201	13	6.91%
Wise	937	986	49	5.23%
All Counties	47,332	50,712	33,380	7.14%

As differential growth rates are noted between urban and rural counties, poverty rates show similar divergence. Older residents of rural counties are more likely than their urban counterparts to experience poverty.

NCT Poverty Rates among Persons Age 60+ by County: 2021-2022

County	Number in Poverty: 2021	Number in Poverty: 2022	Poverty Rate
Collin	13,479	14,451	6.4
Denton	7,983	8,521	5.1
Ellis	3,141	3,303	7.5
Erath	1,467	1,504	16.3
Hood	1,322	1,368	5.6
Hunt	2,488	2,567	10.1
Johnson	2,840	2,958	6.6
Kaufman	3,599	3,790	11.9
Navarro	1,658	1,710	11.8
Palo Pinto	1,020	1,054	10.6
Parker	2,649	2,786	6.8
Rockwall	902	964	3.7
Somervell	333	348	11.3
Wise	1,317	1,373	7.4
All counties	44,198	46,697	6.8%

Residents of rural counties are subject to both wealth and health disparities. Notes the Research and Training Center on Disability in Rural Communities, “People who live in rural areas begin to experience disability from mobility, cognitive and sensory impairment as much as 10 years before people in urban areas.” Residents of rural communities have higher rates of disability, across all age groups. In addition, racial and ethnic minorities experience the highest disability rates, as well as the greatest urban/rural differences.

Racial and ethnic minorities will account for 22.67% of the North Central Texas population age 60 and over in 2021, as the following chart indicates. Minorities as a percentage of older adults is expected to range from 5.8% in Hood County to 29.1% in Collin County.

NCT Population Projections for Persons Age 60+ by County and Race: 2021

County	Total Population 60+	Anglo	Black	Hispanic	Other	Total Minority	Percent Minority
Collin	209,022	148,155	15,511	17,307	28,049	60,867	29.1%
Denton	156,991	115,465	10,274	16,703	14,549	41,526	26.5%
Ellis	41,684	31,625	3,648	5,562	849	10,059	24.1%
Erath	8,991	7,905	17	879	190	1,086	12.1%
Hood	23,553	22,177	72	930	374	1,376	5.8%
Hunt	24,625	20,649	1,513	1,655	808	3,976	16.1%
Johnson	43,048	36,520	1,084	4,330	1,114	6,528	15.2%
Kaufman	30,345	23,795	3,016	2,614	920	6,550	21.6%
Navarro	14,052	10,823	1,492	1,513	224	3,229	23.0%
Palo Pinto	9,657	8,470	177	842	168	1,187	12.3%
Parker	38,781	35,344	285	2,093	1,059	3,437	8.9%
Rockwall	24,326	20,171	1,195	1,845	1,115	4,155	17.1%
Somervell	2,964	2,667	2	236	59	297	10.0%
Wise	17,854	15,676	94	1,713	371	2,178	12.2%
All counties	645,893	38,380	38,323	58,222	49,849	146,451	22.67%

The percentage of minority older adults in the North Central Texas SDA is gradually increasing, from 21.0% in 2019 to 23.6% in 2022.

Despite its increasing diversity, North Central Texas' population is less diverse than the state. In 2021 persons of color are expected to constitute 41.8% of the State's older population—compared to 22.67% in the SDA. Older Native Americans, as a target population of AAA programs, account for less than one percent (i.e., .26%) of all older North Central Texans.

North Central Texas has a relatively low percentage of older residents with limited English proficiency, estimated at 3.8% in late 2019. Nationwide, the 2013-2017 American Community Survey found that approximately 15% of older Americans had limited English proficiency.

Economic and Social Resources

The NCTAAA has cultivated a number of partnerships to leverage additional funding and generate in-kind resources.

Among its strongest and most beneficial partnerships are with adjoining Area Agencies on Aging. Both the Tarrant and Dallas Area Agencies on Aging have achieved national recognition for innovative programming and have included the NCTAAA in discretionary grant proposals.

Partnerships with Tarrant and Dallas AAAs have resulted in an infusion of non-OAA funds. Joint projects include the following:

- Subcontract with United Way of Tarrant County for fall prevention activities. Under a grant funded at the national level by the Administration for Community Living, the NCTAAA is reimbursed on a unit rate basis for each person who attends at least five of eight Matter of Balance sessions. Total compensation under the three-year grant, ending June 2020, may not exceed \$86,650.
- Subcontract with United Way of Tarrant County for CHOICE Community Impact Grant services. Funded at the regional level by Texas Health Resources, the CHOICE grant addresses food insecurity, social isolation, and depression among older adults. The NCTAAA provides project management services in Parker County, administering home-delivered meal, transportation, volunteer placement, and counseling programs for older residents of the City of Springtown (Parker County). Total revenues during the 18-month period of performance (July 1, 2019 – December 31, 2020) may not exceed \$170,000.
- Subcontract with Community Council of Greater Dallas for chronic disease self-management services. Under this grant, funded at the national level by the Administration for Community Living, the NCTAAA is reimbursed on a unit rate basis for each person who attends at least four of six Chronic Disease Self-Management, Diabetes Self-Management, and/or Chronic Pain Self-Management sessions. Total compensation under the three-year grant, ending June 30, 2022, may not exceed \$180,000.
- Subcontract with United Way of Tarrant County for WE HAIL services. The University of North Texas Health Science Center serves as the prime contractor for this initiative, supported by a Health Resources Services

Administration grant. Under its performance-based subcontract, the NCTAAA is reimbursed on a unit rate basis for each resident of a rural county who graduates from A Matter of Balance, Chronic Disease Self-Management, Diabetes Self-Management, Chronic Pain Self-Management, and/or the PEARLS program. Total compensation under the 11-month contract, terminating June 2020, may not exceed \$35,000.

In addition to supporting other agencies' grant applications, the NCTAAA has sought non-traditional funding sources on its own to expand services to older adults, family caregivers, and younger persons with disabilities. Following is a high-level summary of non-Title III funding it has sought and received during Fiscal Year 2020:

- Contract with HHS for Aging and Disability Resource Center (ADRC) services. HHS funding has allowed the NCTAAA to retain three benefits specialists who assist people with disabilities of all ages and their family caregivers in accessing long-term services and supports. As indicated they authorize Lifespan Respite care, funded by HHS. In addition, the ADRC contract allows the NCTAAA to retain a housing navigator who advocates for the expansion of affordable housing, and a MIPPA community educator who raises awareness of Medicare low-income and preventive health benefits. Fiscal Year 2020 revenues are \$330,314.
- Contracts with Amerigroup, Cigna, Molina Healthcare, and United Healthcare to provide nursing home relocation services to members who reside in skilled nursing facilities and wish to return to the community. Under these contracts, NCTAAA relocation specialists help members secure housing, access transition grants, and arrange non-Medicaid supports that are essential to community living. Total revenues are approximately \$835,000 per annum.
- Contributions from counties within the NCTAAA service area for the purpose of satisfying the Title III administrative match. Total Fiscal Year 20 revenues are approximately \$150,000.

In addition to securing supplemental funding to expand its mission, the NCTAAA utilizes in-kind resources—primarily donated professional services—to expand reach and realize administrative efficiencies.

The NCTAAA relies on volunteers to advocate for nursing home residents, counsel Medicare beneficiaries regarding their plan options, educate Medicare beneficiaries about actions they can take to detect and report Medicare fraud, and lead health

workshops. As of early 2020 the agency had more 95 unduplicated volunteers in these roles.

In addition, the NCTAAA helps recruit volunteers to deliver meals to homebound clients, provide companionship to isolated North Central Texans, and build wheelchair ramps for community residents who cannot afford to pay privately.

The NCTAAA is fortunate to be located in a vibrant region that is rich in economic and social resources. It has partnered with local universities (e.g., University of North Texas and Texas Woman’s University) to sponsor student interns and engage in program evaluation efforts. It has partnered with local health systems (e.g., Texas Health Resources) to co-sponsor fall prevention and chronic disease self-management classes.

Description of Service System

The NCTAAA performs a critical role in providing information and support services to older adults and their family caregivers at no charge. Although its Older Americans Act (OAA) programs tend to have low visibility among the general public and are dwarfed by Title XIX (Medicaid) and Title XX (Social Security Act) programs, they are unique. They provide information, decision support, advocacy, and direct services to older persons at all income levels. Unfettered by income and resource limits, they are often the only sources of public assistance for individuals who earn too much or have saved too much to qualify for Medicaid.

This section will describe the services in PSA 4A that meet the needs of older adults, including services within and beyond the NCTAAA.

AAA-Funded Services

The NCTAAA administers OAA services directly and through community-based subrecipients.

NCTAAA direct services include Care Coordination; Caregiver Support Coordination; Benefits Counseling (including HICAP Outreach, HICAP Assistance, MIPPA Outreach, Legal Awareness, and Legal Assistance); Ombudsman, and Evidence-Based Intervention (including A Matter of Balance, Chronic Disease Self-Management, Chronic Pain Self-Management).

Services provided exclusively by NCTAAA subrecipients are Congregate Meals, Home-Delivered Meals, Transportation—Demand Response, Instruction and Training, Caregiver Information Services, and Caregiver Education and Training.

Information, Referral and Assistance services are provided as both a direct and pass-through service.

The number of clients served by county for “registered” services during Fiscal Year 2019 appear below. “Registered” services are those for which identifying information is gathered from clients, and client-level data are tracked in the State’s client tracking data base (i.e., WellSky). These services consist of Personal Assistance, Homemaker, Home-Delivered Meals, Case Management (also known as Care Coordination), and Congregate Meals.

NCT Registered Clients by County: 2019

County	Personal Assistance	Homemaker	Home Delivered Meals	Case Management	Congregate Meals
Collin	1	7	948	32	268
Denton	2	5	525	33	409
Ellis	0	1	536	8	166
Erath	0	4	206	9	32
Hood	0	1	357	16	202
Hunt	0	4	579	26	176
Johnson	1	8	627	26	98
Kaufman	0	0	350	7	517
Navarro	0	1	273	9	49
Palo Pinto	2	8	158	21	88
Parker	1	2	237	18	256
Rockwall	0	0	156	2	172
Somervell	0	0	102	1	172
Wise	0	1	151	11	92

Supportive services funded by the NCTAAA address the needs of older North Central Texans in the following ways:

- Helping older individuals and their caregivers navigate a complex system of health and human services (Information, Referral and Assistance, Care Coordination, and Caregiver Support Coordination). Information, Referral and Assistance services are typically provided one time only, and consist of linking callers with federal, state, and local resources that meet their needs. Care Coordination and Caregiver Support Coordination services are typically provided during a 90-day period, with NCTAAA staff maintaining contact at least monthly. Through these two case management programs, care coordinators purchase a flexible array of goods and services from NCTAAA contractors under the service categories of Emergency Response, Residential Repair, Health Maintenance, Homemaker, Respite, and Income Support.
- Providing education, decision support, and advocacy for individuals who are weighing options for insurance coverage and/or institutional care (Benefits Counseling and Long-Term Care Ombudsman). Benefits Counseling services are typically provided one time only and consist of helping callers understand public or private benefits and make informed choices. Long-Term Care Ombudsmen work with residents of nursing and assisted living facilities as long as necessary to resolve their concerns regarding quality of care or quality of life.
- Reducing food insecurity and social isolation (Home-Delivered Meals, Congregate Meals, and Demand-Response Transportation). These nutrition and transportation services tend to be on-going in nature, with some clients receiving services for years.
- Improving health outcomes (Evidence-Based Interventions). The NCTAAA's evidence-based programs engage participants in workshops that meet once a week, for either two or two-and-a-half hours, over the course of six to eight weeks.
- Promoting community re-integration for residents of nursing facilities (Nursing Home Relocation and Options Counseling). The NCTAAA's relocation specialists provide intense case management services to nursing home residents as long as is necessary until they either return to community living or withdraw from the program. Its options counselors help residents navigate their options for community living and follow up at least once to determine outcomes.

- Shoring up informal caregivers as the backbone of the nation’s system of long-term services and supports (Caregiver Information, Referral and Assistance; Caregiver Support Coordination; Caregiver Information Services; Caregiver Education; and Caregiver Respite). The NCTAAA’s direct service staff and subrecipients provide general information to family caregivers and provide ongoing, individualized services designed to impart knowledge, relieve stress, and reduce caregiver burden.

Beyond OAA programs, major payers of long-term services and supports are Title XIX (particularly STAR+PLUS) and Title XX—both administered through Texas Health and Human Services Commission (HHSC). These programs have a much larger footprint than the OAA.

As of August 2019, there were 20,072 “Aged and Medicare Related” Medicaid beneficiaries in the North Central Texas service area. Beneficiaries with functional impairment were provided access to attendant care and day activity health services. Those who qualified medically for nursing home care were offered a broader range of services, including emergency response, home-delivered meals, minor home repair, and care in assisted living facilities. Data regarding number of people served, types of service, and frequency are not readily available to the public from the managed care organizations responsible for service delivery.

HHSC administered several programs on a direct basis that benefited older North Central Texans. These needs-based, or means tested, programs were available to adults of all ages who had low incomes, limited resources, and functional impairment. Funded by State General Revenue, most programs had lengthy interest lists. The primary exception was Community Attendant Services, which operated without an interest list for the entirety of Fiscal Year 2019. The Title XX programs most similar to Area Agency on Aging programs are:

- **Community Attendant Services:** As of January 8, 2020, there were 11,503 individuals in HHSC Region 3 (covering all 14 counties in the NCTAAA service area, in addition to Dallas, Tarrant, Cooke, Fannin and Grayson Counties) enrolled. Clients receive homemaker and personal assistance services, with intensity determined by the degree of functional impairment.
- **Home-Delivered Meals:** There were 2,877 individuals in HHSC Region 3 receiving State-funded home-delivered meals in early 2020. Program capacity was significantly below demand, with interest lists of up to two years.

- **Emergency Response Services:** HHS provided services to 2,299 clients in HHSC Region 3 in early 2020. The program had excess demand, with interest lists of up to two years.

For older North Central Texans with severe mental illness, the service area's five Local Mental Health Authorities (i.e., Lifepath Systems, Denton County MHMR, Lakes Regional Community Center, Pecan Valley Centers, and Helen Farabee Centers) are the primary providers of therapeutic program and crisis intervention services. These same agencies serve as Local Intellectual/Developmental Disability (IDD) Authorities, administering long-term services and supports for persons with IDD. Local Authority service data are not available.

The NTAAA coordinates with public and private payers to effectively target those at greatest need while avoiding duplication of effort. It provides Medicaid beneficiaries with services that are beyond the scope of the Medicaid program. In addition, it conducts targeted outreach to those whose income and/or resources are low, yet above Medicaid limits. In doing so its Older Americans Act programs perform a critical function in delaying eligibility for Medicaid and State-funded services.

Focal Points

Although the Older Americans Act considers focal points to be facilities established to encourage the maximum colocation and coordination of services for older adults, the NCTAAA adopts a broader perspective. It designates its community-based subrecipients as focal points, recognizing their critical role in coordinating services for older adults who are both engaged in their communities and homebound.

Consistent with this approach it has designated its 11 local nutrition providers as focal points for the counties they serve. In addition, it has designated itself as a regional focal point.

Focal points by county are as follows: Collin—Collin County Committee on Aging; Denton—S.P.A.N.; Ellis, Johnson, and Navarro: Meals on Wheels North Central Texas; Erath—Erath County Senior Citizens Services, Inc.; Hood—Hood County Committee on Aging; Hunt—Senior Center Resources and Public Transit; Kaufman—Senior Connect; Palo Pinto—Meals on Wheels of Palo Pinto County, Inc.; Parker—Parker County Committee on Aging; Rockwall—Meals on Wheels Senior Services; Somervell—Somervell County Committee on Aging; Wise—Wise County Committee on Aging; all counties in PSA 4A: North Central Texas Area Agency on Aging.

Table 5 Focal Points

	Community Served	Name and Address of Focal Point	Services Provided	Services Coordinated with Other Agencies
1.	North Central Texas area	North Central Texas Area Agency on Aging, P.O. Box 5888, Arlington, TX 76005	Access and assistance, supportive services, caregiver, elder rights, preventive health	Any health and/or social services required by older adults
2.	Collin County	Meals on Wheels of Collin County, 600 North Tennessee Street, McKinney, TX 75069	Nutrition, transportation	Any health and/or social services required by older adults
3.	Denton County	S.P.A.N., 1800 Malone Street, Denton, TX 76201	Nutrition, transportation	Any health and/or social services required by older adults
4.	Ellis, Johnson, and Navarro Counties	Meals on Wheels North Central Texas, 106 E. Kilpatrick, Cleburne, TX 76031	Nutrition	Any health and/or social services required by older adults
5.	Erath County	Erath County Senior Citizens Services, Inc., 310 W. Lingleville Road, Suite 101, Stephenville, TX 76401	Nutrition, transportation	Any health and/or social services required by older adults

	Community Served	Name and Address of Focal Point	Services Provided	Services Coordinated with Other Agencies
6.	Hood County	Hood County Committee on Aging, 501 E. Moore, Granbury, TX 76048	Nutrition, transportation	Any health and/or social services required by older adults
7.	Hunt County	Senior Center Resources and Public Transit, 4912 Lee Street, Greenville, TX 75401	Nutrition, transportation	Any health and/or social services required by older adults
8.	Kaufman County	Senior Connect, 607 E. Fair Street, Kaufman, TX 75142	Nutrition, transportation, caregiver, information and referral, counseling	Any health and/or social services required by older adults
9.	Palo Pinto County	Meals on Wheels of Palo Pinto County, Inc., 1410 S.E. Martin Luther King, Jr. Street, Mineral Wells, TX 76067	Nutrition	Any health and/or social services required by older adults
10.	Parker County	Parker County Committee on Aging, 1225 Holland Lake Road, Weatherford, TX 76086	Nutrition, transportation	Any health and/or social services required by older adults

	Community Served	Name and Address of Focal Point	Services Provided	Services Coordinated with Other Agencies
11.	Rockwall County	Meals on Wheels Senior Services, 950 Williams Street, Building C— Suite 200, Rockwall, TX 75087	Nutrition, information and referral, caregiver	Any health and/or social services required by older adults
12.	Somervell County	Somervell County Committee on Aging, 209 SW Barnard Street, Glen Rose, TX 76043	Nutrition, transportation	Any health and/or social services required by older adults
13.	Wise County	Wise County Committee on Aging, 300 North Trinity, Decatur, TX 76234	Nutrition, transportation	Any health and/or social services required by older adults

Role in Interagency Collaborative Efforts

The NCTAAA serves as a strong advocate for older adults through its participation in interagency collaborative efforts. Its staff members serve on statewide committees; provide extensive training and technical assistance to its network of subrecipients; create, sustain, and serve as engaged participants in local coalitions; and network with key stakeholders to effectively coordinate services between agencies.

Following are some of the ways in which it performs this collaboration.

Participation in State Committees

NCTAAA Director Doni Green serves as a gubernatorial appointee to the Texas Housing and Health Services Coordination Council, as a representative of the legacy Texas Department of Aging and Disability Services' Promoting Independence Advisory Committee. For the past five years she has served as Vice-Chair of the

Council. In addition, Green has several years' experience as a representative of Aging and Disability Resource Centers on the Health and Human Services Commission's Aging and Disability Resource Center Advisory Council.

Provision of Training and Technical Assistance to Subrecipients

The NCTAAA believes that forming an effective network begins with its subrecipients and considers them vital partners in the delivery of quality services throughout the service area. As such it engages in regular information-sharing and provides extensive training and technical assistance to its more than 20 subrecipients. Its Aging Program Supervisor: Contract Services helps train subrecipients' key staff as part of their orientation and keeps them informed of changes in federal, state, and local guidance. In addition, its director conducts regular training on fiscal and program requirements to ensure compliance and promote consistency in service delivery.

Active Engagement in Local Coalitions

NCTAAA staff members are active participants in a number of local coalitions, including Dementia Friendly Denton, Dementia Friendly—North Central Texas, Age Well/Live Well Denton, Project CHOICE, and WE HAIL. Refer to the following section on "Special Initiatives" for more information about some of these coalitions.

Highly tenured NCTAAA staff have developed and maintained relationships with local community health providers and disability organizations. The Agency has contracts with four managed care organizations to provide relocation services to members who wish to return to the community from institutional settings. It has conducted training for all six Local Mental Health Authorities/Local Intellectual and Developmental Disability Authorities in its service area to promote effective interagency coordination. It has contracted with its Center for Independent Living (CIL) for more than a decade and routinely gives and receives referrals to/from the CIL. Through its Aging and Disability Resource Center, NCTCOG funds an electronic newsletter that reaches more than 2,000 providers in the Greater Metroplex. Its content includes training events and program updates.

Special Initiatives

The NCTAAA has a long history of effective collaboration with two neighboring Area Agencies on Aging: Dallas and Tarrant. It regularly engages in informal collaboration (e.g., sharing administrative policies) and formal collaboration—most notably entering into contracts for regional initiatives to expand services to older North Central Texans.

Following are some of these regional initiatives and benefits that accrue to the NCTAAA and its consumer base.

- **No Falls Partnership:** As a subcontractor of the United Way of Tarrant County, the NCTAAA conducts A Matter of Balance (AMOB) classes that are funded by a discretionary grant from the Administration for Community Living (ACL). Under its performance-based contract, the NCTAAA is reimbursed \$100 for each English-speaker and \$125 for each non-English speaker who attends at least five of the eight classes in the workshop series. The NCTAAA has utilized ACL funds to increase the frequency and expand the geographic footprint of AMoB classes.
- **Navigating Our Road to Healthy Texans:** Under the leadership of the Community Council of Greater Dallas' Area Agency on Aging, the NCTAAA participates in a highly competitive grant from the Administration for Community Living (ACL) to provide chronic disease self-management classes. It uses ACL funds to supplement its Title III-D funds and expand the reach of its Chronic Disease Self-Management, Diabetes Self-Management, and Chronic Pain Self-Management workshops. ACL funds may be used for class participants who have disabilities and are under the age of 60, allowing the NCTAAA to serve a broader client base than is possible through Title III funding only.
- **WE HAIL:** The NCTAAA has been a subcontractor to the United Way of Tarrant County in this initiative, funded by the Health Resources and Services Administration. The project's goals are to enhance health care providers' skills in caring for older adults. As a subcontractor, the NCTAAA has had two primary responsibilities: 1) to assess the training and resource needs of health care providers and informal caregivers in rural counties, and 2) to expand the availability of evidence-based programs in rural counties. To that end it is conducting fall prevention and chronic disease self-management classes in Erath, Navarro, Palo Pinto, and/or Somervell Counties. It is also launching the PEARLS program in Erath County with WE HAIL funding. PEARLS provides in-home counseling to older adults who are experiencing symptoms of depression.
- **CHOICE-T/P:** The NCTAAA serves as a subcontractor of the United Way of Tarrant County in administering a Community Impact Grant from Texas Health Resources known as CHOICE-T/P. Acting as project manager for grant-funded activities in Springtown (Parker County), the NCTAAA administers home-delivered meal, volunteer, transportation, and counseling services for older Springtown residents, at a cost not to exceed \$170,000 during Federal Fiscal Years 2019 and 2020. Although funding is expected to terminate December 31, 2020, the NCTAAA is exploring strategies to launch

a volunteer transportation program and re-open a congregate meal facility in the City, with services to continue beyond the contract period.

- **Dementia Friendly North Texas:** This ever-expanding coalition includes representatives of institutions of higher learning (e.g., UNT Health Science Center and Texas Christian University), long-term care providers (e.g., James L. West Dementia Care Center), and social service providers (e.g., Alzheimer’s Association—North Central Texas Chapter and Dementia Friendly Fort Worth). Members are joining efforts to conduct dementia training for long-term care facility staff and police officers; provide technical assistance to long-term care facilities that have interest in obtaining certification as Alzheimer’s facilities; and develop a program implementation guide to help home-delivered meal programs identify and better serve persons with dementia who live alone.
- **Building Better Caregivers Rural Project:** The NCTAAA is participating in a translational research project headed by the University of California—San Francisco (UCSF). Working with program developer Dr. Kate Lorig, UCSF researchers are developing an on-line version of Building Better Caregivers, one that can more effectively engage caregivers in rural areas. Building Better Caregivers is designed to reduce caregiver stress through the use of practical tips and tools. Through the partnership, the NCTAAA will help promote Building Better Caregivers in its rural counties and review and comment on UCSF program design.

Use of Volunteers

Some of the NCTAAA’s most valuable work is performed by volunteers, whether advocating for residents of nursing facilities, assisting Medicare beneficiaries in selecting a Part D plan, or leading fall prevention/chronic disease self-management workshops.

Recognizing the many benefits conferred by volunteers, the NCTAAA has made volunteer recruitment and support a priority. It has two staff members who are tasked with volunteer support: one for Title III programs and the other for the Corporation for National and Community Service’s Retired Senior Volunteer Program (RSVP). Although the NCTAAA intends to discontinue participation in RSVP as of July 2020, it plans to step up recruitment of Title III volunteers after that time.

7. Plan Development

The NCTAAA developed its area plan in keeping with instructions provided by HHSC. It participated in all HHSC-sponsored training programs and worked with other Texas Area Agencies on Aging, under the leadership of the Texas Association of Regional Councils, to develop a standardized needs assessment survey so that results could be compared statewide.

Seeking a plan that was inclusive, NCTAAA leadership met with all Aging programs' employees (including those who support its Area Agency on Aging, Aging and Disability Resource Center, and Home by Choice nursing home relocation program) before and during the process to gather input.

The agency adopted a broad-based approach to gathering data from stakeholders and the public, employing four separate strategies to ensure input about the perception of needs, both met and unmet, and the effectiveness of services currently provided for older adults and caregivers in the service area. The methods elicited representative input from members of the agency's Regional Aging Advisory Committee (RAAC); input from the public at large via open forums conducted in four cities; input from the public at large via survey questionnaire; and input from NCTAAA staff via SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis.

Please refer to Section 8 (Regional Needs Assessment) for a detailed description of the regional needs assessment development process and findings.

After the NCTAAA had gathered and aggregated needs assessment data, leadership convened staff in order to review the data, establish regional priorities, and develop strategies for addressing the most critical needs.

To obtain necessary approvals, the NCTAAA presented a draft of the plan to its Regional Aging Advisory Committee at its February 13th meeting and obtained members' authorization to forward the plan to the NCTCOG Executive Board for action. The Board took action at its February 27th meeting and approved a resolution to submit the plan to HHSC.

Resources Used

- AGID
- American Community Survey
- American FactFinder
- ALICE
- BRFSS Survey Data
- 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 Profile of Older Americans
- Other Texas State Plan for Alzheimer's Disease
- Other Texas Health Data Center for Health Statistics
- Other Texas Workforce Commission Labor Statistics

8. Regional Needs Assessment/SWOT Analysis

Regional Needs Assessment Development Process

The NCTAAA conducted both primary and secondary research as it assessed the needs of older North Central Texans, persons with disabilities, and their family caregivers.

Primary Research

As noted in Section 7 (Plan Development), the NCTAAA conducted primary research by gathering representative input from its Regional Aging Advisory Committee; input from the public at large via open forums conducted in four cities; input from the public at large via survey questionnaire; and input from NCTAAA staff via SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis. A detailed description of each needs assessment methodology appears below.

Representative Input from Regional Aging Advisory Committee

RAAC members set aside two hours during their quarterly meeting on May 14, 2019, to identify local needs and resources. The interactive session took place in the NCTAAA's Arlington office; materials were mailed to those not in attendance, with the result that 12 of 23 participated. A staff facilitator briefly reviewed the purpose of area agency on aging services and the agency's role in creating an area plan: (1) collect information about services currently provided and community needs and resources, (2) analyze information and develop a plan to address identified needs, and (3) monitor and evaluate the plan.

In order to thoughtfully consider the needs of their communities, RAAC members were asked to individually write a description of their county. Drawing on needs assessment materials contained in the Community Tool Box created by the University of Kansas Center for Community Health and Development, RAAC members were provided with the rationale for writing a description: "It gives us a picture of what it is now, what it has been in the past, and what it could be in the future as related to meeting the needs of older adults."

A 30-minute time slot was allotted for RAAC members to complete a written description of their counties. A common set of questions distributed to each committee member helped ensure coverage of the same topics. The following questions were compiled from a variety of needs assessment documents:

1. What are your county's greatest strengths with regard to older adults?

2. What community traditions is your county proud of? What does your county care about as related to older adults? What does it do well in meeting the needs of older adults?
3. Are older adults using the services that currently exist in your county? Why or why not?
4. What services are needed most by older adults in your county?
5. What are the most critical health care needs among older adults in your county?
6. How do you think older adults' needs are different in your county as compared to the other counties of the service area?

Two additional ranking/rating activities were completed during the meeting: RAAC members were asked to rank the importance of the existing needs of older adults within their county and rate the quality of services currently provided in their county.

In ranking the importance of specific needs of older adults, RAAC members were asked to consider and prioritize needs in these categories:

- transportation
- housing
- health care
- home and community-based services
- community safety (crime, violence, environment)
- individual safety (abuse, neglect, exploitation)
- opportunities for socialization
- caregiver services
- legal rights (related to public and private benefits, advocacy for those in institutions, the legal justice system, ability to self-determine).

For each category, RAAC members were asked to choose a color-coded dot and place it on a wall poster. A red dot indicated a need that should be fixed immediately, a yellow dot indicated the need should be addressed/improved over time, a green dot indicated the need is receiving sufficient attention, and a blue dot indicated the need should be monitored to see if it should be addressed in the future.

RAAC members also rated the quality of services that are currently provided, using the same color-coded dot process.

Finally, RAAC members were asked to identify community stakeholder groups that would be important to include in the needs assessment process, as well as likely

sources for local statistics or trends that might be helpful in the assessment process. The request to identify stakeholder groups asked:

Are there groups that have a significant influence in your county, such as education groups, professional groups, faith-based groups, cultural groups, service organizations, colleges, libraries, hospitals, corporations, county or city governments, etc.? Please name them and briefly note their influence as related to older adults.

Input from Public at Large via Open Forums

Invitations extended to the community at large enabled attendees at four open forum sessions to express their views about community needs and resources for older adults. Sixty-six individuals attended the two-hour come and go sessions, which were conducted in four cities from July 10 to 15, 2019. Thirty-four community residents provided written or verbal comments. The events were held in Forney (Kaufman County), Plano (Collin County), Decatur (Wise County) and Granbury (Hood County). An NCTAAA supervisor opened the sessions by providing a brief overview of the agency's services, followed by an invitation for attendees to step forward to a microphone to present their views. A questionnaire was available for those who preferred to make comments in writing. Individuals were asked to identify themselves as an older adult, caregiver or professional, but not all did so.

The following questions were asked:

1. What services are currently provided for older adults in your community?
2. Are older adults using the services that currently exist? Why or why not?
3. What changes would you like to see happen to the services that are being provided?
4. What happens when people don't get the services you've mentioned?
5. The Area Agency on Aging has a goal of helping older adults remain in their homes as safely and independently as possible. What services do older adults in this area need in order to stay in their homes?
6. What barriers stand in the way of providing the services that are needed most?
7. What suggestions do you have for ways to provide those services?
8. Do you have any general comments?

To publicize the sessions, a public hearings flyer was created and widely distributed via surface mail or email to libraries, city managers (Plano, Forney, Decatur, Granbury), city government (Plano), county veteran service offices, county committees on aging, housing authority offices (Plano, Hood), behavioral health offices, Chambers of Commerce (Plano, Forney, Decatur, Granbury), United Way

offices (Plano, Decatur, Granbury), several senior apartment complexes (in Plano at Evergreen, Pioneer Place and Savannah; in Decatur at Governor's Ridge), several church alliances (North Texas and Central Conference offices of the United Methodist Church and Southern Baptists of Texas), First Baptist Church of Forney, nursing facilities, and assisted living facilities.

A press release was sent to newspapers in all four counties.

Input from Public at Large via Survey Questionnaire

Along with other Texas Area Agencies on Aging (AAAs), the NCTAAA widely distributed a needs assessment questionnaire via SurveyMonkey (online) and printed copy. Representatives of various AAAs reviewed and adopted a common set of survey questions; the process was coordinated by the Texas Association of Regional Councils. The survey was available from mid-July through September 15, 2019, in English and Spanish versions; the NCTAAA received 619 responses.

The survey consisted of eight questions that asked respondents to (1) provide information about age or other defined characteristics, county of residence, or county in which services are offered if a service provider; (2) rank the importance of services provided by Area Agencies on Aging and level of concern about specific issues; (3) indicate sources they use to find information about services for older adults, and (4) write in answers to indicate the top three needs to be addressed so adults can continue to live independently and their greatest challenges if a caregiver.

An outreach announcement was created in a flyer format; it contained a link to the online version of the survey and information about how to request a paper copy. The flyer was emailed to the North Central Texas Aging and Disability Resource Center listserv, county veteran service offices, three local mental/behavioral health authorities, Benefits Counselor volunteers, Texas Silver Haired Legislators, housing authority offices, United Way offices, and REACH Resource Centers on Independent Living offices (Denton, Plano). Two RAAC members distributed the outreach announcement to the Hood County Ministerial Alliance and local agencies in Hood County.

Additionally, North Central Texas Council of Governments Executive Director Mike Eastland emailed the survey link to all city managers in the service area, with a request to help distribute it. A press release was sent to newspapers in all 14 counties.

Paper copies were sent to Meals on Wheels contractors for individual distribution to their clients and for bulk distribution to congregate meal sites. The surveys were also distributed to participants at evidence-based classes, and copies were distributed to several long-term care facilities. An invitation to complete the survey was posted on the NCTAAA website.

All survey responses are available at: <https://www.surveymonkey.com/results/SM-87J6SG827/>. A summary of survey responses appears in the subsection entitled "Key Findings" below.

Input from NCTAAA Staff via SWOT Analysis

Gathering NCTAAA staff input about the agency's strengths, weaknesses, opportunities and threats was a key exercise in creating an accurate picture of the agency's ability to carry out the service goals targeted in the area plan. The staff SWOT analysis was conducted July 15, 2019 at the agency's Arlington office. A staff member facilitated the four-hour session. The 17 staff members in attendance, out of 30 total staff, included professionals and non-exempt employees, some highly tenured, others with less than two years' experience with the agency. The agency director and staff facilitator were not included in the attendance count.

To set the stage for the session, the staff facilitator reviewed the SWOT purpose and process, explaining that a SWOT analysis provides an assessment of how prepared the agency is to respond to the needs of older adults and caregivers in FY 21-22.

Strengths and weaknesses were described as internal characteristics, factors the agency can control. Strengths represent current performance, asking questions such as, "What do we do better than anyone else?" and "What unique or lowest-cost resources can we draw on that others can't?" Weaknesses were described as gaps or lack of resources that place the agency at a disadvantage, and ask questions such as, "What can we improve?" and "What should we avoid?"

Opportunities and threats were defined as external factors the agency cannot change but which the agency might use to its advantage. Opportunities help the agency reach desired results and ask questions such as, "What trends (policy, economy, population, technology, etc.) might provide the agency with opportunities?" Threats present challenges that might keep the agency from reaching its goals and ask questions such as, "What obstacles have the potential to reduce our performance?", "Is changing technology a threat?", and "Are program eligibility requirements a threat?"

Staff divided into groups of three to brainstorm SWOT characteristics. Each group designated a scribe and spent 30 minutes generating S, W, O and T factors. Each small group then joined another small group and spent 30 minutes refining their ideas and combining them to create a list of 10 or fewer characteristics. The consolidated lists were recorded on poster-size paper and posted on the meeting room walls to facilitate discussion by the entire group. When staff convened as one large group, a representative from each smaller group shared the results of their conversations. Two staff members who didn't provide input during the brainstorming session provided SWOT characteristics in written format.

The next step was to reach consensus on the most important SWOT characteristics and rank them according to immediacy of need. Using the discussion points generated during the staff session, the staff facilitator compiled a list of 10 Strengths, 7 Weaknesses, 8 Opportunities, and 12 Threats identified by staff and asked each staff member to rank them. This aspect of the analysis was completed as a separate and anonymous activity.

Results appear under the subsection on Key Findings below.

Secondary Research

The NCTAAA gathered needs assessment data from trusted sources that included the Administration on Aging, National Council on Aging, Texas Department of Health and Human Services, the Texas Workforce Commission, and the Texas Department of State Health Services.

Survey or Public Forum Participants

The NCTAAA received survey responses from 619 individuals. Of these, 221 had received services funded by the Agency; 274 were older adults who had not received services from the Agency; 46 were non-clients who were under the age of 60; 127 were individuals with disabilities; 105 were family caregivers; 35 were service providers; 3 were elected officials; 10 were board or advisory committee members; and 30 were "other." Respondents were allowed to select more than one descriptor, and totals exceeded 619.

Residents of all 14 counties within the NCTAAA service area were represented. Collin and Denton Counties, as the two most populous, had the greatest number of respondents, with 124 and 127 respectively.

Among the 66 people who attended the NCTAAA public forums, 34 provided written and/or verbal testimony.

Please refer to the following section for survey results.

Key Findings

Findings varied by type of needs assessment methodology, although several common themes emerged. Following is a summary of needs assessment data by type.

Representative Input from the Regional Aging Advisory Committee

Members identified transportation, housing, caregiver services, and home- and community-based services as the top four regional needs. All members indicated that housing and transportation had existing level of need that required immediate attention or improvement. In addition, all noted that the quality of these services required immediate attention or improvement.

Members assigned lesser sense of urgency to caregiver services, with none calling for an immediate fix to either existing level of need or quality of existing services. Two of 12 rated home- and community-based services as needing an immediate fix relative to existing level of need; otherwise members sought improvement over time or monitoring.

A summary table of members' input appears below.

RAAC Ranking of existing needs and quality of services provided for older adults (5-19)

Red = fix immediately, green = sustain as is, yellow = improve over time, blue = monitor for need to change

N = 12 of 23

Topic	Importance of existing needs	Quality of existing services	Summary
Caregiver services	<p>Improve over time: 9</p> <p>Fix immediately: 1</p> <p>Sustain as is: 2</p>	<p>Improve over time: 6</p> <p>Monitor: 4</p> <p>Fix immediately: 1</p> <p>Sustain as is: 1</p>	75% of RAAC representatives said the need for caregiver services can be addressed over time; 50% said the quality of those services can be improved over time; 25% thought it's important to monitor the quality of caregiver services.
Community safety (crime, violence, environment)	<p>Sustain as is: 7</p> <p>Improve over time: 3</p>	<p>Monitor: 6</p> <p>Sustain as is: 5</p>	The majority of RAAC members believe their communities provide a safe living environment for older adults, but about half believe community safety should be either monitored or improved over time.

	Monitor: 2	Improve over time: 1	
Housing	Improve over time: 7 Fix immediately: 5	Fix immediately: 5 Improve over time: 4 Monitor: 2 Sustain as is: 1	Number 2 issue: 42% of RAAC representatives said housing is an existing need that should be fixed immediately; 42% also said the quality of housing services should be addressed immediately.
Health care	Improve over time: 6 Fix immediately: 4 Sustain as is: 2	Improve over time: 6 Monitor: 3 Sustain as is: 2 Fix immediately: 1	Half of RAAC members who provided input believe that meeting the existing need for health care can be improved over time; the quality of services currently provided was rated the same.
Home and community-based services	Improve over time: 9 Fix immediately: 2 Sustain as is: 1	Improve over time: 10 Monitor: 2	RAAC members do not see an immediate need for additional home and community-based services or improvement in the quality of those services; they believe the need and quality of services can be addressed over time.
Individual safety (abuse, neglect, exploitation)	Sustain as is: 6 Improve over time: 5 Monitor: 1	Monitor: 5 Sustain as is: 3 Improve over time: 3 Fix immediately: 1	Individual safety is viewed by RAAC members in much the same way as community safety. Almost all believe there's no immediate need to be addressed or an existing lack of quality.
Legal rights (public and private benefits, advocacy for those in institutions, the legal justice system, ability to self-determine)	Improve over time: 7 Sustain as is: 3 Fix immediately: 1 Monitor: 1	Monitor: 7 Sustain as is: 2 Improve over time: 2 Fix immediately: 1	The issue of legal rights – whether viewed from the perspective of public and private benefits, advocacy for individuals in institutions, or the legal system – is not viewed by RAAC members as an issue that needs immediate attention. Most believe the quality of current services can be monitored over time to see if the issue needs to be addressed.
Opportunities for socialization	Improve over time: 7 Sustain as is: 3 Fix immediately: 1 Monitor: 1	Improve over time: 5 Monitor: 4 Sustain as is: 2 Fix immediately: 1	Adequate socialization opportunities exist in the service area, according to RAAC members. Efforts to reduce the need and/or improve the quality of socialization opportunities can be addressed over time, they said.

<p>Transportation</p>	<p>Improve over time: 6</p> <p>Fix immediately: 6</p>	<p>Improve over time: 6</p> <p>Fix immediately: 6</p>	<p>Number 1 issue: 50% of RAAC representatives said transportation is an important existing need that should be fixed immediately; 50% of respondents also said the quality of transportation services needs to be fixed immediately. Reflecting a diversity of opinion, 50% of RAAC representatives also said both the existing need and the quality of services could be improved over time.</p>
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Summary by topic:

- Address immediately: transportation, housing
- Improve over time: caregiver services, health care, home and community-based services, opportunities for socialization
- Combination of sustain as is, improve over time, and/or monitor: community safety, individual safety, legal rights

Input from Public at Large through Open Forums

Among open forum participants, in-home services—and housekeeping services, in particular—were the most frequently mentioned “most critical service needed so older adults can remain in their homes.” Other critical needs in descending order of mention were transportation (n=9), well-being checks/visitors/socialization (n=9), housing (n=8), home repair (n=5), and personal assistance (n=2).

Open forum participants were queried regarding the changes they’d like to see. Eight called for expanded transportation; seven spoke to need for greater information/resource sharing; and five advocated for greater housing options.

Participants were also asked for suggestions to improve services for older adults and family caregivers. Five suggestions were made by two or more participants. They were:

- sharing more information about benefits and resources (n=9)
- taking advantage of volunteers (n=5)
- improving coordination/communication between agencies (n=4)
- working on transportation issues (n=3)
- increasing funding (n=2)

Input from Public at Large via Survey Questionnaire

Of the 619 survey respondents, 518 identified and ranked the “top three needs so older adults can continue to live independently.” The following five issues were selected by more than 25% of respondents:

- Attendant/personal care services (n=432)
- Transportation (n=275)
- Meals/food/nutrition (n=268)
- Housing repairs/modifications (n=188)
- Healthcare/medical care (n=146)

Respondents were asked to rank the importance of services funded by the NCTAAA. They identified Transportation as the most critical, followed in decreasing order of mention by Home Delivered meals; Information, Referral and Assistance; and Personal Assistance.

A summary of results appears below.

Most Important Services Provided by the Area Agency on Aging

Topic	Most important	Second most important	Third most important	Total # who ranked this service 1, 2 or 3	Total # who ranked this service
Transportation	105	60	41	206	365
Home-delivered meals	91	74	44	209	362
Information, referral and assistance	49	26	18	93	364
Personal assistance	46	49	41	136	350
Health maintenance	28	15	29	72	348
Congregate meals	16	32	49	97	366

Homemaker assistance	15	32	59	106	349
Residential repair	15	19	18	52	352
Evidence based programs	13	15	6	34	349
Legal assistance	7	22	19	48	355
Adult day services	6	15	15	36	344
Caregiver respite	6	9	15	30	348
Caregiver education, training and information	6	8	16	30	348

The NCTAAA asked respondents who identified as caregivers, "As a family caregiver, what is the greatest challenge encountered in providing care for a loved one?" A summary of their responses in their own words appears below.

NCT Caregivers' Greatest Challenges

Challenge	Need
Managing the care recipient's needs (38)	Personal assistance with activities such as bathing and lifting (12) Transportation (10) Meals (6) Daily management (3) Medication (3) Picking up medications Doctor visits Health care Getting items that challenge care recipient to a better life

<p>Stress, uncertainty and emotional impact of caregiving (35)</p>	<p>Convincing person to comply with assistance (5)</p> <p>Stress (5)</p> <p>Putting up with attitude of person cared for (3)</p> <p>Patience (3)</p> <p>Dementia/memory loss (3)</p> <p>Exhaustion (2)</p> <p>Lack of experience and training (2)</p> <p>Keeping up with care recipient's changing needs</p> <p>Insufficiency of care to meet care recipient's needs</p> <p>Moral responsibility</p> <p>Not being appreciated</p> <p>Remembering that they need you</p> <p>Respecting the care recipient's autonomy and when to intervene</p> <p>Making decisions</p> <p>Discouragement</p> <p>Dealing with the new reality and trying to keep hopeful that improvement will continue</p> <p>Fear of what may come in the future</p> <p>Leaving spouse unsupervised while doing errands</p> <p>Motivating care recipient to do more for herself</p>
<p>Respite from caregiving (20)</p>	<p>A break from caregiving responsibilities (19)</p> <p>Participating in activities such as exercise and church services</p>

<p>Finding help with caregiving (17)</p>	<p>Finding caregivers that are honest and dependable, at a reasonable rate (4)</p> <p>Finding qualified help (3)</p> <p>Homemaker assistance (2)</p> <p>Access to substitute caregiver (2)</p> <p>Help setting up appointments</p> <p>Getting temporary help for time off</p> <p>Arranging care when I need to be somewhere that's important</p> <p>Caregiving from a distance</p> <p>Someone to be in home while I'm at work</p> <p>Care at night and someone to be at home during the day</p>
<p>Finding time needed for caregiving (14)</p>	<p>Availability (5)</p> <p>Taking off work (4)</p> <p>Time to drive to appointments, buy food, fix food, take medication (3)</p> <p>Sufficient time and energy to find resources for needed care</p> <p>Consistency in daily visits</p>
<p>Finances and cost of care (10)</p>	<p>Finances (6)</p> <p>Can't afford help (2)</p> <p>Affordable health care</p> <p>Cost of senior living</p>

Other challenges (12)	Information about services and resources (5) Home modifications and/or repair (3) Services Lack of resources in area Lack of support for disabled adult son Working through agency paperwork
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Strengths, Weaknesses, Opportunities, and Threats Analysis by NCTAAA Staff

The 10 characteristics identified by staff members as strengths were staff, leadership, resources, communication, community education, programs provided at no cost, administrative supports, compliance with program requirements, partnerships and diversified revenue streams.

The seven characteristics identified as weaknesses were reliance on governmental and public funding, staffing, location, size of service area, relationships with other agencies, subrecipients/contractors, and lack of technology.

The eight characteristics identified as opportunities were networking, technology, alternative ways of providing services, population growth, targeted outreach, funding, additional ways to serve consumers, and adding volunteers.

The 12 characteristics identified as threats were bureaucratic systems, changing interpretations of relevant statutes, staff turnover in other agencies, generational differences, funding cuts/funding limitations, lack of community support, crisis events, large service area, lack of benefits uniformity across the state, service gaps, increasing older adult population, and duplication of services.

Input from individual staff members as to how they would rank the characteristics in each SWOT category resulted in the following overall ranking: The top three agency strengths are staff, leadership and programs provided at no cost. The selected strengths were based on the descriptors identified by staff during the July 15 session:

- Staff: Highly tenured, knowledgeable, compassionate, consistent, caring, diverse, bilingual, cooperative, customer-focused, team-focused, planning expertise
- Leadership: Supportive, transparent, attentive
- Programs provided at no cost: Benefits Counseling, Ombudsman, Care Coordination, caregiver support, ADRC, Home by Choice (nursing home relocation program), Meals on Wheels, Congregate Meals, evidence-based programs, volunteer opportunities

The top three agency weaknesses are staffing, size of service area, and reliance on government and public funding.

The selected weaknesses were based on the descriptors identified by staff during the July 15 session:

- Staffing: Lack of adequate staff for large service area (follow-through, continuity), isolation of staff due to field work (disconnection with agency and other staff), loss of shared knowledge and information, high cost of direct services (salaries based on tenured staff, relatively high fringe rates), lack of clearly-defined career ladders, heavy demand on staff to manage subrecipient agreements, meeting performance measures limits time to learn from other staff, hear about new resources, participate in trainings and meetings
- Size of service area: Large geographical area covering 14 counties (visibility and community outreach difficult)
- Reliance on government and public funding: Delay in receiving funds, funding restrictions (allowed use of dollars received may not match agency need), funding restrictions by program

The top three agency opportunities are networking, technology and funding.

The selected opportunities were based on the descriptors identified by staff during the July 15 session:

- Networking: Create/enhance relationships with Medicare, Medicaid, Social Security Administration, Texas Health and Human Services
- Technology: Use social media to expand client base and make our presence more visible, create up-to-date housing database, system to find and update resources
- Funding: Contract with managed care companies, Medicare Advantage plans, etc., promote and fund evidence-based programs

The top three agency threats are funding cuts/limitations, bureaucratic systems, and large service area.

The selected threats were based on the descriptors identified by staff during the July 15 session:

- Funding cuts/funding limitations: Changes in congressional priorities, lack of variety of sources
- Bureaucratic systems: Complex, confusing, inaccessible (Medicare, Medicaid, Social Security), red tape related to program eligibility requirements, inaccessibility of live person contact due to automated systems, program criteria are difficult to meet
- Large service area: Demand exceeds resources, no physical offices in service area, low presence in the community

In summary, the staff SWOT ranking helps establish a rationale for prioritizing the needs identified by public input and research. It is expected that matching identified needs to agency capabilities will produce outcomes that enhance the ability of older adults to live successfully in their communities. Further discussion by staff in a focus group format elicited input about actions that will be taken to address the identified needs.

Analysis

The NCTAAA aggregated needs assessment data by type of methodology and ranked them by order of mention. It then curated summary data to focus on the top eight needs identified by each survey group (i.e., RAAC members, public forum participants, and survey respondents), and compared survey data to identify commonalities.

Four needs appeared at or near the top of each survey group's summary data: housing, nutrition, transportation, and personal/home care. These are the needs on which the NCTAAA will place greatest emphasis as it implements its Fiscal Years 2021 and 2022 area plan. Details about each of these four needs—and strategies to address them—appear in Section 10 (Top Needs and Service Constraints).

Although nutrition was not selected as a "top three" priority, its importance to the NCTAAA is paramount. Home-delivered meal and congregate meal services receive the greatest share of Title III funding, reach the greatest numbers of consumers, and are considered cornerstones of Older Americans Act services.

9. Targeted Outreach

Performance Analysis

The NCTAAA evaluates its effectiveness in targeting special populations identified in the Older Americans Act by comparing its client data with the region's demographic data. Ideally, its percentage of clients who are non-White, live in poverty, and live in rural counties should be the same or greater than the percentage of all North Central Texans who are non-White, live in poverty, and live in rural counties.

Relative to a standard of having these client characteristics mirror the region's characteristics, the NCTAAA is exceeding its goals. Following are Fiscal Year 2019 performance levels relative to each goal:

- Among all older North Central Texans, 6.8% lived in poverty. Please refer to the chart on page 25 for poverty rates by county. Among all North Central Texas registered clients, 33.42% lived in poverty. This speaks to the Agency's effectiveness in making low-income older adults aware of and engaged in OAA services.
- Older adults of color represented 21.0% of all older North Central Texans. Please refer to the chart on page 26 for racial composition by county. Of all NCTAAA registered clients who received services in Fiscal Year 2020, 21.37% were non-White. The Agency met its racial diversity goal, but with the slimmest of margins. It will need to give focused attention to reaching older North Central Texans of color.
- During Fiscal Year 2019, only 5.52% of older North Central Texans lived in the service area's four rural counties: Erath, Navarro, Palo Pinto, and Somervell. Among all NCTAAA registered clients, 15.91% lived in these four counties. This verifies that the NCTAAA is effectively targeting older adults who reside in rural areas.

The NCTAAA also performed well relative to targeting older adults with greatest social need, using living alone as a rough proxy of isolation. Among all registered clients served during Fiscal Year 2019, 54.56% lived alone. Among the older population at large, only 15% live alone.

Drawing on bilingual staff and contractors, and utilizing interpreters as needed, the NCTAAA was able to accommodate all clients with limited English proficiency.

However, the HHSC client tracking database does not require “English proficiency” or “preferred language” as a required reporting element, so the NCTAAA cannot generate statistics relative to its clients’ linguistic preferences.

The Agency’s strategies by which it targets at-risk populations are detailed in the following section, entitled “Targeted Outreach Plan.” Its best practices include procuring highly visible local service providers, establishing strategic partnerships with organizations that serve a critical mass of potential clients, and leveraging non-OAA funding to increase client services. For example, the NCTAAA helps nursing home residents who are funded by Medicaid to return to the community, through contracts with four managed care organizations.

Significant obstacles include:

- Serving a broad geographic area, limiting staff persons’ ability to perform local outreach and provide services face-to-face.
- Reaching those who are most isolated. The NCTAAA works through local agencies that serve critical masses of older adults in its target populations. But how does it reach the “unserved?” It participates in local resource fairs, does public service announcements, utilizes social media, and widely distributes outreach materials. But how does it command the attention of an older adult who is homebound, doesn’t subscribe to a newspaper, and isn’t computer literate? These issues defy easy answers.
- Increasing linguistic diversity. NCTAAA staff members speak the three most common languages of their service area (English, Spanish, and Vietnamese), which is adequate to communicate with the vast majority of clients. As noted on page 19, only 3.8% of older North Central Texans have limited English proficiency. However, the number and percentage of area residents who have primary languages other than English is growing.

Targeted Outreach Plan

The NCTAAA utilizes a multi-pronged approach in targeting older individuals with greatest economic need, older adults with greatest social need, older adults at risk of institutional placement, low-income minority older adults, older adults with limited English proficiency, older adults living in rural areas, and older adults with severe disabilities. Serving as the foundation of its targeted outreach plan are the following activities:

- Passing through funding to local organizations that are visible and effective in identifying prospective clients and leveraging both cash and in-kind resources to expand OAA services. For example, the NCTAAA relies on 12 county committees on aging to administer its Home-Delivered Meal program. During Fiscal Year 2019 these agencies generated local funding that purchased 154,646 meals, in addition to the 593,408 meals funded by the OAA and 23,956 meals funded by program income (i.e., voluntary client contributions).
- Utilizing staff managers, Benefits Counselors, case managers, and the agency's outreach coordinator to promote agency programs and distribute flyers and brochures during group presentations.
- Sponsoring or cosponsoring community education and outreach events. During Fiscal Years 2019-2020 the NCTAAA conducted outreach events that included older adult and caregiver expos. It has not yet confirmed events for Fiscal Years 2021 or 2022.
- Participating in other organizations' education and outreach events. During Fiscal Years 2019-2020 the NCTAAA participated in other organizations' outreach events that included: the Denton Senior Center Open House, Hunt County Resource Fair, McKinney Senior Center Health Fair, Senior Safety Summit, Wise County Health Fair, Prestonwood Baptist Caregiver Fair, Frisco First United Methodist Health Fair, Plano Senior Center Health Fair, Robson Ranch Health Fair, Frisco Senior Center Health Fair, Allen Senior Center Health Fair, The Colony Community Center Health and Information Fair, Kaufman Chamber of Commerce Wellness Expo, Flower Mound Senior Center Health Fair, Burleson Senior Center Caregiver Information Fair, Lewisville Senior Center Health Fair, Denton County Fall Prevention Health and Information Fair, Good Samaritan Health and Resource Fair, and Wylie Senior Center Health and Information Expo. These events' organizers have not yet confirmed events for Fiscal Years 2021 or 2022.
- Maintaining a media presence through regular dissemination of press releases and public service announcements. In Fiscal Year 2019 the NCTAAA distributed press releases about educational webinars it hosted and new programs offered to local residents, such as CHOICE-T/P. It has not yet crafted press releases to be distributed during Fiscal Years 2021 or 2022.

- Serving as a clearinghouse of resource information for older adults and family caregivers and making this information available over the phone and on-line. The NCTAAA widely promotes its toll-free phone number by advertising in each county's telephone directories and disseminating its brochures through local health and social services organizations. In addition, it benefits from inclusion in the Administration on Aging's Eldercare Locator, taking calls that have been routed through the national information and referral line. To meet the needs of individuals who seek assistance through the internet, the NCTAAA has funded the development of Family Caregivers On-Line (www.familycaregiversonline.net), an award-winning website that contains educational content and resource links. In addition, the North Central Texas Aging and Disability Resource Center distributes an electronic newsletter with program updates and training events to more than 2,000 older adults, caregivers, and professionals in the Metroplex.

Following are specific ways the NCTAAA has engaged in targeted outreach to special populations identified by the Older Americans Act:

- Older adults residing in rural areas: The NCTAAA passes through nutrition and transportation funding to organizations that are based in its four rural counties: Erath County Senior Citizens Services, Inc., Meals on Wheels of Palo Pinto County, Inc., Somervell County Committee on Aging, and Public Transit Services. During Fiscal Years 2019 -2020, these organizations have conducted and/or participated in health and resource fairs. They have not yet confirmed outreach events for Fiscal Years 2021 or 2022.

To effectively target older adults in rural areas as it engages in competitive procurement, the NCTAAA awards extra points to applicants who propose to serve rural counties—and then monitors their activity to ensure that these plans come to fruition.

- Older adults with limited English proficiency: The NCTAAA translates its outreach materials into the two most commonly spoken languages other than English (i.e., Spanish and Vietnamese) and widely disseminates the materials through health fairs, workshops, and other outreach events. It employs staff who are fluent in Spanish, Vietnamese, and French, taps into NCTCOG's more extensive language bank, and utilizes Universe Technical Translation Services and Catholic Charities' Translation and Interpretation Network to communicate with clients in their native languages as requested.

- **Older Native Americans:** The NCTAAA program manager is a member of the Chickasaw Nation and has helped the Agency establish a strategic partnership with the Urban Inter-Tribal Network of Texas. He has met with Inter-Tribal staff and shared outreach materials, for distribution to their clients.
- **Older adults with greatest economic need, with particular attention to low-income minority adults and older adults residing in rural areas:** The NCTAAA has conducted community mapping and identified local organizations that serve older adults with greatest community need. These organizations include food pantries, churches, local Medicaid offices, and emergency financial assistance providers. The NCTAAA has met with leadership, shared outreach materials, and participated in special events in order to raise awareness of OAA services.

The NCTAAA develops outreach materials that are culturally sensitive (e.g., reflect the racial diversity of its region) and accessible (i.e., written in plain English so they're understandable to those with low literacy and translated into Spanish or Vietnamese as the two most prominent non-English languages spoken in its service area). It will translate its materials into other languages as required to meet the needs of older North Central Texans.

- **Older adults with severe disabilities:** To target older adults with disabilities, the NCTAAA conducts outreach through REACH as the service area's Center for Independent Living (i.e., non-profit agency that is designed and operated by individuals with disabilities and provides an array of independent living services), health care providers (e.g., home health agencies, hospitals, physicians, and home health agencies), rehabilitation facilities, and long-term care facilities.
- **Older adults with Alzheimer's disease and related disorders with neurological and organic brain dysfunction:** Working through two subrecipients, the Alzheimer's Association of Dallas and Northeast Texas, the NCTAAA funds the Association's HelpLine (often the point of entry for persons with dementia and their family caregivers who are seeking assistance) under the service category of Information, Referral and Assistance. It contracts with the same chapter, as well as the Association's North Central Texas Chapter, to provide Caregiver Information Services. The two chapters hold workshops throughout the 14-county service area on topics such as understanding Alzheimer's and dementia, living with Alzheimer's for caregivers, and ten

warning signs of Alzheimer's. The Association chapters have not yet confirmed outreach events for Fiscal Years 2021 or 2022.

The NCTAAA has conducted targeted outreach to health care providers (e.g., hospital discharge planners, nursing facility social workers, and primary care providers), recognizing that persons with dementia are at heightened risk of premature institutionalization. It sponsors free webinars and live trainings on topics including dementia care recommendations, community care programs, and resources for nursing home residents who wish to return to the community. To incentivize professionals' participation, it offers complimentary continuing education units for licensed social workers and professional counselors.

- Older adults at risk for institutional placement: To effectively target older adults at risk of institutional placement, the NCTAAA conducts outreach through health care providers (e.g., hospital discharge planners and home health social workers). Recognizing that residents of long-term care facilities are at greatest risk of institutional placement, it administers two programs to help residents return to the community: its nursing home relocation program (funded by managed care organizations) and its options counseling program (funded by its Aging and Disability Resource grant with HHSC).
- Family caregivers of older adults with Alzheimer's disease and related disorders with neurological and organic brain dysfunction: With services that were secured via competitive procurement, the NCTAAA funds the service area's two chapters of the Alzheimer's Association for Caregiver Information Services. In addition, it funds the Association's Dallas chapter to provide Information, Referral and Assistance services. The NCTAAA benefits from partnerships with the highly visible Association, which often serves as the point of entry for caregivers who are grappling with dementia care issues.
- Caregivers of older adults with greatest social need and greatest economic need: To conduct targeted outreach, the NCTAAA coordinates with community partners who serve a critical mass of older adults with greatest social need and/or greatest economic need. These partners include, but are not limited to, Medicaid eligibility workers, HHS Community Care screeners and case managers, local emergency financial assistance agencies (e.g., Rockwell Helping Hands and Mission Granbury) staff, churches' benevolence staff, and food pantry staff/volunteers.

- Older relative caregivers, age 55 or older, who provide care to children or adults with severe disabilities: To target older persons who care for children or adults with severe disabilities, the NCTAAA has created a stand-alone brochure (Kincare Support Services) and distributed it widely through outreach events (e.g., health and resource fairs).

Targeting Report

Table 6 Targeting Report

2021–2022 Targeting Report						
Characteristic	PSA 60+ Population Count ²	% ³	No. of Registered Service Recipients in PSA ⁴	%	Goals for 2021	Goals for 2022
All 60+	573,265	10.71	7,993	1.39	1.4	1.4
Poverty Level	44,198	6.8	2,671	33.42	33.0	33.0
Minority	146,451	21.0	1,708	21.37	22.7	23.0
Rural Areas	35,664	5.52	1,272	15.91	15.0	15.0

² To complete this column, pull census data from the county-level comparative performance data.

³ See instructions for example calculations of figuring both percentages.

⁴ 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.

10. Top Needs and Service Constraints

Priority Area 1: Expand transportation options.

Identify and describe the need

Lack of transportation was identified as the most critical unmet need by members of the NCTCOG Regional Aging Advisory Committee, community survey respondents, public hearing participants, and NCTAAA staff.

Explain the agency's plans to address the need

The NCTAAA takes pride in its local network of demand-response transportation providers, serving all 14 counties within the North Central Texas service area. At the same time, the Agency recognizes that providers lack capacity to meet older adults' transportation needs in full.

During Fiscal Years 2021-2022 the NCTAAA intends to increase its budget for transportation services, provide technical assistance to subrecipients regarding provision of out-of-county transportation (an allowable activity under their agreements, and eligible for a higher reimbursement rate), explore the feasibility of a transportation voucher program to accommodate older adults who cannot access more traditional transportation resources, and determine the viability of funding a volunteer transportation program. In addition, the NCTAAA will confer with the NCTCOG's transportation program, MyRides Dallas, and MyRides Tarrant (clearinghouses of public and private transportation programs) to ensure staff are fully aware of local resources.

The NCTAAA will expand outreach to older adults with limited English proficiency by distributing flyers in the two most predominant languages other than English. To reach older Native Americans, it will continue to partner with the Urban Inter-Tribal Network of Texas.

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

Even though the NCTAAA intends to increase funding for its Title III transportation program, its investment will be unlikely to make a meaningful dent in unmet need. Significant constraints include the following:

- Lack of sufficient revenues: According to the Government Accounting Office, up to 20% of Americans age 65 and over potentially need transportation services. Applying these percentages to the North Central Texas area, more than 100,000 people may be in need of transportation. During Fiscal Year 2019 the NCTAAA assisted fewer than 2,000 riders.
- State Unit on Aging administrative burden associated with a transportation voucher program. The NCTAAA explored the feasibility of launching a transportation voucher program in 2014 but was unable to proceed because of administrative requirements imposed by HHSC. Specifically, the Agency would have been required to obtain an application from each driver and have its staff authorize each trip in advance. This would rule out use of ride share programs such as Uber and Lyft, where drivers are assigned at the time rides are requested. In addition, it would require NCTAAA case managers to actively manage riders' needs, which is not possible with current staffing and inconsistent with the Agency's consumer-directed philosophy.
- Cost of providing inter-county transportation: Although the NCTAAA can pay its subrecipients to transport riders across county lines, few do so because of the significant costs associated with taking a vehicle and driver off-line—and thus unavailable to assist riders in need of transportation within the county.

Priority Area 2: Help consumers expand and navigate housing options.

Identify and describe the need

Lack of affordable, accessible and integrated housing was identified as the second most critical need by members of the NCTCOG Regional Aging Advisory Committee and NCTAAA staff. It was among the top four most critical issues identified by community survey respondents.

This issue affects older adults of all income levels as the region experiences rapid growth. Developers are flocking to the Greater Metroplex, attracted by its strong economy. However, inventory of single family and multi-family housing is low, with supply tightest at the lower end of the price spectrum. This creates challenges for homebuyers seeking moderately priced homes, as well as renters trying to budget effectively. In late 2019 rental occupancy rates exceeded 94% in the Greater Dallas/Fort Worth area. Average rents exceeded \$1,100.

Older North Central Texans with limited incomes in need of affordable housing have few viable options, with waiting lists for subsidized housing and housing vouchers that exceed a year.

Explain the agency's plans to address the need

The NCTAAA lacks funding or authority to have direct impact on housing supply or affordability. Nevertheless, it can help its clients navigate a complicated network of housing programs. During Fiscal Years 2021-2022 it intends to work with the Aging and Disability Resource Center housing navigator to update an inventory of affordable housing options, work with local developers to elicit support for new tax credit properties, partner with public housing authorities to obtain additional housing vouchers, educate clients about housing programs that may benefit them, and connect them with appropriate resources. In addition, the NCTAAA intends to increase funding for its residential repair program, to better assist older homeowners modify their homes to improve accessibility and extend community tenure. Through the use of relaxed screening criteria, it intends to increase the number of clients who receive residential repair services.

As it seeks to improve housing for older North Central Texans, the NCTAAA will expand outreach to older adults with limited English proficiency by distributing flyers in the two most predominant languages other than English. To reach older

Native Americans, it will continue to partner with the Urban Inter-Tribal Network of Texas.

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

The NCTAAA’s plan of action focuses on advocating for expansion of affordable housing options and helping individuals in need of housing navigate their options. However, without the ability to create housing or provide on-going financial assistance to those who cannot afford housing costs, the NCTAAA action plan addresses the housing issue at the margins, at best.

Priority Area 3: Increase in-home care options.

Identify and describe the need

NCTAAA identified personal and/or home care as the third most critical need of older North Central Texans. Among members of the NCTCOG Regional Aging Advisory Committee, public hearing participants, and community needs assessment survey respondents, the issue was among the top four most critical needs.

According to 2016 data analyzed by the Centers for Disease Control, 43.7% of all older adults reported having one or more disabilities. Among older adults who live in poverty, the incidence was 59.6%.

Friends and family members are the most common source of assistance for older adults who require help with activities of daily living (e.g., transferring, bathing, grooming, toileting, and feeding) and/or instrumental activities of daily living (e.g., taking medications, preparing food, and shopping). Such assistance may be limited or absent for older adults who are socially isolated.

In the absence of informal supports, older adults with disabilities are at heightened risk of neglect and premature institutionalization. Quality in-home care improves health outcomes and extends community tenure.

Explain the agency's plans to address the need

The NCTAAA funds four in-home services that provide assistance with activities of daily living and instrumental activities of daily living: Homemaker, Homemaker Voucher, Respite, and Respite Voucher. Through the Homemaker and Respite programs, the Agency authorizes services to be provided by competitively procured agencies. The Homemaker Voucher and Respite Care programs allow the client to secure his/her own providers, negotiate rates of pay, and set schedules.

These programs have had fairly small footprints in terms of number of clients served and number of units of service (i.e., hours of assistance). Until Summer 2019, the NCTAAA required that clients meet at least four of its five care coordination or caregiver support screening criteria in order to qualify for services, which suppressed the number of clients served. Those who did qualify generally received two hours of assistance per week for three months.

The NCTAAA will take action to expand the pool of individuals who qualify for its care coordination and caregiver support coordination programs, as well as in-home services that may be purchased through these two programs. In addition, it will

increase its standard benefit through the homemaker and respite programs to at least four hours per week.

The Agency will continue to promote its homemaker voucher and respite voucher programs as means of more flexible in-home services. In addition, it will regularly screen all Care Coordination and Caregiver Support Coordination clients to see if they may qualify for in-home services funded by other programs—including but not limited to, STAR+PLUS Waiver, Medicare home health, and HHSC Community Attendant—and assist them in accessing services for which they are presumptively eligible.

The NCTAAA will expand outreach to older adults with limited English proficiency by distributing flyers in the two most predominant languages other than English. To reach older Native Americans, it will continue to partner with the Urban Inter-Tribal Network of Texas.

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

Even if the NCTAAA provides assistance to more clients and increases its basic in-home benefit, it will not respond in full to clients’ needs. By program design, all attendant/personal assistance services are short-term and rarely extend beyond three months. For this reason it’s critical that case managers work with clients to help them identify and evaluate their options for on-going services.

11. Goals, Objectives and Strategies

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

Objective 1.1	Screen potential clients and provide effective linkage to information and services.
Explanation	Strategies should address AAA processes for incoming referrals; for example, from the LTSS referral system.
Strategy 1.1.1	Maintain an open referral system for accepting referrals from individuals seeking services for themselves, informal caregivers, and professionals. Make NCTAAA Care Coordination and Caregiver Support Coordination referral criteria easily available to referral sources (e.g., post on the NCTCOG website) to increase awareness, provide accountability and promote consistency in eligibility determination. Through the Care Coordination and Caregiver Support Coordination programs, authorize goods and services (e.g., homemaker assistance, personal assistance, emergency response, health maintenance, income support, and residential repair) that are responsive to individual needs and support clients' health and well-being.

<p>Objective 1.2</p>	<p>Use volunteers to supplement the AAA workforce and support the delivery of services to the aging network.</p>
<p>Explanation</p>	<p>Strategies should include how volunteers are used and any plans for expanding their use to provide services to the aging network.</p>
<p>Strategy 1.2.1</p>	<p>Utilize a dedicated volunteer recruiter to promote the Agency’s volunteer opportunities within the Long-Term Care Ombudsman, Benefits Counseling, and evidence-based programs.</p>
<p>Strategy 1.2.2</p>	<p>Utilize certified volunteer long-term care ombudsmen as staff extenders, providing regular visitation to skilled nursing and assisted living facilities.</p>
<p>Strategy 1.2.3</p>	<p>Utilize certified volunteer benefits counselors to serve as staff extenders, providing cost-effective legal awareness and legal assistance services over the phone and at community clinics.</p>

<p>Objective 1.3</p>	<p>Promote the adoption of healthy behaviors in older adults through evidence-based programs.</p>
<p>Explanation</p>	<p>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.</p>
<p>Strategy 1.3.1</p>	<p>With the help of trained lay leaders, the Stanford Chronic Disease Self-Management, Diabetes Self-Management, and Chronic Pain Self-Management programs, with content that helps participants eat well, incorporate exercise into their daily lives, use medications wisely, and deal with common emotions such as anxiety and depression.</p>

<p>Objective 1.4</p> <p>In accordance with state and federal law, implement a nutrition education program to meet the needs of eligible participants.</p>	<p>Explanation</p> <p>Strategies should identify how the AAA's nutrition education program is developed to meet the individual health and nutritional needs of eligible participants.</p>
<p>Strategy 1.4.1</p> <p>Ensure that all meal assessors undergo standardized training, utilizing a curriculum that's developed by registered, licensed dietitians with Texas AgriLife. Utilize educational materials developed by Texas AgriLife dietitians to provide individualized education to participants of the home-delivered meal and congregate meal programs. As meal participants have clinical nutrition questions that are beyond the scope of the meal assessor, request technical assistance from Texas AgriLife registered, licensed dietitians.</p>	<p>Strategy 1.4.2</p> <p>Monitor nutrition subrecipients to ensure that their home-delivered and congregate meal programs utilize menus that are approved by licensed, registered dietitians and meet at least 1/3 of the Recommended Daily Intake and Reference Daily Intake.</p>

Input agency-specific objective and strategy for Goal 1 in the following table.

Objective 1.5	Maintain a coordinated network of nutrition services so that home-delivered meals and congregate meals are available to all eligible persons.
Explanation	Address strategy for obtaining regional coverage.
Strategy 1.5.1	Through a competitive procurement process, obtain subrecipients to provide home-delivered and congregate meals to eligible persons in all 14 counties. Contractually bind subrecipients to provide county-wide coverage. Should a subrecipient cease operation or constrict its service area, obtain an alternate provider.

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

<p>Objective 2.1</p>	<p>Increase public awareness and understanding of the interests of older adults, their family members and their caregivers.</p>
<p>Explanation</p>	<p>Address strategies to partner and develop relationships with agencies and local governmental entities to increase awareness of the needs of the aging population.</p>
<p>Strategy 2.1.1</p>	<p>Participate in Dementia Friendly Denton and Dementia Friendly North Central Texas as interagency initiatives that educate the general public about dementia, help residents become dementia friendly, and support and care for persons with dementia. Plan and/or coordinate dementia training for caregivers in order to increase the standard of care.</p>
<p>Objective 2.2</p>	<p>Lead the development of AAA programs that advance the interests of older adults, their family members and their caregivers.</p>
<p>Explanation</p>	<p>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.</p>
<p>Strategy 2.2.1</p>	<p>Contract with managed care organizations to provide nursing home relocation services to nursing home residents with Medicaid benefits who wish to return to the community and require intense case management in order to do so.</p>

<p>Objective 2.3</p>	<p>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.</p>
<p>Explanation</p>	<p>Address coordination efforts with the local ADRC to effectively utilize resources and avoid duplication.</p> <p>Conduct joint meetings of ADRC and AAA staff at least monthly, to share resources and refine protocols for making referrals between programs. Ensure that all ADRC staff are familiar with AAA Care Coordination and Caregiver Support Coordination criteria. Require that they screen callers to determine presumptive eligibility and refer those who are presumptively eligible to the AAA. Contract with REACH (the service area's Center for Independent Living) for nursing home relocation services and maintain at least monthly contact with that agency.</p>

Input agency-specific objective and strategy for Goal 2 in the following table.

<p>Objective 2.4</p>	<p>Build relationships with health care providers (including, but not limited to, hospitals, long-term care facilities, Medicare Advantage Plans, Medicaid managed care organizations, and accountable care organizations) to increase awareness of AAA services and/or generate supplemental revenues.</p>
<p>Explanation</p>	<p>Address strategies to develop relationships with health care providers.</p>
<p>Strategy 2.4.1</p>	<p>Conduct targeted outreach to health care providers by creating a professional list serv, conducting presentations, and meeting with key stakeholders face-to-face. Through Texas Healthy at Home, seek contracts with Medicare Advantage Plans for services such as enhanced benefits counseling, fall prevention, and chronic disease self-management.</p>

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

<p>Objective 3.1</p>	<p>Promote social connectivity, community service and lifelong learning to promote positive mental health.</p>
<p>Explanation</p>	<p>Address strategies to reduce social isolation among older adults and promote their active participation in the community.</p>
<p>Strategy 3.1.1</p>	<p>Promote congregate meal sites as venues for improving nutritional status and expanding social networks.</p>
<p>Strategy 3.1.2</p>	<p>Provide seed money to selected senior centers for innovative programming and encourage replication by sharing of best practices, as ways to sustain growth within the congregate meal program.</p>
<p>Strategy 3.1.3</p>	<p>Connect isolated older adults with Title III, public, and private transportation programs as a means of ensuring their access to vital community-based supports.</p>

Input agency-specific objective and strategy for Goal 3 in the following table.

<p>Objective 3.2</p>	<p>Increase the responsiveness of the NCTAAA's demand-response transportation program to potential riders' needs.</p>
<p>Explanation</p>	<p>Describe strategies by which the NCTAAA will accommodate the needs of current and future riders</p>
<p>Strategy 3.2.1</p>	<p>Explore the feasibility of launching a transportation voucher program and provide technical assistance to transportation subrecipients who have capacity to transport riders out of county.</p>

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 increase public awareness of abuse, neglect and exploitation and provide preventive services to those who are at risk.
Strategy 4.1.1	Conduct at least one community education program on Adult Protective Services' scope of work, mandatory reporting requirements, and referral protocols. Conduct targeted outreach to Adult Protective Services workers to promote qualified referrals to AAA services, including Care Coordination and Caregiver Support Coordination.

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	Support a volunteer recruiter who will have responsibilities for increasing the number of certified volunteer ombudsmen. Train and support volunteers as they serve in skilled nursing facilities and/or assisted living facilities and provide technical assistance in order to optimize the agency's complaint resolution rate.

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

Objective 4.3	Promote alternatives to guardianship
Explanation	Address strategies to encourage older adults and persons with disabilities to plan in advance of need and execute documents that reduce need for guardianship.
Strategy 4.3.1	Working in conjunction with Texas Legal Services Center and local attorneys, conduct community education programs on topics such as powers of attorney and Supported Decision Making. Should clients require individual consultation that is within the scope of the benefits counseling program, provide Legal Assistance as a direct service. Should clients require individual consultation that is beyond the scope of the benefits counseling program, make referrals to Texas Legal Services Center and/or local attorneys.

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

<p>Objective 5.1</p>	<p>Provide services, education and referrals to meet the needs of individuals with Alzheimer’s disease or related dementias (ADRD).</p>
<p>Explanation</p>	<p>Address strategies to ensure the specific needs of individuals with ADRD are a focus in serving the aging population.</p>
<p>Strategy 5.1.1</p>	<p>Maintain a subrecipient agreement with the Alzheimer’s Association—Dallas and Northeast Chapter to provide specialized Information, Referral and Assistance to persons with ADRD and their family caregivers. Maintain subrecipient agreements with the Alzheimer’s Association—Dallas and Northeast Chapter and Alzheimer’s Association—North Central Texas Chapter, and the Maurice Barnett Geriatric Wellness Center to provide Caregiver Information Services to informal caregivers of North Central Texans with ADRD. Maintain a subrecipient agreement with the Alzheimer’s Association—North Central Texas Chapter to provide the evidence-based REACH (Resources for Enhancing Alzheimer’s Caregiver Health) program to informal caregivers of North Central Texans with ADRD.</p>

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. To expand NCTAAA outreach to caregivers, execute and monitor subrecipient agreements with diverse community partners—including Community Council of Greater Dallas’ 2-1-1 Program, the Alzheimer’s Association—Dallas and Northeast Chapter, the Maurice Barnett Geriatric Wellness Center, and Senior Connect—to provide Caregiver Information, Referral, and Assistance; Caregiver Information Services; and Caregiver Education and Training.
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. Administer the Senior Medicare Program, to educate Medicare beneficiaries about actions they can take to prevent, identify, and report Medicare fraud.
Strategy 5.3.2	Administer the Long-Term Care Ombudsman Program to assist residents of nursing facilities and assisted living facilities in resolving issues regarding quality of care or quality of life.

Input agency-specific objective and strategy for Goal 5 in the following table.

Objective 5.4	Provide clients of the homemaker and respite programs the options of receiving services through agency-managed or consumer-directed options.
Explanation	Address strategies by which participants in the Care Coordination and Caregiver Support Coordination programs are given choice of service delivery methods.
Strategy 5.4.1	Give Care Coordination and Caregiver Support Coordination clients the option of receiving services from an NCTAAA contractor or selecting their own providers. Explain the advantages and disadvantages of each service delivery method. Should clients wish to select their own providers, issue vouchers and provide detailed instructions for their use.

Create Agency-Specific Goal

Goal 6 Reduce reliance on limited Title III revenues by seeking funding from non-traditional payers.

Objective 6.1	Obtain funding from entities other than Texas Health and Human Services to provide services for older adults, persons with disabilities, and family caregivers.
Explanation	Explain the strategies by which the NCTAAA will generate supplemental revenues.
Strategy 6.1.1	Prepare and submit proposals to Medicare Advantage Plans for funding of activities that are consistent with the NCTAAA's mission, such as enhanced benefits counseling.

Goal 7 Serve as a highly visible source of trusted information for older adults and family caregivers who are evaluating their options for long-term services and supports.

<p>Objective 7.1</p>	<p>Gather and organize resource information in a highly accessible manner to help older adults and family caregivers make informed decisions about long-term services and supports.</p>
<p>Explanation</p>	<p>Describe strategies by which the Agency will prepare and disseminate resource and decision support materials.</p>
<p>Strategy 7.1.1</p>	<p>As an adjunct to the NCTAA Information, Referral and Assistance program, prepare annual editions of "Understanding Your Options for Services in the Community," "Understanding Your Options for Care in a Nursing Home or Assisted Living Facility," and "Understanding Residential Care Options for People with Dementia." Distribute electronically and in hard-copy format as funding allows.</p>
<p>Strategy 7.1.2</p>	<p>Use benefits counselors to provide Legal Assistance and HICAP Legal Assistance services that empower consumers to make individualized benefits decisions for short and long term needs.</p>

12. Performance Measures

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

LBB Performance Measures

Table 7 LBB Performance Measures

5.1					
Performance Measure		Actual FY19	Proj FY21	Proj FY22	AAA Strategy
Unduplicated People Served					
1	Unduplicated number of people receiving care coordination funded by MSS - SUA	229	280	300	1.1.1, 2.3.1 4.1.1
2	Unduplicated number of people receiving legal assist (age 60 and over) funded by MSS - SUA	187	200	200	1.2.3 and 7.1.2
3	Unduplicated number of people receiving congregate meals funded by MSS - SUA	2,700	2,800	2,880	3.1.1 3.1.2
4	Unduplicated number of people receiving home-delivered meals funded by MSS - SUA	5,092	5,200	5,300	1.4.1, 1.4.2, 1.5.1
5	Unduplicated number of people receiving homemaker services funded by MSS - SUA	58	70	75	1.1.1
6	Unduplicated number of people receiving personal assistance funded by MSS - SUA	7	20	25	1.1.1
Expenditures					

7	MSS - SUA funded care coordination expenditures	\$108,339	\$140,000	\$149,800	1.1.1 4.1.1
8	MSS - SUA funded legal assistance (age 60 and over) expenditures	\$24,184	\$30,000	\$30,000	1.2.4 4.3.1 7.1.2
9	MSS - SUA funded congregate meal expenditures	\$999,425	\$1,050,000	\$1,100,000	5.4.1
10	MSS - SUA funded home delivered meal expenditures	\$2,746,672	\$2,910,000	\$3,027,930	1.4.1 1.4.2 1.5.1
11	MSS - SUA funded homemaker services expenditures	\$13,463	\$16,155	\$20,350	1.1.1
12	MSS - SUA funded personal assistance services expenditures	\$2,034	\$5,500	\$5,700	1.1.1
13	MSS - SUA funded modified home (residential repair service) expenditures	\$208,539	\$225,000	\$235,000	1.1.1
Average Cost					
14	Average cost per care coordination client funded by MSS - SUA	\$488.01	\$500.00	\$525.00	1.1.1
15	Average cost per person receiving legal assistance funded by MSS - SUA	\$36.75	\$750	\$750	1.2.3 4.3.1 7.1.2
16	Average cost per congregate meal funded by MSS - SUA	\$7.15	\$7.35	\$7.45	1.4.1 1.4.2 1.5.1
17	Average cost per home-delivered meal funded by MSS - SUA	\$5.15	\$5.50	\$5.55	1.4.1 1.4.2 1.5.1
18	Average cost per person receiving homemaker services funded by MSS - SUA	\$259.74	\$500.00	\$525.00	1.1.1
19	Average cost per person receiving personal assistance services funded by MSS - SUA	\$145.29	\$500.00	\$525.00	1.1.1

20	Average cost per modified home (residential repair service) funded by MSS - SUA	\$1,752.43	\$1,800.00	\$1,800.50	1.1.1
Ombudsmen					
21	Unduplicated number of active certified Ombudsmen	53	55	58	5.3.2
22	Cumulative number of visits to assisted living facilities by a certified Ombudsman	1,347	1,450	1,500	5.3.2
23	Total expenditures Ombudsman program (federal, state, other federal, program income, and local cash)	545,152	\$550,000	\$575,000	5.3.2
24	Unduplicated number of assisted living facilities visited by an active certified Ombudsman	245	250	255	5.3.2
25	Percentage of complaints resolved and partially resolved in NH and ALF	93.7%	90.0%	90.0%	5.3.2
Service Units					
26	Number of congregate meals served funded by MSS - SUA	160,523	164,000	167,000	1.4.1 1.4.2 1.5.1
27	Number of home-delivered meals served funded by MSS - SUA	566,601	575,000	583,000	1.4.1 1.4.2 1.5.1
28	Number of homes repaired/modified (residential repair service) funded by MSS - SUA	68	80	80	1.1.1
29	Number of one-way trips (demand response transportation service) funded by MSS - SUA	20,512	20,000	20,000	3.1.3 3.2.1

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	Unduplicated number of nursing home residents who return to the community, with assistance of an NCTAAA relocation specialist	342	350	350	2.3.1
2	Number of new congregate meal sites established in service area	7	5	5	3.1.1
3	Percentage of homemaker clients who opt to receive services through consumer-directed vouchers	28.33%	30.0%	32%	5.4.1
4	Unduplicated number of certified volunteer ombudsmen who serve in assisted living facilities	17	20	25	1.2.1 4.2.1
5	Unduplicated number of certified benefits counselors and/or Senior Medicare Patrol volunteers	31	35	40	1.2.1 5.3.1 7.1.2
6	Unduplicated number of lay leaders for A Matter of Balance, Chronic Disease Self-Management, Diabetes Self-Management, and Chronic Pain Self-Management Programs	67	70	75	1.3.1
7	Unduplicated number of individuals who receive dementia care training	n.a. (new measure not previously tracked)	100	100	2.1.1

8	Number of contracts with health care payers	4	5	6	2.4.1 6.1.1
9	Number of caregiver information services units of service	453	500	550	5.1.1
10	Number of information, referral and assistance units of service	13,350	13,350	13,350	7.1.1
11	Number of nutrition education units of service	6,609	8,000	8,180	1.5.1

13. 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)	785	865	110.2%	1,000	127.4%
Caregiver Support Coordination (Hour)	1,261	1,400	111.0%	1,500	119.0%
Information, Referral & Assistance (Contact)	13,350	13,350	100.0%	13,350	100.0%
Legal Assistance age 60 & Over (Hour)	231	231	100.2%	231	100.2%
Legal Awareness (Contact)	19,180	19,000	99.1%	19,000	99.1%
Participant Assessment - A&A (Assessment)	n.a.	0	#VALUE!	0	#VALUE!
Nutrition Services					
Congregate Meals (Meal)	190,512	193,000	101.3%	195,000	102.4%
Home Delivered Meals (Meal)	808,684	813,000	100.5%	815,000	100.8%
Nutrition Consultation (Contact)	n.a.	0	#VALUE!	0	#VALUE!
Nutrition Counseling (Contact)	n.a.	0	#VALUE!	0	#VALUE!
Nutrition Education (Contact)	6,609	6,700	101.4%	6,700	101.4%
Participant Assessment - NS (Assessment)	n.a.	0	#VALUE!	0	#VALUE!
Services to Assist Independence					
Caregiver Education & Training (Contact)	2,247	2,200	97.9%	2,200	97.9%
Caregiver Information Services (Activity)	453	453	100.0%	453	100.0%
Caregiver Respite Care In-Home (Hour)	3,575	4,300	120.3%	4,300	120.3%
Caregiver Respite Care Institutional (Hour)	n.a.	0	#VALUE!	0	#VALUE!
Caregiver Respite Care Non-Residential (Hour)	n.a.	0	#VALUE!	0	#VALUE!
Caregiver Respite Care Voucher (Hour)	2,580	3,000	116.3%	3,000	116.3%
Chore Maintenance (Hour)	n.a.	0	#VALUE!	0	#VALUE!
Day Activity and Health Services (Half Day)	n.a.	0	#VALUE!	0	#VALUE!
Emergency Response (Month ERS Service)	200	240	120.0%	240	120.0%
Evidence Based Intervention (Hour)	1,986	2,200	110.8%	2,200	110.8%
Health Maintenance (Contact)	1,439	1,500	104.2%	1,500	104.2%
Health Screening (Contact)	n.a.	0	#VALUE!	0	#VALUE!
Homemaker (Hour)	1,150	1,300	113.0%	1,300	113.0%
Homemaker Voucher (Hour)	473	550	116.3%	550	116.3%
Income Support (Contact)	59	75	127.1%	75	127.1%
Instruction & Training (Contact)	1,328	1,328	100.0%	1,328	100.0%
Mental Health Services (Contact)	n.a.	0	#VALUE!	0	#VALUE!
Personal Assistance (Hour)	160	200	125.0%	200	125.0%
Physical Fitness (Contact)	n.a.	0	#VALUE!	0	#VALUE!
Recreation (Contact)	n.a.	0	#VALUE!	0	#VALUE!
Residential Repair (Dwelling)	119	145	121.8%	145	121.8%
Telephone Reassurance (Contact)	n.a.	0	#VALUE!	0	#VALUE!
Transportation Demand Response (One-Way Trip)	55,392	55,000	99.3%	55,000	99.3%
Transportation Fixed Route (One-Way Trip)	n.a.	0	#VALUE!	0	#VALUE!
Transportation Voucher (One-Way Trip)	n.a.	0	#VALUE!	0	#VALUE!
Visiting (Contact)	n.a.	0	#VALUE!	0	#VALUE!

14. Summary of Services

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

North Central Texas 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 Education and Training				X			X	X	
Caregiver Information Services				X			X	X	
Caregiver Respite Care--In-Home				X				X	
Caregiver Respite Care--Voucher				X				X	
Caregiver Support Coordination				X		X			
Congregate Meals		X				X	X	X	
Data Management	X								
Emergency Response	X			X					
Evidence-Based Intervention	X		X					X	
Health Maintenance	X			X					
HICAP Assistance									X
HICAP Outreach									X
Home-Delivered Meals		X				X	X	X	
Homemaker	X								
Homemaker--Voucher	X							X	
Income Support	X			X					

Information, Referral and Assistance	X			X			X		
Instruction and Training	X								
Legal Assistance—60 years and older	X								
Legal Awareness	X								
MIPPA Outreach and Assistance									X
Nutrition Education		X							
Ombudsman	X				X				X
Personal Assistance	X								
Residential Repair	X			X					
Senior Center Operations	X								
Transportation—Demand Response	X								
Senior Center Operations	X						X	X	

15. 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 NCTAAA undergoes competitive procurement, using a Call for Projects approach, to select providers of Congregate Meal services. It completed the procurement process in Fall 2019 and subsequently issued agreements to 13 subrecipients, with terms of service ending September 30, 2024.

Subrecipients have responsibilities for the full range of program activities, including conducting outreach, determining eligibility, performing assessments, serving meals (or ensuring that its contractors do so) in compliance with all program rules and regulations, and reporting program activity. The NCTAAA monitors subrecipients in accordance with its established procedures and provides technical assistance as needed.

Subrecipients and their service areas are as follows:

- Meals on Wheels of Collin County: Collin County
- S.P.A.N.: Denton County
- Meals on Wheels North Central Texas: Ellis, Johnson, and Navarro Counties
- Erath County Senior Citizens Services, Inc.: Erath County
- Hood County Committee on Aging: Hood County

- Senior Center Resources and Public Transit: Hunt County
- Senior Connect: Kaufman County
- Meals on Wheels of Palo Pinto County, Inc.: Palo Pinto County
- Parker County Committee on Aging: Parker County
- Meals on Wheels Senior Services: Rockwall County
- Somervell County Committee on Aging: Somervell County
- Wise County Committee on Aging: Wise County
- Sixty and Better: residents from all North Central Texas counties who travel to Tarrant County to attend a congregate meal program

Through its network of 13 subrecipients the NCTAAA makes congregate meals available to residents of all counties in its service area.

Service-specific instructions

Congregate meals subrecipients are obligated to conduct nutrition education for all participants at least annually. Prior to adding a new client to the program, and during clients' annual reassessments, subrecipients administer a "Determine Your Nutritional Risk" assessment tool that identifies nutritional risk factors such as difficulty paying for food, isolation, and medical conditions that call for special diets. Based on participants' responses, assessors draw on a structured curriculum developed by Texas AgriLife licensed dietitians to provide personalized nutrition education. Should participants require clinical services, assessors make referrals to licensed dietitians.

Senior center operations, which support the congregate meal program, are funded at the local level and vary significantly in scope. Some congregate meal sites operate only a few hours a week and are staffed solely by volunteers. Others remain open during normal business hours, benefitting from city- and/or county-funded professional staff.

Across the nation, congregate meal sites are finding it difficult to attract and retain participants in their 60's and 70's, who are less inclined than older cohorts to engage in group activities and perceive themselves as age-appropriate for participation. North Central Texas congregate meal subrecipients are not immune from these dynamics but have done well at reinventing themselves, with little or no

Title III funding for senior center activities. However, progress has been uneven, with more affluent communities (e.g., Plano, Frisco, and McKinney) better equipped to invest in staffing and facilities.

Subrecipients’ success in maintaining the relevance of the congregate meal program is seen in consistent growth during Fiscal Years 2016-2019. Please refer to the following section (“Explanation of decrease or increase in service units”) for comparative data.

The NCTAAA intends to better support such efforts and proposes dedicating funding for senior center operations during Fiscal Years 2021 and 2022. Although it cannot carve out sufficient funds to provide meaningful benefit to the service area’s more than 40 congregate meal sites, it can fund special projects that are intended to boost attendance and share best practices with all subrecipients.

Explanation of decrease or increase in service units

NCTAAA subrecipients have been diligent about promoting congregate meals and launching new congregate meal sites in order to expand program participation. During Fiscal Year 2019 they opened congregate meal sites in Elmo (Kaufman County), Terrell (Kaufman County), Kaufman (Kaufman County), Kemp (Kaufman County), McKinney (Collin County), Lewisville (Denton County), and Bridgeport (Wise County).

Congregate Meal Units of Service, Fiscal Years 2017-2019

	Fiscal Year 2017	Fiscal Year 2018	Fiscal Year 2019	Percentage Change, FY17 – FY19
Number of Meals Service	162,853	177,502	190,369	16.90%

As a result of their efforts they increased the number of congregate meals served in by 16.90% between Fiscal Year 2017 and Fiscal Year 2019. During Fiscal Years 2021 and 2022, the NCTAAA projects continued moderate growth.

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 NCTAAA secured its home-delivered meal providers through a competitive procurement process, completed in Fall 2019. It awarded agreements to 12 subrecipients, with terms of service ending September 30, 2024. Subrecipients and their service areas are as follows:

- Meals on Wheels of Collin County: Collin County
- S.P.A.N.: Denton County
- Meals on Wheels North Central Texas: Ellis, Johnson, and Navarro Counties
- Erath County Senior Citizens Services, Inc.: Erath County
- Hood County Committee on Aging: Hood County
- Senior Center Resources and Public Transit: Hunt County
- Senior Connect: Kaufman County
- Meals on Wheels of Palo Pinto County: Palo Pinto County
- Parker County Committee on Aging: Parker County
- Meals on Wheels Senior Services: Rockwall County
- Somervell County Committee on Aging: Somervell County
- Wise County Committee on Aging: Wise County

Under its agreements for home-delivered meals, the NCTAAA binds subrecipients to providing services to eligible persons, regardless of location within their assigned counties. As a whole, its provider network makes home-delivered meals available throughout the entirety of the North Central Texas service area.

Service-specific instructions

The NCTAAA requires that home-delivered meal subrecipients administer a “Determine Your Nutritional Risk” assessment tool to all participants before service is initiated and at least annually thereafter.

The Agency underwent competitive procurement to select Texas AgriLife as its nutrition education curriculum developer. Licensed and registered dietitians with that agency developed a web-based training program that all meal assessors must complete, as documented by a certificate of completion. The curriculum complements the Determine Your Nutritional Risk tool so that each participant who answers a question in the affirmative receives nutrition education specific to that issue.

The home-delivered meal program is noteworthy in serving the entirety of the 14-county service area and experiencing steady growth year over year. In the following section (“Service Units”) are comparative data for Fiscal Years 2017 through 2019.

Constraining growth of the home-delivered meal program is a significant gap between demand and Title III funding. In addition, the nature of Title III funding limits the ability of the NCTAAA to transfer funds between Congregate Meals and Home-Delivered Meals. Approximately 2/3 of its nutrition funding is dedicated to Congregate Meals, even though demand within the region is much greater for Home-Delivered Meals.

Home-Delivered Meal subrecipients generated \$2,671,816 in local funding and in-kind contributions during Fiscal Year 2019 to expand the program’s scope. However, the amount of local funding in urban counties greatly exceeded that in rural counties.

If the NCTAAA is to conduct effective targeted outreach to older adults in rural counties, older adults with low incomes—a disproportionate share of whom live in rural counties—it must prop up its rural providers. It has attempted to do so by providing targeted technical assistance, advocating for an increase in common providers’ (defined as those who provide services under contracts with the Texas Health and Human Services Commission, as well as with the Area Agency on Aging)

meal rates, and granting waivers to the requirement that participants receive daily hot meals.

Even if subrecipients are granted waivers, they are required to contact participants at least three times per week. In doing so they monitor client welfare and provide minimal socialization. As participants demonstrate need for other support services, meal assessors connect them with the appropriate agencies—including the NCTAAA.

Explanation of decrease or increase in service units

The NCTAAA’s Home-Delivered Meal subrecipients have done well with conducting outreach to identify eligible individuals and leveraging local funding to accommodate increasing demand. At the regional level the home-delivered meal has grown, with consistent year-over-year increases in meals served during the past five years. Subrecipients increased productivity by 5.15% from Fiscal Year 2017 to Fiscal Year 2019. During Fiscal Years 2021-2022, the NCTAAA anticipates continued moderate growth.

Home-Delivered Meal Units of Service, Fiscal Years 2017-2019

	Fiscal Year 2017	Fiscal Year 2018	Fiscal Year 2019	Percentage Change, FY17 – FY19
Number of Meals Served	765,440	745,034	804,859	5.15%

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 NCTAAA procured demand-response transportation services through a Call for Projects, completed in Fall 2019. As a result of this process it executed agreements with 10 subrecipients.

It subsequently shored up its network in December 2019, when its Navarro County provider, Senior Connect, provided notice of intent to discontinue serving that county. It utilized an interlocal agreement to secure STAR Transit (a public transit authority) as a service provider for older Navarro County residents.

The NCTAAA's transportation subrecipients and coverage areas are as follows:

- Meals on Wheels of Collin County: Collin County
- S.P.A.N.: Denton County
- Erath County Senior Citizens Services, Inc.: Erath County
- Hood County Committee on Aging: Hood County
- Senior Center Resources and Public Transit: Hunt County
- City of Cleburne: Johnson County
- Senior Connect: Kaufman, Ellis, and Rockwall Counties
- STAR Transit: Navarro County
- Public Transit Services: Palo Pinto and Parker Counties
- Somervell County Committee on Aging: Somervell County
- Wise County Committee on Aging

Through its network of 11 transportation subrecipients the NCTAAA maintains a minimal level of service in all 14 counties. However, it recognizes that lack of

transportation is one of the most critical issues facing older North Central Texans and is committed to finding innovative solutions.

Service-specific instructions

Among the most pressing barriers to transportation services in North Central Texas are the following:

- Lack of public transportation services in portions of the service area
- Limitations on the scope of public and Title III transportation such as curb-to-curb assistance only. Riders must be able to get from their homes to the vehicles upon pick-up, and to get from the vehicles to their destinations upon drop-off. Although providers allow riders with disabilities to have escorts, many potential riders are isolated and cannot secure an escort.
- Title III agreements that require subrecipients to provide transportation anywhere within the county but make out-of-county transportation optional. Although many subrecipients are willing to provide out-of-county trips, they do so subject to the availability of sufficient drivers and vehicles. Further, they are allowed to charge for the trips, with fees that are often unaffordable for low-income riders.
- A Medicaid transportation benefit that's limited to beneficiaries who are travelling to providers who are enrolled in the Medicaid program. Most older Medicaid beneficiaries are dual eligibles (i.e., have both Medicare and Medicaid benefits) and rely on Medicare as their primary insurer for primary care. However, approximately 29.9% of the state's physicians reported they did not see Medicaid patients in a 2016 study. In comparison, 18.8% indicated they did not see Medicare patients.
- Given funding limitations, subrecipients' filling of all reservations up to two weeks in advance and inability to accommodate last-minute transportation needs.

The NCTAAA has limited ability to address these largely systemic barriers. Nevertheless, it intends to increase its transportation budget to expand service capacity, advocating for managed care organizations to offer a "value-added" transportation benefit that supplements the standard Medicaid benefit, investing in a volunteer transportation program, and exploring the viability of a ride share pilot.

Under the NCTAAA’s transportation agreements, subrecipients are required to give priority to those who require medical trips. They are allowed to provide transportation to any other destinations, including senior centers, and all do so. Since nine of the NCTAAA’s 11 transportation subrecipients administer congregate meal programs, they are incentivized to provide participants transportation to senior centers as needed.

Explanation of decrease or increase in service units

The number of Title-III eligible trips provided to older North Central Texans during Fiscal Years 2017-2019 has undergone minor swings, averaging 55,443 per annum. The NCTAAA projects that the total number of trips will remain at comparable levels during Fiscal Years 2021 and 2022, although the service delivery mechanism (e.g., purchased via voucher, rather than arranged through a subrecipient) may change.

Transportation Units of Service, Fiscal Years 2017-2019

	Fiscal Year 2017	Fiscal Year 2018	Fiscal Year 2019	Percentage Change, FY17- FY19
Number of Units (i.e., one-way trips)	53,841	57,096	55,392	2.88%

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

The NCTAAA provides caregiver support coordination as a direct service, supported by three staff case managers and two contractors who conduct assessments as needed to provide timely service. In late January 2020 it received authorization from NCTCOG's executive board to add a fourth staff position, given growth in caseloads.

Case managers are cross trained to provide both Care Coordination and Caregiver Support Coordination services. They draw on extensive knowledge of NCTAAA services—with tenure ranging from five to 23 years—as well as other services funded at the federal, state, and local levels.

The NCTAAA maintains an open referral system, whereby anyone can make a referral for Caregiver Support Coordination services. The Agency utilizes a screening tool to determine eligibility, based on the following considerations:

- Does the caregiver and/or the care recipient live in the service area?
- Is the caregiver uncompensated?
- Does the care recipient fall into one of the eligible populations, including person age 60 or over, person of any age with dementia, adult child with severe disabilities, or grandchild under age 18?
- Is the caregiver or care receiver experiencing financial hardship?
- Does the caregiver meet at least three of the program's screening criteria? These screening criteria include: caring for someone who has dementia and/or impairments of at least two activities of daily living; caring for someone who has had an inpatient hospitalization or stay at rehabilitation facility/skilled nursing facility within the last two weeks; has had to cut back on work hours because of care responsibilities, and/or has experienced

physical/emotional problems because of care responsibilities; cares for someone who has no other support—either paid or unpaid; and lives in the same home as the care recipient.

If the caregiver is eligible for services, a NCTAAA case manager conducts an assessment (generally within two weeks of referral) and uses the assessment data to develop an individualized plan of care. Under that care plan the case manager may purchase services such as minor home repair (e.g., construction of wheelchair ramps and installation of grab bars), durable medical equipment that's not covered by insurance, and respite care. Such services are provided on a temporary basis, with three months as the average term of service. Should caregivers require ongoing services, case managers connect them with available resources.

Service-specific instructions

When the NCTAAA introduced National Family Caregiver Support services in 2001, it was challenged to reach a critical mass of informal caregivers and engage them. Nearly two decades later it has made significant progress with nearly twice as many caregivers as older adults receiving case management services. Nevertheless, the Agency recognizes that much work remains to be done. There are persistent barriers to providing Caregiver Support Coordination services. Among these are the following:

- The vastness of the North Central Texas service area, at more than 10,625 square miles. It is not cost-effective for case managers to provide services face-to-face. In serving caregivers telephonically, they rely on more limited information, without the benefit of observation.
- Informal caregivers' lack of self-identification and reluctance to avail themselves of support services. Such barriers are even more pronounced among certain racial and ethnic groups (e.g., Asians and White—Hispanics) with high regard for familial responsibility.
- Caregiver needs that exceed program capability. Caregiver Support Coordination services are temporary by design and rarely exceed three months in duration. Some caregivers—particularly those whose care recipients have severe disabilities and don't qualify for public assistance—have on-going needs. Although most caregivers receive Title III services one time only, the NCTAAA uses screening criteria that allow caregivers to become eligible again if there's a qualifying event (e.g., their care recipient is admitted to a hospital or nursing facility).

- Care recipients who are resistant to help. Caregivers sometimes contact the NCTAAA in order to compel care recipients to accept services against their will. In such cases the Agency's case managers counsel caregivers regarding older Texans' rights to self-determination and legal options if care recipients are incapable of making informed decisions.
- The Title III-E 25% match requirement. Any contributions received from caregivers are considered program income and cannot be used to satisfy the match requirement. The NCTAAA is fortunate to have some Title III-E subrecipients who generate an overmatch, which can be applied to Caregiver Support Coordination services.

The NCTAAA anticipates steady growth in Caregiver Support Coordination services. During Fiscal Year 2019 it relaxed its screening criteria for the program, which boosted the number of eligible caregivers. It intends to retain these less restrictive criteria during Fiscal Years 2020 and 2021. It will continue to participate in health fairs and special events, maintain a presence on social media, disseminate press releases, and engage in other outreach in order to raise awareness of caregiver services.

As the NCTAAA provides Caregiver Support Coordination services, its staff will continue to screen caregivers and care recipients to make a preliminary determination of eligibility for other federal, state, and local programs, and to make appropriate referrals. In addition, case managers will use the results of the caregiver assessment to provide education, direct services, and decision support to address identified needs.

Explanation of decrease or increase in service units

Between Fiscal Years 2020 and 2022, the NCTAAA projects growth of approximately 20% in the number of Caregiver Support Coordination clients and number of units of service.

As noted in the chart below, the program underwent dramatic growth between Fiscal Year 2017 and 2018 as the Agency's outreach bore fruit. In the latter part of Fiscal Year 2019 it relaxed its screening criteria (i.e., requiring that caregivers meet at least three of its five criteria, as opposed to meeting four) so that more individuals could receive services. It intends retaining these less restrictive criteria during Fiscal Years 2021 and 2022.

Caregiver Support Coordination Units of Service, 2017-2019

	Fiscal Year 2017	Fiscal Year 2018	Fiscal Year 2019	Percentage Change, FY17- FY19
Number of Units (i.e., hours of assistance)	332.80	1,357.73	1,261.10	278.64%

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

The NCTAAA provides legal assistance in two ways: through its staff and volunteer benefits counselors and through attorneys who are retained through a one-time purchase of services.

Service-specific instructions

To address the issue of providing current and accurate benefits information, State Health Insurance Program (SHIP) funding for the NCTAAA benefits counseling program is used to support staff and trained volunteers who assist beneficiaries with guidance about Medicare enrollment, benefits and options. This activity is largely telephonic because of the large service area of the NCTAAA, so as a supplement, Benefits Counselors provide individualized counseling at onsite clinics in eight locations. All benefits counseling activities place emphasis on informing consumers about eligibility for public benefits and help filling out applications for help with medical and prescription costs. Staff are regularly assisted by 10 certified volunteers who handle individual benefits inquiries by phone, providing approximately 1,000 hours of counseling annually. Additionally, volunteers support the benefits counseling program by distributing information at health fairs.

To provide Medicare and other benefits information in a group setting, staff Benefits Counselors routinely conduct community presentations for Medicare pre-enrollees, beneficiaries and family caregivers. The presentations are generally provided in sponsorship with community-based partners such as senior centers, retirement communities, and faith-based organizations. The agency also issues press releases to local newspapers and generates regular email blasts to aging professionals in the

service area. It also conducts targeted outreach by distributing or posting program flyers at community health fairs, food pantries, senior apartment complexes, and churches.

To meet the needs of rural residents, the agency's community outreach contractor schedules community presentations in hard-to-reach portions of the service area. The presentations are specifically targeted to low-income beneficiaries and include information about Medicare Savings Programs, Medicare preventive benefits, Part D, and the Part D Low Income Subsidy.

Homebound residents are largely Medicare and/or Medicaid beneficiaries. The agency has partnered with local Meals on Wheels providers, who screen clients for Medicare eligibility and other assistance programs as part of each client's annual assessment. If clients wish to speak with a Benefits Counselor or want help applying for benefits such as a Medicare Savings Program and/or Part D Extra Help, the providers forward contact information to the NCTAAA.

Currently, the NCTAAA and NCTADRC have two employees who are proficient in Spanish: the AAA Benefits Counselor estimates that he speaks with an average of 17 Spanish-speaking callers per month, often providing in-depth information about Medicare benefits and options.

The growth of evidence-based intervention (EBI) classes throughout the service area indicates the potential to reach a broader group of older adults. A Matter of Balance, Chronic Disease Self-Management, Diabetes Self-Management, and Chronic Pain Self-Management classes provide a way to increase awareness of Legal Assistance activities. Two educational flyers, one about Medicare preventive benefits and other about Medicare Part D enrollment options, are distributed to consumers who attend the classes. Additionally, the EBI outreach coordinator cross promotes the benefits counseling program when she travels throughout the service area conducting community outreach.

The agency trains Benefits Counselor volunteers in compliance with state-mandated standards and benefits from their help at onsite clinics, health fairs, and with individual beneficiary contacts.

The NCTAAA management team also supervises the North Central Texas Aging and Disability Resource Center (NCTADRC) staff, who are co-located with NCTAAA staff. The ADRC's three benefits specialists are cross trained as Benefits Counselors to enable them to more effectively provide information and resources to older callers. A monthly networking session that includes both staffs and ongoing information

exchange characterize efforts to maintain and increase subject matter competency related to legal assistance topics.

Other best practices include using a contractor specifically for the purpose of conducting presentations about Medicare benefits for limited-income consumers; hiring bilingual Benefits Counselor staff, and using the agency's website, social media, electronic newsletters, and outreach materials to increase public awareness about Medicare benefits and other community services.

When working with consumers who have legal issues that require attorney expertise, staff Benefits Counselors make referrals to the Texas Legal Services Center. Staff also make referrals to Legal Aid of Northwest Texas and Lone Star Legal Aid; these are the two publicly funded legal aid agencies for low-income consumers in the service area. The AAA also maintains a short list of local attorneys and refers clients to them as needed.

Because older adults are susceptible to scams that affect their financial stability, for the past five years, the NCTAAA has partnered with Senior Medicare Patrol (SMP) to raise community awareness of Medicare fraud and abuse. A staff Benefits Counselor recruits volunteers, coordinates SMP training, and schedules community presentations that are made by staff and volunteers.

Partnerships to Assist Natural Disaster Victims

The NCTAAA realizes the values of partnerships, within and beyond its legal assistance program. In responding to clients with far-reaching needs that exceed its capacity, it must collaborate with agencies with complementary expertise and resources.

Such collaboration is essential in the event of a natural disaster. To prepare for natural disasters—or other types of emergencies—the NCTAAA Aging Program Supervisor—Contract Services has partnered with local chapters of the American Red Cross, Salvation Army, and local county emergency services. Together they have established policies and procedures by which they'll work together to conduct damage assessments, set up evacuation shelters, provide emergency transportation, and ensure access to personal needs services.

Explanation of decrease or increase in service units

During Fiscal Years 2021 and 2022 the NCTAAA projects units of service comparable to Fiscal Year 2019 levels.

16. 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](#)

17. Data Use Agreement

The NCTAAA has developed extensive policies and procedures by which it 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 NCTAAA 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 NCTAAA was one of the state's first Area Agencies on Aging to undergo HHSC monitoring of its data use agreement, which resulted in an absence of findings or observations.

NCTCOG, as its host organization, invests heavily in internet security and employee training. It delivers cybersecurity awareness training through Proofpoint, and employees are required to complete four online training modules per year that cover topics such as malicious e-mail attachments, malicious URLs, and proper handling of PII and PHI. In addition, NCTCOG delivers monthly simulated phishing attacks through Proofpoint to gauge employees' ability to identify and avoid real attacks.

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

The NCTAAA requires all of 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 NCTAAA.

18. Disaster Plan

Development of disaster plan

Mike Hensley, as the NCTAAA's Supervisor: Contract Services, has assumed responsibilities for developing the agency's disaster plan. In doing so he has reviewed local and regional disaster plans and consulted with subject matter experts from NCTCOG's Emergency Preparedness Department and regional emergency management staff.

The NCTAAA disaster plan focuses on the specific needs of older adults and persons with disabilities who may be affected by disasters. Its sections include: Situation and Staffing (with subsections on agency description, critical functions, concept of operations, staff emergency contact information, subrecipients' emergency contact information, staff report-in procedures, and reimbursement of expenditures in emergency situations), Incident Command Structure (with subsections on aging services emergency responsibilities by position, and job descriptions for the positions of incident commander, logistics personnel, operations personnel, administration—finance, and public information officer), Activation of the Emergency Plan (with subsections on checklist, call-down list, building safety and evacuation, alternative site relocation, alternative communications plan, and data/record maintenance), Hazard Analysis (with subsections on tornado, hail, high wind, winter storm, summer heat, flooding, wildland fires, and nuclear power plant malfunction), Plan Development and Maintenance, and Authentication.

To ensure the disaster plan is current and complete, Hensley reviews it annually with local emergency personnel and agency staff.

The NCTAAA contractually binds its subrecipients for nutrition and transportation services to develop disaster plans, describing restorative actions they will take in the event of a disaster. Hensley reviews these plans at the time he conducts field-based monitoring.

In a commitment to hardening Agency operations and ensuring continuity of services, Hensley has achieved National Incident Management System (NIMS) certification from the Federal Emergency Management Agency.

A copy of the NCTAAA Emergency Operations Plan is available upon request.

Local rules and regulations

The North Central Texas Council of Governments (NCTCOG) Emergency Preparedness (EP) Department assists the NCTAAA with disaster preparedness through regional planning and coordination. It works closely with the 16-county region and encompassing municipalities to address and facilitate planning on local rules and regulations. Specialized working groups, including the regional North Central Texas Emergency Managers (NCTEM) working group, plan, coordinate and discuss regional issues and initiatives related to disaster planning and response.

Outcomes from the NCTEM working group help build and maintain standards for mass notification, outdoor warning siren rules and regulations, and sheltering for displaced citizens.

The EP Department's oversight committee is the Emergency Preparedness Planning Council (EPPC), which consists of local elected officials who work in concert with their local emergency managers to address regional issues related to disaster planning, response and coordination. The information and direction members of EPPC provide to NCTCOG help ensure the region's local rules and regulations are not in conflict with and support citizen safety throughout the region.

FEMA recommendations for emergency preparedness

The Federal Emergency Management Agency (FEMA) supports NCTCOG's regional efforts by providing high-level direction and intent, from the national perspective, to build capacity and enhance planning, coordination, response and recovery efforts in the event of a disaster. FEMA provides recommendations through its "whole community" approach to support a consistent national-level understanding of emergency preparedness and emergency management. It understands that effective planning cannot be limited to a "top-down" approach and encourages engagement of individuals, families, businesses, faith-based organizations and other community organizations and volunteer groups.

NCTCOG has adopted FEMA recommendations by developing a robust Continuity of Operations Plan (COOP), educating the public about actions to better prepare for emergencies (e.g., promoting "Know What 2 Do"), and working with its member governments and stakeholders (e.g., non-profits and volunteer organizations) to develop a coordinated disaster preparedness plan.

NCTCOG works closely with representatives from FEMA Region 6 in Denton, TX and helps implement these national standards on a regional, local and community level.

19. Assurances

[Click here for instructions](#)

Section 306(a), Older Americans Act

<Organization Name> provides and agrees to comply with the following assurances:

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

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

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

- a. Specify how the provider intends to satisfy the service needs of low-income minority, older adults with limited English proficiency, and older adults residing in rural areas in the area served by the provider;
 - b. To the maximum extent feasible, provide services to low-income minority older adults, older adults with limited English proficiency, and older adults residing in rural areas in accordance with their need for such services; and
 - c. Meet specific objectives established by the AAA, for providing services to low-income minority older adults, older adults with limited English proficiency, and older adults residing in rural areas within the PSA. **(§306(a)(4)(A)(ii))**
6. With respect to the fiscal year preceding the fiscal year for which such area plan is prepared:
- a. Identify the number of low-income minority older adults in the PSA;
 - b. Describe the methods used to satisfy the service needs of such minority older adults; and
 - c. Provide information on the extent to which the AAA met the objectives described in §306(a)(4)(A)(i). **(§306(a)(4)(A)(iii))**
7. Provide assurances the AAA will use outreach efforts that will identify individuals eligible for assistance under the OAA, with special emphasis on:
- a. Older adults residing in rural areas;
 - b. Older adults with greatest economic need (with particular attention to low-income minority older adults and older adults residing in rural areas);
 - c. Older adults with greatest social need (with particular attention to low-income minority older adults and older adults residing in rural areas);
 - d. Older adults with severe disabilities;
 - e. Older adults with limited English proficiency; and
 - f. Older adults with Alzheimer’s disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such adults); and
 - g. Older adults at risk for institutional placement. **(§306(a)(4)(B)(i))**
- Inform the older individuals referred to in sub-clauses a-f of §306(a)(4)(B)(i), and the caretakers of such individuals, of the availability of such assistance. **(§306(a)(4)(B)(ii))**
8. Provide assurances the AAA will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older adults and older adults residing in rural areas. **(§306(a)(4)(C))**

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

OAA, family caregivers of such individuals, representatives of older adults, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the AAA on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan. **(§306(a)(6)(D))**

16. Provide the AAA will establish effective and efficient procedures for coordination of entities conducting programs that receive assistance under the OAA within the PSA served by the AAA; and entities conducting other Federal programs for older adults at the local level, with particular emphasis on entities conducting programs described in section 203(b) of the OAA, within the area. **(§306(a)(6)(E))**
17. Provide the AAA will, in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental and behavioral health services (including mental health screenings) provided with funds expended by the AAA with mental health services provided by community health centers and by other public agencies and nonprofit private organizations. **(§306(a)(6)(F))**
18. Provide if there is a significant population of older adults who are Native American in the PSA of the AAA, the AAA shall conduct outreach activities to identify such people in such area and inform such people of the availability of assistance under the OAA. **(§306(a)(6)(G))**
19. Provide the AAA will, in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate. **(§306(a)(6)(H))**
20. Provide the AAA shall, consistent with this section, facilitate the area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older adults and their family caregivers, by:
 - a. Collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;
 - b. Conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better:

- i. Respond to the needs and preferences of older adults and family caregivers;
- ii. Facilitate the provision, by service providers, of long-term care in home and community-based settings; and
- iii. Target services to older adults at risk for institutional placement, to permit such adults to remain in home and community-based settings;
- c. Implementing, through the agency or service providers, evidence-based programs to assist older adults and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older adults; and
- d. Providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the AAA itself, and other appropriate means) of information relating to the need to plan in advance for long-term care; and the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources. **(§306(a)(7))**

21. Provide case management services provided under Title III of the AAA through the AAA will not duplicate case management services provided through other Federal and State programs; be coordinated with services provided through these programs; and be provided by a public agency or a nonprofit private agency that:

- a. Gives each older adult seeking services under this title a list of agencies that provide similar services within the jurisdiction of the AAA;
- b. Gives each of these older adults a statement specifying that the adult has a right to make an independent choice of service providers and documents receipt by such adult of such statement;
- c. Has case managers acting as agents for older adults receiving the services and not as promoters for the agency providing such services; or
- d. Is located in a rural area and obtains a waiver of these requirements. **(§306(a)(8))**

22. Provide assurances that the AAA, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9) of the OAA, will expend not less than the total amount of funds appropriated under the OAA and expended by the agency in fiscal year 2000 in carrying out such a program under this title. **(§306(a)(9))**

23. Provide a grievance procedure for older adults who are dissatisfied with or denied services under this title. **(§306(a)(10))**
24. Provide information and assurances concerning services to older adults who are Native Americans (referred to in this paragraph as older Native Americans) including:
- a. Information concerning whether there is a significant population of older Native Americans in the PSA and if so, an assurance that the AAA will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
 - b. An assurance that the AAA will, to the maximum extent practicable, coordinate the services provided under Title VI of the OAA; and
 - c. An assurance that the AAA will make services under the area plan available to the same extent; as such services are available to older adults within the PSA, whom are older Native Americans.
- (§306(a)(11))**
25. Provide the AAA will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older adults at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area **(§306(a)(12))**
26. Provide assurances the AAA will:
- a. Maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships; **(§306(a)(13)(A))**
 - b. Disclose to the Assistant Secretary for Aging and HHSC:
 - i. The identity of each non-governmental entity with which the AAA has a contract or commercial relationships relating to providing any service to older adults; and
 - ii. the nature of such contract or such relationship;**(§306(a)(13)(B))**
 - c. Demonstrate that a loss or diminution on the quantity or quality of the services provided, or to be provided, under this title by the AAA has not resulted and will not result from such non-governmental contracts or such commercial relationships; **(§306(a)(13)(C))**
 - d. Will demonstrate that the quantity and quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships; and **(§306(a)(13)(D))**

- e. Will, on the request of the Assistant Secretary of State, for the purpose of monitoring compliance with the OAA (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older adults.

(§306(a)(13)(E))

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

(§306(a)(14))

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

(§306(a)(15))

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

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

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

(§306(e))

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

AUTHORIZED OFFICIAL OF GRANTEE

Signature: 

Name and Title: Mike Eastland, Executive Director

Area Agency on Aging: North Central Texas

Date: February 27, 2020

AAA DIRECTOR/AUTHORIZED OFFICIAL

Signature: Doni Green

Name: Doni Green

Date: 2/27/2020

Standard Assurances of Compliance

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

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

The Grantee agrees that compliance with this assurance constitutes a condition of continued receipt of federal financial assistance, and that it is binding upon the

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

AUTHORIZED OFFICIAL OF GRANTEE

Signature: *Mike Eastland*

Name and Title: Mike Eastland, Executive Director

Area Agency on Aging: North Central Texas

Date: 2/27/2020

AAA DIRECTOR/AUTHORIZED OFFICIAL

Signature: *Doni Green*

Name: Doni Green

Date: 2/27/2020