



Houston-Galveston Area Agency on Aging Area Plan

FFY 2027 - 2029

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

**Pending Approval by HHSC
Office of Area Agencies on Aging [Month] 2026**

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Executive Summary

The Houston-Galveston Area Council Area Agency on Aging (AAA) develops multi-year Area Plans in accordance with guidance from the Texas Health and Human Services Commission (HHSC) and the Administration for Community Living (ACL). The FY2027–2029 Area Plan establishes the strategic direction, priorities, and performance framework that guide the AAA’s services and investments across the region.

The Houston-Galveston AAA’s 2027-2029 Area Plan addresses the organization’s mission and vision, the area’s socio-demographic factors, description of service delivery, standard assurances, service goals, objectives, and strategies to provide high-quality services.

The Area Plan also addresses HHSC’s state-wide goals related to the Office of Area Agencies on Aging (OAAA) core programs, disasters, equity, expanding access to home and community-based services, and caregiving.

The Area Agency on Aging is a Community and Environmental Planning (C&E) Department program of the Houston-Galveston Area Council (H-GAC) that promotes independence, dignity, and quality of life for individuals age 60 and older and individuals with disabilities, as well as their formal and informal caregivers. The service area includes Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Liberty, Matagorda, Montgomery, Walker, Waller, and Wharton Counties, representing a diverse and rapidly growing older adult population.

Through a combination of administrative oversight, direct service delivery and community-based contracts, the AAA provides a comprehensive array of support services, including congregate and home-delivered meals, nutrition education and consultation, transportation, case management, long-term care ombudsman services, information, referral and assistance, advocacy, outreach, public information, benefits counseling, evidence-based health promotion programs, residential repair, emergency response, health maintenance, personal assistance, respite care and caregiver support service.

The FY2027–2029 Area Plan is driven by the outcomes of a comprehensive analysis examining the strengths, weaknesses, opportunities, and threats (SWOT) facing the Area Agency on Aging. This assessment, combined with updated socio-demographic data and stakeholder input, informs the Plan’s measurable goals, objectives, and strategies. The Plan focuses on strengthening organizational capacity, enhancing service quality, expanding access to home and community-based services, supporting family caregivers, advancing equity, and improving coordination across the aging services network.

Consistent with HHSC’s statewide priorities and ACL guidance under the Older Americans Act (OAA), the Plan emphasizes accountability, person-centered practices, fiscal stewardship, and continuous quality improvement. It positions the Houston-Galveston AAA to respond proactively to demographic trends, funding changes, and emerging community needs while ensuring that older adults and caregivers throughout the region have access to responsive, high-quality services.

Mission

Our mission is to promote independence, choice, and dignity for adults aged 60 and older, adults with disabilities, and their families in our region through a comprehensive and coordinated system of home and community-based services and resource options.

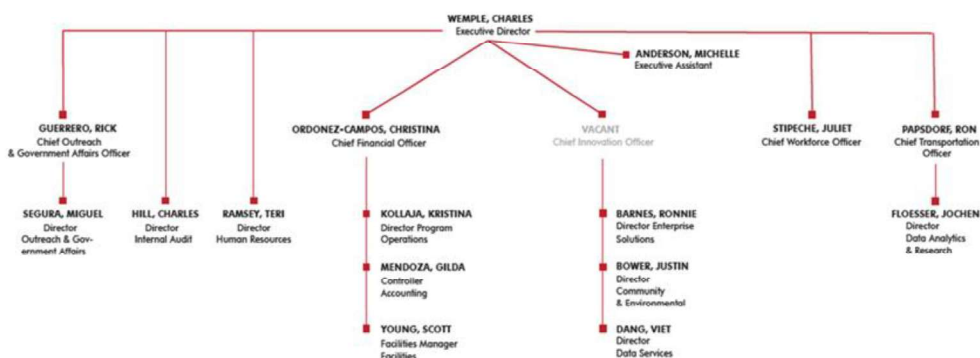
Vision

Our vision is that older adults, adults with disabilities, and family members in our region have access to information, programs, and services to help them thrive in their setting of choice.

Organizational Profile

The Houston-Galveston Area Council (H-GAC) is one of 24 regional councils of governments in Texas, serving as a voluntary association of local governments in the 13-county Gulf Coast region. Founded in 1966, H-GAC facilitates regional cooperation, planning, and problem-solving on issues that cross jurisdictional boundaries. The Council has over 400 employees who deliver Transportation and Air Quality, Community and Environment Planning, Area Agency on Aging, Aging and Disability Resource Center, Workforce Development, 911 Emergency Services and Homeland Security, and Data Analytics and Research programs.

Houston-Galveston Area Council Overview

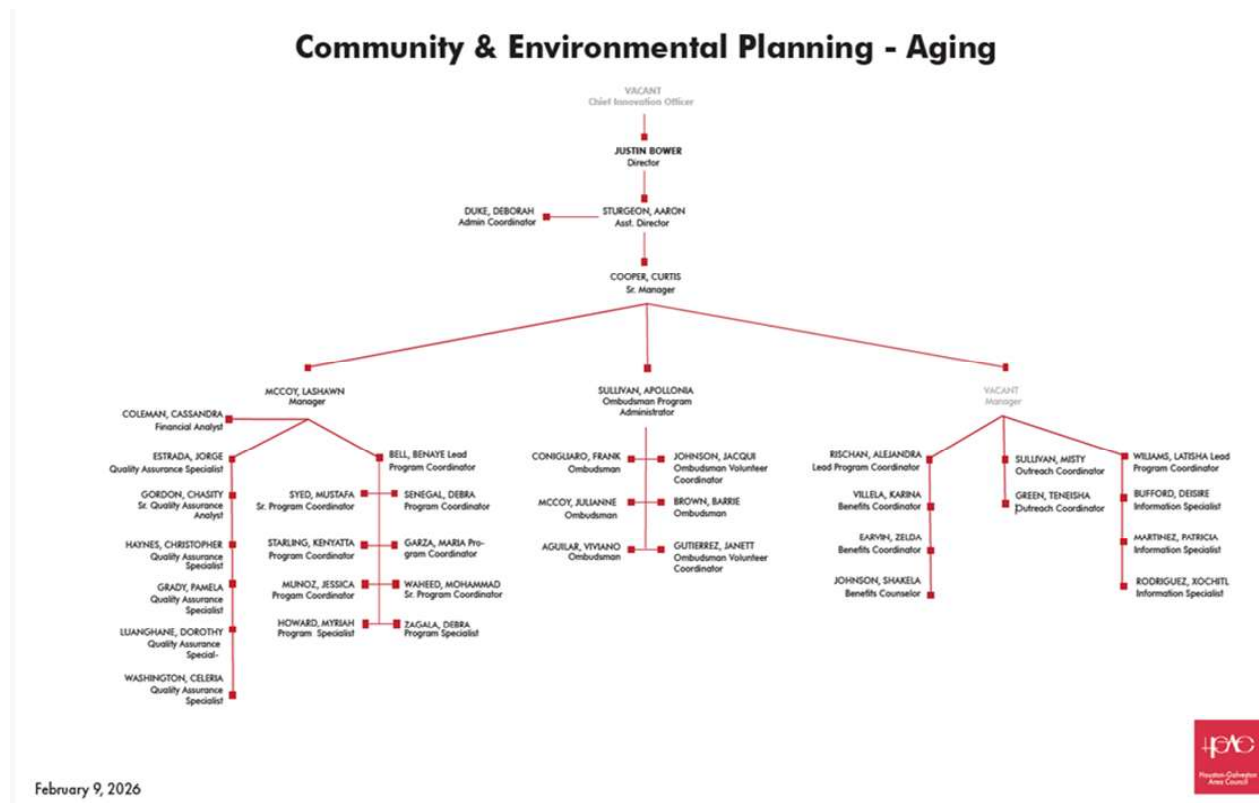


February 9, 2026



The Area Agency on Aging (AAA) is a part of the Community and Environmental Planning department, creating a comprehensive, data-driven approach to supporting older adults and strengthening regional livability. This structure aligns community planning and public safety efforts with aging services authorized under the Older Americans Act (OAA).

This integrated model promotes age-friendly community design, improves access to essential services, and enhances coordination between local governments, healthcare systems, and community-based organizations.



The AAA has 35 employees who provide administrative, data management, contract management, case management and direct services in our 12-county service area. We also have 3 fiscal and internal auditing full-time equivalents (FTE).

AAA Workforce

Service Position Type	Number of Staff
Administration	5
Data Management	5
Case Management	9
Ombudsman	7
Benefits Counselors	4
Health Promotion	2
Information, Referral and Assistance	3
Finance – Fund Receivable, Payable, Tracking and Reporting	1.50
Internal Audit – Subrecipient and Contractor Fiscal Monitoring	1.50
Staff Total	38
Ombudsman & Benefits Counseling Volunteers	30
Total	68

Council Composition

The Aging and Disability Advisory Committee's (ADAC) membership shall be consistent with any requirements of state or federal enabling legislation and regulations. The H-GAC Board of Directors reserves the right to change the size and composition of the Committee consistent with these rules and applicable law.

ADAC's representation includes:

- Older individuals. At least 51% of the Committee members will be individuals who are 60 years of age and older.
- Minority individuals. The Committee's members will reflect the population of the 12-county service area.
- Required members.
 - At least one member shall represent health care providers;
 - At least one member shall represent supportive services organizations;
 - At least one member shall be a veteran;
 - At least one member shall represent local behavioral health/intellectual and developmental disability authorities;
 - At least one member shall represent local Centers for Independent Living;
 - At least one member shall represent a local office of the Texas Health and Human Services Commission; and
 - At least one member shall represent the Area Agency on Aging.
- Other members, who may include:
 - Members of the general public with an interest in services for older individuals.
 - Members representing older individuals, individuals with disabilities, and family caregivers.
 - Local elected officials.
 - Local members of the Texas Silver Haired Legislature.

A member will serve a two-year term. There are no limits on the number of terms a member may have.

Members by Category

Table 1. Advisory Council Members by Category

Category	Number of Members
Older Individuals Residing in Rural Areas	5
Clients of Title III Services	1
Older Individuals	10
Minority Older Individuals who Participate or are Eligible to Participate in OAA Programs	6
General Public	3
A Veteran, if applicable	1
Service Providers	8
Family Caregivers of Older Individuals or Individuals with Disabilities	3
Representatives of Older Individuals	10
Representatives of Health Care Provider Organizations	1
People with Leadership Experience in the Private and Voluntary Sector	5
Representatives of Supportive Services Provider Organizations	8

Frequency of Meetings

ADAC will meet at least once every other month throughout the year. The Committee may meet more frequently, as it determines necessary.

The Chairperson, the Vice Chairpersons, or twenty percent of the membership of the Committee, may call a special meeting with a minimum of ten calendar days written notice to all members. The special meeting may meet in person or by conference call.

Member Selection Schedule

Each year in October, H-GAC will issue a request for nominations for membership on the Advisory Committee for members whose terms are expiring and any vacancies.

H-GAC Board members, local elected officials, and interested organizations may nominate individuals to be members. In December of each year, the H-GAC Board of Directors will appoint members from nominations received.

Vacancies in unexpired terms shall be filled the same way nominations and appointments are made. A vacancy in a required membership category must be filled with an individual who represents that category.

Citizens Advisory Council Composition

Name	Occupation or Organization or Affiliation	County of Residence	Member Since	Current Office Term
Adejo, Eunice	State Agency	Harris	10/2022	2026-2028
Cherry, Dessie	Retired	Walker	09/2010	2026-2028
Curry, Theadra	Service Provider	Austin	6/2025	2025-2027
Cooper, Curtis	AAA	Brazoria	09/2020	2026-2028
Echols, Dr. Ira J.	Retired	Chambers	1985	2025-2027
Knape, Breah	Service Provider	Brazoria	07/2021	2025-2027
Laas, Harvey	Retired Health Care Executive	Waller	07/2021	2026-2028
Loll, Stacey	Service Provider	Walker	8/19/25	2025-2027
McMillen, Penny	Health Care Administrator	Liberty	5/2025	2025-2027
McFarlane, Jacqueline	Houston Center for Independent Living	Harris	05/2022	2026-2028
Ornelas, T.J.	Local Intellectual & Developmental Disability Authority	Galveston	09/2020	2025-2027
Pustejovsky, Kristie	Service Provider	Matagorda	06/2020	2026-2028
Schoellkopf, Bonnie	Adult Day Care Manager	Galveston	06/2008	2026-2028
Sheppard, Kim	Retired Vetern	Fort Bend	10/2020	2024-2026
Sotelo, Mary	Local Intellectual & Developmental	Fort Bend	09/2020	2026-2028

	Disability Authority			
Wicks, Claudia	Service Provider	Colorado	06/2008	2025-2027
Williams, A.D. Jean	Sliver Haired Legislature	Fort Bend	06/2019	2025-2027

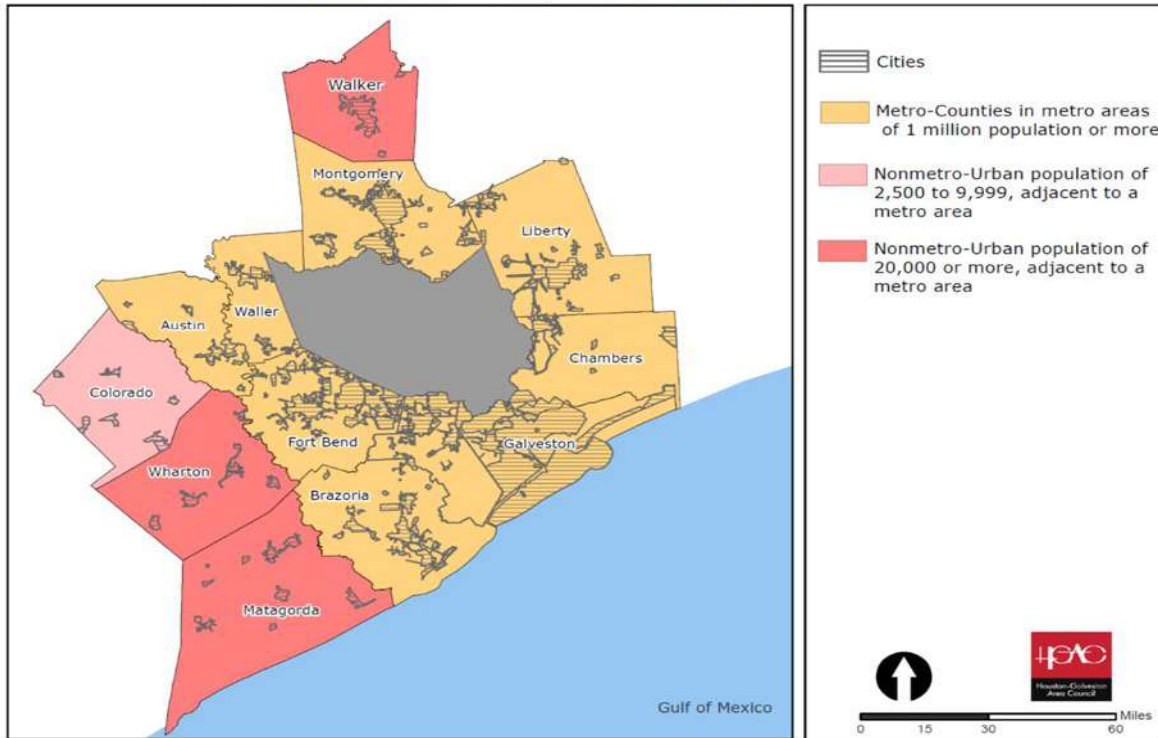
Agency Description and PSA Profile

The Houston-Galveston Area Agency on Aging (AAA) serves a dynamic, diverse, and rapidly growing region. The AAA’s planning and service area (PSA) extends from Huntsville in the north to Matagorda Bay and Galveston along the Gulf Coast, excluding Harris County. According to the U.S. Census, this 10,000-square-mile area, with a blend of urban and rural landscapes, is home to over 2.7 million residents. Of these, an estimated 496,506 are aged 60 and older (Texas Demographics Center).

Counties within the AAA’s region include Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Liberty, Matagorda, Montgomery, Walker, Waller, and Wharton. The region encompasses one metropolitan statistical area (MSA): The Houston-The Woodlands-Sugar Land MSA, which includes Austin, Brazoria, Chambers, Fort Bend, Galveston, Liberty, Montgomery, and Waller counties. Rural counties Colorado, Matagorda, Walker, and Wharton remain outside the MSA.

Major communities in the region include the cities of Sugar Land, Pearland, The Woodlands, Conroe, League City, Texas City, Galveston, Richmond, and Rosenberg. While not as populated as more urban areas, cities such as Huntsville, Bay City, Palacios, Lake Jackson, Columbus, and Sealy are key communities in more rural parts of the region.

Houston-Galveston AAA: Identification of Counties and Major Communities



This map utilizes U.S. Department of Agriculture’s (USDA’s) 2013 Rural-Urban Continuum Codes to distinguish metropolitan counties by the population size of their metro area, and nonmetropolitan counties by degree of urbanization and adjacency to a metro area. This map helps visualize the breakdown of metropolitan and nonmetropolitan areas within the 12-county PSA.

The Area Agency on Aging (AAA) within the Houston-Galveston Area Council (HGAC) proactively prepares for continued population growth within the Planning and Service Area (PSA) through data-driven forecasting, strategic resource allocation, and coordinated long-term planning. Demographic projections indicate sustained growth in the older adult population, including individuals age 60+ and those age 85+, requiring expanded service capacity, enhanced care coordination, and diversified service delivery models.

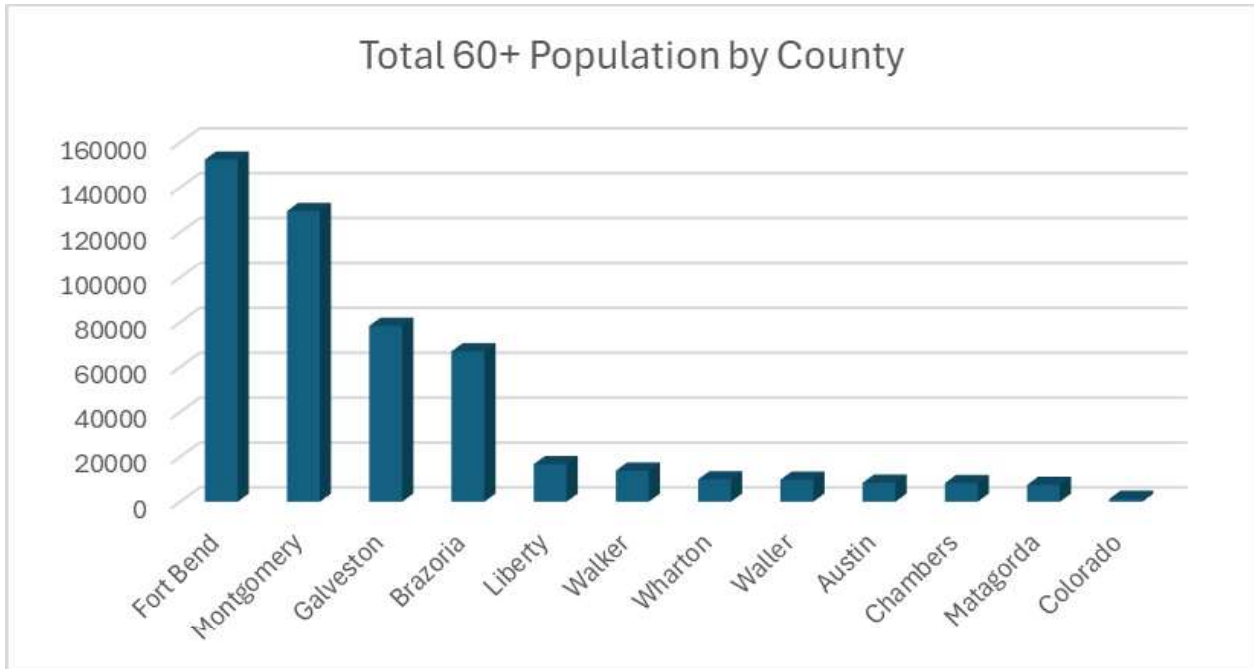
This map below shows the Houston-Galveston PSA in relation to the rest of the state.



Socio-Demographic and Economic Factors

The Houston-Galveston AAA’s service area is greatly influenced by the City of Houston, which sits in Harris County. The City of Houston is the largest city in Texas and the 4th largest city in the United States. Harris County, Texas, was the second-largest gaining county in the nation for population growth, adding 45,626 residents between 2021 and 2022, according to U.S. Census Bureau data. This growth was driven by a rebound after the pandemic and significant international migration, with Texas holding 6 of the top 10 fastest-growing counties. According to U.S. Census Bureau data released in 2024 (reflecting 2023 trends), Fort Bend and Montgomery counties were indeed among the top 10 U.S. counties for numerical population growth. Montgomery County added 31,800 residents and Fort Bend added 27,859, ranking them among the highest gainers. Additionally, several suburban Texas counties, including Liberty and others in the Houston area, frequently appear in the top 10 for percentage growth.

The chart below depicts the populations by county According to U.S. Census Bureau data released in 2024 (reflecting 2023 trends).

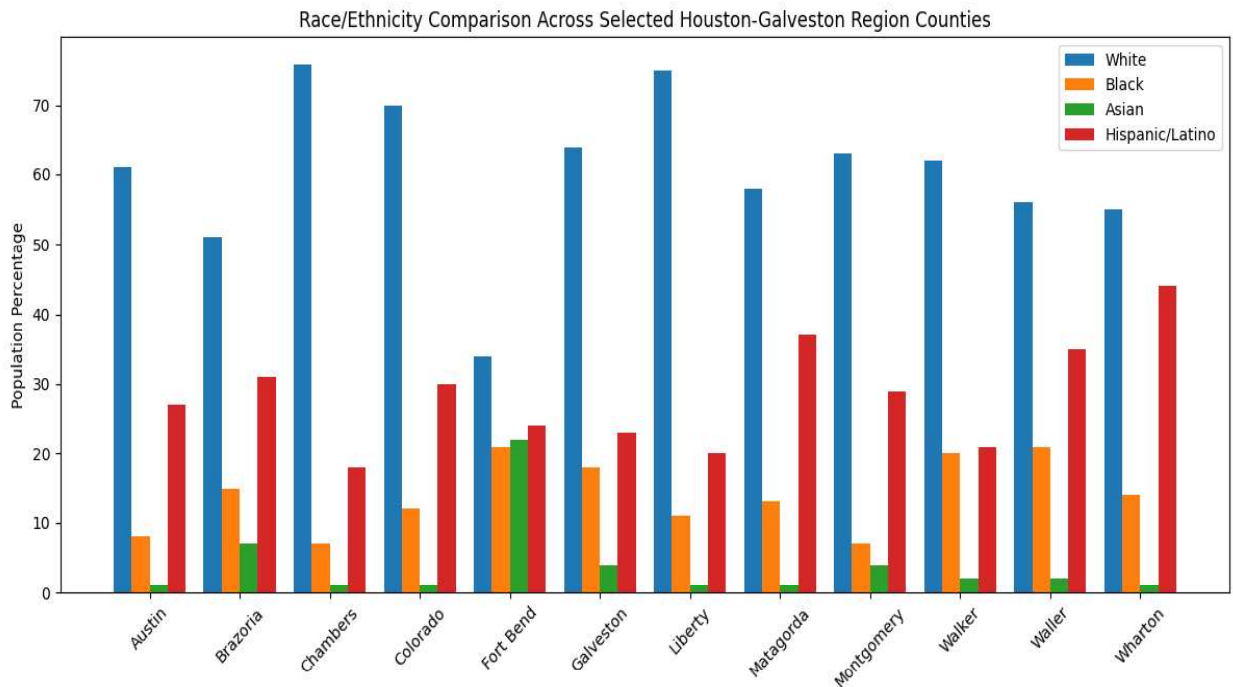


The Houston-Galveston PSA is a mix of suburban and rural communities. Areas near Houston, including Northern Brazoria County, Fort Bend, Montgomery, Waller, and Galveston, tend to be more urban in nature. Residents in these communities have access to many of Houston’s economic, cultural, and entertainment benefits. While the fast-paced bustle of Houston can be found in much of the region, there are small communities in the Houston-Galveston AAA’s PSA that have small-town charm and rich histories. For instance, Huntsville in Walker County is nestled in the piney woods and is the proud home to Sam Houston State University, Sam Houston National Forest, and many historic landmarks. The city is also home to Texas State Penitentiary and the execution chamber for the State of Texas. The City of Columbus, TX in Colorado County has beautiful historic landmarks, vintage shops, and is advertised as a great place to retire. Palacios, in the far West of Matagorda County, has a large shrimping port and is known as the “City by the Sea.”

The climate within the Houston-Galveston AAA’s region is considered humid subtropical, with tropical influences. The warm climate allows residents to enjoy recreational activities year-round.

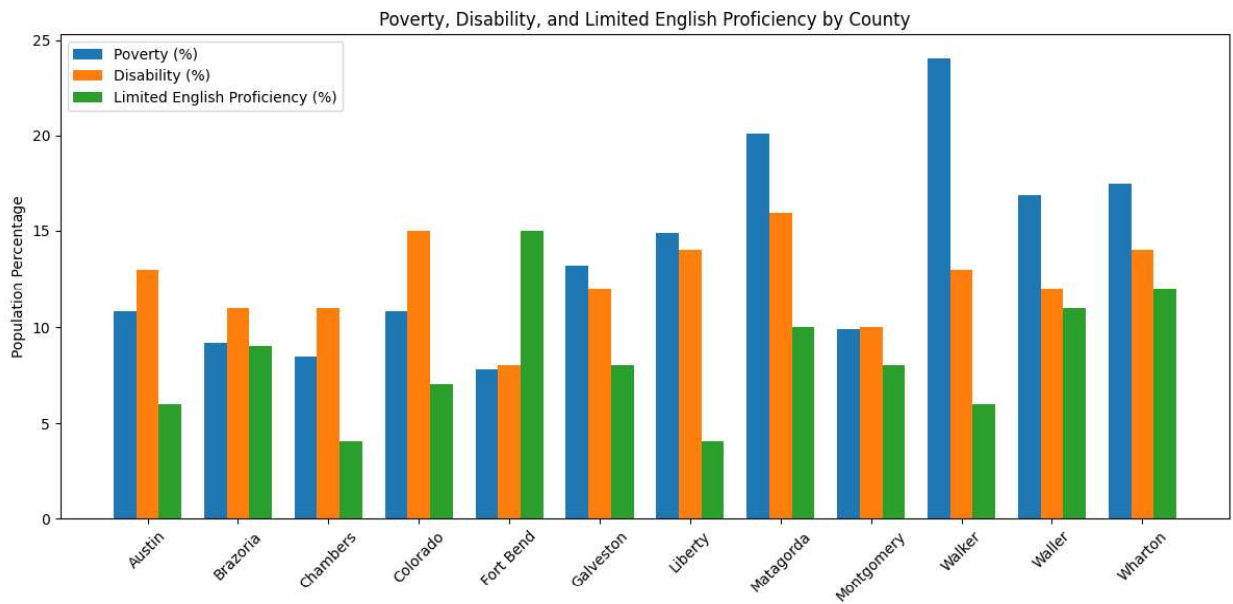
There are four state parks in the region where residents can enjoy nature and exercise, including Galveston County State Parks, Brazos Bend State Park, Huntsville State Park, and Stephen F. Austin State Park. The region also boasts beautiful coastline along the Gulf of Mexico, known for its attractions, nature, and entertainment.

The 65+ demographic is the fastest-growing age group in Texas, with projections indicating a shift to an "ultra-aged" society by 2060, where over 21% of residents will be seniors. While non-Hispanic Whites currently constitute a large portion of the 65+ population, the senior demographic is diversifying rapidly due to aging Baby Boomers. Below is a summary of racial/ethnic demographics (2020 U.S. Census) for the counties in the Houston-Galveston region. Percentages are rounded and show the major racial categories used by the Census.



The chart below is used to compare some of these priority groups across Texas, the Houston-Galveston PSA, and counties within the PSA. This comparison looked at percent of total population age 60 and over with income at least 100% below the federal poverty level, percent of total population living with a disability (civilian, non-institutional), and percent of total population who speaks a language other than English.

Poverty was highest in rural Walker County, with 64.8% of older adults living at least 100% below the poverty level. The highest rate of disability among older adults is in Matagorda County, with 45.3% of older adults living with a disability. Fort Bend has the highest proportion of older adults who speak a language other than English (36.7%), which is unsurprising due to the diverse population in that county.



Stewardship & Oversight

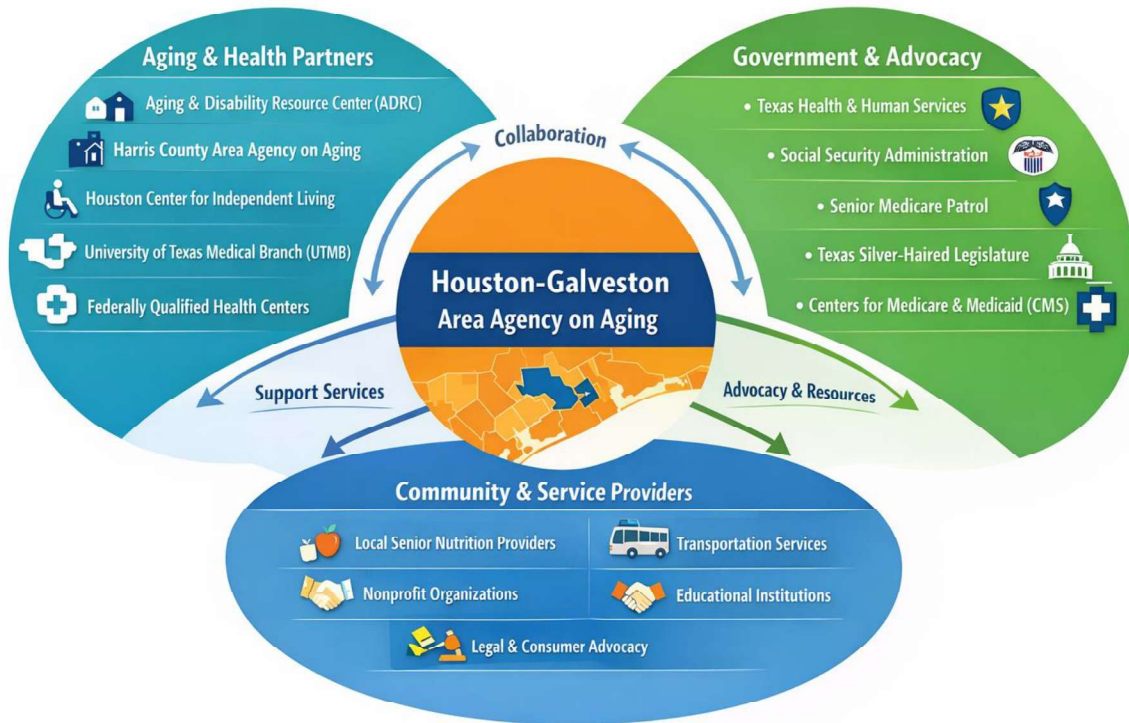
In Fiscal Year (FY) 2025, the Houston-Galveston Area Agency on Aging (AAA) received \$10,713,209 (92.6%) in federal funding and \$856,449 (7.4%) in state funding, for a total of \$11,569,658 in program funds.

To support these funds, the Houston-Galveston AAA generated \$2,339,196 in cash match, \$2,086,728 in in-kind match, and \$75,956 in consumer donations. Cash match contributions are derived from county and municipal funds, local foundations, and community fundraising efforts. In-kind contributions include donated office space from counties and cities, use of community center facilities, and volunteer time.

The Houston-Galveston AAA collaborates extensively with regional partners to strengthen and expand service delivery for older adults and caregivers. These partnerships include the Houston-Galveston Aging and Disability Resource Center (ADRC), which operates within the Houston-Galveston Area Council, as well as the Harris County Area Agency on Aging, Houston Center for Independent Living, Texas Health and Human Services – Region 6, Texas Department of Family and Protective Services, Regional Mental and Intellectual and Developmental Disabilities Authorities and local Social Security Administration offices. Additional partners include the Texas Association of Regional Councils, Texas Silver-Haired Legislature, Texas Health and Human Services Community Partner Program, Centers for Medicare & Medicaid Services (CMS), National Consumer Voice for Quality Long-Term Care, Texas Legal Services Center, Better Business Bureau’s Senior Medicare Patrol, county probate courts, and the University of Texas Medical Branch (UTMB).

The Houston-Galveston AAA also collaborates with educational institutions and community organizations such as the Osher Lifelong Learning Institutes (OLLI), local public libraries, The Coalition for Barrier-Free Living, and Federally Qualified Health Centers. In addition, the AAA coordinates closely with other Houston-Galveston Area Council programs, including Emergency Preparedness, Elder Justice, the Gulf Coast Workforce Board, Community and Environmental Planning, and the Transportation Metropolitan Planning Organization (MPO).

Houston-Galveston AAA Partnership Ecosystem



To deliver essential direct services, the Houston-Galveston AAA partners with community-based nutrition and transportation providers throughout the region. These partners include Helping One Another, Actions, Inc., Chambers County Hospital District #1, Wharton County Junior College’s Colorado and Wharton Senior Citizens Programs, Colorado Valley Transit, Catholic Charities’ Mamie George Community Center, Fort Bend Seniors Meals on Wheels and Much, Much, More, Galveston County Parks and Cultural Services, Interfaith Ministries for Greater Houston, Cleveland Senior Citizen Organization, G.R.A.C.E., Economic Action Committee of the Gulf Coast, Meals on Wheels Montgomery County, Walker County Meals on Wheels, and the Waller County Senior Citizens Program.

The Area Agency on Aging (AAA) represents the interests of older individuals and family caregivers by advocating for policies, programs, and services that support their health, independence, and quality of life. The AAA gathers input from older adults, caregivers, service providers, and community stakeholders to identify needs and priorities within the region. Through planning, coordination, and collaboration with local, state, and federal partners, the AAA works to ensure that the voices of older

adults and caregivers are reflected in community planning, service delivery, and public policy decisions.

Through these collaborative partnerships, the Houston-Galveston AAA is able to leverage resources, expand service capacity, and improve access to supportive services for older adults, caregivers, and individuals with disabilities throughout the 12-county region.

Key Topic Areas

Core Program Area 1: Supportive Service

Supportive Services are a broad set of programs designed to help older adults aged 60 and older maintain independence, safety, and quality of life in their homes and communities. Through these services, the HGAC-Area Agency on Aging (AAA) works to reduce barriers to independence, prevent unnecessary institutionalization, and support caregivers who assist older adults.

Service Provision Description

Our AAA coordinates and administers a network of community-based services through contracts with local providers and community partners. Services focus on addressing functional limitations, access barriers, and social determinants that impact older adults' ability to remain independent. Key supportive services may include:

- **Administration:** The planning, management, oversight, and coordination of programs, funding, and operations to ensure services for older adults and caregivers are delivered effectively, providing advocacy for older people in their service area; evaluating regional strengths and local resources; identifying service gaps, including people with the greatest economic and social need; complying with regulations and meeting community needs.
- **Data Management:** Data management is the process of collecting, organizing, storing, and analyzing data to ensure it is accurate, secure, and accessible for decision-making and reporting. It includes activities related to the direct purchase of services, service authorization, and documenting verification to support service provision, and the tracking and reporting of congregate meals, home delivered meals, and transportation services.
- **Information, Referral, and Assistance:** Helping older adults and caregivers access available resources, benefits, and services.
- **Care Coordination / Case Management:** Assessing individual needs and coordinating services to ensure older adults receive appropriate support.
- **Participant Assessment:** The process of evaluating an older adult's needs, strengths, and eligibility to determine appropriate services and supports.
- **Transportation Services:** Providing rides or transportation assistance to and from:
 - Senior centers
 - Medical appointments
 - Essential errands and grocery stores

- **In-Home Services:** Support services delivered in a person’s home to help older adults maintain independence, safety, and quality of life, such as personal assistance, meal delivery, emergency response, health maintenance, and respite care.
- **Public Information Service:** Provides information to groups of current and potential participants on the resources and services available for older adults in their communities. Activities include providing information at senior fairs, handing out publications and answering questions, and initiating targeted mass media campaigns, including targeted internet websites.
- **Legal Assistance, Legal Awareness and Benefits Counseling:** Assist older adults to understand and access programs such as Medicare, Medicaid, and other benefits.
- **Health Promotion and Evidence-Based Programs:** Evidence-proven programs that support chronic disease management, fall prevention, and healthy aging.
- **Longterm Care Ombudsman:** Services to protect the health, safety, welfare, and rights of residents of nursing facilities and assisted living facilities, including identifying, investigating, and resolving complaints that are made by, or on behalf of residents. Services are provided by a certified ombudsman of a local ombudsman entity within the AAA.

Through these services, the HGAC-AAA serves as a **coordinator and advocate**, ensuring older adults and caregivers can access a comprehensive network of community resources.

Core Program Area 2: Nutrition Services – Congregate Meals, Grab & Go Meals, and Home Delivered Meals

Nutrition Services provide older adults with access to nutritious meals and opportunities for social engagement to support health, independence, and overall well-being. These programs address food insecurity among older adults while promoting improved nutrition and reducing social isolation.

Service Provision Description

The H-GAC Area Agency on Aging (AAA) uses a combination of nutrition services, outreach, and supportive programs to address hunger, food insecurity, malnutrition, and social isolation among older adults. Strategies include providing congregate meals and home-delivered meals, conducting outreach to identify older adults at risk, and coordinating referrals to supportive services such as benefits counseling, transportation, and caregiver support.

Congregate meal sites promote social engagement and wellness activities that reduce isolation while ensuring participants receive nutritious meals that support healthy aging. These efforts align with priorities established under the Older Americans Act (OAA) and administered through the Texas Health and Human Services Commission (HHSC) Office of Area Agencies on Aging (OAAA) to ensure older adults in the greatest economic and social needs receive appropriate nutrition and community support.

The AAA administers and oversees nutrition programs delivered through community partners, senior centers, and local service providers. These services are designed to ensure older adults have consistent access to nutritious meals that meet dietary guidelines and support healthy aging.

Key nutrition service delivery models include:

- **Congregate Meals:** Congregate meals are provided at community locations such as senior centers, community centers, and faith-based facilities. These settings allow older adults to receive a nutritious meal, which meets 1/3 Recommended Dietary Allowance (RDA), while also participating in social and recreational activities, wellness education, and community engagement opportunities. Congregate programs help reduce social isolation and support overall wellness.
- **Home Delivered Meals:** Home Delivered Meals provide nutritious meals directly to the homes of eligible older adults who are homebound or have difficulty preparing meals due to illness, disability, or mobility limitations. In addition to providing food, meal delivery often serves as a wellness check, helping ensure the safety and well-being of vulnerable older adults.
- **Nutrition Education:** Nutrition education within an Area Agency on Aging (AAA) provides older adults with information and guidance on healthy eating, meal planning, and dietary needs to support overall health and prevent chronic disease.
- **Nutrition Consultation Services:** Nutrition consultation services within an Area Agency on Aging (AAA) provide individualized guidance from a qualified professional to assess dietary needs, address health conditions, and develop personalized nutrition plans for older adults and methods for improving nutritional status performed one-on-one by a registered dietitian.

Through these nutrition services, the AAA helps improve food security, support health outcomes, and strengthen community connections for older adults.

The H-GAC-Area Agency on Aging (AAA) uses a combination of nutrition services, outreach, and supportive programs to address hunger, food insecurity, malnutrition, and social isolation among older adults. Strategies include providing congregate meals, and home-delivered meals, conducting outreach to identify older adults at risk, and coordinating referrals to supportive services such as benefits counseling, transportation, and caregiver support. Congregate meal sites also promote social engagement and wellness activities that reduce isolation while ensuring participants receive nutritious meals that support healthy aging. These efforts align with priorities established under the Older Americans Act and administered through the Texas Health and Human Services Commission Office of Area Agencies on Aging to ensure older adults with the greatest needs receive appropriate nutrition and community support.

Core Program Area 3: Evidenced Based Disease Prevention & Health Promotion Services

Service Provision Description

Evidenced Based Disease Prevention (EBI) & Health Promotion Services (HPS) – Are activities related to the prevention and mitigation of the effects of chronic disease (including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease), infectious disease, vaccine-preventable disease, prevention of sexually transmitted diseases, as well as alcohol and substance abuse reduction, chronic pain management, smoking cessation, weight loss and control, stress management, falls prevention, physical activity and improved nutrition. The H-GAC AAA's activities meet the Administration for Community Living's (ACL) definition for an EBI or HPS programs and ensures and maintains EBI fidelity per the National Council on Aging (NCoA)

Approved EBI activities include:

- Arthritis Foundation Exercise Program - AFEP
- Supported Exercise for Ageless Training – SEAT (fall under AFEP)
- Staying Active and Independent for Life - SAIL
- Tai Chi for Arthritis and Falls Prevention
- On The Move - OTM
- Bingocize

- A Matter of Balance
- Ageing Mastery Program
- Powerful Tools for Caregivers
- CDC Diabetes Prevention Program – DPP
- Chronic Disease Self-Management Program - CDSMP
- Diabetes Self-Management Program – DSMP
- Activities and expenditures directly related to an EBI program: Staffing, Training, Procurement of supplies, publications.

Core Area 4: Family Caregiver Support

Service Provision Description

Family Caregiver Support Services provide resources and assistance to individuals caring for older adults, helping them maintain their well-being while continuing in their caregiving roles, and their care receiver. These services help caregivers manage their physical, emotional, and financial challenges of older adults living in their homes taking care of others.

The Houston-Galveston Area Council Area Agency on Aging (AAA) will administer the National Family Caregiver Support Program (NFCSP) in compliance with Title III-E of the Older Americans Act, ensuring access to the five required service categories:

- Information to caregivers
- Assistance in gaining access to services
- Individual counseling, support groups, and caregiver training
- Respite care
- Supplemental services (on a limited basis)

Priority will be given to caregivers who are older individuals with the greatest social (GSN) and economic need (ESN), including low-income individuals, minority individuals, individuals with limited English proficiency, and those residing in rural areas, as well as older relative caregivers raising children.

These services promote and enhance activities that provide a coordinated, person-centered system of services and supports for family caregivers in accordance with Older Americans Act Title III-E.

Core Program Area 5: Legal Assistance

Service Provision Description

Legal Assistance ensures that older adults have access to professional legal services that protect their rights, preserve independence, and promote financial and personal security.

Services are prioritized for individuals with the greatest economic and social need, including low-income older adults, minorities, individuals with limited English proficiency, and those residing in rural areas.

The AAA provides direct legal assistance to adults aged 60 and older within its service area. Services focus on preventative legal intervention, protection of rights, and resolution of issues that directly impact an older adult's health, income security, and autonomy:

- **Advance Directives Assistance:** Education and individual assistance in completing advance directives, including medical power of attorney, directive to physicians, and related documents to ensure clients' healthcare preferences are documented and honored.
- **Public Benefits Counseling and Appeals:** Legal-level assistance with Medicare, Medicaid, Medicare Savings Programs, and other public benefits matters, including representation and support through administrative appeals processes when benefits are denied, reduced, or terminated.
- **Fraud Prevention and Medicare Exploitation Protection:** Advice and education to help older adults identify, avoid, and respond to scams, fraud, and Medicare-related exploitation. This includes counseling on consumer protection issues and assistance addressing improper billing, identity theft, and deceptive practices.

Additionally, the AAA partners with Community Justice Workers of Texas to strengthen community-based legal access. Through this partnership, trained Community Justice Workers expand outreach, provide culturally responsive education, assist with issue identification, and help bridge older adults to appropriate legal remedies. This collaboration enhances early intervention efforts, reduces barriers to legal services, and promotes equitable access to justice across the region.

Through direct service delivery and strategic partnership, the Area Agency on Aging ensures that older adults receive timely, professional legal assistance designed to protect rights, prevent exploitation, and support long-term independence.

Core Program Area 6: Ombudsman Services

Service Provision Description

Long-term care (LTC) ombudsmen services protect the health, safety, welfare, and rights of residents of nursing facilities and assisted living facilities. Ombudsmen also serve as advocates for residents' rights, protecting the quality of life and quality of care residents experience in a licensed nursing facility or assisted living facility. Services are provided directly by a certified ombudsman who visits residents in facilities.

During a visit with residents, Ombudsmen:

- Listen to and addresses concerns
- Explain resident rights
- Empower and support residents and their families to discuss concerns with staff
- Identify, investigate and resolve complaints to the residents' satisfaction
- Ombudsmen represent residents' interests by speaking with government agencies and legislators for increased consumer protection in state and federal laws and regulations.

Greatest Economic and Social Need

Under the Older Americans Act, *Greatest Economic Need (GEN)* refers to older individuals with income at or below the federal poverty level, with particular attention to those who are economically disadvantaged due to low income, limited financial resources, or high out-of-pocket expenses (e.g., medical or housing costs). In practice, AAAs often operationalize GEN by prioritizing individuals who:

- Fall at or below 100%–150% of the Federal Poverty Level (FPL), and/or
- Reside in low-income census tracts or underserved communities, and/or
- Experience compounded financial strain (e.g., fixed income with high medical or caregiving expenses)

As mentioned within the PSA, older adults experiencing GEN often include individuals living on fixed incomes (e.g., Social Security only), seniors in historically underserved or economically disadvantaged communities, older adults facing housing instability, food insecurity, or limited access to transportation and family caregivers who are financially strained due to caregiving responsibilities just to name a few. These populations are at higher risk for unmet needs, poorer health outcomes, and social isolation, making targeted service delivery critical.

Greatest Social Need (GSN) is an operational concept used to identify individuals or populations experiencing the highest levels of social, economic, or environmental disadvantage, as determined by measurable indicators that are associated with increased risk, reduced access to resources, living in rural or isolated areas or diminished quality of life. Strategies and practices to prioritize GEN populations include:

- Data driven targeted outreach and partnerships
- Collaboration with community-based organizations, food banks, housing authorities, and faith-based groups in low-income areas
- Establish policies that give priority access to services (e.g., home-delivered meals, in-home care, transportation and care coordination services) for individuals meeting GEN criteria
- Reduce barriers related to language, literacy, and access and adjust identified service gaps or disparities.

Prioritizing individuals with Greatest Economic Need ensures that limited resources are directed toward those most vulnerable. By using clear operational definitions, targeted outreach, and data-informed decision-making, the AAA can effectively reduce disparities and improve outcomes for low-income older adults and their caregivers.

The Area Agency on Aging (AAA) maintains strong collaborative relationships with a wide network of Home and Community-Based Services (HCBS) providers throughout the Planning and Service Area (PSA) to ensure older adults can age safely, independently, and with dignity in their homes and communities. A few key HCBS partners include:

- Home health agencies
- Personal assistance and homemaker service providers
- Adult day health programs
- Behavioral and mental health providers
- Primary care clinics and hospital systems
- Long-term services and supports (LTSS) providers
- Community-based organizations and faith-based partners

HGAC-AAA collaboration strategies are coordinated approaches used to work with community partners, such as HCBS providers, healthcare systems, and social service organizations, to share resources, align services, streamline referrals, and improve outcomes for older adults within the Planning and Service Area. Our aim is to develop intentional partnerships that integrate services and communication to better meet older adults' needs. Our collaboration strategies include care coordination and referral pathways, interdisciplinary care planning, formal partnerships and MOUs, and participation in community coalitions and networks.

These collaborative efforts strengthen the local service system and support a person-centered, integrated approach to care for older adults.

The H-GAC AAA strives to serve older adults with physical and mental health conditions and partners and employs evidence-informed, person-centered practices to support older adults living with physical disabilities, chronic illnesses, and mental health conditions, recognizing the complex and interconnected nature of these needs. This is supported by individualized centered assessment and planning, integrated physical and mental health support, support for chronic conditions and disabilities, dementia-informed and trauma-informed care, caregiver support and education, crisis prevention and early intervention.

Through strong collaboration with HCBS providers and the use of integrated, person-centered practices, the AAA supports older adults with physical and mental health conditions in maintaining independence, improving quality of life, and remaining connected to their communities. These coordinated efforts strengthen the local aging network and ensure services are responsive, accessible, and aligned with the evolving needs of older adults within the PSA.

Needs Assessment Activities

Population Trends and Issues

- Rapid Growth of the Older Adult Population
 - Statewide projections show significant increases in older adults, especially those aged 60+ and 85+. These trends directly affect the H-GAC region:
 - Fort Bend County is among the fastest-growing older adult populations in the state, having more than doubled in the last decade.
 - Rural counties such as Colorado, Matagorda, Walker, Waller, and Wharton have a growing share of older residents aging in place, mirroring statewide rural aging patterns.
 - By 2030, a substantial proportion of older Texans will be 85+, increasing needs for supportive, caregiving, and long-term services.
 - Impact: The region will face increasing demand for home-based services, care coordination, specialized healthcare (dementia, chronic disease), transportation, and caregiver support.
- Rising Housing Insecurity and Affordability Concerns
 - The statewide data on housing burdens strongly applies to the Houston-Galveston region:
 - Statewide, 1 in 5 homeowners and 1 in 2 renters are cost-burdened; coastal and suburban counties in the H-GAC region (Galveston, Brazoria, Fort Bend) already report rising housing costs.
 - Rural counties face aging housing stock requiring repairs or modifications to support aging in place.
 - Increased disaster vulnerability (hurricanes, flooding) further threatens housing security for older adults, especially in coastal and river-adjacent counties.
 - Impact: Demand for home modification, major repair programs, and housing navigation is rising across all 12 counties.

- Increased Caregiver Strain
 - State trends indicate 3.1 million Texans are caregivers, providing \$41B in unpaid care. Key statewide findings that align with regional challenges:
 - Many caregivers are working adults, creating strain due to time off, lost wages, and lack of support.
 - The H-GAC region has a large population of multigenerational households (notably in Fort Bend, Galveston, Montgomery, Brazoria).
 - Caregiver burnout, mental health needs, and lack of respite are growing concerns.
 - Impact: The region needs more structured caregiver support programs, respite expansion, mental health resources, and culturally tailored training.
- Social Isolation
 - State data shows social isolation is harmful and significantly increases risk for:
 - Premature death
 - Heart disease and stroke
 - Dementia
 - Depression and anxiety
 - Urban counties (Harris-adjacent areas) experience isolation due to urban sprawl and lack of transportation, while rural counties face geographic isolation and fewer services.
 - Impact: There is a pressing need for social engagement programs, teleconnection initiatives, transportation expansion, and intergenerational programs across the region.

- Workforce Shortages in Aging Services
 - State and regional trends mirror each other:
 - Provider shortages (home care aides, meal delivery drivers, case managers) are acute in rural counties.
 - Low reimbursement rates and rising costs limit provider capacity.
 - High staff turnover and shrinking volunteer networks affect service reliability.
 - Impact: The provider network across all 12 counties is strained; some areas risk having no service coverage for certain supports.
- Broadband and Technology Gaps
 - The Aging Texas Well plan emphasizes that access to broadband and technology is now a key determinant of health.
 - Rural counties in the region (Austin, Colorado, Liberty, Matagorda, Waller, Walker, Wharton) have limited broadband availability.
 - Many older adults lack technological skills needed for:
 - Telehealth
 - Online benefits access
 - Social engagement tools
 - Safety monitoring devices
 - Impact: Bridging the digital divide is essential for health access, emergency preparedness, and reducing isolation.
- Limited Transportation Options
 - Transportation remains one of the top barriers to accessing health care, socialization, and basic needs.
 - The H-GAC region's rural counties have:
 - No fixed-route public transit
 - Limited demand-response services

- Large counties experience challenges from cost, availability, and scheduling delays.
- Impact: Transportation limitations exacerbate isolation, reduce access to medical care, and impede service delivery.

Road Show Feedback

As an action item of the FY24 -FY26 Area Plan, the Houston-Galveston AAA hosted a series of community outreach events in each of the region's counties. These events were planned in partnership with congregate meal providers and were held on location at the sites. Representatives from the AAA and the host local meal providers shared information on program services and avenues to connect with staff to discuss needs. Staff also engaged participants in a feedback session during which they were asked what works well (what needs are being met) and what could be better (what needs are not being met).

The trends identified through the feedback sessions could be categorized this way:

- **Transportation and Mobility**
 - There was expressed interest in more outings and field trips to keep older adults active and socializing.
 - A lack of cross-country transportation in a 12-county region is a barrier to accessing critical resources, such as healthcare appointments.
 - More need for flexibility in transportation offerings, particularly on evenings and weekends.
- **Access to dental and vision care**, either due to a lack of local, accessible providers in rural counties, or a lack of reliable transportation to providers.
- **Access to affordable housing or assistance with rent/mortgage payments**. Housing cost pressures are straining older adults on fixed incomes.
- **Awareness of resources and services available** to assist with barriers and support to navigate them.

There were also recurring themes around the desire for more social connection and engagement, whether it be activities, volunteer opportunities, events, games, and the like.

The concern around capacity for existing senior centers in smaller, more rural areas was also expressed. Participants would like to see larger spaces available to them and more community involvement.

SWOT Analysis

As part of the Area Plan development process, the Houston-Galveston Area Agency on Aging (AAA) surveyed stakeholders including staff, contractors, advisory committee members, service providers, and community partners to conduct a comprehensive SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis. This summary highlights the most salient themes and insights, guiding our strategy to strengthen services for older adults and caregivers across the region.

Strengths

- **Responsive, Compassionate Service:** AAA staff and partners are consistently recognized for their empathy, clear communication, and quick, knowledgeable support to older adults and caregivers. Programs such as home-delivered meals, personal assistance, respite care, and residential repairs are especially valued.
- **Enabling Independence and Dignity:** Stakeholders cite AAA's effectiveness in helping older adults remain safely at home, avoid unnecessary institutionalization, and mitigate caregiver burden.
- **Community-Centered and Accessible:** The AAA is praised for building trust via active outreach, collaborating with local centers, and being accessible both in person and through multiple referral channels.
- **Diverse Service Portfolio:** The agency provides a comprehensive set of programs: nutrition, benefits counseling, ombudsman services, transportation, and home repair/modifications ensuring broad support tailored to individual needs.
- **Strong Provider Partnerships:** Effective collaborations with nutrition providers, home health agencies, contractors, and local nonprofits enhance service reach and impact.

Weaknesses

- **Funding Limitations:** Across all feedback, funding was the most frequently cited challenge, leading to waitlists, service caps, and delayed service authorizations.
- **Workforce Shortages & Turnover:** Provider capacity is constrained by staff turnover, low reimbursement rates, and the challenge of attracting/retaining quality caregivers, especially in rural or outlying areas.

- **Operational Communication and Processes:** Respondents highlighted a need for improved communication about changing policies, funding, and service limits; clearer guidance and documentation; and more timely internal updates, particularly to frontline case managers and providers.
- **Underserved Populations:** Rural, remote, homebound, and culturally diverse older adults are not always sufficiently reached. Language barriers persist. Some emerging segments, such as the unhoused population and those with complex medical/behavioral needs, lack adequate services.

Opportunities

- **Growing Aging Population:** Demand for home-based services and caregiver support is increasing, creating opportunities to expand programs and innovate.
- **Grants, Pilots, and Partnerships:** Pilot projects with hospitals, managed care, and homeless coalitions (e.g., hospital-to-home transitions, dementia initiatives, extended home support) are available. Funding opportunities for telehealth, social isolation, caregiver support, and technology access can be pursued.
- **Enhanced Community Collaborations:** Formal partnerships with healthcare providers, housing agencies, faith-based organizations, and culturally specific groups could increase referrals, outreach, and service delivery, particularly for hard-to-reach groups.
- **Workforce & Technology Development:** Investments in staff training, volunteer engagement, and digital systems (e.g., client electronic records, telehealth platforms) can improve efficiency, data accuracy, and reach.
- **Advocacy and Policy Engagement:** There is strong potential to advocate for sustainable funding and regulatory flexibilities at the state and federal levels.

Threats

- **Escalating Costs:** Inflation is sharply rising the costs of meals, transportation, supplies, and staffing, outpacing funding adjustments and pressuring sustainability.
- **Funding Volatility:** Uncertainty in federal/state budgets, grant cycles, and reimbursement rates pose immediate threats to service continuity.
- **Compliance & Regulatory Burden:** Frequent policy changes, increased documentation and reporting requirements, and shifting eligibility/compliance standards increase risk for errors, delays, and administrative burden.

- **Provider Network Instability:** Workforce shortages, competition, rising costs, and market consolidation threaten both the quality and availability of contracted services, especially in rural and high-need areas.
- **Social and Health Disparities:** Persistent gaps exist for isolated, linguistically diverse, and economically disadvantaged older adults, which could widen if service capacity does not keep pace with demographic trends.

Conclusion

The Houston-Galveston AAA is a leader in responsive, client-centered aging services, grounded in strong community partnerships and a commitment to dignity and independence for older adults. However, future success will require ongoing adaptability: diversifying funding sources, addressing operational and workforce constraints, strengthening outreach to underserved communities, and remaining vigilant to emerging risks and opportunities. Strategic advocacy, enhanced partnerships, targeted resource development, and continued operational improvement will be key as the region meets the evolving needs of its aging population.

Opportunities for Improvements

1. Strengthen and Expand Home and Community-Based Services

- Target new providers in underserved areas.
- Increase the use of technology (virtual visits, telehealth follow-up, remote monitoring) for high-risk or homebound individuals.
- Pilot strategic partnerships with healthcare providers to reach homebound seniors and provide services to reduce return visits.

2. Address Housing Insecurity and Safety More Aggressively

- Refine regional housing navigation function and work collaboratively with other internal teams and external agencies to integrate with and inform strategies.
- Increase the scale of the home modification and repair program, pursuing additional resources and contractor relationships.

3. Enhance Transportation and Mobility Supports

- a. Pilot efforts to expand flexibility of transportation supports to include weekend and evening trips, long-distance (cross county line) medical transportation, and recreational outings to reduce social isolation.
- b. Collaborate with H-GAC Transportation Department to develop county-specific mobility strategies.

4. Bridge the Digital Divide for Older Adults

- a. Launch digital access and literacy pilot initiatives with potential to scale.
- b. Build partnerships with libraries, educational institutions, broadband providers, and community-based organizations to collaborate with senior centers and make more resources available.
- c. Seek additional funding opportunities to support these initiatives.

Goals, Objectives, Strategies, and Outcomes

Short-Term Outcomes

1. Increase community awareness of AAA services
2. Continue and enhance targeted outreach and education campaigns (online, print, in-person) about available services, focusing especially on rural, homebound, and underrepresented populations.
3. Increase the number and accessibility of community forums and informational sessions (“road shows”) to elevate public awareness.
4. Distribute multilingual and plain language materials to reduce barriers for those with limited English proficiency or low literacy.
5. Improve utilization of website, social media, and pre-recorded video content to provide information at the click of a mouse.

Measure: Track increases in inquiries, attendance, and website/social media engagement.

Intermediate Outcomes

1. Improve access to healthcare and social supports.
2. Expand contractor base to include more providers serving rural areas.
3. Expand partnerships with local hospitals, clinics, and healthcare providers, establishing new formal collaborations that facilitate smooth transitions from hospital to home and provide more integrated service referrals.
4. Expand partnerships with local transit authorities and transportation providers to pilot initiatives to improve access to on-demand services for older adults.
5. Advance digital and broadband inclusion through strategic partnerships with broadband providers and through digital skills training for older adults and caregivers.
6. Increase safe and affordable housing supports by collaborating with our Board’s housing committee, local housing authorities, vendors, and nonprofits to deploy more home modification/repair projects. We will also work in partnership with our Aging and Disability Resource Center’s housing navigation program to provide information on housing.

Measure: Increases in number of formal partnerships with healthcare and housing entities, number of digital literacy trainings, number of homes modified, and number of participants assisted.

Long-Term Outcomes

1. Promote and support long-term independence and aging in place
2. Increase the proportion of older adults able to safely remain in their own homes,
3. Maintain and expand the range of in-home and community-based services (personal care, meals, caregiver support, benefits counseling, transportation, technology assistance).
4. Reduce health and technology disparities through access to quality healthcare, digital connectivity, and essential social services.
5. Improve housing security and environmental safety by reducing the proportion of older adults living in substandard conditions or at risk of homelessness.
6. Advance regional systems of care and partnership networks through enduring, cross-sector networks that result in efficiently coordinated, client-centered care and streamlined processes.
7. Establish the Houston-Galveston AAA as a regional and state model for responsive, equitable, and high-quality aging service delivery.

Measure: Higher percentage of AAA clients remaining in their homes, reduction in service access gaps for rural participants, increased technology utilization, reduction in percentage of older adults living in substandard or unsafe housing, decreased service duplication and faster referrals across service networks.

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

Objective 1.1 – Ensure older adults know where to access Aging Services Network supports.

Strategies:

- Continue to maintain relationships and partnerships with community-based information agencies, such as Texas Home and Community Based Services (HCBS), the Houston-Galveston Aging and Disability Resource Center (ADRC), Harris County AAA, Harris County ADRC, Texas No Wrong Door (NWD) system Texas Health and Human Services Commission’s, Southeast Region 6, United Way’s 211 Texas Information and Referral Network and regional service providers.

Outcomes:

- Short term: Attend meetings and continue to share information resources with regional community partners.
- Intermediate: Community partners have a good understanding of what services the AAA provides.
- Long-term: Older individuals, their caregivers and the general public have a better understanding of available community resources

Objective 1.2 – Provide community engagement opportunities to improve access to services for older individuals, their caregivers, and the general public.

Strategies:

- Continue to provide public informational events (road shows) in our 12-county service area. We partner with local community-based partners to share what services are available in the area, how to access services, and we receive feedback from individuals in attendance.
- Case Managers, Benefits Counselors, Health Promotion Coordinators, Ombudsmen and Information Specialists attend community senior and health fairs and other outreach opportunities in the region.
- Continue to maintain informational brochures describing our available services and how to access them.

- Maintain service information on our agency website. Our webpages assist older individuals, their caregivers, and the general public with access to our services in the region.

Outcomes:

- Short-term: Directly engage the community to inform them of available informational resources to ensure access to services.
- Intermediate: Establish the AAA as the regional subject matter expert for information and access to services.
- Long-term: Older individuals, their caregivers and the community at-large have more awareness and access to services

Objective 1.3 – Ensure information specialists are informed and well trained to provide high quality information, assistance and referrals to improve service access in the region.

Strategies:

- We maintain 3 full-time Information Specialists to provide information resources, assistance with service access and/or refer to community providers that assist with services we may not provide.
- Ensure our Information Specialists are providing high-quality access information by requiring Inform Texas training and certification.
- We continue to seek, gather and maintain current information, to create a database of community-based providers in the region to ensure proper information sharing.

Outcomes:

- Short-term: The AAA maintains full-time information specialists to provide access to services information.
- Intermediate: Ensure information specialist attend training and maintain Inform Texas certification.
- Long-term: Increase the number of information, assistance and referrals contacts for the previous area plan cycle.

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

Objective 2.1 – Provide community engagement to improve public awareness of caregiving and supportive services.

Strategies:

- As part of public information events (road shows), provide additional focus on in-home caregiver services such as case management, information and assistance, health promotion caregiver services, respite care, residential repair, emergency response, and health maintenance.
- Case Managers and Information Specialists attend community senior and health fairs and other outreach opportunities in the region.
- Provide the community with brochures focused on caregiver-driven services.

Outcomes:

- Short-term: Directly engage the community to inform them of available caregiver services and supportive services to ensure access in all 12 counties.
- Intermediate: Establish the AAA as the regional subject matter expert for caregiver-related services.
- Long-term: Older individuals, their caregivers, and the community at-large have more caregiver awareness and access to services.

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

Objective 3.1 – Actively seek collaboration with States Agencies

Strategies:

- The AAA will continue to attend Texas Health and Human Service Commission’s training, network meetings, work groups and collaborative opportunities.
- Develop deeper relationships with Department of Family and Protective Service (DFPS), Veterans Commission, Department of State Health Services (DSHS), Texas Workforce Commission (TWC), Local Mental Health Authorities (LMHA), Houston Centers for Independent Living (HCIL), 211 Texas, and Texas Council for Developmental Disabilities (TCDD).
- Continue to communicate and collaborate with other AAAs in Texas by attending and participating in Texas Association of Area Agencies on Aging (T4A) monthly meetings and T4A workgroups.
- Attend state conferences, Aging in Texas (AiTC), and Adult Protection Services (APS) annual conferences to collaborate, share ideas and best practices with other AAA’s, State staff, and local service providers.

Outcomes:

- Short-term: The AAA will share the State’s guidance and requirements with our subrecipients and contractors.
- Intermediate: Create informal and formal agreements with Texas state agencies, AAAs and community-based organizations.
- Long-term: Conduct regular meetings with subrecipients and contractors to ensure State guidance is maintained.

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

Objective 4.1 – Support the four priority areas of the Texas State Plan on Aging (SPoA)

Strategies:

- Align the AAA Area Plan with the stated goals of the SPoA.
- The AAA will share the SPoA goals with staff, subrecipients and subcontractors.

Outcomes:

- Short term: Incorporate SPoA goals in our area plan.
- Intermediate term: Implement SPoA goals.
- Long-term: Ensure services are delivered in accordance with the SPoA.

Objective 4.2 – Comply with the Older Americans Act (OAA) requirements.

Strategies:

- Ensure program participants are prioritized and are served based on the greatest economic need and greatest social need.
- Ensure AAA provides OAA services, such as congregate and home delivered meals, demand response transportation, care coordination, caregiver support coordination, personal assistance, respite care, emergency response, residential repair, health maintenance, health promotion-evidence based intervention training, benefits counseling assistance and awareness, legal assistance and awareness, information, referral and assistance, outreach and public information and long-term care ombudsman in accordance with the Administration of Community Living (ACL), the Texas Health and Human Services Commission, (HHSC), and the Texas Administrative Code (TAC).
- Update AAA policies and procedures to ensure alignment with ACL and HHSC requirements.
- Update our area plan as needed to maintain compliance with ACL and HHSC requirements.

- Maintain a high level accountable of managing and reporting State General Revenue (SGR) and OAA funds received, in accordance with generally accepted accounting principles (GAAP).
- Annually monitoring subrecipients and subcontractors based on risk assessment and performance.

Outcomes:

- Short Term: Increase knowledge of new ACL and HHSC rules and regulations.
- Intermediate term: Provide staff with amended policies and procedures training.
- Long-term: Maintain compliance with the OAA, ACL and HHSC policies and procedures.

Objective 4.3 - Enhance communication and innovate practices to improve operations and quality of care and services.

Strategies:

- Improve collaboration by conducting regular training and information update meetings with AAA subrecipients and subcontractors.
- Continue to share and receive information with our Aging and Disability Advisory Committee (ADAC) that affects our region.
- Provide subrecipients and subcontractors opportunities to give feedback to improve agency efficiencies, which may generate new processes.
- Improve monitoring processes by updating monitoring tools, risk assessment metrics, and staff training.
- Continue to receive feedback from program participants through annual client satisfaction surveys.

Outcomes:

- Short Term: Receive provider and advisory feedback.
- Intermediate term: Evaluate and interpret feedback received.
- Long-term: Implement appropriate feedback to improve operations and quality care.

Long Range Planning

The H-GAC Area Agency on Aging serves one of the most diverse and rapidly growing Planning and Service Areas in Texas. Over the next five to ten years, the region will experience significant demographic shifts, including rapid growth in the 60+ and 85+ populations, substantial increases in chronic conditions, rising caregiver strain, and continued disparities across rural and suburban counties. These changes will put considerable pressure on the local Aging Services Network.

The region benefits from strong partnerships, compassionate service delivery, and a robust array of core programs. However, the combination of rising demand, workforce shortages, escalating costs, and persistent gaps in housing, transportation, and digital access indicate that the local network will require substantial strengthening to remain prepared for long-term service provision.

Impact of Population Growth and Change on Service Delivery

Based on regional data and statewide trends, the following impacts are expected within the next decade:

- Significant Increase in Demand for HCBS and Aging Services
 - The fast-growing older adult population (especially the 85+ cohort) will increase need for personal assistance, home-delivered meals, respite, residential repair, benefits counseling, and care coordination.
 - Chronic diseases, dementia, mobility limitations, and isolation will rise sharply.
- Rural/Urban Service Imbalances Will Widen
 - Rural counties (Colorado, Matagorda, Walker, Waller, Wharton, Austin, Liberty) will continue experiencing limited provider availability, longer service delays, lack of transportation, fewer healthcare and housing options.
 - Suburban counties (Fort Bend, Montgomery, Brazoria, Galveston) will face increased caseloads due to rapid increase of retirees and multigenerational households.
- Housing Instability and Disaster Vulnerability Will Expand
 - Rising costs and aging housing stock will increase demand for home modifications, emergency repairs, and relocation assistance.
 - Climate events, including hurricanes and flooding, will disproportionately affect older adults.

- **Transportation Barriers Will Intensify**
 - Limited fixed-route systems in rural counties will restrict access to health care, nutrition, and socialization.
 - The need for long-distance medical trips will grow due to specialist shortages in several counties.
- **Social Isolation Will Become a Critical Public Health Issue**
 - Increased longevity, higher numbers of homebound individuals, caregiver strain, and digital divides will heighten risks for loneliness, depression, and cognitive decline.
- **Workforce Shortages Will Threaten Service Continuity**
 - Caregivers, home care aides, and meal delivery staff are already becoming more scarce.
 - Rising labor costs may reduce provider participation.
- **Technology Access Will Directly Impact Health and Equity**
 - Lack of broadband, devices, and digital literacy will affect telehealth, benefits access, safety monitoring, and social connection.

Needed Improvements in Programs, Services, Policies, and Resources

To prepare for the next decade, the Aging Services Network must modernize, expand capacity, and strategically shift resources. Key areas for improvement include:

- **Expand Home and Community-Based Infrastructure**
 - Increase provider reimbursement where possible and pilot incentive programs for rural service delivery.
 - Expand eligibility, flexibility, and speed of authorizations for time-sensitive services.
 - Develop more specialty programs and resources for dementia, chronic disease self-management, and intensive care transitions.
- **Strengthening Transportation Access**
 - Increase funding for demand-response services and volunteer driver programs.
 - Advocate for regional mobility coordination efforts.
 - Expansion of non-emergency medical transportation options, including long-distance trips.
- **Increase Housing Support and Safety Programs**
 - Expand home modification and repair programs.
 - Increase caps on allowable dollars spent per home modification to keep pace with increases in material cost and labor.
- **Expand Caregiver Support**

- Increase supports provided to caregivers as a means of avoiding hospitalization/institutionalization.
- Increase respite care supply by providing higher unit rate reimbursement.
- Offer more evidence-based caregiver education in multiple languages.
- Develop mental health support for caregivers experiencing burnout.
- Reduce Social Isolation and Expand Community Engagement
 - Support senior center expansion, particularly in rural areas with capacity constraints.
 - Fund activity programs, intergenerational models, and volunteer-based social engagement initiatives.
 - Invest in virtual engagement programs for homebound older adults.
- Modernize Technology Access and Digital Literacy
 - Provide device loan programs, training classes, and tech navigators.
 - Partner with broadband initiatives to improve access in rural counties.
- Strengthening Workforce Development
 - Offer training stipends, continuing education, and onboarding support for providers.
 - Partner with community colleges, workforce boards, and high schools to build a pipeline for senior care workers.

Recommendations to the State Unit on Aging

To best support the long-term readiness of the statewide Aging Services Network, the AAA recommends the following priority areas for capacity-building:

- Local Flexibility
 - Allow local providers to administer nutrition programs in their counties that meet the unique needs and access issues of the people they serve.
 - Eliminate restrictions on congregate and home-delivered meal amounts, which only leads to underutilization of funding as the allocations are not consistent with the population's needs.
- Housing
 - Establish statewide funding for home modifications and repairs beyond current levels.
 - Expand programs for older adult homelessness prevention and housing navigation.
- Transportation
 - Create a statewide mobility fund for rural transportation innovation focused on older adults.
 - Support AAA-led mobility coordination across regions.

- Workforce and Economic Development
 - Create incentives for direct care workers, including scholarships, stipends, and credential-based wage increases.
 - Promote geriatric specialization in nursing, social work, and mental health professions.
- Recreation and Social Connection
 - Provide state funding for social isolation prevention initiatives, including intergenerational programs and senior center modernization.
- Education and Awareness
 - Expand multilingual outreach campaigns about aging services, caregiver support, and digital resources.
- Elder Abuse, Neglect, and Exploitation Prevention
 - Strengthen Adult Protective Services collaboration with AAAs, including cross-training and information-sharing.
 - Increase funding for legal assistance targeting fraud and financial exploitation.
- Assistive Technology
 - Fund statewide device loan programs, smart-home safety programs, and telehealth training for older adults.

Organizational Sustainability Planning

The H-GAC AAA is actively engaged in sustainability planning to ensure stability and resilience over the next decade. Key activities include:

- Diversifying Funding
 - Pursuing federal, state, philanthropic, and healthcare sector grants.
 - Exploring partnerships with health plans, hospital systems, and managed care organizations for coordinated care initiatives.
- Strengthening Provider Networks
 - Conducting provider outreach in rural counties.
 - Supporting providers with new training, technical assistance, and communication channels.
- Investing in Staff Development
 - Expanding professional development opportunities for case managers and leadership.
 - Using technology to streamline documentation and reduce administrative burden.
- Modernizing Technology Infrastructure

- Implementing improved client data systems, digital engagement tools, and enhanced cybersecurity for compliance.
- Utilizing Artificial Intelligence as a tool for streamlining work processes.
- Enhancing Community Engagement
 - Continuing Road Show feedback sessions annually.
 - Increasing outreach in underserved communities using multilingual and culturally competent strategies.

Conclusion

The local Aging Services Network is committed, compassionate, and capable, but without targeted investment, modernized service models, and strategic expansion of capacity, it will face increasing strain over the next decade. Proactive planning now will be essential to meeting the needs of a rapidly growing, diverse, and aging regional population.

The recommendations outlined here provide a roadmap for strengthening both the local and statewide Aging Services Networks to ensure that older Texans, and the caregivers who support them, can live with dignity, safety, health, and independence over the next ten years and beyond.

Appendix A – Emergency Preparedness

The Houston-Galveston Area Agency on Aging (AAA) has a disaster plan to assist older individuals and their family caregivers, persons with disabilities, the Area Agency on Aging staff, community leaders, community-based service providers, and collaborative partners to be prepared and respond to pre and post catastrophic activities. The manual was prepared by the Houston-Galveston Area Agency on Aging (AAA), in partnership with the Houston-Galveston Area Council, Texas Health and Human Services (HHSC), Harris County Area Agency on Aging, and the Houston-Galveston Aging and Disability Resource Center (ADRC).

In the event of an emergency situation, such as a natural disaster, staff will perform daily checks with subrecipients to monitor well-being and the state of service delivery. Updates on operations and any specific needs will be provided to the State as requested.

Local rules and regulations

- The Houston-Galveston Area Council will follow federal, state, and local laws, rules, and regulations related to a disaster.
- An Emergency Management Team (EMT) has been established to coordinate the agency’s emergency management planning efforts and to carry out the following responsibilities:
 - Updating and amending H-GAC’s Emergency Management Plan, as necessary
 - Coordinating emergency mitigation, preparedness, response and recovery efforts with their staff and with other Department Directors
 - Maintaining critical functions should a disaster event disrupt normal H-GAC operations.
 - Identifying critical personnel for emergency actions, and establishing assignments and shift arrangements
 - Maintaining communications with agency staff, members, contractors, and the public during disaster response and recovery
 - Leading planning efforts, training exercises, drills, and employee education events

- Current EMT members are:
 - ◇ Executive Director
 - ◇ Chief Financial Officer
 - ◇ Data Services Director
 - ◇ Facilities Manager
 - ◇ H-GAC staff representative

FEMA recommendations for emergency preparedness

The Area Agency on Aging will provide information related to the disaster, if possible, by share information and referring providers and consumers to FEMA's website and provide FEMA's Preparedness Checklist and material.

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

Houston-Galveston AAA 2027-2029 Projected Distribution of Direct Service Funds by County	Austin	Brazoria	Chambers	Colorado	Fort Bend	Galveston	Liberty	Matagorda	Montgomery	Waller	Walker	Wharton
Supportive Services												
Assisted Transportation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care Coordination (Case Management)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chore Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day Activity & Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Response	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homemaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homemaker - Voucher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information, Referral & Assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instruction and Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Assistance 60+	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Awareness (Legal Outreach)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outreach	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participant Assessment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Information Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residential Repair	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior Center Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Reassurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation - Voucher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition Services												
Congregate Meals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Delivered Meals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition Consultation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition Education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participant Assessment - Nutrition Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Promotion Services												
Evidenced Based Intervention	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Maintenance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Screening and Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Fitness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Caregiver												
Caregiver Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver Information Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver Support Coordination (CGM)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver Support Groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respite In Home	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respite Out of Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respite Out of Home - Overnight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respite Voucher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ombudsman Services												
Ombudsman Program Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special Activities - As Approved												
Special Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>