

# Area Plan

## FFY 2021-2022

Texoma Area Agency on Aging

PSA 22

1117 Gallagher Sherman TX 75090

[www.tcog.com](http://www.tcog.com)

  
**TEXAS**  
Health and Human  
Services

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Submitted March 2020

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# 1. Introduction to the Area Plan

## Purpose

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

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

## Updates to the Area Plan

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

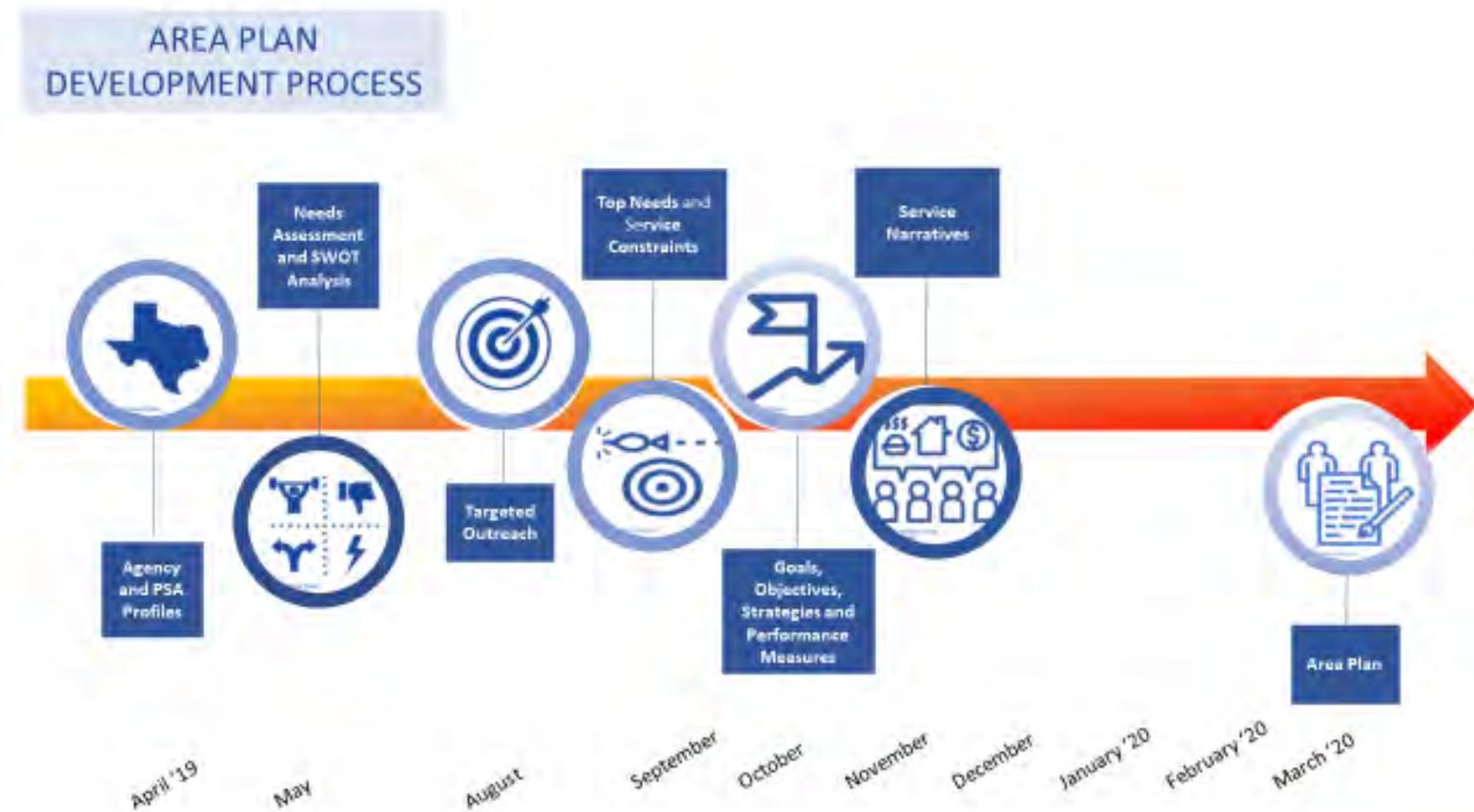
In preparing the area plan, authors should familiarize themselves with changes to Older Americans Act programs resulting from the 2016 Older Americans Act Reauthorization Act (P.L. 114-144), referred to throughout this document as “OAA.” The Administration for Community Living (ACL) has provided a summary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

The area plan development process begins with development of the AAA description and PSA profile, followed by completion of the regional needs assessment and SWOT (strengths, weaknesses, opportunities and threats) analysis during the late spring and early summer of 2019. The late summer and early fall should feature development of the targeted outreach and top needs and service constraints. With the completion of these components, the agency will be prepared to address the goals, objectives, strategies and performance measures, as well as service narratives, in the fall.

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

In planning to produce the area plan, agencies should consider the following development process.

Figure 1 Area Plan Development Process



# Area Plan Development Timeline

Table 1 Area Plan Development Timeline

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

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

# **Area Plan**

## **FFY 2021-2022**

## 2. Area Plan Certification

### AAA INFORMATION

LEGAL NAME OF AGENCY: TEXOMA AREA AGENCY ON AGING  
MAILING ADDRESS: 1117 GALLAGHER DR., SUITE 350 SHERMAN, TX 75090  
TELEPHONE: 903-813-3575  
FEDERAL ID NUMBER: 75-1292195

### CERTIFICATION BY <AAA GOVERNING BODY> BOARD OF DIRECTORS AUTHORIZED OFFICIAL, AAA ADVISORY COUNCIL CHAIR, <AAA GOVERNING BODY> 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 AAA Governing Body, AAA Governing Body Board of Directors, 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.

#### AAA GOVERNING BODY EXECUTIVE DIRECTOR

NAME: ERIC BRIDGES

SIGNATURE: \_\_\_\_\_

DATE: Click or tap to enter a date.

#### AAA ADVISORY COUNCIL CHAIR

NAME: SHARON BRAZEAL

SIGNATURE: \_\_\_\_\_

DATE: Click or tap to enter a date.

#### AAA GOVERNING BODY BOARD OF DIRECTORS AUTHORIZED OFFICIAL

NAME: HONORABLE JASON BRINKLEY

SIGNATURE: \_\_\_\_\_

DATE: Click or tap to enter a date.

#### AAA DIRECTOR/AUTHORIZED OFFICIAL

NAME: JUDY CONNER

SIGNATURE: \_\_\_\_\_

DATE: Click or tap to enter a date.

## 3. Executive Summary

Texoma Area Agency on Aging (AAA) prepares an Area Plan on Aging as required by the Texas Office of Area Agencies on Aging (OAAA) under the U.S. Department of Health and Human Services Commission (HHSC). The Area Plan provides strategic direction to the Texoma area senior services network and complies with instructions by HHSC.

Beyond the minimum required information, the Area Plan addresses the following: key sociodemographic factors that will shape funding needs; priorities, unmet needs and best practices identified by the OAAA; in providing objectives in working with the aging network on cost-effective, high quality services to Texoma's older adults, adults with disabilities and their caregivers.

The Texoma Area Plan documents the very rural and isolated areas of Texoma, a three-county region bordering southern Oklahoma, and reveals the scarcity of populated areas which impacts transportation mobility for any age, however, the impact is much greater when factoring in the population of ages 60 and over.

The core programs of the Texoma Area Agency on Aging lead the effort for innovative aging services in the Texoma area to assist individuals age 60 and over, including those with disabilities, and their caregivers to age with dignity, purpose and independence. The following have been identified by the region as the top services requested to remain living independently and are addressed in-depth in the Area Plan:

### **Priority 1: Transportation**

Available options for public transportation continues to be a need in our region for the isolated and rural areas. Major communities have limited options where public and/or affordable private transportation is available.

### **Priority 2: Nutrition: home-delivered meals**

Home delivered meals are highly desired in our area due to various health issues in older adults that impede preparing meals in the home. This service includes the opportunity for socialization as a volunteer who delivers the meal to the home, speaks one-on-one with the recipient. Any concerns can then be reported back to the Nutrition Vendor if follow up is needed or requested.

### **Priority 3: Nutrition: congregate meals**

Congregate meals addresses another group of the older population who are mobile enough to physically attend a congregate meal site, whether driving themselves or with public transport. In addition to providing a meal, this service also includes socialization with others in a recreational setting.

Texoma AAA is addressing the significant needs of our region through initiatives to empower the older population of our region and their caregivers to live active, healthy lives and to improve their mental wellness and physical health through the core programs of our agency: Information, Referral and Assistance, Caregiver/Care Coordination, Legal Assistance and Ombudsman services according to guidelines set forth in OAAA's Service Definitions, including easy access for options to services as well as long-term care. Texoma AAA endeavors to ensure the legal rights of our older population and their protection, preventing abuse, neglect and exploitation. Texoma AAA also promotes planning and collaboration at the community level to recognize the benefit and needs of its aging population, maintaining the highest quality of life for as long as possible, including supports for family caregivers. This also includes AAA maintaining an effective and responsive staff as leaders.

## Mission

Promote and protect the well-being of the older person in Texoma. (Older Americans Act: §1321.53 Mission of the area agency)

## Vision

Assist individuals age 60 and over, their caregivers and persons with a disability to be independently operational, healthy individuals fully engaged in the community to their ability and desire.

## 4. Board of Directors

### Membership Composition

At least two-thirds (2/3) of the representatives of the Governing Board shall be elected official representatives of regular members in accordance with subsection (2)(B)(i) of this Article. Furthermore, the Governing Board shall be composed of representatives who collectively satisfy the requirements of applicable state and federal law.

The Governing Board shall consist of fifteen (15) representatives as follows:

Elected Officials:

(a) The County Judge of:

1. Cooke County,
2. Fannin County, and
3. Grayson County.

(b) The Mayor of:

1. The City of Bonham,
2. The City of Denison,
3. The City of Gainesville, and
4. The City of Sherman.

(c) General Law cities:

1. The Mayor of one (1) General Law city from each of:
  - A. Cooke County,
  - B. Fannin County, and
  - C. Grayson County.

Community Representatives:

The Commissioners Court of each County shall appoint one (1) community representative.

School Districts:

One (1) representative of a school district with an enrollment of more than 1,000 students.

Community College Districts:

One (1) representative of a community college district.

### Frequency of Meetings

The appointed representatives serving on the Governing Board shall meet at a time and place it decides, but no less than monthly.

### Officer Selection Schedule

The Governing Board shall elect officers at the regularly scheduled June meeting.

## Board Officers

Table 2 Board Officers

Title	Name	Term
Chair or president	Honorable Jason P. Brinkley	January 15, 2015 - Present
Vice chair or vice president	Honorable Jeff Whitmire	June 18, 2015 - Present
Treasurer or equivalent position	Honorable Teresa Adams	August 21, 2014 - Present
Secretary or equivalent position	Honorable Teresa Adams	August 21, 2014 - Present
Immediate past chair or president	Keith Clegg	July 18, 2013 – May 8, 2017
Other: (Title Texas State House District 60-Texas House of Representatives)	Representative Drew Springer	Ex-Officio

## **5. Advisory Council**

### **Council Composition**

The Advisory Council shall include individuals and representatives of community organizations who will help to enhance the leadership role of the Area Agency on Aging in developing community-based systems of services and shall be made up of:

- 1) More than 5 percent persons age 60 or over, including minority individuals who are participants or who are eligible to participate in aging programs;
- 2) Representatives of older persons;
- 3) Representatives of health care provider organizations, including providers of veterans' health care (if appropriate);
- 4) Representatives of health care provider organizations, including providers of veterans' health care (if appropriate);
- 5) Persons with leadership experience in the private and voluntary sectors;
- 6) Local elected officials; and
- 7) the general public.

### **Frequency of Meetings**

The Advisory Council shall meet every other month, beginning with a meeting in October.

### **Member Selection Schedule**

Members shall serve staggered three year terms and may succeed themselves for a total of two full terms. Having served two full terms (6 years), members may again be considered for membership after a one year break in service. Advisory Council members shall be nominated by the TCOG/AAA staff and AAA Director and the existing Council members shall then vote on the nominees' memberships in the month of October. All members must be confirmed by the TCOG Board of Directors.

**Table 3 Advisory Council Composition**

Category	Number of Members
Older adults residing in rural areas	4
Clients of Title III services	1
Older adults	9
Minority older adults who participate or are eligible to participate in OAA programs	4
Local elected officials	1
General public	5
Veterans' health care providers, if applicable	
Service providers	3
Family caregivers of older adults who are minority or who reside in rural areas	1
Business community representatives	1
Representatives of older adults	8
Representatives of health care provider organizations	1
People with leadership experience in the private and voluntary sectors	11
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 <sup>2</sup>
Sharon Brazeal	Older adult residing in rural areas	Grayson	2017	2017-2023	Rural older adults
Joe C. Dale	Older adult residing in rural areas	Fannin	2018	2018-2024	Rural older adults
Sandra Dean	Representative of older adults	Grayson	2018	2018-2024	Representative of supportive services
Patsy Howard	Service Provider	Grayson	2018	2018-2024	Representative of supportive services
Shari Marshall	Representative of older adults	Cooke	2020	2020-2026	Representative of health care provider
Robin McCoy	District Coordinator	Grayson	2018	2018-2024	Senator Pat Fallon
Greg Pittman	Service Provider	Grayson, Fannin & Cooke	2018	2018-2024	Representative of supportive services
Virginia Rhodes	Senior Corps Manager	Grayson	2019	2019-2025	Representative of older adults
Georgia Richardson	Older adult residing in rural areas	Grayson	2016	2016-2022	Rural older adults
Agnes Ricker	Older adult residing in rural area	Fannin	2016	2016-2022	Rural older adults
James Thorne	Older Adult	Grayson	2016	2016-2022	Representative of older adults
Josh Walker	Service Provider	Grayson, Fannin & Cooke	2017	2017-2023	TAPS Transportation
Kate Whitfield	Attorney	Grayson	2018	2018-2024	Business Law Advocacy

<sup>2</sup> Enter “N/A” if not applicable

## 6. Agency Description and PSA Profile

### Identification of Counties and Major Communities

The Texoma Region is a tri-county area located in north central Texas, south of Lake Texoma and the Red River which is the border between Oklahoma and Texas with a service area of 2,774 square miles in Cooke, Grayson and Fannin Counties.



Grayson County is the largest of the three counties with an estimated population of 128,560; Cooke County borders Grayson on the west with an estimated population of 39,571; Fannin County borders Grayson on the east with an estimated population of 34,175. (ACS Census Data 2018)

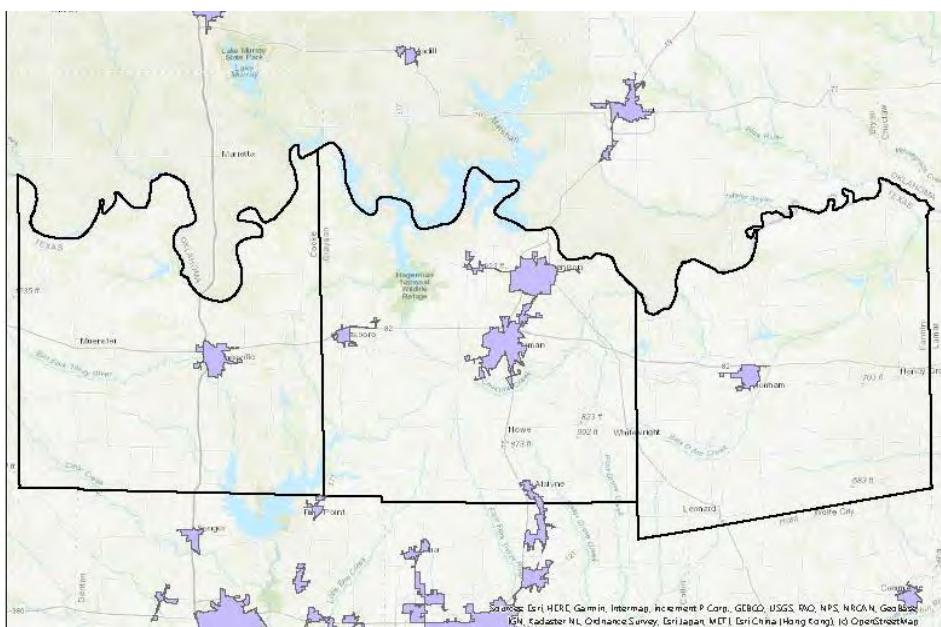
**Sherman** is the county seat of Grayson County and the largest community numerically with an estimated 41,567, with **Denison** being the second largest community in Grayson with an estimated population of 23,654 and closest to the Red River bordering Oklahoma.

**Bonham** is the county seat and largest city of Fannin County with an estimated population of 10,040.

**Gainesville** is the county seat and largest community of Cooke County with an estimated population of 16,169.

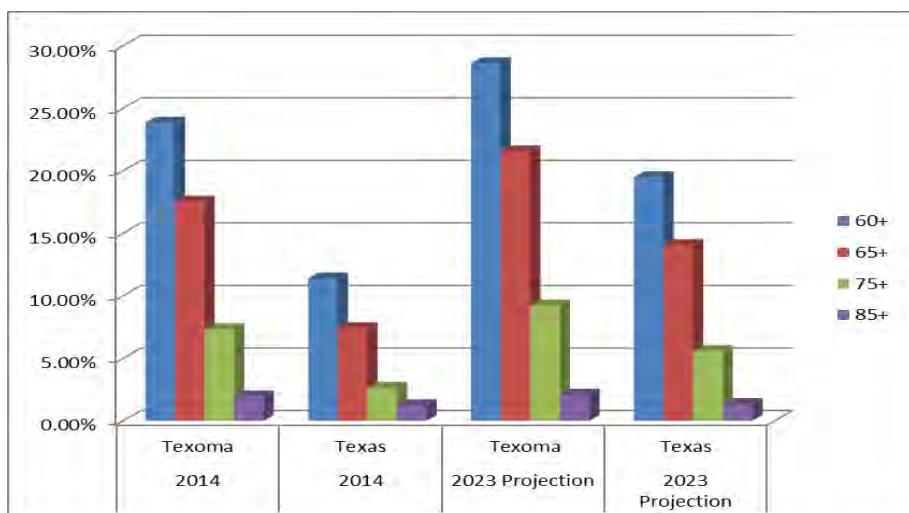
(Population Figures Source: US Census Bureau, 2012-2016 American Community Survey 5-Year Estimates)

The map below shows the most populated communities in each of the three counties served: Sherman/Denison (middle), Bonham (right) and Gainesville (left) versus mainly rural areas with smaller communities than those listed above in the remainder of the region.



Dramatic population growth of the elderly and persons with disabilities are continually reshaping communities in Texoma resulting in the increasing need for effective coordination of health, social services and affordable housing in the region. Texoma has a higher per capita rate at approximately 22% of the elderly population compared to the State of Texas per capita of approximately 19%. Texoma per capita is expected to remain higher than the State as the Senior Population Projections Table below reveals Texoma growth at almost 30% by 2023 while State growth is just under 20%. Texoma projections also show that the age group of 85 will increase more than the State projections for this same group. This will continue to create increased demand in the near future for community, in-home and institutional supports.

### Texoma Senior Population Projections



*Anticipated change in the percentage of older adults in Texoma is based on 2012 Population Projections by 1.5 Migration Scenario for Texas by The Texas Data Center.*

## Socio-Demographic and Economic Factors

Of the tri-county service area, the Sherman/Denison area is urban with outlying rural areas in Grayson County. Sherman/Denison is the center for major retail, industry, medical facilities, physicians and two higher education institutions in the County. After the closing of Perrin Air Force Base in Denison during the 1970s, many of the military personnel retired in the Texoma region and Lake Texoma.

Cooke County is a rural economy, centering on oil and gas production with associated industries. Its largest town, Gainesville, is beginning to build more retail with limited medical facilities and one junior college.

Fannin County is rural and agricultural with the majority of the population commuting to other regions, including the Dallas Metroplex, for jobs and medical needs.

The following tables show each county's population according to low-income/poverty and the relation to age, race and education, putting into perspective the economic advantages of urban areas compared to rural and hard-to-reach areas.

### Age and Poverty

Subject	Grayson County, Texas		
	Total	Below poverty level	Percent below poverty level
	Estimate	Estimate	Estimate
Population for whom poverty status is determined	121,291	18,877	15.6%
AGE			
Under 18 years	28,968	6,490	22.4%
Under 5 years	7,531	1,853	24.6%
5 to 17 years	21,437	4,637	21.6%
Related children of householder under 18 years	28,803	6,325	22.0%
18 to 64 years	72,106	10,700	14.8%
18 to 34 years	24,620	4,773	19.4%
35 to 64 years	47,486	5,927	12.5%
60 years and over	28,130	2,433	8.6%
65 years and over	20,217	1,687	8.3%

Source: US Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

In the Table above, 16.9% of individuals age 60 and over are living below poverty level in Grayson County.

### **Age and Poverty**

Subject	Fannin County, Texas		
	Total	Below poverty level	Percent below poverty level
	Estimate	Estimate	Estimate
Population for whom poverty status is determined	30,792	5,078	16.5%
<b>AGE</b>			
Under 18 years	7,078	1,407	19.9%
Under 5 years	1,690	386	22.8%
5 to 17 years	5,388	1,021	18.9%
Related children of householder under 18 years	7,042	1,371	19.5%
18 to 64 years	18,066	3,125	17.3%
18 to 34 years	5,631	1,178	20.9%
35 to 64 years	12,435	1,947	15.7%
60 years and over	7,700	853	11.1%
65 years and over	5,648	546	9.7%

Source: US Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

In the Table above, Fannin County has the highest number of individuals age 60 and over living below poverty level at 20.8% (1,399) of the three counties in our service area. Two factors that may contribute to this higher percentage is the very rural area of the county with residents not completing high school at a very high rate of 29.1%. (See Education and Poverty Table on Page 36)

### **Age and Poverty**

Subject	Cooke County Texas		
	Total	Below poverty level	Percent below poverty level
	Estimate	Estimate	Estimate
Population for whom poverty status is determined	38,050	5,726	15.0%
<b>AGE</b>			
Under 18 years	9,069	2,269	25.0%
Under 5 years	2,462	710	28.8%
5 to 17 years	6,607	1,559	23.6%
Related children of householder under 18 years	9,029	2,229	24.7%
18 to 64 years	22,484	3,121	13.9%
18 to 34 years	7,771	1,720	22.1%
35 to 64 years	14,713	1,401	9.5%
60 years and over	9,355	647	6.9%
65 years and over	6,497	336	5.2%

Source: US Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

In the table above, 12.1% of individuals (983) age 60 and over are living below poverty level in Cooke County.

Cooke County is home to minority and rural communities. One such community has grown over the years primarily due to the DFW Metroplex boundaries pushing northwest and the residents aging in place. This community has a very high percentage of Hispanics with 38% living in poverty. (See Race and Poverty Table) Barriers to services include the very rural area, limited transportation and fuel costs and primarily being non-English speaking. Residents in this area do not understand the benefits that may be available for them nor understand how to request services. Physical access to services is also limited by the only main road leading to the community being eroded and needing extensive repair with no current available funding for those repairs.

## Race and Poverty

Subject	Grayson County, Texas		
	Total	Below poverty level	Percent below poverty level
	Estimate	Estimate	Estimate
Population for whom poverty status is determined	121,291	18,877	15.6%
SEX			
Male	59,276	8,702	14.7%
Female	62,015	10,175	16.4%
RACE AND HISPANIC OR LATINO ORIGIN			
White alone	105,260	14,377	13.7%
Black or African American alone	7,051	2,510	35.6%
American Indian and Alaska Native alone	1,410	152	10.8%
Asian alone	1,326	277	20.9%
Native Hawaiian and Other Pacific Islander alone	76	9	11.8%
Some other race alone	2,564	604	23.6%
Two or more races	3,604	948	26.3%
Hispanic or Latino origin (of any race)	15,009	3,395	22.6%
White alone, not Hispanic or Latino	93,246	11,733	12.6%

Source: US Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

The table above reveal the race with the highest population living in poverty as Black or African American alone at 35.6% with Hispanic or Latino origin second at 22.6%; white alone living in poverty is 13.7%. Grayson County has the lowest percentage of American Indian and Alaska Native Alone living in poverty out of the three counties at 10.8%. Females living in poverty are higher than Males living in poverty by 2.3%.

## Race and Poverty

Subject	Fannin County, Texas		
	Total	Below poverty level	Percent below poverty level
	Estimate	Estimate	Estimate
Population for whom poverty status is determined	30,792	5,078	16.5%
SEX			
Male	15,122	2,474	16.4%
Female	15,670	2,604	16.6%
RACE AND HISPANIC OR LATINO ORIGIN			
White alone	27,897	3,976	14.3%
Black or African American alone	1,559	661	42.4%
American Indian and Alaska Native alone	105	22	21.0%
Asian alone	165	62	37.6%
Native Hawaiian and Other Pacific Islander alone	11	0	0.0%
Some other race alone	203	147	72.4%
Two or more races	852	210	24.6%
Hispanic or Latino origin (of any race)	2,817	679	24.1%
White alone, not Hispanic or Latino	25,392	3,440	13.5%

Source: US Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

Rural Fannin County has the highest population of Black or African American alone living in poverty at 42.4% compared to 14.3% of White alone living in poverty with Hispanic or Latino living in poverty at 24.1%. Fannin also has the highest percentage of individuals not completing high school at 29.1% out of the three counties. (See Education and Poverty Table)

Females living in poverty is only slightly higher than Males living in poverty by .2%.

Of the three counties, Fannin County has the highest percentage of American Indian and Alaska Native Alone living in poverty at 21% of the three counties.

### Race and Poverty

Subject	Cooke County, Texas		
	Total	Below poverty level	Percent below poverty level
	Estimate	Estimate	Estimate
Population for whom poverty status is determined	38,050	5,726	15.0%
SEX			
Male	18,860	2,511	13.3%
Female	19,190	3,215	16.8%
RACE AND HISPANIC OR LATINO ORIGIN			
White alone	35,389	5,176	14.6%
Black or African American alone	903	182	20.2%
American Indian and Alaska Native alone	230	37	16.1%
Asian alone	296	37	12.5%
Native Hawaiian and Other Pacific Islander alone	44	0	0.0%
Some other race alone	280	21	7.5%
Two or more races	908	273	30.1%
Hispanic or Latino origin (of any race)	6,428	2,441	38.0%
White alone, not Hispanic or Latino	29,385	2,834	9.6%

Source: US Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

In the Table above, Hispanic or Latino is the highest race living in poverty at 38.0% with Black or African American living in poverty at 20.2%; White alone living in poverty is 14.6%. Cooke County's American Indian and Alaska Native Alone living in poverty is at 16.1%. Females living in poverty is higher by 3.5% than Males living in poverty.

**Education and Poverty, Cooke, Fannin and Grayson**

Subject	<b>Cooke County, Texas</b>		
	Total	Below poverty level	Percent below poverty level
	Estimate	Estimate	Estimate
Population for whom poverty status is determined	38,050	5,726	15.0%
<b>EDUCATIONAL ATTAINMENT</b>			
Population 25 years and over	25,657	2,674	10.4%
Less than high school graduate	3,425	940	27.4%
High school graduate (includes equivalency)	7,646	807	10.6%
Some college, associate's degree	8,994	798	8.9%
Bachelor's degree or higher	5,592	129	2.3%

Subject	<b>Fannin County, Texas</b>		
	Total	Below poverty level	Percent below poverty level
	Estimate	Estimate	Estimate
Population for whom poverty status is determined	30,792	5,078	16.5%
<b>EDUCATIONAL ATTAINMENT</b>			
Population 25 years and over	21,232	3,059	14.4%
Less than high school graduate	3,029	881	29.1%
High school graduate (includes equivalency)	7,539	1,177	15.6%
Some college, associate's degree	7,128	856	12.0%
Bachelor's degree or higher	3,536	145	4.1%

Subject	<b>Grayson County, Texas</b>		
	Total	Below poverty level	Percent below poverty level
	Estimate	Estimate	Estimate
Population for whom poverty status is determined	121,291	18,877	15.6%
<b>EDUCATIONAL ATTAINMENT</b>			
Population 25 years and over	82,185	10,209	12.4%
Less than high school graduate	10,055	2,656	26.4%
High school graduate (includes equivalency)	25,291	3,492	13.8%
Some college, associate's degree	30,147	3,169	10.5%
Bachelor's degree or higher	16,692	892	5.3%

Source: US Census Bureau, 2012-2016 American Survey 5-Year Estimates

In the table above, individuals living in poverty are highest in the population who did not complete high school in all three counties: Cooke at 27.4%, Fannin at 29.1% and Grayson at 26.4%.

## Economic and Social Resources

Economic and Social Resources for our region includes **Lake Texoma**, one of the largest reservoirs in the United States and the 12<sup>th</sup> largest US Army Corps of Engineers' (USACE) lake. Located on the Red River between Oklahoma and Texas, the Lake is our region's largest source of tourism attracting approximately 6 million visitors a year. Lake Texoma is formed by Denison Dam on the Red River and located at the confluence of the Red and Washita Rivers with a surface area of approximately 93,000 acres. Sherman/Denison metropolitan are the two major cities closely surrounding the lake area in Grayson County with the city of Gainesville surrounding the lake in Cooke County.

Lake Texoma features state parks and several small islands accessible only by means of water transportation. Construction of the dam was completed in January 1944 and the installation of the two generators completed in September 1949. Lake Texoma was then authorized for flood control, hydropower and water supply. Recreational opportunities include two wildlife refuges, two state parks, 54 USACE-managed parks, 12 marinas, 26 resorts, hundreds of campgrounds, great fishing and a variety of golf courses. Power boating, sailing, personal watercraft, water skiing and wind surfing are very popular with tourists.

Lake Texoma is home to the Lakefest Regatta and considered to be the first inland charity regatta in the United States. Highest seasonal tourism is shown during the spring, summer and fall with many summer residents from the northern areas who relocate for a time in our Gainesville and Sherman/Denison areas in order to take advantage of the many warm weather recreational activities. Fannin County is currently building a new lake district which will affect the future population and seasonal shifts in tourism.

### **North Texas Regional Airport (NTRA)**

NTRA (formerly Perrin Air Force Base) is a functional airline offering flights into the metroplex of Dallas/Fort Worth.

### **Arts and Cultural Districts**

Denison Arts and Cultural District offers many recreational opportunities for our region's older population with a 30-block area of downtown art galleries, antique and specialty shops, performance venues, historic theater, art schools, restaurants and wine tasting room, recording and dance studios, museums, loft living spaces, library and the Old Katy Depot. Some buildings are listed on the National Register of Historic Places.

Sherman Cultural District advocates for the arts and artists to improve the environment and promote arts-based tourism and economic growth through art studios, antique shops, community playhouse, creating opportunities for our region's older population to continue engagement in civic engagement as long as desired.

Arts and cultural opportunities are also offered in the rural towns of Gainesville (Cooke County) and Bonham (Fannin County), however, in a more limited form.

### **Higher Education**

Grayson College is a rural public community college with the main campus in Denison and branch campuses at the Perrin Air Force Base and Van Alstyne, all three in Grayson County. Austin College is a suburban private liberal arts college located in Sherman in Grayson County with a main campus of 70 acres. North Central Texas College is a rural public community college located in Gainesville in Cooke County, with a main campus of 110 acres. Educational opportunities are available for our region's older population in all three colleges.

## Description of Service System

Services to meet basic needs of our region's older adults and those with disabilities are established through the wide scope of OAAA/HHSC funded services through Texoma AAA. Comprehensive assessments are completed through AAA programs such as caregiver/care coordination, legal services, ombudsman and connecting individuals with other appropriate resources through information, referral and assistance. Our region's needs continue to be examined, both through our agency and the public and private sector in our area, in order to provide required services to meet the ongoing needs in our region.

One innovative example is in the public and private sectors where area leaders have partnered with local foundations in conducting the region's first Community Mental Health Needs Assessment Study in order to begin addressing the area's

mental health needs. Thirty-five organizations make up the Texoma Behavioral Health Leadership Team with the final study to be used to help the community organization develop plans to help provide better mental health services in our region. It has been recognized when families experience mental illness, there are fewer family caregivers for those individuals age 60 and over as a support network.

In Table 6 of the Targeting Report, the total number of individuals age 60 and over in our PSA is 48,021. Individuals registered as receiving available services in our PSA is 2,495. Of that amount, 1,954 clients live in rural areas with 336 minority clients.

Partial funding by OAA supplements services for Alzheimer's disease and related dementias, both for care recipients and caregivers, which are available weekly for individuals residing in all three counties. Respite care is two-fold with trained staff to engage the care recipients in a safe environment while the caregiver has a designated time for themselves without caregiving concerns. Partnering with national Alzheimer's services also provide monthly support groups for caregivers.

Registered services provided and number of clients in each county are below according to the *NAPIS Agency Summary Report 2018 - 2019*:

Cooke County	Fannin County	Grayson County
Clients: 524	Clients: 737	Clients: 2,713
Direct Services:	Direct Services:	Direct Services:
Care Coordination	Care Coordination	Caregiver/Care Coordination
Legal Assistance	Legal Assistance	Legal Assistance
HICAP Assistance	HICAP Assistance	HICAP Assistance
Information, Referral, Assist	Information, Referral, Assist	Information, Referral, Assist
Residential Repair	Residential Repair	Residential Repair
Evidence-Based Intervention	Evidence-Based Intervention	Evidence-Based Intervention
Health Maintenance	Health Maintenance	Health Maintenance
Nutrition: Education, HDM, Congregate	Nutrition: Education, HDM, Congregate	Nutrition: Education, HDM, Congregate

## Focal Points

Table 5 Focal Points

	Community Served	Name and Address of Focal Point	Services Provided	Services Coordinated with Other Agencies
1.	Cooke, Fannin & Grayson Counties	Area Agency on Aging 1117 Gallagher Drive, Ste 350 Sherman, TX 75090 903.813.3505	IR&A; Care Coordination: nutrition, residential repair, health maintenance; Caregiver Services; Legal Assistance; Ombudsman.	Gainesville Housing Authority Texoma Housing Partners

## Role in Interagency Collaborative Efforts

### Coordination of Mental Health Services

Studies show that Texas ranks last in the country for per-capita funding for mental illness with the 2019 Fannin County

Community Health Needs Assessment revealing Mental Health as being voted the number one priority in Fannin County. With this in mind, Texoma AAA, involves multiple local agencies to enhance and capture all opportunities provided by HHSC funds and community partners to address priority issues. Partnerships are key in our delivery of services in our region and provide combined experience and continuum of services to seniors and those with disabilities. Mental health partner services include intake and referral, assertive community treatment, community support, crisis intervention, behavioral health services, case management, vocational employment and residential supported housing.

The Texoma Community Center (TCC-formerly MHMR) and Department of Assistive and Rehabilitative Services (DARS) have contractual responsibilities to develop local service area plans in our region. TCC and DARS direct the provision of services to persons with mental challenges. TCC's plan guides the provision of services to persons with behavioral health needs, in addition to those with mental challenges. Plans address community needs and priorities, network planning, resource development and allocation and relationships with other community agencies and service providers.

Mental wellness foundations partner with agencies in our region to create opportunities for educational seminars and materials on mental health awareness for local professionals. Texoma AAA works closely with the foundations to be able to reach those age 60 and over with more complete information on services available for those with mental health issues in our region.

#### **Health Maintenance**

United Way agencies in two of our counties, along with other local foundations, are approached by our agency for grants addressing specific health maintenance needs of the older population in Grayson, Fannin and Cooke Counties targeting dental, vision and hearing issues to assist residents in the pursuit of physical wellness, quality of life and independent living.

#### **In-Kind Resources**

Partnerships with local hospitals offer in-kind resources for our respite care program in the way of dedicated meeting rooms, lunches for participants and volunteers and other necessary supplies, available in all three counties, Grayson, Fannin and Cooke Counties.

#### **Service Organizations**

Texoma AAA partners with multiple local service organizations and businesses (home health/hospice agencies, hospitals, physicians) in all three counties, Grayson, Fannin and Cooke. Together we engage in community services to enhance the life and well-being of our older population.

#### **Veterans' Services**

Texoma AAA works closely with local veterans' service providers and in providing referral information and resources to individuals accessing our Information & Referral Assistance.

#### **Alzheimer's Association (AA)**

Texoma AAA collaborates and partners with our region's Alzheimer's Association which includes outreach efforts in the older population who are dealing with a diagnosis of Alzheimer's disease or related dementia (ADRД) or caregiving for those with dementia and memory loss. Facilitators trained by the AA will reach out to our tri-county area to establish and maintain support group meetings to assist in educational awareness and distribution of educational materials and local resources.

#### **Meals on Wheels (MOW)**

Nutrition provider maintains senior centers in Grayson, Fannin and Cooke Counties, coordinating with Senior Corps' RSVP program in recruiting, training and maintaining volunteers for delivery of home-delivered meals.

**Senior Corps** (Corporation for National and Community Service): Intergenerational partnership activities and volunteer initiatives include the Senior Corps Program providing volunteers through their Foster Grandparents Program to link those age 60 and over with mentorship opportunities with local school age children, effectively preventing isolation of the elderly.

The RSVP volunteers are offered opportunities to partner with hospitals, Alzheimer's disease and related dementia respite care programs and programs providing services to older adults and older adults with disabilities.

Senior Corps volunteers are also recruited and trained to deliver meals to those age 60 and over and their eligible caregivers through the Meals on Wheels Program.

**Ministerial Alliances**

Various ministerial alliances are great sources of publicity, outreach to the region's older population and offers opportunities to reach out to the older population and those with disabilities through local churches.

**Texoma Area Para-Transit Services (TAPS)**

Collaboration with TAPS will help those clients age 60 and over with transportation needs in some of the major cities. Rural areas are a challenge and collaboration meetings are needed to move forward to address these needs.

**Social Security/HHSC**

Building partnerships through collaboration efforts provide the benefits counselors of our AAA and representatives from Social Security Administration and Health and Human Services Commission (HHSC) with more concentrated abilities to assist eligible individuals in our service area.

**Texas Housing Partners (THP)**

Collaboration between AAA and THP in Fannin County allows AAA to have office facilities in Bonham. This ability to work regularly out of a local location better meets the rural residents' needs of Fannin County as many in need struggle with transportation issues.

**Gainesville Housing Authority (GHA)**

Collaboration between AAA and GHA in Gainesville allows AAA to have office facilities in Cooke County. This ability to be housed in a local location better meets the rural residents' needs of Cooke County as many in need struggle with transportation issues.

## 7. Plan Development

The process used to develop the Area Plan was first to gather as much information and feedback from stakeholders and the public representing urban and rural and the pockets of communities that may be more isolated. The tool used to garner feedback was the Community Needs Assessment Survey 2021-2022 which was distributed for approximately four months in all three counties. This is described more at length in Section 8: Regional Needs Assessment/SWOT Analysis.

As seen below in Resources Used, a variety of statistics for each county were used to compile the charts and graphs to develop the Area Plan.

### 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 Community Needs Assessment Survey 2021-2022
- Other 2019 Fannin County Community Health Needs Assessment
- Other CSBG CNA 2019-2021
- Other GIS Department/TCOG
- Other Click here to enter text.
- Other Click here to enter text.

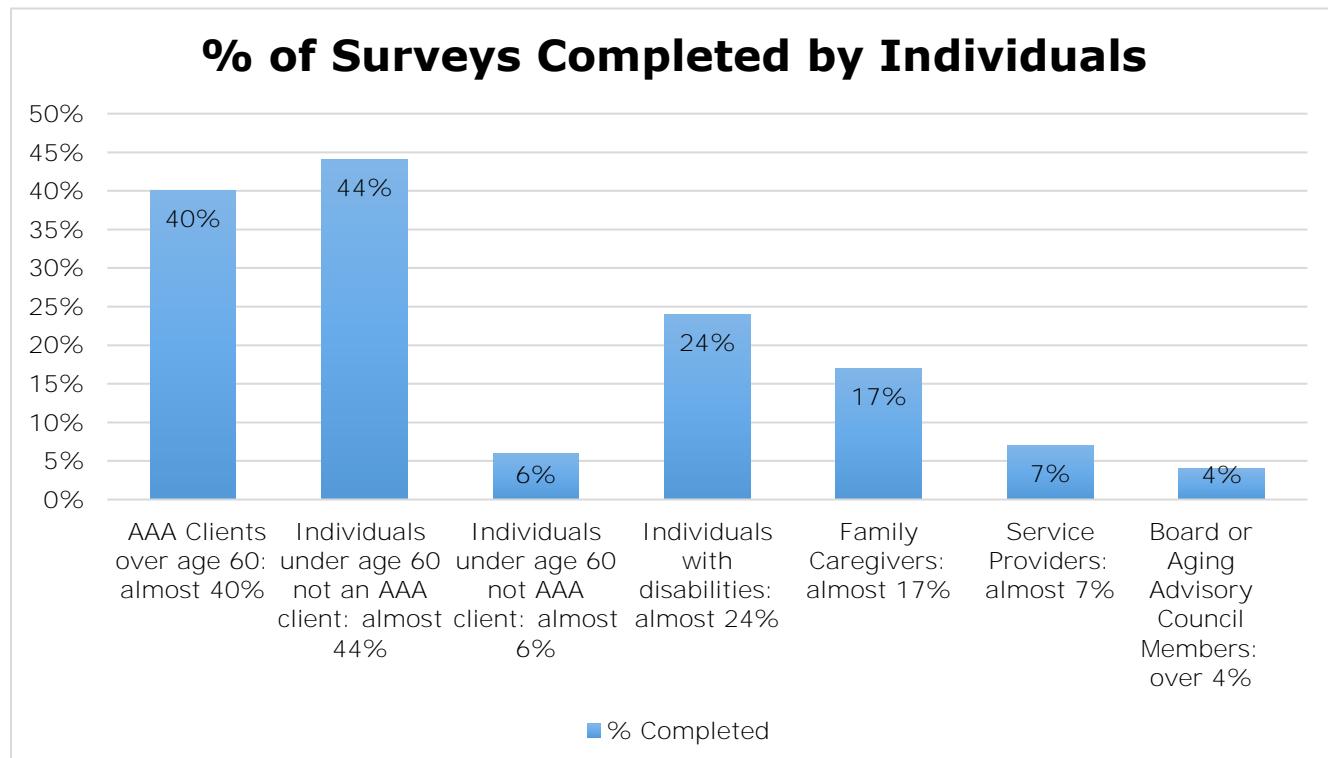
## 8. Regional Needs Assessment/SWOT Analysis

### Regional Needs Assessment Development Process

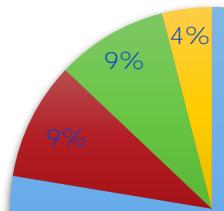
The Community Needs Assessment 2021-2022 was placed on our website and distributed in both English and Spanish languages at senior centers in Grayson, Fannin and Cooke Counties. The survey was also distributed at the Grayson County Food Pantry with one-on-one conversations with those county residents disabled and age 60 and over for in-depth feedback of needs and completion of the survey. Staff distributed the hard copy survey from AAA offices in Grayson, Fannin and Cooke Counties to those not computer literate while also being distributed to advisory councils and board members of various organizations within our tri-county area. The survey was mailed out in rural communities with postage-paid envelopes for completion and return to office. The process included questions on access to services; caregiver services; health care services and home-and community-based services.

### Survey or Public Forum Participants

The Community Needs Assessment Survey for 2021 – 2022 was placed on the Texoma Council of Governments/Area Agency on Aging website for approximately four months. Printed Surveys in English and Spanish were distributed in all three counties, Grayson, Fannin and Cooke with the majority at the local and rural senior centers. The following chart describes the characteristics of survey participants and demographic information.



## % of Surveys Completed by County



■ Grayson County at almost 78%; ■ Fannin County completed almost 9.5%  
■ and Cooke County completed almost 9%. ■ Other Counties completed over 4%

## Key Findings

Key findings from the survey results completed revealed the highest requested need as public transportation services (especially in the rural communities) at 95% of the completed responses. Home-delivered meals was reported as the second highest concern at almost 95%.

Health issues at 72% of the responses was reported as causing the greatest concern to older adults with Financial concerns the second greatest concern at over 65% of the responses.

Over 75% of completed responses replied the greatest source of receiving information for older adults was by “word of mouth” with the second greatest source listed as “television” at almost 34%. Almost 17% replied they do not receive information about senior services or they don’t know or are not sure where they receive information.



**Strengths:** One-stop shop for information, eligibility, access and referrals; more community involvement as a smaller community; strong community partnerships; trained, experienced and committed staff able to reach all three counties even with limited resources; longevity in volunteers' services.

**Weaknesses:** Rural and isolated areas in all three counties; lack of transportation due to rural areas with limited public and private transport; inadequate resources for mental wellness; inadequate funding; counties have cultural differences and require different approaches in providing services.

**Opportunities:** Local foundations grant access for additional funding; collaborations and new partnerships; lower overall living costs compared to metropolitan areas.

**Threats:** Much of the local elder population is high risk, e.g., poor, minority, limited English proficiency and/or disabled with increasing demands for services; funding cuts in federal and state funding; in the past 10 years, our agency staff has decreased by 3.0 fte's; decreasing volunteerism.

## Analysis

All data used was analyzed by using the results of the Community Needs Assessment Survey for 2021-2022, as well as NAPIS information with specific needs requested by individuals in our area. Community groups at local food banks in each county were engaged by AAA staff in discussion of emerging issues and to identify any unmet needs.

The Information, Referral and Assistance Call Log maintained by AAA Specialist identified three priority needs as those identified by the Community Needs Assessment Survey while ACS 2016 tables were used in identifying noticeable trends in higher population counts of minorities and non-English speaking communities without access to resources and services.

Focal points in each county collected information from area individuals regarding services which will be added to other sources of data to use in prioritizing areas to be addressed in the Area Plan.

Data collected identified the three top needs in our PSA and actions that will be taken to address outcomes, are discussed in Section 10 – Top Needs and Service Constraints. In addition, AAA has collected information on emerging needs of the population through the data collected that will be used to analyze the need for additional services as well as outcomes to measure said services.

## 9. Targeted Outreach

### Performance Analysis

The previous Area Plan of Texoma AAA incorporated local strategies to support our program goals with state strategies in promoting lifelong independence and providing alternatives in long-term care options through a wide variety of services provided by our agency to the individuals age 60 and over in our region. Texoma AAA developed and maintained an organized and efficient system of services in our previous plan period by demonstrating accountability, compliance and accurate reimbursement procedures within state and federal regulations, adhering to all terms and conditions of the contract.

Strategies included providing a local based system that connected individuals with the services and benefits they needed and requested through programs such as ombudsman (advocating for residents' rights); caregiver/care coordination (access and assistance for individuals to an integrated array of health and social supports); information, referral and assistance (developed and maintained effective outreach and promotional materials targeting affected populations including rural, minority, low-income, frail elderly, caregivers and persons with disabilities; and legal assistance (providing counseling, advocacy and public benefits and enrollment assistance to Medicare beneficiaries).

Success was measured by documented state performance/outcome measures and the fact that our Nutrition Provider has been able to provide home delivered meals for all requests.

Comparative analysis of performance data reveals Texoma PSA has a 1.0% Share of Statewide Minority Population of 60+; 0.3% Share of Statewide Minority Population of 60+; and 0.9% Share of Statewide Poverty Population of 60+.

The Targeting Report (Table 6) reveals our PSA 60+ Poverty Level as 3,904; of that number, 1,251 are AAA clients or 32%. Our PSA 60+ Minority Level is 3,486; of that number, 336 are AAA clients or 10%. Our PSA 60+ Rural Areas is 16,213; of that number, 1,954 are AAA clients or 12%.

Texoma AAA's need based Nutrition Program (Congregate and Home-Delivered Meals) addresses the rural areas, limited English proficiency, those individuals with no familial support system and those who are homebound, individuals with the greatest social need. This program also helps to prevent premature institutional placement by contributing to food security.

Texoma AAA has met state performance measure projections in delivering services to specific population groups during the previous plan period as evidenced by documentation.

### Targeted Outreach Plan

Summary of planned outreach activities at the county and PSA levels: In all three counties our Nutrition Provider partners with Texoma AAA to distribute outreach and educational materials such as flyers announcing annual Open Enrollment information and assistance to all home-delivered meals recipients and at all congregate meal sites. AAA partners with a Transportation Provider in all three counties in the effort to reach all rural and isolated areas needing access for daily living. EBI programs such as A Matter of Balance (falls prevention) and Powerful Tools for Caregivers (stress relief for caregivers) are offered in all three counties by State certified Coaches. Texoma AAA publishes and distributes the Texoma Senior Sourcebook, a magazine of services and phone numbers of the Texoma AAA programs with additional listings of local and state resources for the older population, the caregiver and/or care recipient.

Fannin County – AAA partners with Fannin County Mobile Food pantry to address food insecurity as well as distribution of outreach and educational materials. Planned outreach activities also include the annual Fannin County Resource Expo attended by AAA Benefits Counselors, Caregiver/Care Coordination Specialists who maintain a vendor booth to distribute outreach materials, as well as other city and county fairs and health and wellness events.

Grayson County – AAA partners with Grayson County Food Bank in addressing food insecurity. Planned outreach activities include partnering with service organizations who provide interaction and professional volunteers such as attorneys and

licensed counselors to speak and counsel with our clients when requested. AAA partners with a local hospital and national Alzheimer's programs in providing needed services to that population of care recipients and caregivers.

Cooke County – AAA partners with Cooke County Food Pantries in addressing food insecurities. Planned outreach activities include maintaining a vendor booth at the annual Health & Wellness Expo. In the newly incorporated city of Road Runner, regular on-site visits are planned by AAA's Benefits Counselor in reaching low-income, minority individuals to assess for eligible public benefits. AAA partners with a community respite program in this County targeting caregivers caring for individuals with Alzheimer's disease and other Related Dementias. Outreach efforts include health fairs and vendor booths at community events to distribute materials advertising services.

The Table below helps in planning our Outreach activities and includes local health and wellness fairs in Grayson, Fannin and Cooke Counties with a deliberate outreach to rural and isolated areas. AAA staff coordinates with each county and local entities for participation in Health Fairs, wellness symposiums and the opportunity to give presentations about AAA services provided to our service area at City Council meetings; United Way gatherings; and Service Organizations.

## Targeting Report

Table 6 Targeting Report

2021-2022 Targeting Report						
Characteristic	PSA 60+ Population Count <sup>3</sup>	% <sup>4</sup>	No. of Registered Service Recipients in PSA <sup>5</sup>	%	Goals for 2021	Goals for 2022
All 60+	48,021	24%	2,495	5%	5%	5%
Poverty Level	3,904	2%	1,251	32%	30%	30%
Minority	3,486	2%	336	10%	10%	10%
Rural Areas	16,213	8%	1,954	12%	12%	12%

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

<sup>4</sup> See instructions for example calculations of figuring both percentages.

<sup>5</sup> 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: Transportation

#### **Identify and describe the need**

Transportation needs were rated as the top need in Texoma on the Community Needs Assessment by more than 95% of completed surveys.

#### **Explain the agency's plans to address the need**

Texoma AAA will contract with local transportation providers in providing demand/response services according to funding available.

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

With limited transportation services in the Texoma region, the largest constraint is the unavailability of needed services to rural areas and limited services in the more urban areas.

### Priority Area 2: Nutrition Services: Home Delivered Meals

#### **Identify and describe the need**

Nutrition/Home Delivered Meals were rated in the top three needs in Texoma on the Community Needs Assessment by almost 95% of completed surveys. The Texoma region is considered a senior community and the need for nutrition services are considered a necessity.

#### **Explain the agency's plans to address the need**

Texoma AAA will maintain a level of quality service delivery for seniors receiving home delivered meals during the period of the Area Plan by monitoring the nutrition service delivery through valid vendor agreements with nutrition provider(s) on an annual basis to assure compliance with Standard Assurances in the Texas Administrative Code. The nutrition provider(s) will be required to use procedures in compliance with all applicable state and local fire regulations including meeting the Texas Department of State Health Services, Food and Drug “Texas Food Establishments” requirements. Nutrition provider(s) will recruit/train/maintain volunteers and staff for all senior centers offering meals in the Texoma region.

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

Limited Federal and State funding available for cost of meals.

### Priority Area 3: Nutrition: Congregate Meals

#### **Identify and describe the need**

Nutrition/Congregate Meals were rated in the top three needs in Texoma on the Community Needs Assessment by almost 90% of completed surveys. The Texoma region is considered a senior community with many active seniors who are able to attend senior centers and community activities offered in Grayson, Fannin and Cooke Counties.

#### **Explain the agency's plans to address the need**

Texoma AAA will maintain a level of quality service delivery for seniors receiving congregate meals during the period of the Area Plan by monitoring the nutrition service delivery through valid vendor agreements with nutrition provider(s) on an annual basis to assure compliance with Standard Assurances in the Texas Administrative Code. The nutrition provider(s)

will be required to use procedures in compliance with all applicable state and local fire regulations including meeting the Texas Department of State Health Services, Food and Drug “Texas Food Establishments” requirements. Nutrition provider(s) will recruit/train/maintain volunteers and staff for all senior centers offering meals in the Texoma region.

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

Limited Federal and State funding available for cost of meals.

## 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.

<b>Objective 1.1</b>	Screen potential clients and provide effective linkage to information and services.
<b>Explanation</b>	Strategies should address AAA processes for incoming referrals; for example, from the LTSS referral system.
<b>Strategy 1.1.1</b>	Information, Referral & Assistance (IR&A): IR&A is an important part of our local system of services for older adults and their caregivers in our region to access services provided in our PSA. IR&A services provide a wide range of current information, including referrals to appropriate services. Although primarily provided over the phone, walk-ins and in-person appointments are offered for more complex issues. IR&A staff advocates for those unable to access services on their own, screening callers for eligibility of support services; programs completing further screening are: Care Coordination, Caregiver Support, Ombudsman, Legal Assistance, HICAP and MIPPA.
<b>Objective 1.2</b>	Use volunteers to supplement the AAA workforce and support the delivery of services to the aging network.
<b>Explanation</b>	Strategies should include how volunteers are used and any plans for expanding their use to provide services to the aging network.
<b>Strategy 1.2.1</b>	The Ombudsman Program recruits, trains and maintains certified volunteer ombudsmen to supplement the AAA workforce and support the delivery of services to the aging network.
<b>Objective 1.3</b>	Promote the adoption of healthy behaviors in older adults through evidence-based programs.
<b>Explanation</b>	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.
<b>Strategy 1.3.1</b>	Certified Evidence-based Coaches will promote the adoption of healthy behaviors in lifestyle choices in older adults by providing State approved EBI programs – A Matter of Balance to address physical activity and falls prevention; and Powerful Tools for Caregivers for learning to manage stress while being a caregiver.
<b>Objective 1.4</b>	In accordance with state and federal law, implement a nutrition education program to meet the needs of eligible participants.
<b>Explanation</b>	Strategies should identify how the AAA's nutrition education program is developed to meet the individual health and nutritional needs of eligible participants.
<b>Strategy 1.4.1</b>	The Care Coordination program will provide information to all home-delivered meal recipients to promote nutritional well-being and to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior following established State guidelines.
<b>Strategy 1.4.2</b>	The local nutrition provider(s) will provide nutrition education to congregate meal sites following established State guidelines.

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

<b>Objective 2.1</b>	Increase public awareness and understanding of the interests of older adults, their family members and their caregivers.
<b>Explanation</b>	Address strategies to partner and develop relationships with agencies and local governmental entities to increase awareness of the needs of the aging population.
<b>Strategy 2.1.1</b>	Partnering and developing relationships with agencies and governmental entities to increase awareness and understanding of the interests of older adults, their family members and their caregivers include, Information, Referral and Assistance, Legal Awareness, HICAP Outreach and MIPPA programs.
<b>Objective 2.2</b>	Lead the development of AAA programs that advance the interests of older adults, their family members and their caregivers.
<b>Explanation</b>	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.
<b>Strategy 2.2.1</b>	Services AAA will collaborate with other agencies and governmental agencies to promote in order to meet the needs of the aging population include residential repair, nutrition/congregate and home-delivered meals, transportation and health maintenance.
<b>Objective 2.3</b>	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.
<b>Explanation</b>	Address coordination efforts with the local ADRC to effectively utilize resources and avoid duplication.
<b>Strategy 2.3.1</b>	MOU Agreement for interdepartmental coordination through conference calls and/or department meetings, connecting Texoma AAA with Texoma ADRC for exchange of referrals to improve access for older adults and their family members and caregivers to required services and supports.

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

<b>Objective 3.1</b>	Promote social connectivity, community service and lifelong learning to promote positive mental health.
<b>Explanation</b>	Address strategies to reduce social isolation among older adults and promote their active participation in the community.
<b>Strategy 3.1.1</b>	Through the Caregiver Education & Training program, services will be provided to promote social engagement, reducing social isolation among older adults and encouraging community participation.

## **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.**

<b>Objective 4.1</b>	Increase public awareness and remove barriers to prevent abuse, neglect and exploitation.
<b>Explanation</b>	Address strategies to use existing mechanisms and expand education and outreach for public awareness related to the prevention of abuse, neglect and exploitation.
<b>Strategy 4.1.1</b>	State certified benefits counselors provide education and outreach through the established federal and state guidelines for Legal Awareness and HICAP Outreach.
<b>Objective 4.2</b>	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.
<b>Explanation</b>	Address strategies to deliver long-term care Ombudsman services in the PSA.
<b>Strategy 4.2.1</b>	Ombudsman program will recruit, train and maintain active certified ombudsmen to serve and advocate for rights of residents of nursing homes and assisted living facilities within the Texoma region, resolving problems of individual residents and protecting their rights following the established federal and state guidelines.

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

<b>Objective 5.1</b>	Provide services, education and referrals to meet the needs of individuals with Alzheimer's disease or related dementias (ADRD).
<b>Explanation</b>	Address strategies to ensure the specific needs of individuals with ADRD are a focus in serving the aging population.
<b>Strategy 5.1.1</b>	Through the services of Caregiver Education & Training, Caregiver Information Services and Caregiver Support Coordination, staff specialists will provide services, education and referrals to needed resources to meet the needs of individuals with Alzheimer's disease or related dementias (ADRD).
<b>Objective 5.2</b>	Promote the delivery of services to caregivers based on their individualized needs.
<b>Explanation</b>	Address strategies to identify and reach caregivers in need of education and support.
<b>Strategy 5.2.1</b>	Staff specialists through the Caregiver Education & Training, Caregiver Information Services and Caregiver Support Coordination program will identify through comprehensive assessments of individuals to provide services for caregivers in need of education and support.
<b>Objective 5.3</b>	Promote self-determination through the provision of elder rights services.
<b>Explanation</b>	Address strategies to empower people and promote self-advocacy and access to elder rights services.
<b>Strategy 5.3.1</b>	The Legal Assistance program's State certified benefits counselors provide education and referrals to resources in the effort to empower individuals, highly promoting self-advocacy in accessing elder rights services.

## 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

LBB Performance Measures						
Performance Measure		Actual SFY19	Proj SFY21	Proj SFY22	AAA Strategy	
<b>Unduplicated People Served</b>						
1	Unduplicated number of people receiving care coordination funded by MSS - SUA	492	500	500	1.1.1	
2	Unduplicated number of people receiving legal assistance (age 60 and over) funded by MSS - SUA	166	170	175	1.1.1; 2.1.1; 4.1.1; 5.3.1	
3	Unduplicated number of people receiving congregate meals funded by MSS - SUA	378	380	390	2.2.1	
4	Unduplicated number of people receiving home-delivered meals funded by MSS - SUA	321	325	325	2.2.1	
5	Unduplicated number of people receiving homemaker services funded by MSS - SUA	0	0	0	N/A	
6	Unduplicated number of people receiving personal assistance funded by MSS - SUA	0	0	0	N/A	

Expenditures					
7	MSS - SUA funded care coordination expenditures	\$141,777	\$142,000	\$142,000	1.1.1
8	MSS - SUA funded legal assistance (age 60 and over) expenditures	\$97,911	\$98,000	\$98,000	1.1.1; 2.1.1; 4.1.1; 5.3.1
9	MSS - SUA funded congregate meal expenditures	\$185,550	\$188,000	\$190,000	2.2.1
10	MSS - SUA funded home delivered meal expenditures	\$278,468	\$280,000	\$290,000	2.2.1
11	MSS - SUA funded homemaker services expenditures	\$0	\$0	\$0	N/A

<b>12</b>	MSS - SUA funded personal assistance services expenditures	\$0	\$0	\$0	N/A
<b>13</b>	MSS - SUA funded modified home (residential repair service) expenditures	\$41,314	\$27,000	\$27,000	2.2.1
<b>Average Cost</b>					
<b>14</b>	Average cost per care coordination client funded by MSS – SUA	\$288.16	\$284	\$284	1.1.1
<b>15</b>	Average cost per person receiving legal assistance funded by MSS - SUA	\$589.83	\$576	\$560	1.1.1; 2.1.1; 4.1.1; 5.3.1
<b>16</b>	Average cost per congregate meal funded by MSS – SUA	\$5.20	\$5.44	\$5.50	2.2.1
<b>17</b>	Average cost per home-delivered meal funded by MSS – SUA	\$4.95	\$5.32	\$5.32	2.2.1
<b>18</b>	Average cost per person receiving homemaker services funded by MSS - SUA	\$0	\$0	\$0	N/A
<b>19</b>	Average cost per person receiving personal assistance services funded by MSS - SUA	\$0	\$0	\$0	N/A
<b>20</b>	Average cost per modified home (residential repair service) funded by MSS – SUA	\$1,796.26	\$1,688	\$1,688	2.2.1
<b>Ombudsmen</b>					
<b>21</b>	Unduplicated number of active certified Ombudsmen	10	11	11	1.1.1; 1.2.1; 4.2.1
<b>22</b>	Cumulative number of visits to assisted living facilities by a certified Ombudsman	175	120	120	1.1.1; 1.2.1; 4.2.1
<b>23</b>	Total expenditures Ombudsman program (federal, state, other federal, program income, & local cash)	\$84,957	\$90,000	\$90,000	1.1.1; 1.2.1; 4.2.1
<b>24</b>	Unduplicated number of assisted living facilities visited by an active certified Ombudsman	17	17	17	1.1.1; 1.2.1; 4.2.1
<b>25</b>	Percentage of complaints resolved and partially resolved in NH and ALF	95%	95%	95%	1.1.1; 1.2.1; 4.2.1
<b>Service Units</b>					
<b>26</b>	Number of congregate meals served funded by MSS – SUA	35,665	34,559	34,545	2.2.1
<b>27</b>	Number of home-delivered meals served funded by MSS – SUA	56,255	52,632	54,511	2.2.1

28	Number of homes repaired/modified (residential repair service) funded by MSS – SUA	23	16	16	2.2.1
29	Number of one-way trips (demand response transportation service) funded by MSS – SUA	32	50	75	2.2.1

## Agency-Specific Performance Measures

Table 8 Agency-Specific Performance Measures

Agency-Specific Performance Measures					
Performance Measure		Actual SFY19	Proj SSFY21	Proj SFY22	AAA Strategy
1	N/A				
2					
3					
4					
5					
6					
7					

## 13. Units of Service Composite

**Table 9 Units of Service Composite**

<b>Units of Service Composite</b>					
<b>Service Name</b>	<b>Baseline Units FY19</b>	<b>Projected Units FY21</b>	<b>Change from Baseline (%)</b>	<b>Projected Units FY22</b>	<b>Change from Baseline (%)</b>
<b>Access &amp; Assistance Services</b>					
Care Coordination (Hour)	1,056	1,000	94.7%	1,000	94.7%
Caregiver Support Coordination (Hour)	202	500	247.5%	500	247.5%
Information, Referral & Assistance (Contact)	4,199	4,200	100.0%	4,200	100.0%
Legal Assistance age 60 & Over (Hour)	479	480	100.2%	480	100.2%
Legal Awareness (Contact)	85	80	94.1%	80	94.1%
Participant Assessment - A&A (Assessment)			#DIV/0!		#DIV/0!
<b>Nutrition Services</b>					
Congregate Meals (Meal)	35,665	34,559	96.9%	34,545	96.9%
Home Delivered Meals (Meal)	56,255	52,632	93.6%	54,511	96.9%
Nutrition Consultation (Contact)			#DIV/0!		#DIV/0!
Nutrition Counseling (Contact)			#DIV/0!		#DIV/0!
Nutrition Education (Contact)	216	250	115.7%	275	127.3%
Participant Assessment - NS (Assessment)			#DIV/0!		#DIV/0!
<b>Services to Assist Independence</b>					
Caregiver Education & Training (Contact)	432	450	104.2%	450	104.2%
Caregiver Information Services (Activity)	24	24	100.0%	24	100.0%
Caregiver Respite Care In-Home (Hour)			#DIV/0!		#DIV/0!
Caregiver Respite Care Institutional (Hour)			#DIV/0!		#DIV/0!
Caregiver Respite Care Non-Residential (Hour)			#DIV/0!		#DIV/0!
Caregiver Respite Care Voucher (Hour)			#DIV/0!		#DIV/0!
Chore Maintenance (Hour)			#DIV/0!		#DIV/0!
Day Activity and Health Services (Half Day)			#DIV/0!		#DIV/0!
Emergency Response (Month ERS Service)			#DIV/0!		#DIV/0!
Evidence Based Intervention (Hour)	117	120	102.6%	125	106.8%
Health Maintenance (Contact)	56	57	101.8%	58	103.6%
Health Screening (Contact)			#DIV/0!		#DIV/0!
Homemaker (Hour)			#DIV/0!		#DIV/0!
Homemaker Voucher (Hour)			#DIV/0!		#DIV/0!
Income Support (Contact)			#DIV/0!		#DIV/0!
Instruction & Training (Contact)			#DIV/0!		#DIV/0!
Mental Health Services (Contact)			#DIV/0!		#DIV/0!
Personal Assistance (Hour)			#DIV/0!		#DIV/0!
Physical Fitness (Contact)			#DIV/0!		#DIV/0!
Recreation (Contact)			#DIV/0!		#DIV/0!
Residential Repair (Dwelling)	23	16	69.6%	16	69.6%
Telephone Reassurance (Contact)			#DIV/0!		#DIV/0!
Transportation Demand Response (One-Way Trip)	32	50	156.3%		0.0%
Transportation Fixed Route (One-Way Trip)			#DIV/0!		#DIV/0!
Transportation Voucher (One-Way Trip)			#DIV/0!		#DIV/0!
Visiting (Contact)			#DIV/0!		#DIV/0!

## 14. Summary of Services

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

### Texoma 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
Administration	X	X		X			X		
Care Coordination	X								X SGR
Caregiver Education & Training				X			X	X	
Caregiver Information Services				X			X	X	
Caregiver Respite Care Institutional							X	X	
Caregiver Support Coordination				X			X		
Congregate Meals		X				X	X		
Data Management	X	X							
Evidence Based Intervention				X					
Health Maintenance	X						X	X	
Home Delivered Meals		X				X	X		
Information, Referral & Assistance	X							X	
HICAP Assistance									X HICAP
HICAP Outreach									X HICAP
Legal Assistance	X								
Legal Awareness	X								
Nutrition Education							X	X	
Ombudsman	X				X				X ALF
Residential Repair	X								X
Transportation D/R	X								

## 15. Service Narratives

### Congregate Meals

#### Service definition

A 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:  
Standard meal-A regular meal from the standard menu that is served to the majority or all of the participants.

#### Detailed description of how service is provided

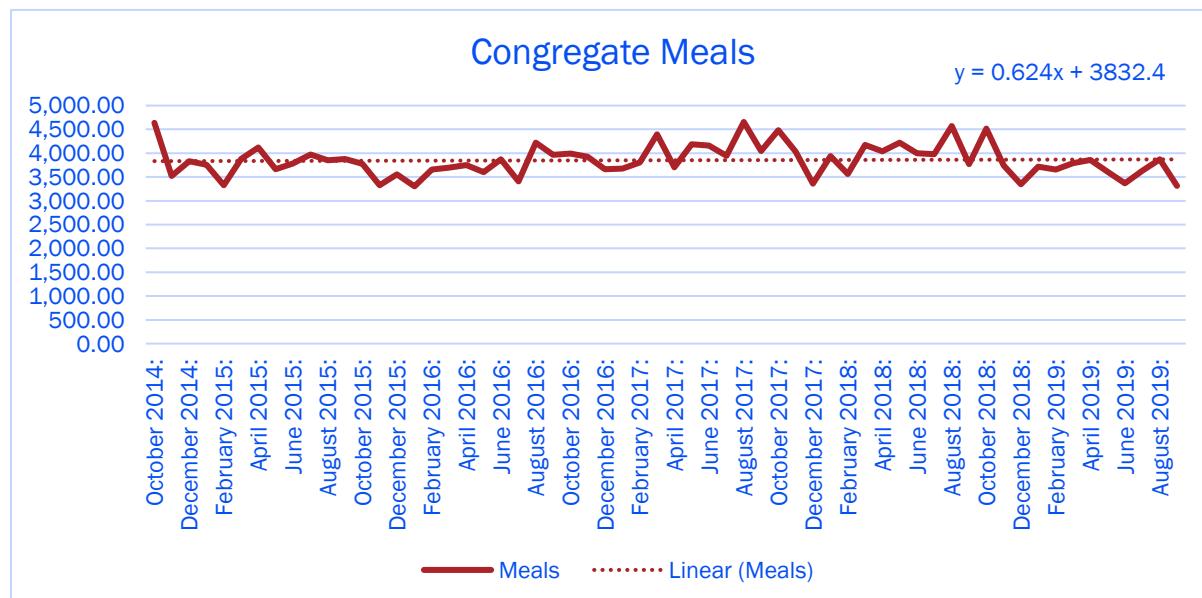
Congregate Meals are provided by Senior Centers through a contracted Nutrition Provider in our tri-county area with all menu cycles and substitutions developed and approved by a qualified dietary consultant. The Nutrition Provider, Meals on Wheels of Texoma, serves all three counties in our service area, Grayson, Fannin and Cooke Counties.

The Nutrition Provider is required to implement a nutritional risk assessment and nutrition education for each congregate meal recipient not less than once per year. Potential barriers in our PSA for Congregate Meals are no transportation, non-English speaking population and access to very rural areas.

Solutions for barriers require evaluation and outreach methodologies utilized by provider to identify individuals eligible for assistance with special emphasis on low-income older individuals, including minority, older individuals with limited English proficiency and older individuals residing in rural areas.

In the past four years, even though there are fluctuations in the service units, there has not been a decline in participation in the congregate meals sites as demonstrated by the graph below.

#### Explanation of decrease or increase in service units



Decrease and increase in service units most likely would be a factor of food costs and/or funding. (Source: Texoma AAA Napis)

# Home Delivered Meals

## Service definition

Hot, cold, frozen, dried, canned, fresh or supplemental food (with a satisfactory storage life) which provides a minimum of 33½ 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

Home Delivered Meals are provided by Senior Centers through a contracted Nutrition Provider in our tri-county area with all menu cycles and substitutions developed and approved by a qualified dietary consultant. The Nutrition Provider, Meals on Wheels of Texoma, serves all three counties in our service area, Grayson, Fannin and Cooke Counties. Delivery of home delivered meals is provided by volunteers recruited and training through Meals on Wheels of Texoma.

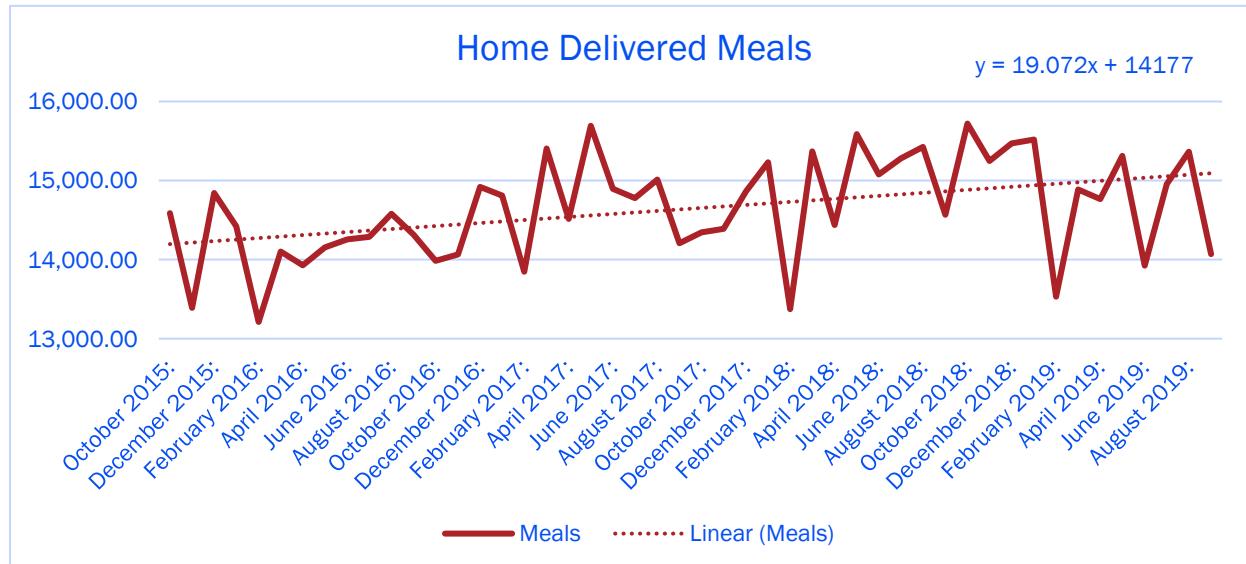
To ensure nutrition education is provided yearly to all people receiving home delivered meal services, AAA Care Coordination Specialists will monitor service delivery on an annual basis to assure compliance with Standard Assurances in the Texas Administrative Code. Frail elderly clients are identified by Care Coordination Specialists who establish coordination and referral protocols as needed.

Potential Barriers: 1) possible reduction in the number of volunteers available to deliver meals to individual homes five days per week; 2) decreased funding available for meals.

Solutions to potential barriers: 1) maintaining a sufficient pool of volunteers to deliver meals; 2) funding needed to meet our region's need for meals.

Socialization needs are being met for individuals receiving home delivered meals by a volunteer delivering the meal in person to the recipient with face-to-face dialogue.

## Explanation of decrease or increase in service units



# Transportation

## Service definition

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

## Detailed description of how service is provided

Transportation is provided through a public, local contracted provider, Texoma Area Paratransit Services in our tri-county area. Transportation is demand/response in Grayson, Fannin and Cooke Counties. Transportation requests are processed through the Care Coordination Program.

Barriers to accessing transportation services in our area: 1) limited providers; 2) unaffordable private taxi service; 3) limited access to the very rural areas

Texoma has one public service provider (TAPS) with limited access to rural areas and private taxi services are cost prohibitive to many of our clients. There are no other transportation resources providing transportation services in our region. Individuals living in urban areas have access to congregate meal sites in our region.

Solutions for overcoming barriers would be: 1) additional providers in region; 2) affordable private taxi service; 3) better access to the very rural areas.

## Explanation of decrease or increase in service units

A decrease or increase in service units would depend on provider availability for rural transportation.

# Caregiver Support Coordination

## Service definition

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

## Detailed description of how service is provided

AAA Caregiver Specialists work one-on-one with family caregivers and care recipients in comprehensive assessments; completing all required forms, including intake forms, care plans, service authorizations, care plan narratives, client confidentiality forms, explaining clients' rights and responsibilities according to State and HIPPA approved guidelines.

Texoma AAA not only values the caregivers in our community, but also very conscious about reaching out and providing caregivers the information and resources they need.

The barriers to providing caregiver support coordination in our region: 1) the increasing number of caregivers needing a wide-range of support including Alzheimer's disease and related dementias; 2) staying up-to-date on best practices for caregivers.

Solutions for overcoming barriers: 1) AAA partnering with national Alzheimer's organizations in providing support groups and educational materials to caregivers; 2) annual training for staff in best practices for caregiving; 3) partnering with local organizations and agencies in providing informational conferences, forums and/or symposiums on caregiving to provide the latest educational tools, information and resources.

Increasing awareness throughout our region of the caregiver support services provided will be addressed through: 1) social media; 2) visits to area schools; 3) local health fairs and events; 4) maintaining a lending library for caregivers with educational materials and resources.

Strategic partnerships are essential in providing caregiver support in our region and AAA partners with home health agencies (caring of older adults in home settings); hospices; local hospitals and physicians; national organizations with best practices training. AAA publishes the Texoma Senior Sourcebook and distributes free of charge to individuals in our region.

Other AAA programs, such as Legal Assistance and Ombudsman, assists caregivers and their care recipients in all areas of caregiving needs. Ombudsman assists in facilitating long-term care of adults in community-based settings.

#### **Explanation of decrease or increase in service units**

Funding limitations directly affect an increase and/or decrease in service units.

## **Legal Assistance**

#### **Service definition**

Advice/representation by an attorney, including assistance by a paralegal or law student under the supervision of an attorney, or counseling/representation by a non-lawyer such as a certified Benefits Counselor, where permitted by law, to older individuals, or their caregiver with economic and social needs. Legal assistance activities include the following: 1) Advice/Counseling - a recommendation made to an older individual regarding a course of conduct, or how to proceed in a matter, given either on a brief or one-time basis, or on an ongoing basis. May be given by telephone or in person. 2) Document Preparation - personal assistance given to an older individual to help with preparation of necessary documents relating to public entitlements, health care/long-term care, individual rights, planning/protection options, and housing/consumer needs. 3) Representation - advocacy on behalf of an older individual in protesting/complaining about a procedure, or seeking special considerations by appealing an administrative decision, or representation by an attorney of an older individual or class of older individuals in either the state or federal court systems. Services identified as "Legal Assistance Services" are: Benefits Counseling, Representative Payee, and Guardianship.

#### **Detailed description of how service is provided**

Certified Benefits Counselors provide comprehensive assessments to determine eligibility of public benefits and coordination of services to eligible individuals, developing and maintaining rapport with local federal and state agencies. Assistance is provided in counseling and in enrollment of benefits to Medicare beneficiaries for health and/or prescription insurance, including low-income individuals requesting assistance with insurance cost; maintain visible, accessible counseling sites that comply with the Americans with Disabilities Act; provide representation or advocacy on behalf of an older individual to protest or complain about quality of care, fraud, negligence or denial of coverage by appealing an administrative decision according to federal and state guidelines.

Legal assistance targets individuals age 60 and over and includes the dissemination of information through mass media and may be budgeted. Referrals to attorneys are provided to those clients requiring more in-depth services than the Benefits Counselors are able to provide according to guidelines of the established Service Definitions.

The AAA Legal Assistance Program works in partnership with the local Social Security Administration office and local Health and Human Services office with informal access to local attorneys for education and referral, however, there are no formal contracts held with any community partner to help provide legal assistance education.

Fannin and Cooke Counties' very rural areas and non-English speaking communities provide challenges and obstacles in reaching Medicare Beneficiaries. AAA Benefits Counselors specifically target and plan strategies on the best options to reach these areas to hold community benefits meetings, including the use of a mobile office.

Best practices are observed by annual training attended by our Benefits Counselors at the State level and partnerships with other TCOG programs provide assistance with local law enforcements, homeland security, Salvation Army, Red Cross and local food pantries in each of the three counties.

#### **Explanation of decrease or increase in service units**

Separation of available services have caused units to decrease in this area due to the introduction of HICAP Assistance and HICAP Outreach.

## 16. Direct Service Waiver

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

## **17. Data Use Agreement**

Texoma AAA will comply with the rules and regulations of the established Data Use Agreement.

## 18. Disaster Plan

[Click here for instructions](#)

### **Development of disaster plan**

AAA has policies and procedures in place with Texoma Council of Governments to address emergency and disasters.

### **Local rules and regulations**

Disaster policy is on file in AAA department and will follow all local rules and regulations regarding emergencies and disasters.

### **FEMA recommendations for emergency preparedness**

Guidelines on FEMA recommendations for emergency preparedness are included in AAA's disaster plan.

## 19. Assurances

### Section 306(a), Older Americans Act

Texoma Council of Governments provides and agrees to comply with the following assurances:

TCOG/AAA 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**

Name and Title: Eric Bridges, Executive Director

SIGNATURE: \_\_\_\_\_

DATE: Click or tap to enter a date.

**AAA DIRECTOR/AUTHORIZED OFFICIAL**

Name: Judy Conner

SIGNATURE: \_\_\_\_\_

DATE: Click or tap to enter a date.

## Standard Assurances of Compliance

Texoma Area Agency on Aging 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**

Name and Title: Eric Bridges, Executive Director

SIGNATURE: \_\_\_\_\_

DATE: Click or tap to enter a date.

**AAA DIRECTOR/AUTHORIZED OFFICIAL**

Name: Judy Conner

SIGNATURE: \_\_\_\_\_

DATE: Click or tap to enter a date.

## **Appendix A. Direct Service Waiver Form (Supportive, In-home, or Nutrition Services)**

**Legal Reference:** OAA 2016 § 307(a)(8) and 40 TAC § 85.206

All area agencies on aging (AAAs) must complete a Direct Service Waiver form to request approval to provide supportive, in-home, or nutrition services as a direct service. The completed Direct Service Waiver form(s) must be included in the AAA area plan submission.

A direct service is defined as a service activity provided to an eligible person performed directly by a AAA employee or volunteer.

Identify the direct service requested:

A request to provide supportive services, nutrition services, or in-home services as direct services may be approved only if HHSC determines it is necessary due to one or more of the three conditions listed below.

Identify the condition(s) for which this request for HHSC approval is being made (more than one condition may be selected):

- Condition (a) Provision of the direct service by the AAA is necessary to assure an adequate supply of such service.
- Condition (b) The service is directly related to the AAA's administrative functions.
- Condition (c) The service can be provided more economically, and with comparable quality, by the AAA.

For each condition checked in question 2, provide an explanation to support each of the conditions, and maintain verifiable evidence and documentation available for review upon request (more than one explanation may be selected).

If Condition (a) is checked in question 2, check the box next to the explanation that best describes why there is an inadequate supply of the service.

- No provider is available to serve all counties.
- No provider is available to serve all types of eligible persons.
- No provider is available to serve the entire county.
- No provider exists to serve a county or counties.
- Provider will no longer provide the Title III service.

Other. Please explain:

If Condition (b) is checked in question 2, explain how the service is considered part of the AAA Administration, as this term is defined in the current Service Definitions for Area Agencies on Aging.

Enter Explanation(s)

If Condition (c) is checked in question 2, provide an explanation and include information comparing:

the cost of directly providing the service versus the cost of providing the service through a sub-contracted provider; and  
the quality of the service if directly provided versus the quality of the service if provided by a sub-contracted provider.

The comparison should include such factors as a cost analysis, regional needs assessment specific to the direct service(s) being provided, or the efforts to secure services through a competitive solicitation process.

X Enter Explanation(s): The Weatherization program in TCOG Client Services Department provides a wide range of weatherization repairs to older and/or disabled, low income homes in the Texoma region. These services were funded by LIHEAP Weatherization, Oncor utility, SWEPCO utility, Department of Energy Weatherization and Texas-New Mexico Power utility funds.

Provide the period for which the AAA will provide the direct service, not to extend past the effective period of the AAA's current area plan.

Enter Time Period: Area Plan Fiscal Year

Note: If a AAA wishes to reduce or extend the time-period in the Direct Service Waiver form approved by HHSC, a new direct service request for approval must be submitted.

If the request to provide a direct service does not include all the AAAs planning and service area (PSA), please specify the area(s) (counties, etc.) within the PSA for which the AAA will provide the direct service.

Enter Area(s)