Harris County
Area Agency on Aging
Area Plan

FFY 2027 - 2029

As required by the Older Americans Act,

As Amended in 2020: Section 306, Area Plans

Approved by HHSC
Office of Area Agencies on Aging

Effective October 1, 2026 - September 30, 2026

Approved on August 5, 2026

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Executive Summary

Mission
Promote well-being and quality of life with dignity for older adults in our community.

Vision
Support older adults, their families, and caregivers to achieve safe, healthy, independent, and self-reliant lives.

The Harris County Area Agency on Aging (HCAAA), a division of the Houston Health Department, serves as the designated Area Agency on Aging for Harris County under the Older Americans Act (OAA). In alignment with OAA mandates and Texas Health and Human Services Commission (HHSC) requirements, HCAAA is responsible for planning, coordinating, and overseeing a comprehensive system of services for adults age 60 and over, with priority given to those with the greatest economic and social need.

Harris County's older adult population—now more than 600,000 residents age 65 and older—continues to grow in size and diversity. This demographic shift, combined with rising needs related to food insecurity, housing, transportation, chronic disease management, caregiving responsibilities, social isolation, digital access, and navigation of complex service systems, underscores the critical role of HCAAA's work.

The 2027–2029 HCAAA Area Plan outlines a focused strategy to strengthen a coordinated network of home- and community-based services that promote independence, safety, health, and dignity. Through direct services, contracted providers, and partnerships with community organizations, health systems, and local governments, HCAAA will advance programs in the following core areas:

- Supportive services, including information and referral, care coordination, transportation, benefits counseling, legal assistance, and caregiver support

- Nutrition services through congregate meals, home-delivered meals, and Grab & Go options
- Evidence-based health promotion and disease prevention programs
- Family Caregiver Support Services
- Legal Assistance services
- Long-Term Care Ombudsman advocacy for residents in long-term care settings

This Area Plan is partially informed by a countywide needs assessment conducted from December 2025 to March 2026. The assessment identified significant unmet needs in transportation, home repairs, technology assistance, caregiving support, preventive health services, social connection, and access to nutritious food. Persistent disparities in digital access and healthcare utilization were also noted. These findings will help guide HCAAA's priority-setting, resource allocation, and outreach efforts for the next three years.

HCAAA remains committed to responsible stewardship, strong provider and fiscal oversight, workforce development, emergency preparedness, and meaningful engagement with the Harris County Area Planning Advisory Council (APAC) and community partners. These efforts strengthen the region's aging services network and support improved outcomes for older adults and caregivers.

Through the 2027–2029 Area Plan, HCAAA will continue building a responsive and culturally informed system of services that enables Harris County's older adults to remain healthy, connected, and independent. By investing in coordinated supports, nutrition services, caregiver resources, health promotion, and advocacy, HCAAA reaffirms its mission to enhance the quality of life with dignity for every older adult in our community.

Organizational Profile

Reference: 45 CFR 1321.57, 45 CFR 1321.63, & 45 CFR 1321.65(b)(2)

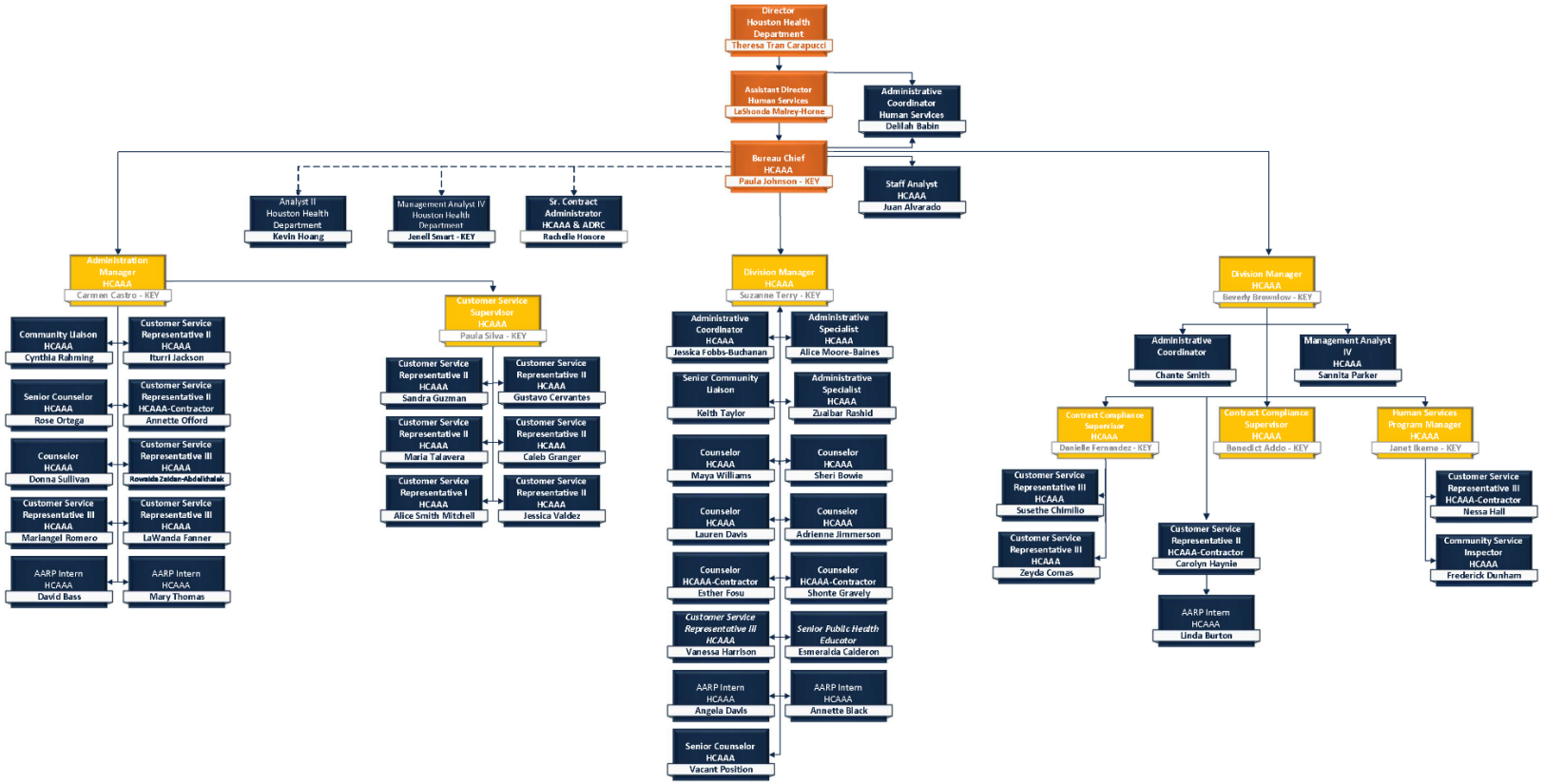
1. Organization and Staff Composition

The Harris County Area Agency on Aging (HCAAA) is a division of the Houston Health Department. It serves as the designated Area Agency on Aging for Harris County under the Older Americans Act of 1965 and its subsequent amendments. As part of a municipal department, HCAAA operates within the administrative structure and oversight of the City of Houston, which functions under a strong-mayor form of government. The City of Houston government consists of a mayor, a city council, and a controller, all elected by Houston residents. Eleven City Council Members are elected from districts, and five are elected at-large, by all voters of the city. In this model, the Mayor provides executive leadership for city operations, with authority over municipal departments and strategic direction for city programs and services.

HCAAA's organizational structure is designed to support the planning, coordination, and delivery of a comprehensive system of aging services. The agency is staffed by a multidisciplinary team that includes program managers, licensed social workers, benefits counselors, outreach specialists, contract and fiscal analysts, and administrative support personnel. This diverse workforce enables the agency to administer critical Older Americans Act programs, provide direct services, and oversee an extensive network of community-based service providers.

Leadership within HCAAA includes a Bureau Chief who provides operational direction, supported by program managers who oversee key functional areas, including access and assistance, caregiver support, nutrition and wellness services, and the long-term care ombudsman program. HCAAA Staff collaborates regularly with Houston Health Department leadership, city administration, community organizations, and state partners to ensure coordinated, equitable service delivery across Harris County.

Harris Country Area Agency on Aging (HCAAA) and Aging Organizational Chart

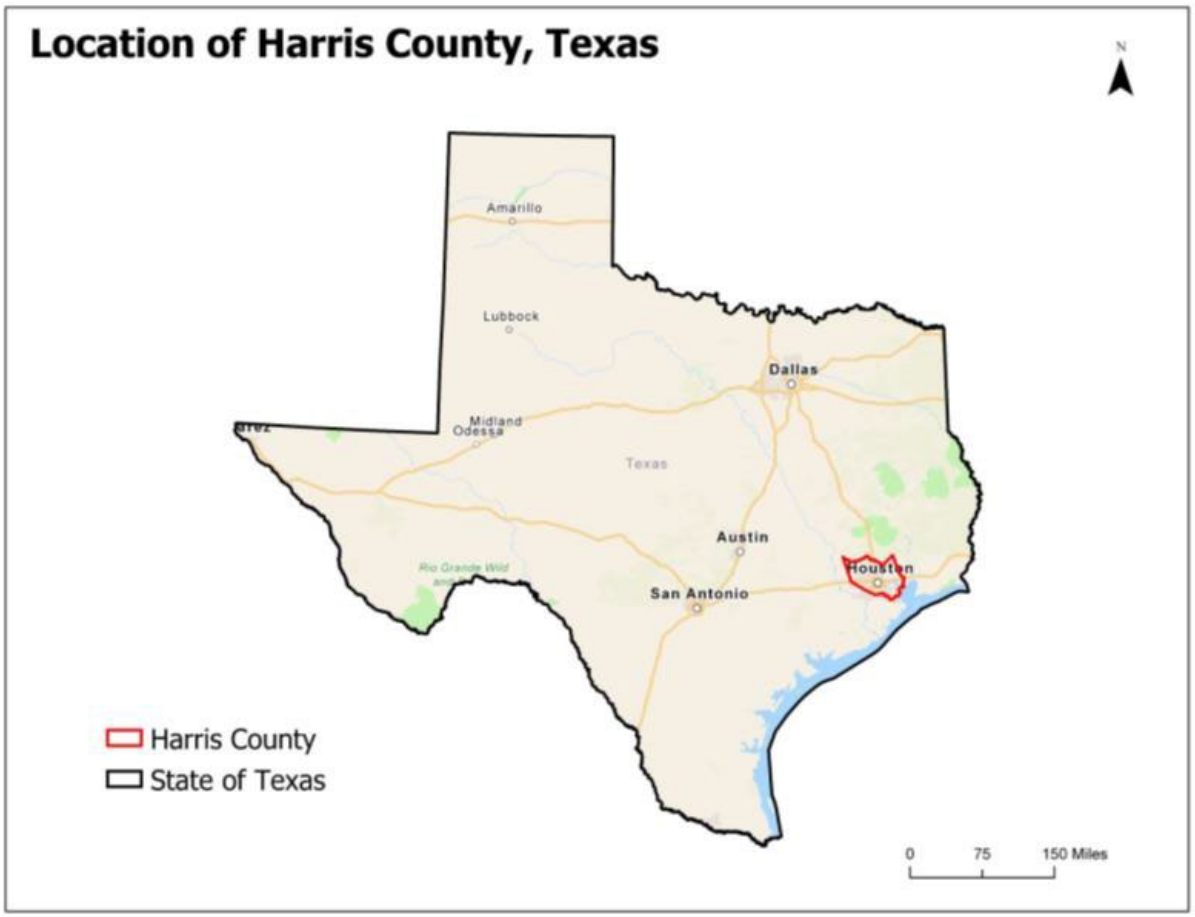


Through this organizational structure and professional staff capacity, the Harris County Area Agency on Aging maintains a responsive, data-informed, and community-focused approach to supporting older adults, adults with disabilities, and caregivers throughout the region.

2. Planning and Service Area (PSA)

Harris County Area Agency on Aging (HCAAA) is Texas's largest county. Situated in Southeast Texas, it comprises 1,777 miles of vast urban and suburban landscape. The map of Texas below identifies Harris County, outlined in red. Our Planning and Service Area (PSA) covers the entire county.

MAP 1: Harris County Location



Based on the 2020 Census, Harris County was the third-largest county in the United States, with 4,731,145 residents. Houston is the county seat, and almost half of the county's population lives within Houston city limits. According to the Census Bureau, eight of the 10 counties that led the nation by numeric change in 2023 were in Texas. This included Harris County, which added 53,788 residents and was the largest-gaining county in the nation.[1] Only Los Angeles County (Los Angeles) and Cook County (Chicago) have larger populations, but both have lost population, while Harris County continued to grow.[2]

By area, Harris County is the 14th-largest county in the country.[3] Harris County is overwhelmingly urban: almost 99% of households are in areas the Census defines as urban.[4] The population is concentrated in about 76% of the County's land footprint. Houston is the largest city in the County, but there are more than 30 cities and census-designated places. Exhibit 1 lists cities and Census-designated areas, and Map 2 shows their location.

[1] U.S. Census Bureau, *More Counties Saw Population Gains in 2023* (Press release CB24-44, March 14, 2024), retrieved March 27, 2026, from https://www.census.gov/newsroom/press-releases/2024/population-estimates-more-counties-population-gains-2023.html
[2] U.S. Census Bureau, *Growth in the Nation's Largest Counties Rebounds in 2022* (Press release CB23-52, March 30, 2023), retrieved March 27, 2026, from https://www.census.gov/newsroom/press-releases/2023/population-estimates-counties.html
[3] U.S. Census Bureau, *Profile: Harris County, Texas* (n.d.), retrieved March 27, 2026, from https://data.census.gov/profile/Harris_County,_Texas?g=050XX00US48201
[4] For the 2020 Census, the Census Bureau changed how it defined *urban*, from a population-based designation to one reflecting a certain number of houses per census block. Even with the change, Houston's urban population grew about 0.01%.

Map 2: Locations of Cities and Census Designated Places (CDPs) within Harris County

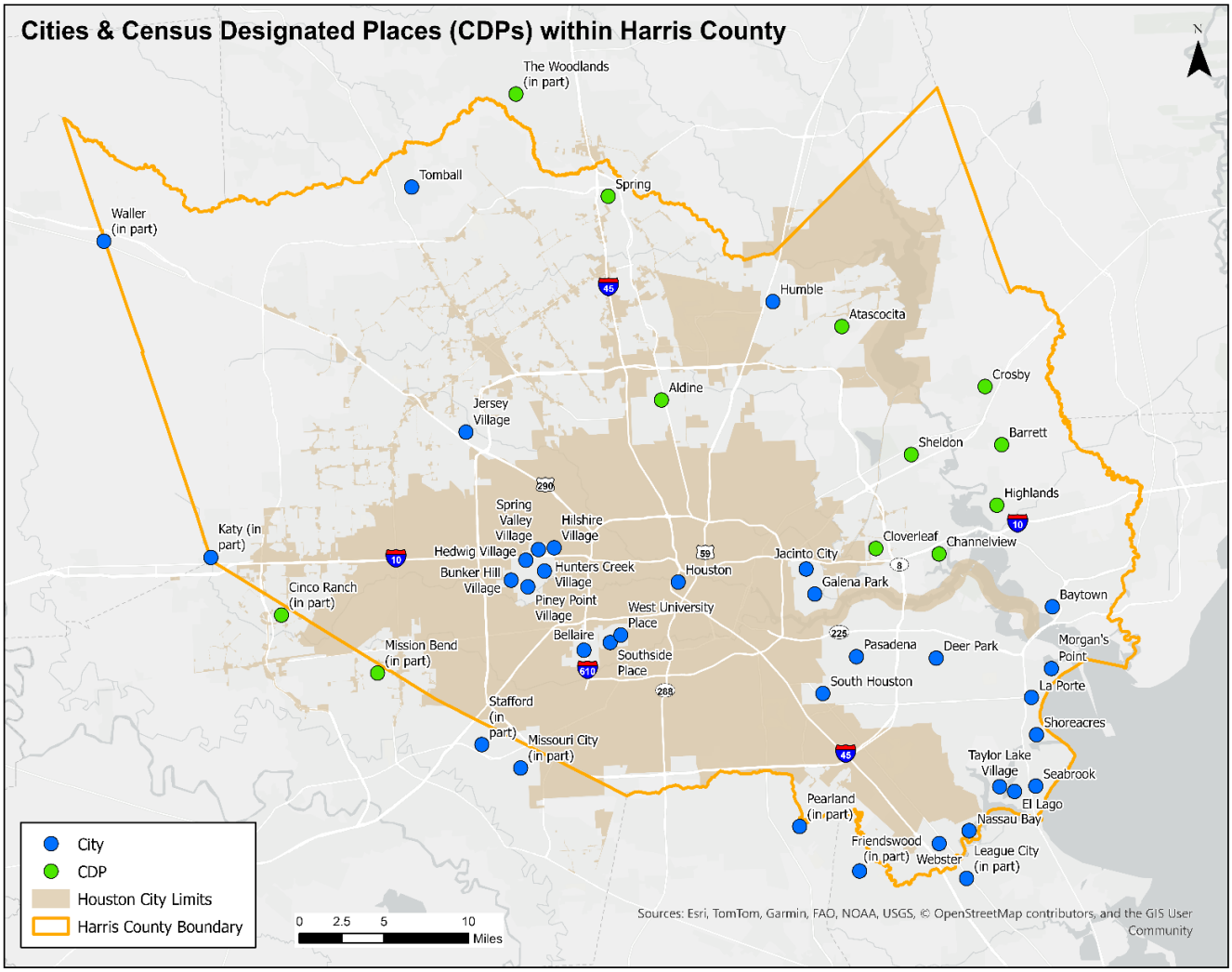


Exhibit 1: Lists of Cities and Census-Designated Places

MUNICIPALITIES IN HARRIS COUNTY (WHOLE OR IN PART)	POPULATION ESTIMATE (2024 5-YR EST.)	60+ POPULATION ESTIMATE (2024 5-YR EST.)	PERCENT 60+
Houston	2,328,253	404,019	17.4%
Baytown	85,205	14,488	17.0%
Bellaire	17,206	4,309	25.0%
Bunker Hill Village	3,829	946	24.7%
Deer Park	33,967	7,659	22.5%
El Lago	2,997	738	24.6%
Friendswood (in part)	41,030	9,463	23.1%
Galena Park	10,487	1,809	17.2%
Hedwig Village	2,291	518	22.6%
Hilshire Village	1,220	259	21.2%
Humble	16,521	2,373	14.4%
Hunters Creek Village	4,390	980	22.3%
Jacinto City	9,432	2,016	21.4%
Jersey Village	7,817	2,098	26.8%
Katy (in part)	25,184	4,610	18.3%
La Porte	36,730	8,150	22.2%
League City (in part)	116,215	21,032	18.1%
Missouri City (in part)	76,558	19,462	25.4%
Morgan's Point	233	58	24.9%
Nassau Bay	5,230	1,574	30.1%
Pasadena	149,433	25,951	17.4%
Pearland (in part)	127,514	21,978	17.2%
Piney Point Village	3,097	931	30.1%
Seabrook	13,768	2,831	20.6%
Shoreacres	1,580	325	20.6%
South Houston	16,033	2,774	17.3%
Southside Place	1,706	385	22.6%
Spring Valley Village	4,290	959	22.4%
Stafford (in part)	17,401	2,905	16.7%
Taylor Lake Village	3,721	1,418	38.1%
Tomball	13,655	3,478	25.5%
Waller (in part)	3,108	332	10.7%
Webster	12,366	2,361	19.1%
West University Place	14,982	3,597	24.0%

Data Source: American Community Survey (2024), 5-year estimates; Table DP05

CENSUS DESIGNATED PLACES (CDPs)	POPULATION ESTIMATE (2024 5-YR EST.)	60+ POPULATION ESTIMATE (2024 5-YR EST.)	PERCENT 60+
Aldine	17,167	2,126	12.4%
Atascocita	99,354	13,612	13.7%
Barrett	3,273	515	15.7%
Channelview	43,605	6,345	14.6%
Cinco Ranch (in part)	18,611	3,805	20.4%
Cloverleaf	24,063	3,181	13.2%
Crosby	4,617	410	8.9%
Highlands	6,335	2,084	32.9%
Mission Bend (in part)	36,586	7,692	21.0%
Sheldon	2,208	135	6.1%
Spring	68,580	10,522	15.3%
The Woodlands (in part)	121,002	24,542	20.3%

Data Source: American Community Survey (2024), 5-year estimates; Table DP05

3. Economic and Social Resources Available

Texas defines the Greatest Economic Need (GEN) as one resulting from an income level at or below the Federal Poverty Line.[5]. Currently in Texas, individuals with the Greatest Social Needs (GSN) include those who:

- Cannot always afford basic needs such as food or medicine
- Lack the skills or knowledge to prepare well-balanced meals or appropriately manage medicine
- Cannot access transportation to destinations such as medical appointments
- Live in a rural area
- Lack English language skills
- Have a disabling illness or physical condition.

Consistent with the Older Americans Act, the Harris County Area Agency on Aging (HCAAA) prioritizes services for eligible older adults experiencing the Greatest Economic Need (GEN) and Greatest Social Need (GSN), while

[5] Texas Secretary of State, *Welcome to the Texas Administrative Code* (n.d.), retrieved March 27, 2026, from https://www.sos.state.tx.us/tac/index.shtml

ensuring that services remain available to all eligible older adults and family caregivers throughout the Planning and Service Area (PSA).

Older adults and family caregivers within Harris County benefit from a broad network of public, nonprofit, healthcare, and community-based resources. HCAAA serves as the designated Area Agency on Aging and administers, coordinates, or funds a comprehensive system of Older Americans Act services that includes:

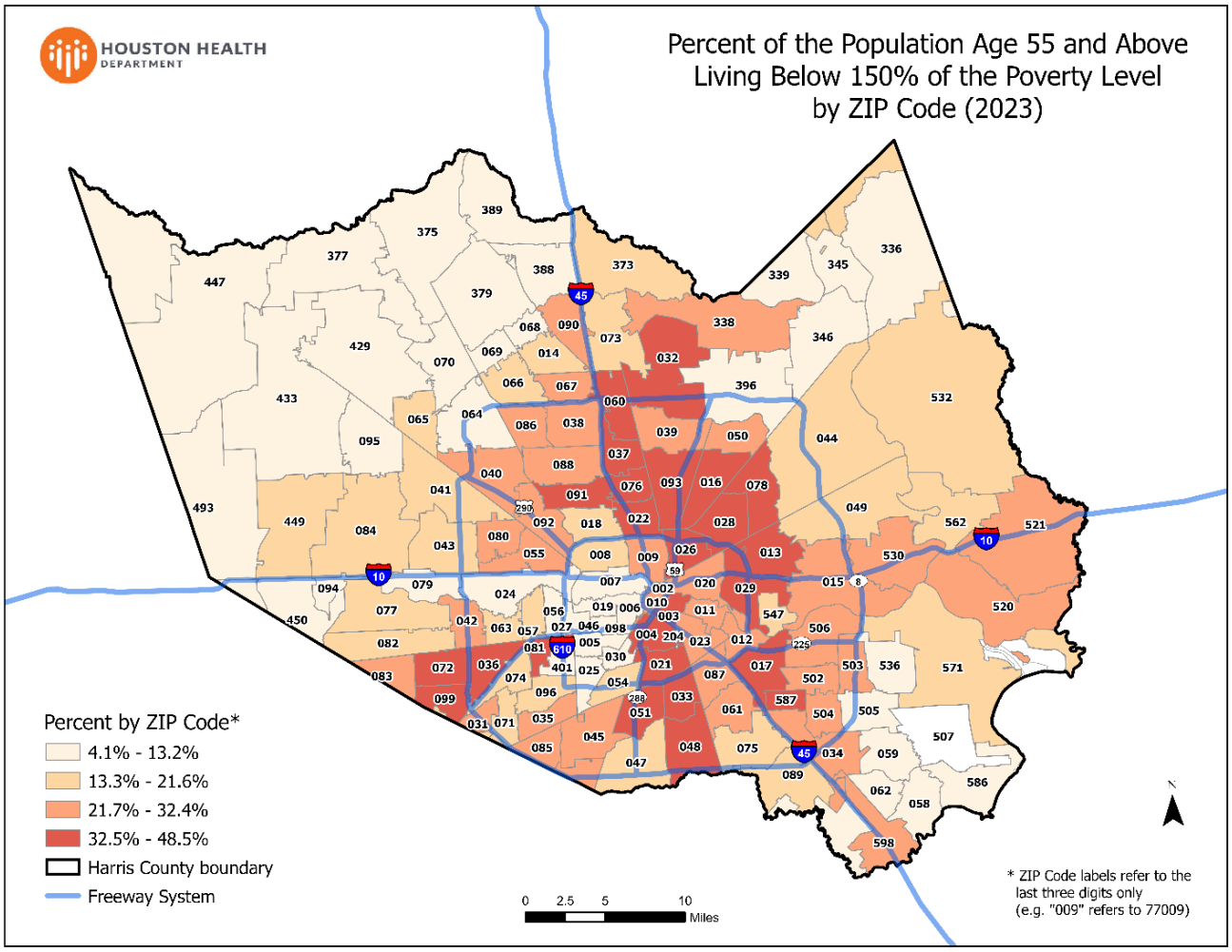
- Information, Referral, and Assistance (I&R/A)
- Care Coordination and Case Management
- Nutrition Services, including Congregate Meals and Home-Delivered Meals
- Family Caregiver Support Services
- Benefits Counseling through SHIP and MIPPA
- Transportation Assistance
- Evidence-Based Health Promotion and Disease Prevention Programs
- Legal Assistance
- Long-Term Care Ombudsman Services
- Emergency preparedness activities supporting vulnerable older adults
- Community outreach and public education

In addition to HCAAA-administered services, Harris County and its four Precincts independently operate senior programs that complement the Older Americans Act network. These locally funded services vary by precinct and may include senior and community centers, recreational and educational programming, fitness and wellness activities, transportation assistance, nutrition programs, social engagement opportunities, and resource navigation. While these programs are not administered or funded by HCAAA, they significantly expand opportunities for older adults to remain healthy, engaged, and connected within their communities.

Together, HCAAA, Harris County, municipalities, healthcare organizations, nonprofit agencies, faith-based organizations, and other community partners form a coordinated aging services network that supports older adults and family caregivers across Harris County. This collaborative approach strengthens access to home- and community-based services, promotes aging in place, and advances the goals of the Older Americans Act by

improving the health, independence, and quality of life of older adults throughout the Planning and Service Area.

Map 3: Percent of Age 55 and Older Living Below 150% of the Poverty Line

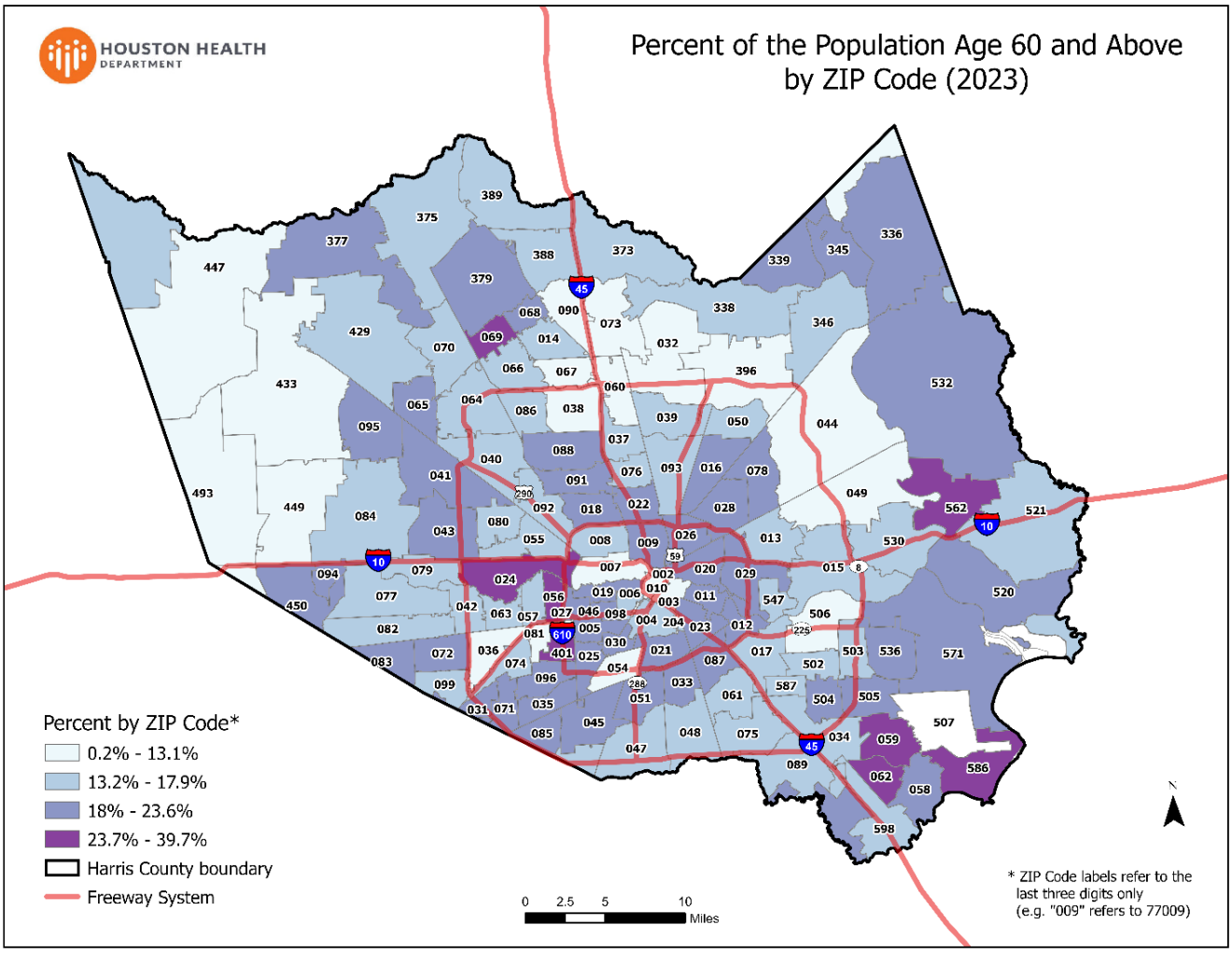


4. Population Trends and Other Issues Impacting Older Texans

Over the past two decades, Harris County's population has continued to grow substantially. After rising from approximately 4.09 million in 2010 to

4.731 million in 2020, the county has reached an estimated **5.009 million** as of July 1, 2024—a 5.9% increase over the past four years.[6] [7].

Map 4: Percent by Zip Code



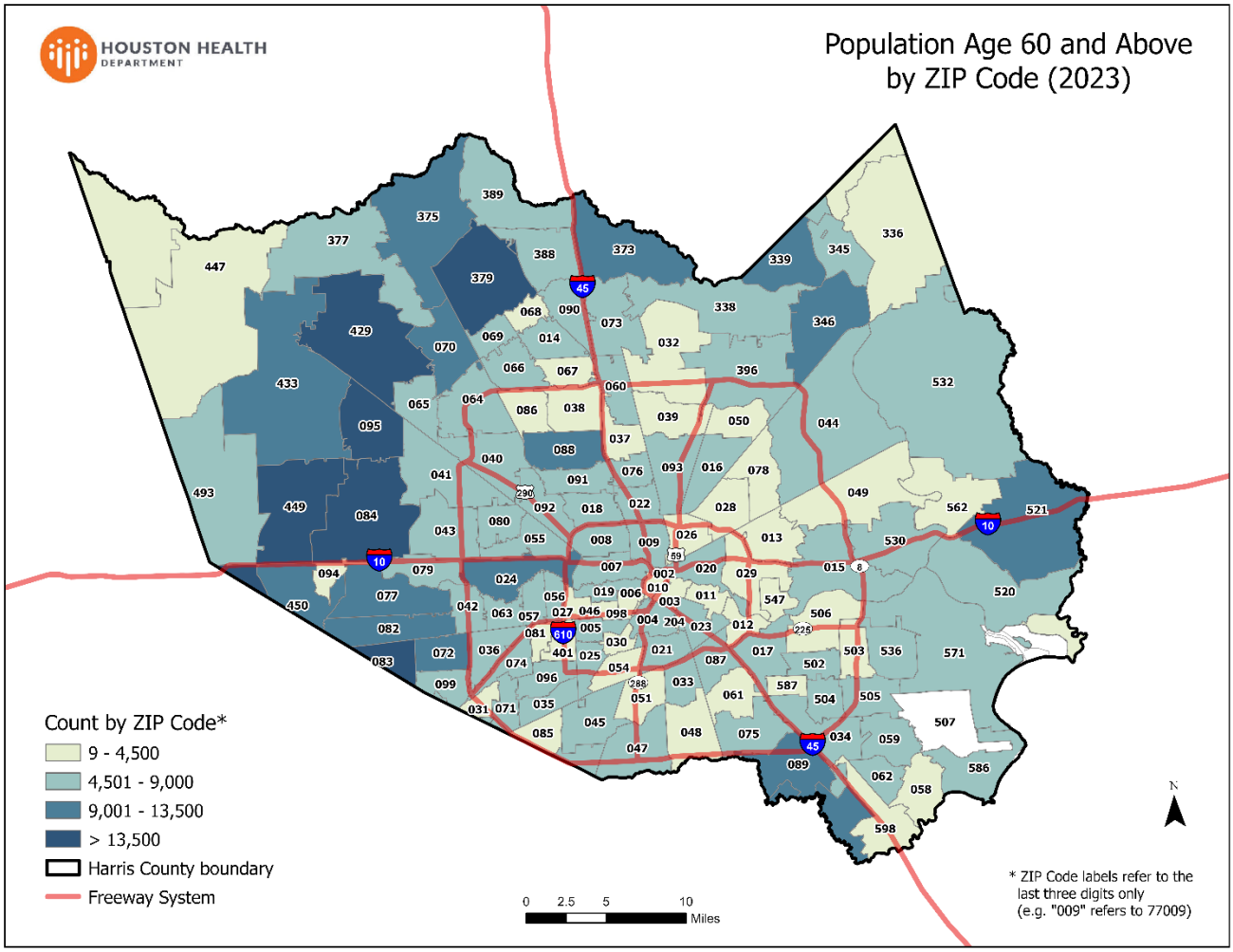
The demographic shift in the senior population remains especially pronounced. In 2020, **12.3%** of Harris County residents were aged 65 and

[6] U.S. Census Bureau, *QuickFacts: Harris County, Texas* (July 1, 2024), retrieved March 27, 2026, from https://www.census.gov/quickfacts/fact/table/harriscountytexas/PST045224

[7] Houston State of Health Data Portal, *Demographics: County – Harris* (n.d.), retrieved March 27, 2026, from https://www.houstonstateofhealth.com/demographicdata?id=2675&sectionId=935

older. That equates to roughly **581,000 older adults**, and this age group has continued to grow as the county's median age hovers in the mid-30s [8] [9].

Map 5: Count By Zip Code



Nationally, the older population grew by **38.6% between 2010 and 2020**—the largest single-decade increase since the 1880s—and reached

[8] U.S. Census Bureau, *QuickFacts: Harris County, Texas* (July 1, 2024), retrieved March 27, 2026, from https://www.census.gov/quickfacts/fact/table/harriscountytexas/PST045224
[9] Houston State of Health Data Portal, *Demographics: County – Harris* (n.d.), retrieved March 27, 2026, from https://www.houstonstateofhealth.com/demographicdata?id=2675&sectionId=935

55.8 million, or **16.8%** of the U.S. population. [10] [11] Harris County outperformed national growth trends, with its 65+ cohort more than doubling since 2000.

Despite this robust long-term growth trajectory, the county experienced a noticeable slowdown in the latter half of the 2010s, driven by economic stagnation and the aftermath of Hurricane Harvey. According to the Texas Census Institute, Harris County's 2020 Census count underrepresented its population by approximately **255,057** individuals, the largest numerical undercount of any Texas county. Within that figure, the population aged 65+ was undercounted by approximately 2.5% (13,000 seniors)[12].

Even with this undercount, Harris County's older adult population remains among the largest in Texas—larger than the total population of the state's sixth-largest city (El Paso, Texas) —underscoring the critical importance of robust planning and services tailored to aging residents.

Harris County is one of the most culturally and ethnically diverse counties in the nation. Census data show the following composition:

- **67.4%** White alone
- **45.0%** Hispanic or Latino
- **20.9%** Black or African American
- **1.4%** American Indian and Alaska Native
- **8.0%** Asian alone

[10] U.S. Census Bureau, *Older Population and Aging* (Sept. 23, 2025), retrieved Mar. 27, 2026, from https://www.census.gov/topics/population/older-aging.html

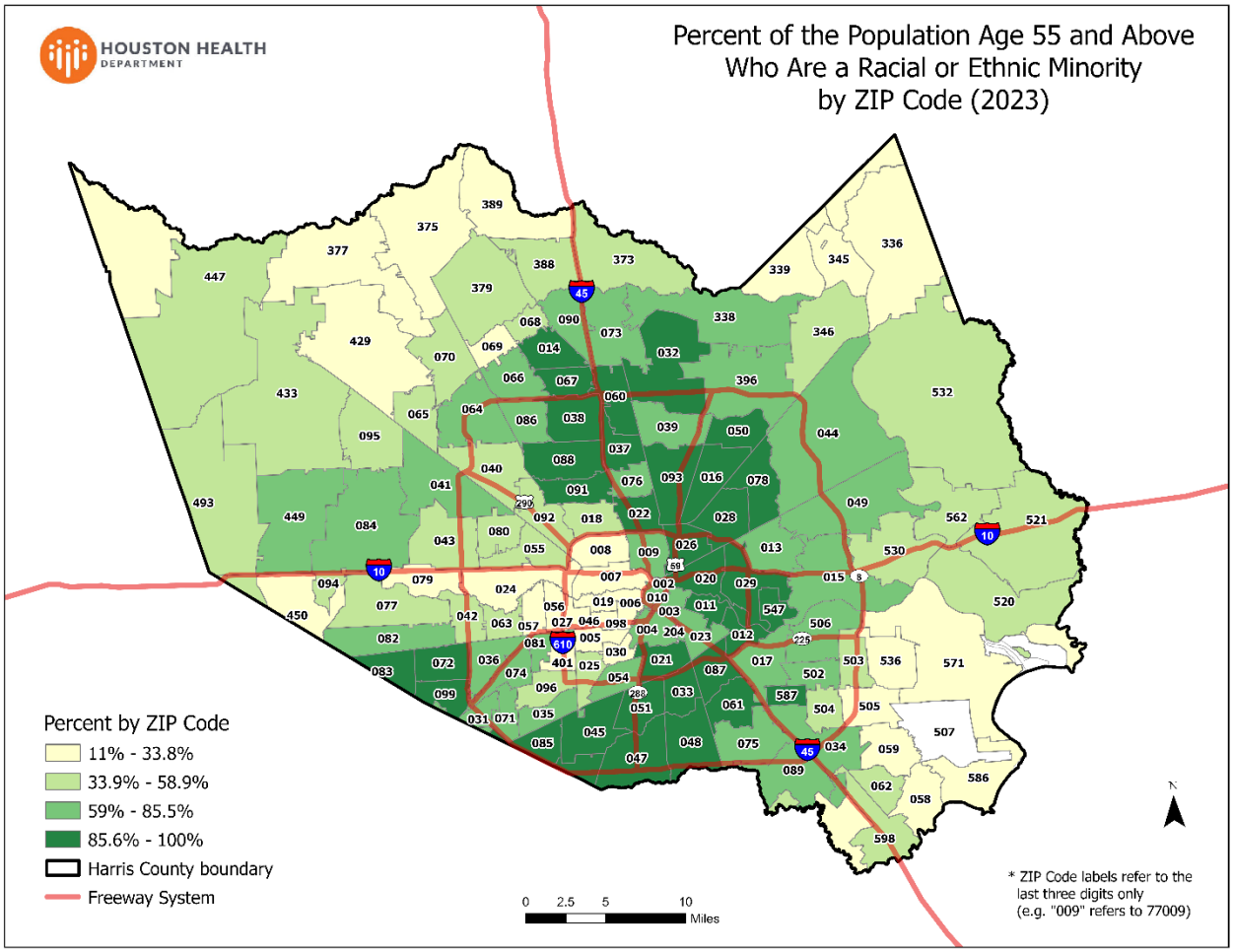
[11] Zoe Caplan (statistician demographer, Census Bureau's Sex and Age Statistics Branch), *"U.S. Older Population Grew From 2010 to 2020 at the Fastest Rate Since 1880 to 1890"* (April 24, 2024), *Aging Assistant*, retrieved March 27, 2026, from https://www.agingassistant.com/u-s-older-population-grew-from-2010-to-2020-at-the-fastest-rate-since-1880-to-1890/

[12] Dr. Francisco A. Castellanos-Sosa, *The 2020 Census Undercount in Texas Counties: Full Report* (research brief, Texas Census Institute, June 2024), retrieved March 27, 2026, from https://texascensus.org/our-research/the-2020-census-undercount-in-texas-counties-full/

- **2.2%** Two or More Races
- **26.0%** Non-Hispanic White [13]

Local studies and rankings indicate that Harris County is home to over 360 distinct ethnic groups, reinforcing its status as the most ethnically diverse county in Texas and among the top six most ethnically diverse in the U.S.[14]

Map 6: Percent of Racial or Ethnic Minority



[13] U.S. Census Bureau, *QuickFacts: Harris County, Texas* (July 1, 2024), retrieved March 27, 2026, from https://www.census.gov/quickfacts/fact/table/harriscountytexas/PST045224

[14] Amelia Winger and Nami Sumida, *"Harris County Is Most Ethnically Diverse County in Texas, Data Shows"* (updated Nov. 2, 2023), *Houston Chronicle*, retrieved Mar. 27, 2026, from https://www.houstonchronicle.com/projects/2023/houston-population-ethnicity/

This vast diversity presents both opportunities for culturally responsive programming and challenges for removing language barriers and ensuring access.

These data underscore Harris County's ongoing demographic transformation—marked by sustained overall growth, an expanding senior population, and deep cultural diversity. Despite census undercounts, the scale of the older-adult demographic warrants a comprehensive and inclusive service framework in the Area Plan.

5. Advisory Council Composition

The council consists of individuals whose interests align with the goals and objectives of the Harris County Area Agency on Aging. The council's membership adheres to all applicable federal and state laws, guidelines, and regulations. More than 50 percent of the members must be older adults, specifically those aged 60 and over, who are participants or eligible participants in a program under the Older Americans Act.

The membership of HCAAA APAC shall consist of:

A. Older adults who reflect the geographic, ethnic, and socioeconomic diversity of the local population.

B. Representatives of older adults, including the Texas Silver-Haired Legislators from Harris County.

C. Locally elected officials.

D. Independent School Districts (ISD) and colleges.

E. Veterans Administration.

F. Chapters of state-chartered senior organizations operating in Harris County.

The Council's membership will reflect the diverse population and demographics of the PSA, including but not limited to its ethnic, cultural, geographic, and economic characteristics. Council members are selected through appointments, volunteer efforts, and nominations in accordance with the APAC Bylaws.

Table 1. Advisory Council Members by Category

Category	Number of Members
Older Individuals Residing in Rural Areas	0
Clients of Title III Services	2
Older Individuals	20
Local Elected Officials	1
General Public	12
Veterans' Health Care Providers, if applicable	1
Service Providers	14
Business Community Representatives	6
Representatives of Older Individuals	16
Representatives of Health Care Provider Organizations	2
People with Leadership Experience in the Private and Voluntary Sector	31
Representatives of Supportive Services Provider Organizations	10

Frequency of Meetings

APAC meets at least six times a year.

Member Selection Schedule

Appointees shall serve as members of APAC until reappointed, replaced, or notified that the membership is terminated.

Failure to comply with the minimum attendance requirements may, upon a majority vote of the Steering Committee, result in forfeiture of membership.

Should a vacancy occur for any reason, the appointing official shall be notified and asked to name a replacement.

Subject to APAC's approval, the total number of members may be increased, provided that the ratio of persons sixty (60) years of age or older to the total number of members is maintained at fifty (50%). The number of appointments can be increased only if at least two-thirds of those present and voting concur.

Stewardship & Oversight

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

Harris County Area Agency on Aging (HCAAA) maintains an all-inclusive stewardship and oversight framework to ensure that all activities, funds, and services align with the principles and requirements of the Older Americans Act (OAA) of 1965, as amended in 2020, and the 45 CFR 1321.59. In addition, Federal and State mandates are guided by program management and administrative practices within the City of Houston (COH), by established policies and procedures maintained by program management and administrative practices within the City of Houston (COH), and by established policies and procedures maintained on the I-passport server. HCAAA policies and procedures encompass the following categories:

- **Operational Oversight**
- **Communication and Community Engagement**
- **Training & Capacity Building**
- **Fiscal and Contract Management**
- **Data Management and Reporting**

Operational Oversight:

The HCAAA implements policies and procedures to oversee program eligibility, service delivery, monitoring of subrecipients and contractors, and quality assurance. These procedures are reviewed periodically to ensure alignment with OAA's mission to support older adults in maintaining independence, dignity, and quality of life by planning, coordinating, and advocating for a comprehensive system of services and support. Internal monthly and semiannual reviews, along with annual programmatic monitoring systems, are utilized to track compliance with service standards and contractual obligations.

Communication and Community Engagement:

The AAA maintains transparent communication channels with stakeholders, including older adults, caregivers, service providers, community partners,

and governing entities. Public input and the Harris County Area Planning Advisory Council (APAC) guide the Harris County Area Agency on Aging in ensuring that targeted activities reflect OAA priorities and community needs. APAC meetings are held monthly in person with a virtual attendance option to broaden participation. The council enables HCAAA to expand community input, strengthen partnerships, identify emerging needs of the target population, and improve service planning accountability.

Training and Capacity Building:

HCAAA staff and contracted providers receive regular training on OAA requirements, service standards, fiscal management, and participant rights to ensure consistent and compliant program administration. COH mandatory training courses are also offered to staff, including annual cybersecurity courses that provide certificates of completion. Staff and providers receive training in data entry, reporting requirements, and Health Insurance Portability and Accountability Act (HIPAA) privacy standards.

Staff are also encouraged to participate in professional development opportunities, including the Aging in Texas Conferences, Medicare Improvements for Patients and Providers Conference, Information and Referral Certification, the National Aging Conferences, and other relevant conferences and workshops that strengthen program support.

Continuing education units are offered at the Annual Caregiver and Bridges Conferences to help staff maintain current knowledge, support effective program implementation, and reinforce accountability as programs evolve.

Fiscal and Contract Management:

Fiscal management includes adhering to internal controls in procurement and contracting, exercising routine fiscal management and monitoring, and ensuring that expenditures of OAA federal, state, and local funds are allocable, allowable, and reasonable. Harris County AAA conducts monthly budget reviews and reconciliations, and annual fiscal risk assessments of its service providers. Subrecipients and service providers receive clear fiscal guidance throughout the current grant fiscal year. Formalized training is provided throughout the year: at the annual contractor’s meeting,

subrecipient mid-year reviews, and at the annual fiscal monitoring. At the annual contractor meeting and throughout the fiscal year, contractors are advised of their designations (subrecipient and/or contractor), documentation review processes, monthly invoicing processes, and annual monitoring and corrective action processes, as needed. All fiscal practices comply with applicable federal grant requirements, the 2 CFR, OAA cost principles, and City of Houston grants management policies and procedures.

The HCAAA conducts fiscal oversight of all federal, state, and local funds. Fiscal oversight practices include, but are not limited to:

- Adhering to the COH segregation of duties for procurement, approving payments, and expense reconciliation to reduce financial risk and ensure strong internal controls.
- Following established procurement policies which ensure competitive bidding, conflict-of-interest reviews, and compliance with federal grant and City of Houston procurement standards.
- Conducting annual vendor and service provider risk assessments to determine monitoring frequency and identify needs for technical assistance or corrective actions at the beginning of the City of Houston fiscal year.
- Performing regular internal budget reviews to compare expenditures against approved budgets and identify variances.
- Requiring providers to submit supporting documentation with their monthly invoices to the centralized accounts payable inbox, which is verified for accuracy, allowability, and alignment with OAA cost principles by the program manager and staff, Management Analyst IV for fiscal approval, and Programs Division Manager approval.
- Maintaining clear written and verbal guidance for allowable costs, meeting matching requirements designated by funding source (if applicable), and adhering to program income guidelines and documentation standards, distributed to all service providers.
- Utilizing the official City of Houston financial management system SAP for grants management, procurement processes, accounts payable,

accounts receivable and payroll processing. Harris County AAA also uses internal grant-tracking mechanisms, such as Excel schedules that track OAA funding by service category, funding source, match requirements, program income, and monthly invoicing for each service and provider.

- Requiring monthly vendor invoice audits, conducting midyear fiscal and programmatic review meetings, and annual monitoring of subrecipients, including desk reviews or onsite assessments.
- Participating in external single audits, responding to subrecipient audit information requests, and promptly implementing corrective action plans to maintain compliance with federal and state regulations.

Data Integrity, Reporting and Oversight of Targeted Services:

The HCAAA exercises oversight of client-level and programmatic data through established data management protocols, ensuring accuracy, completeness, and confidentiality utilizing the official data system, Peer Place.

Data is routinely analyzed to monitor service utilization, identify inconsistencies, and support decision-making aligned with OAA goals and in accordance with Houston Health and Human Services Commission contract requirements. HCAAA also complies with required reporting, such as:

- Quarterly Performance Report
- Planning, Working, and Closeout Budgets
- State Performance Report (SPR)
- State Health Insurance Program (SHIP) and Medicare Improvement for Patients and Providers Act (MIPPA) Annual Reports

Implementation of priority programs—such as services addressing vulnerable populations, caregiver support, nutrition and food insecurity, and health promotion—is guided by documented procedures and measured through key performance indicators at both the State and Local levels. Projected budgets, units, and people served are documented through the Planning, Working, and Closeout Budgets. Actual monthly expenditures and

programmatic performance are captured in the Quarterly Performance Report (QPR) to assess the impact on the target population.

The HCAAA conducts periodic assessments to ensure targeted activities remain consistent with the OAA's mission to promote autonomy, prevent abuse, and support aging in place, within Harris County. These oversight mechanisms help to ensure that all funds are expended responsibly and support the OAA's goal of delivering effective, high-quality services to older adults.

Key Topic Areas

Core Program Area 1: Supportive Services

Access and Engagement

- Information, Referral, and Assistance (I&R/A): Trained specialists provide intake, needs identification, options counseling, and referrals to public/private services.
- Outreach, Public Education, and Legal Awareness: Targeted engagement identifies isolated or underserved older adults and educates them about available services, rights, benefits, legal options, and protective programs.
- Benefits Counseling (SHIP/MIPPA): Certified Texas Department of Insurance counselors provide one-on-one assistance with Medicare, Medicaid, Social Security, and related consumer/coverage issues for Harris County residents 60+ and, under specific funding, all Medicare beneficiaries, helping older adults and caregivers optimize benefits.

Care Coordination and Case Management

- Care Coordination: Comprehensive assessment and individualized service planning address complex needs (e.g., multiple chronic conditions, mobility limitations), ensuring appropriate referrals and warm hand-offs to community-based services and long-term services and supports (LTSS
- Case Management: Ongoing monitoring and person-centered plan adjustments connect participants to long-term support. **In-Home and Community Support Services**
    - Transportation: Accessible transportation to medical appointments, nutrition sites, and pharmacies, mitigates isolation and supports health maintenance.
    - Home-Based Supports: Personal assistance, social reassurance, and minor repairs/modifications enhance safety and independence at home.

- Respite Services (Short-Term Relief): Planned relief for caregivers is coordinated through HCAAA's programs and the HHSC Respite Provider Directory to broaden options (in-home, adult day, short-term out-of-home), authorized through individualized care plans.

Legal Assistance and Advocacy

Legal assistance will prioritize access to benefits, health/long-term care, housing, consumer protections, utilities, and safeguarding against abuse, neglect, exploitation, and discrimination. Services align with the Administration of Community Living 2024 expectations for elder rights (including support for alternatives to guardianship) and coordinate with the Long-Term Care Ombudsman Program for facility residents.

Caregiver Support

Local Delivery and Access

- HCAAA Caregiver Support Network: HCAAA provides information/education, access assistance, counseling/support groups/training, respite, and supplemental services; caregivers connect via 832-393-4301 and HCAAA's caregiver conferences and outreach.
- Coordination with ADRC: The Care Connection ADRC streamlines caregiver access to LTSS, respite resources, training, and benefits, ensuring no-wrong-door navigation and warm transfers.
- Benefits Counseling: SHIP/MIPPA counselors assist caregivers with Medicare/Medicaid and related entitlements, reducing coverage/financial barriers that destabilize caregiving arrangements.

Target Population and Prioritization

Supportive Services and caregiver supports target individuals aged 60+ (and eligible caregivers) with emphasis on: greatest economic and social need; low-income minority elders; limited English Proficiency (LEP) communities; underserved groups; and those at risk of institutionalization.

Service Delivery Model & Coordination

HCAAA serves as the lead agency on aging issues in Harris County, delivering a person-centered, trauma-informed model and coordinating a community-based system through advocacy, planning, contracting, interagency collaboration, information sharing, monitoring, and evaluation—aligned with ACL's 2024 rule and HHSC's AAA framework.

Integration with the Care Connection ADRC strengthens "no wrong door" access to LTSS and simplifies navigation for older adults and caregivers.

Equity, Language Access, and Outreach

HCAAA will implement targeted outreach and culturally responsive engagement to reach low-income, minority, limited-English-proficiency, and socially isolated populations, including American Indian and Alaska Native elders in Harris County. Materials and services will be provided in multiple languages, with interpreter services available.

Quality Assurance, Compliance, and Performance Monitoring

HCAAA maintains compliance with HHSC policies and procedures (e.g., subrecipient monitoring, records management, complaint resolution) and ACL reporting requirements, including submission of data for the State Program Report (SPR) through the HHSC information management system.

HCAAA will incorporate ACL's 2024 Final Rule requirements—including strengthened prioritization, conflicts-of-interest safeguards, emergency preparedness, and clarified legal assistance expectations—into internal policies, provider contracts, and staff training.

Emergency Preparedness and Continuity

HCAAA will embed emergency and disaster requirements, in accordance with 45 CFR Part 1321 and HHSC emergency planning guidance, by supporting older adults and their caregivers in registering with the State of Texas Assistance Emergency Registry (STEAR).

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

Congregate Meals

Pre-plated hot meals that meet the state-required 1/3 of the recommended dietary intake are delivered to 36 congregate meal sites by the food service provider/commissary of choice. Eight sub-recipients manage the congregate meal sites, all of which are located within Harris County.

MAP 7: Senior Congregate Meal Sites

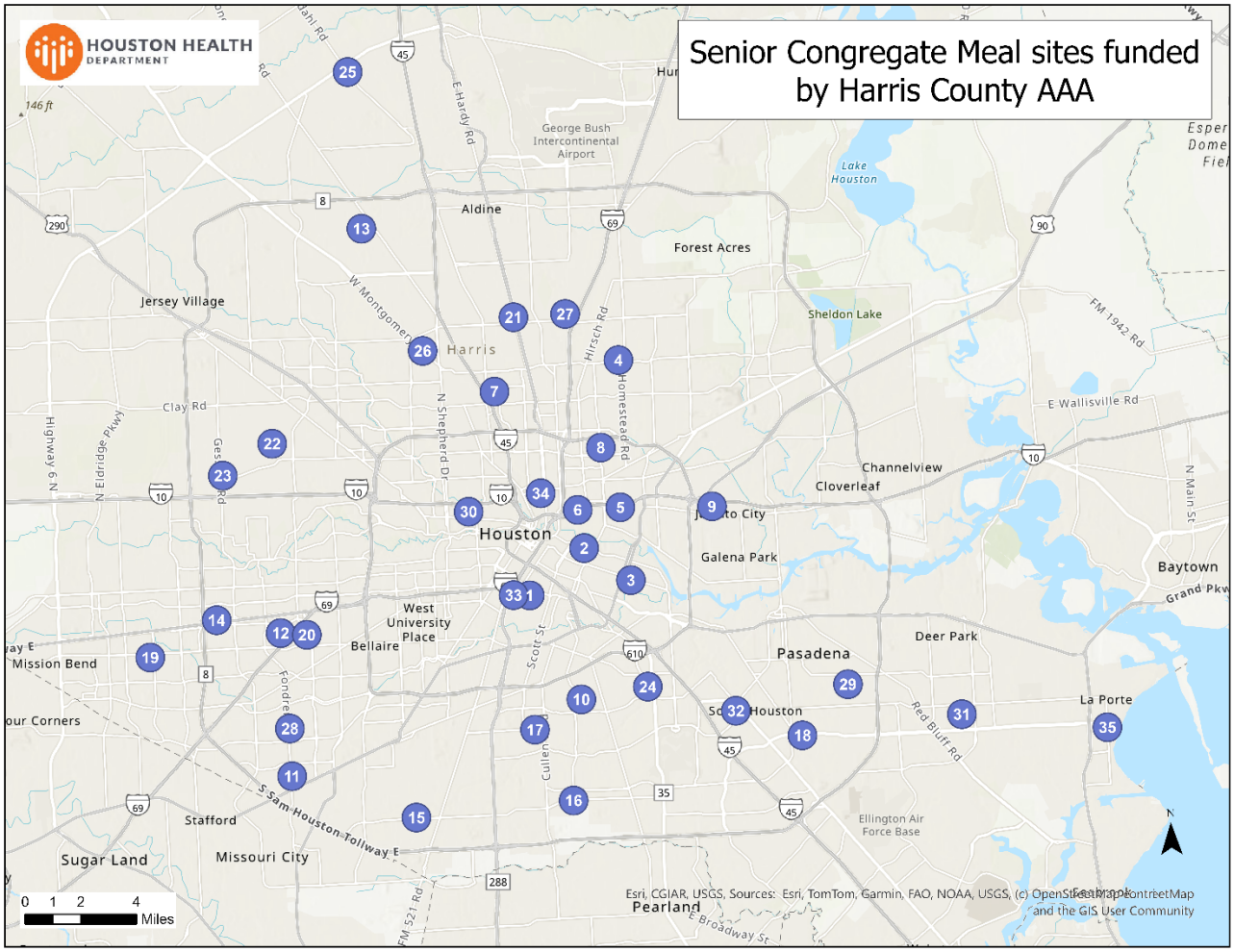


Table 2: List of Congregate Meals Sites

Map Label	Site Name	Contractor	Address	City	ZIP Code
1	Third Ward MSC	Baker Ripley	3611 Ennis St	Houston	77004
2	Ripley House	Baker Ripley	4410 Navigation Blvd	Houston	77011
3	Magnolia MSC	Baker Ripley	7037 Capitol St	Houston	77011
4	Northeast MSC	City of Houston	9720 Spaulding St	Houston	77016
5	Denver Harbor Senior Center	Baker Ripley	6402 Market St	Houston	77020
6	J. W. Peavy Senior Center	Baker Ripley	3814 Market St	Houston	77020
7	Lyerly Senior Center	Baker Ripley	75 Lyerly St	Houston	77022
8	Kashmere Senior Center	Baker Ripley	4802 Lockwood Dr	Houston	77026
9	Heritage Hall Senior Center	City of Jacinto City	1025 Oates Rd	Jacinto City	77029
10	South Park Baptist Church	Baker Ripley	5830 Van Fleet St	Houston	77033
11	Oak Tree Senior Center	Baker Ripley	14603 Fonmeadow Dr	Houston	77035
12	Bellerive Senior Center	Baker Ripley	7225 Bellerive Dr	Houston	77036
13	Mangum-Howell Senior Center	Baker Ripley	2500 Frick Rd	Houston	77038
14	West Office Senior Center	Baker Ripley	10303 West Office Dr	Houston	77042
15	Hiram Clarke MSC	City of Houston	3810 W Fuqua St	Houston	77045
16	New Life Senior Center	Baker Ripley	4828 Almeda Genoa Rd	Houston	77048
17	Sunnyside Health MSC	City of Houston	4410 Reed Rd	Houston	77051
18	Baker Ripley Pasadena	Baker Ripley	720 Fairmont Parkway	Pasadena	77504
19	Alief Community Center	Baker Ripley	11903 Bellaire Blvd	Houston	77072
20	Southwest MSC	Baker Ripley	6400 High Star Dr	Houston	77074
21	Hardy Senior Center	Baker Ripley	11901 W Hardy Rd	Houston	77076
22	Lakeview Senior Center	Baker Ripley	8950 Hammerly Blvd	Houston	77080
23	Longhorn Senior Center	Baker Ripley	1414 Longhorn Dr	Houston	77080
24	Telephone Rd Senior Center	Baker Ripley	6000 Telephone Rd	Houston	77087
25	NAM Senior Center	Northwest Assistance Ministries	15555 Kuykendahl Rd	Houston	77090
26	Acres Home MSC	Baker Ripley	6719 W Montgomery Rd	Houston	77091
27	Northeast Community Center	Baker Ripley	10918 Bentley Rd	Houston	77093
28	Goldberg Towers	Baker Ripley	10909 Fondren Rd	Houston	77096
29	Salvation Army Senior Center	Salvation Army	2732 Cherrybrook Ln	Pasadena	77502
30	West End MSC	Baker Ripley	170 Heights Blvd	Houston	77007
31	Brookglen Senior Center	City of La Porte	3324 Somerton Dr	La Porte	77571
32	South Houston Community Center	City of South Houston	1007 State St	South Houston	77587
33	Montrose Counseling Center	Baker Ripley	2222 Cleburne St	Houston	77004
34	Wesley Community Center	Baker Ripley	1410 Lee St	Houston	77011
35	La Porte Recreation Center	City of La Porte	1322 S Broadway St	Houston	77571

The meal sites are managed and operated by eight aging network partner agencies, comprised of four non-profit agencies and four municipalities. The congregate meal sites are in a variety of facilities, including City of Houston Multi-Service Centers (12), community centers (14), senior centers (9), and a church (1). In addition to daily meal service, the congregate meal sites offer a wide range of other programs and services provided through the HCAAA, Houston Health Department, and aging network partners, including but not limited to health screenings, evidence-based interventions and disease self-management classes, access to the food pantry and supplemental food assistance, recreation and fitness classes, field trips and other socialization activities.

Shelf-stable meals are available during inclement weather when meals cannot be delivered to nutrition consumers. Nutrition Education is provided annually to each participant through a 15-minute presentation that allows active participation. Classes include providing information that promotes positive nutritional well-being. The sessions are developed by a qualified dietitian and intended to educate consumers on healthy eating habits and cost-effective ways that support a healthy lifestyle. Eligibility for congregate meals is open to individuals aged 60 and older and eligible spouses, regardless of income. In accordance with OAA requirements, priority is given to older individuals in Greatest Economic Need (GEN) and Greatest Social Need (GSN), those with limited English proficiency, and individuals residing in high-poverty or underserved areas.

Some older individuals may have difficulty accessing transportation to the congregate meal sites. Others may have trouble accessing appropriate healthcare services; thus, many of our centers act as Focal Points to assist with services and/or referrals. Efforts are put in place to address unmet needs related to chronic conditions, mental health support, medication management, and preventive care. Many older adults also face social isolation due to factors such as retirement, the loss of loved ones, limited mobility, or living alone. Social isolation can lead to loneliness, depression, and a lack of social support. Technological advancements have created a digital divide, leaving some older adults with limited access to or understanding of digital technologies. Lack of technical access or understanding can hinder their ability to access online information, healthcare services, social connections, and other resources, leading to unmet needs in the digital realm.

Home Delivered Meals

The HCAAA provides contracted home-delivered meals throughout Harris County with assistance from eight aging network partner agencies, four nonprofit agencies, and four municipalities. Pre-plated hot meals are prepared and delivered by the food service provider to the distribution sites of the eight sub-recipients for home-delivered meals. Volunteers and service provider staff then deliver meals to eligible older individuals in Harris County.

To be eligible for the home-delivered meal program, an older adult must be homebound or bedbound and meet the required assessment criteria related to activities of daily living.

As with the congregate meal program, hot meals are cooked locally in the food service commissary and delivered daily to the home-delivered meal partners. Meals are delivered by paid staff or volunteers Monday through Friday, with frozen meals authorized on only a temporary or exception basis should a consumer be receiving dialysis, chemotherapy, physical therapy, or other medical activities that would require them to be away from the home during the day. During delivery, staff and volunteers conduct informal wellness checks on the consumers. These consumers are also referred to our other services, including In-home Services, emergency response services, incontinence supplies, or other support services. Nutrition Education is provided annually to each participant, either in the home or virtually, as a 15-minute presentation that allows active participation. Classes include providing information that promotes positive nutritional well-being. The sessions are developed by a qualified dietitian and intended to educate consumers on healthy eating habits and cost-effective ways that support a healthy lifestyle.

Nutrition Education

In compliance with OAA and HHSC requirements, Nutrition Education is provided annually to each congregate participant, either in the home or virtually, as a 15-minute presentation that allows active participation. Classes include providing information that promotes positive nutritional well-being. The sessions are developed by a qualified dietitian and intended to educate consumers on healthy eating habits and cost-effective ways that support a healthy lifestyle. Documentation of participation is maintained in accordance with reporting requirements.

Demand Response

The HCAAA provides demand-response transportation to support congregate meal services for individuals aged 60 and older in Harris County. This

program is specifically for eligible older individuals who require transportation to and from a congregate meal site. The older individuals will notify their site director and, if they reside within a 3.5-mile radius, will be enrolled in the program. The provider then contracts with a transportation company to provide transportation on a fixed-rate basis for older individuals who reside within a 3.5-mile radius of a congregate site. The network partner is responsible for picking up the consumer at their place of residence, transporting them to the congregate meal site, and returning them to their residence. Transportation services are provided Monday through Friday, usually between 9:30 am and 1:30 pm. This program provides a consumer-driven transportation system with options that encourage ridership, support and protect consumers, provide greater scheduling flexibility, reduce isolation, and allow older adults to remain independent and safe.

Grab & Go Meals

Beginning in fiscal year 2027, HCAAA will pilot Grab & Go meals as a supplemental component. This service will enhance, not diminish, the traditional congregate program by increasing access for older adults who face temporary or ongoing barriers to on-site participation, while preserving regular congregate dining schedules, staffing, and programming.

Meals will meet the State-required one-third (1/3) of the Dietary Reference Intake (DRI) and will be pre-packaged for safe distribution at approved congregate sites during designated timeframes that do not replace standard meal service. HCAAA will monitor monthly participation data, funding utilization, and attendance trends to ensure congregate participation remains stable and that Grab & Go services function as an access expansion strategy rather than a substitute model.

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

HCAAA encourages seniors to develop and maintain healthy lifestyles to live better and fuller lives.

The purpose of the program is to:

- Reduce the prevalence and impact of chronic disease among older adults
- Improve self-management skills and health literacy
- Decrease preventable hospitalizations and emergency department utilization
- Support aging in place through improved physical and behavioral health outcomes
- Advance health equity across Harris County.

HCAAA provides EBI programs approved by the National Council on Aging.

HCAAA contracts with qualified community-based providers to deliver structured, evidence-based interventions that meet the highest-level evidence criteria as defined by the Administration for Community Living (ACL). Programs implemented under this Core Program Area must demonstrate measurable improvements in participant outcomes and fidelity to nationally recognized models.

Services typically include:

- **Chronic Disease Management Program (CDMP)** - Group-based workshops that equip participants with practical skills to manage chronic conditions, including medication adherence, symptom monitoring, goal setting, and effective communication with healthcare providers.

- **Diabetes Self-Management Education (DSME) -** Group-based workshops that equip participants with practical skills to manage the conditions, including medication adherence, symptom monitoring, goal setting, and proper nutrition.

- **Chronic Pain Self-Management –** Group-based structured interventions addressing pain management strategies, physical activity planning, and risk factor reduction.

- **Falls Prevention Programs**
    - Evidence-based balance and strength training curricula designed to reduce fall risk and increase confidence in mobility. Programs such as:

- Matter of Balance
- Tai-Chi
- Texercize
- Bingocize
- Arthritis Foundation Exercise Program
- Arthritis Foundation Aquatics Program
- The PEARLS Program (Program to Encourage Active, Rewarding Lives)
- Healthy IDEAS (Identifying Depression and Empowering Activities for Seniors)
- Powerful Tools for Caregivers

Target Population and Equity Focus

Consistent with OAA requirements and HHSC priorities, HCAAA prioritizes service delivery to:

- Older adults with multiple chronic conditions.
- Individuals with disabilities.
- Low-income older adults.
- Individuals residing in rural or medically underserved areas.
- Individuals with limited English proficiency.

Core Program Area 4: Family Caregiver Support Services – includes efforts to enhance services and supports for caregivers.

Caregiver Support Services

Program Overview

Caregiver Support Services strengthens the ability of informal caregivers to sustain care for older adults age 60 and over, promoting short-term in-home support, safety, and aging in place. Through structured respite and supportive interventions, HCAAA reduces caregiver burden, delays

institutional placement, and enhances quality of life for both caregivers and care recipients.

Services are delivered through HCAAA's Access and Assistance Program using a person-centered approach. Staff assess the needs of the caregiver and care recipient to identify unmet needs defined by the consumer. Following assessment, a care plan is developed, referrals are made to community partners or HCAAA contractors, and service authorizations are issued when needs fall within HCAAA's scope of services.

HCAAA monitors service initiation to ensure services begin within 14 business days, conducts 30-day monitoring to confirm continued appropriateness, and completes 60-90-day reassessments to determine eligibility for long-term care services through HHSC or other state agencies and to identify natural supports for sustained stability.

Services are provided through an established vendor pool procured via a formal contracting process to ensure accountability, compliance, and geographic access across Harris County.

In accordance with the Older Americans Act, HCAAA prioritizes services for caregivers with the greatest economic and social need, caregivers of individuals with severe disabilities, including those with dementia, and grandparents or older relatives aged 55 and older raising minor children.

Core Services

- **In-Home Respite Care:** Temporary relief provided in the residence for dependent older adults requiring supervision.
- **Out-of-Home Respite (Adult Day Care):** Supervised congregate care offering structured daytime support.
- **Personal Assistance:** In-home assistance for older adults with difficulty performing at least two activities of daily living.
- **Emergency Response Services:** Automatic monitoring systems linking homebound, frail older adults to emergency services (authorized for up to one year).

- **Social Reassurance:** Regular contact through phone or virtual communication, with follow-up protocols if a consumer cannot be reached.

Target Population & Equity Focus

Over the next three years, HCAAA anticipates increased demand due to continued growth in the population aged 60 and older in Harris County. While services are not income-based, the program primarily supports older adults and caregivers who may not qualify for Medicaid or other entitlement programs but still experience significant functional, caregiving, or access-related needs.

Priority populations include: Older adults and caregivers who may be frail, homebound, not eligible for income-based entitlement programs, but require supportive services to remain safe in their communities to prevent premature institutional placement.

HCAAA remains committed to equitable service delivery by ensuring access across geographic regions, cultural communities, and levels of functional need, while prioritizing individuals at risk of system fragmentation or avoidable institutional care.

Core Program Area 5: Legal Assistance

Program Description

Legal Assistance is a required core service under the Older Americans Act (OAA) that ensures adults age 60 and older have access to free legal services to protect their rights, independence, and economic security. The Harris County Area Agency on Aging (HCAAA) administers this program to address legal issues that may threaten an individual’s ability to age safely and independently in the community.

Purpose and Goals

The purpose of the Legal Assistance program is to prevent, detect, and resolve legal problems that negatively impact older adults’ health, safety, housing stability, and access to benefits. The program supports the HCAAA’s

mission to promote independence, dignity, and quality of life for older adults, particularly those with the greatest economic and social need.

Services Provided

The HCAAA contracts with qualified legal service providers experienced in elder law to deliver Legal Assistance services at no cost to eligible individuals. Services include legal advice, counseling, document preparation, and limited representation, as allowable under the OAA.

Legal Assistance services may include, but are not limited to:

- Assistance with public benefits, including Social Security, SSI, Medicare, Medicaid, SNAP, and other income and health care benefits
- Housing-related legal issues such as evictions, foreclosures, property tax disputes, and tenant rights
- Health care access and consumer rights, including Medicare appeals, and long-term care rights

Service Delivery

Legal Assistance services are provided through multiple access points, including telephone consultations, in-person appointments, community legal clinics, and outreach events.

Target Population and Priority

In accordance with OAA and HHSC requirements, priority is given to older adults with the greatest economic and social need, with particular emphasis on low-income individuals, individuals with limited English proficiency (LEP), and older adults with disabilities. Some services may be limited due to cost and budget constraints.

Core Program Area 6: Ombudsman Services

The Ombudsman program protects the rights of residents (in Harris County residing in assisted living or nursing home facilities). It promotes the well-being of long-term care residents through advocacy and assistance in

navigating the complexity of long-term care. HCAAA contracts with a university to manage the ombudsman program.

Long-term care (LTC) ombudsmen are advocates for residents' rights. They protect the quality of life and the quality of care for anyone living in a nursing or assisted living facility. Ombudsmen can be volunteers or paid staff of agencies who are independent of any long-term care facility. Services are free, confidential, and available statewide.

The Harris County LTC Ombudsman Program is one of only three in the State of Texas, out of 28, that is contracted out by the Area Agency on Aging (AAA) and is made possible through a collaboration with the Office of the State LTC Ombudsman, the Harris County AAA, and the Cizik School of Nursing at UTHealth Houston. The county is home to the City of Houston, the most populous city in the state and the fourth most populous city in the United States, helping the county to rank as the most populous in Texas and the third most populous in the United States. Fitting for such a large county, as of March 2026, the Harris County LTC Ombudsman Program's coverage area includes 11,013 licensed assisted living beds in 271 different facilities and 11,268 nursing home beds in 94 different facilities.

With an estimated 18,000-20,000 residents living in a long-term care facility in Harris County, the ombudsman program only has a staff of eight, which includes a Managing Local Ombudsman, a Volunteer Coordinator, and six Staff Ombudsmen. Hence, volunteers are essential to having a more visible ombudsman presence in the facilities. Harris County currently has 52 certified volunteer ombudsmen who make regular visits to assigned facilities, along with an additional 35 volunteers in training. More volunteers are always needed.

Staffing levels are strongly correlated with the quality of care in LTC facilities, and the State of Texas ranks 51st out of 53 (Puerto Rico, Guam, and Washington, D.C. included) in staffing ratings according to the Centers for Medicare & Medicaid Services (CMS).[15] In Harris County, 41% of nursing

[15] Long Term Care Community Coalition. (2025). *Nursing home staffing Q1 2025*. NursingHome411. Retrieved March 31, 2026, from https://nursinghome411.org/data/staffing/staffing-q1-2025/

homes have a one-star staffing rating, another 30% have a two-star rating, and only 29% have a three-star rating or higher.[16] These low staffing rankings emphasize the need for ombudsmen's presence in facilities, as their extra eyes and ears play a vital role in safeguarding residents' dignity and well-being and, in many cases, serve as the residents' voice.

In this last year alone, the Harris County LTC Ombudsman Program made 2,941 visits to 364 different facilities. Volunteers and staff investigated 968 cases on behalf of residents and provided 3,235 instances of information and assistance to individuals. Certified volunteer ombudsmen donated over 2,600 hours to the program. Despite operating with a limited staff, the Harris County program annually increases its presence in facilities by having the most volunteers of any other program in the state. Despite recent cuts to federal funding, the Harris County AAA continues its commitment to the ombudsman program and to all those whom it serves.

2. Greatest Economic Need (GEN) identification (economic hardship):

Income at or below the **Federal Poverty Level (FPL)** (verified or self-declared during intake).[17]

Secondary indicators of economic strain (e.g., inability to afford essentials, utility shut-off risks, and medication cost barriers).

3. Greatest Social Need (GSN) identification (non-economic barriers):

- **Functional impairment** (frailty or difficulty with ≥2 ADLs/IADLs), **disability**, or cognitive limitations documented in the **Consumer Needs Evaluation (CNE)**.

[16] PlainProof. (2025, July). *Summary information for health care providers in Harris County, TX* [Data summary]. Retrieved March 31, 2026, from https://www.plainproof.com/geo/texas/harris-county/index.html

[17] National Archives and Records Administration, Office of the Federal Register. (2026, March 24). Electronic Code of Federal Regulations: 45 C.F.R. Part 1321—Grants to State and Community Programs on Aging. https://www.ecfr.gov/current/title-45/subtitle-B/chapter-XIII/subchapter-C/part-1321

- **Limited English proficiency** and need for interpretation/translation.
- **Cultural/social isolation** (e.g., living alone with limited contact), **geographic isolation** (distance, lack of transit), or other barriers noted in assessment.[18]

HCAAA will document **targeting outcomes** in the Area Plan and quarterly reporting, consistent with HHSC requirements to consider GEN/GSN in objectives, strategies, and service delivery.

4. Describe collaborative efforts with Home-and Community-Based Services (HCBS)

The Area Agency on Aging (AAA) actively collaborates with Home and Community Based Services (HCBS) providers throughout its Planning and Service Area (PSA) to ensure coordinated, person-centered support for older adults and individuals with disabilities. These collaborative efforts are designed to enhance service accessibility, improve continuity of care, and promote independent living in community settings.

The AAA maintains formal partnerships and provider agreements with HCBS agencies to deliver essential services, including personal care, respite care, adult day services, transportation, and home-delivered meals. Regular communication is facilitated through interagency meetings, case-staffing consultations, and shared care planning processes to ensure that clients receive comprehensive, non-duplicative services.

In addition, the AAA works closely with HCBS partners to streamline referral processes, conduct joint outreach initiatives, and address service gaps within the PSA. Collaborative training sessions and technical assistance opportunities are provided to strengthen service quality, ensure regulatory compliance, and promote best practices in person-centered care.

[18] Grants to State and Community Programs on Aging, 45 C.F.R. pt. 1321 (2026). Retrieved March 27, 2026, from https://www.ecfr.gov/current/title-45/subtitle-B/chapter-XIII/subchapter-C/part-1321

The AAA also participates in cross-system coordination with healthcare providers, social service agencies, and community-based organizations to support care transitions, reduce institutionalization, and respond effectively to emerging community needs. Data-sharing agreements, quality-assurance monitoring, and performance evaluations further support accountability and continuous improvement across the HCBS network.

Through these coordinated efforts, the AAA fosters a comprehensive and integrated service delivery system that empowers individuals to remain safe and independent in their homes and communities.

5. Practices/strategies to serve older adults with physical and mental health conditions.

Integrated Physical Health Supports

Home- and Community-Based Services (HCBS): Provide in-home personal and skilled care (e.g., bathing, medication, therapy) and deliver durable medical equipment, home modifications, and safety assessments to help older adults remain independent and age in place.

Mental Health & Emotional Well-Being

The Harris County Area Agency on Aging supports the mental and emotional well-being of older adults as part of its overall care approach. HCAAA Information, Referral, and Assistance staff are trained to recognize signs of stress when interacting with older adults and to provide timely referrals to mental health services. The Agency also partners with Adult Protective Services and the Harris Center to ensure coordinated support for individuals who may be vulnerable or at risk, helping to deliver timely and comprehensive care for older adults with physical and behavioral health needs.

These practices create a multi-faceted continuum of care—combining in-home medical services, preventive wellness, emotional support, and strong care coordination—to effectively meet the complex physical and mental health needs of older adults in Harris County.

Needs Assessment Activities

Reference: 45 CFR 1321.65(b)(3) & 45 CFR 1321.65(c)

Needs Assessment Activities

To inform the development of the Harris County Area Agency on Aging (HCAAA) Area Plan, the agency conducted a comprehensive needs assessment using an adapted version of the *2025 State of Older New Yorkers Survey*, originally developed by the New York City Department for the Aging.[19] HCAAA tailored the survey to reflect the unique characteristics and priorities of older adults in Harris County while maintaining the structure and rigor of the original instrument. The final survey, the 2025 State of Older Adults Harris County, consisted of 40 questions designed to gather insight into the needs, priorities, and experiences of older residents and their caregivers.

To ensure accessibility and broad community participation, the survey was made available both in hard copy and digitally through an easy-to-use QR code. Recognizing Harris County's linguistic diversity, HCAAA translated the survey into Chinese, Spanish, Korean, and Vietnamese to ensure equitable access for non-English-speaking older adults.

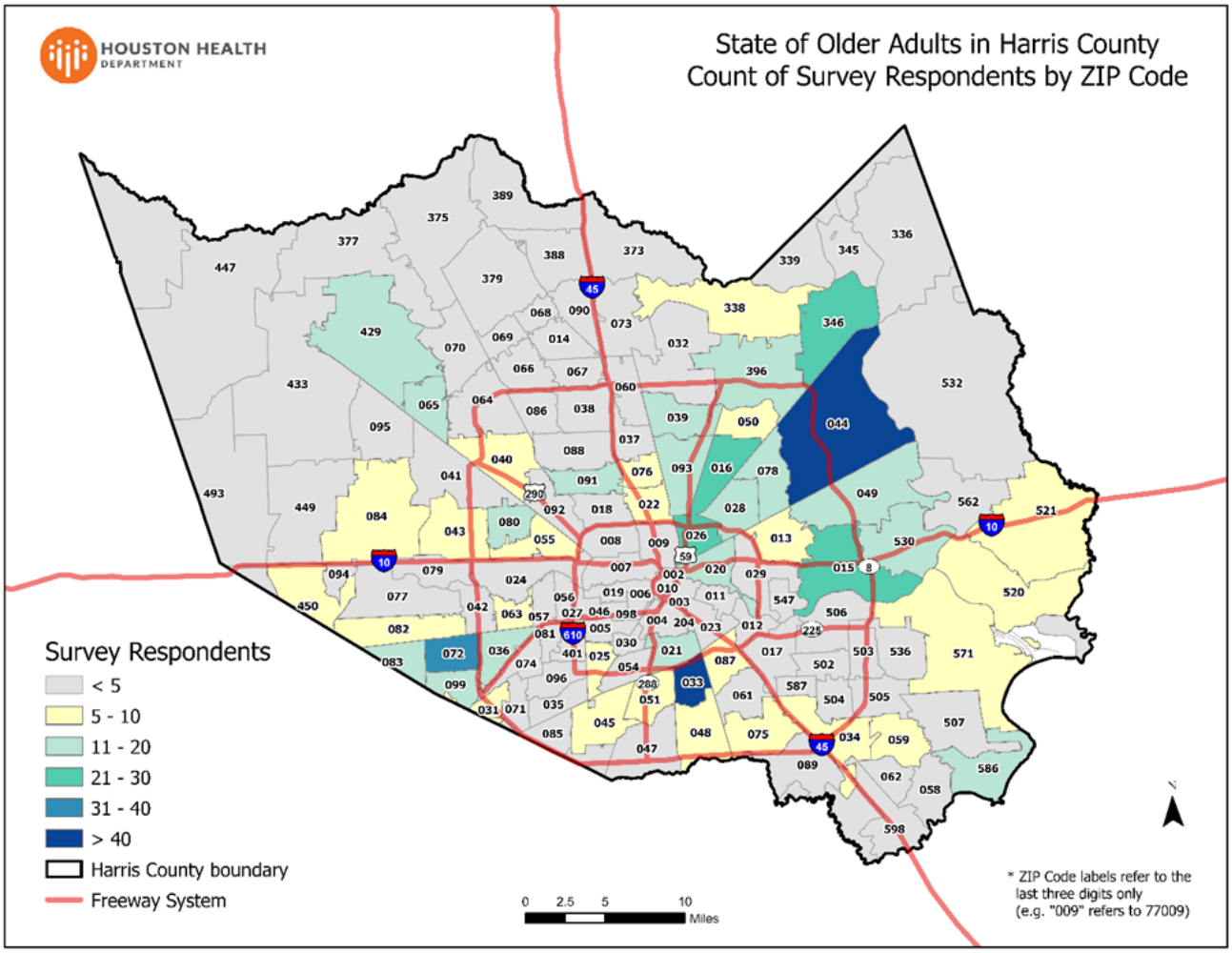
The survey dissemination period extended from early December 2025 through March 16, 2026, ultimately yielding 768 complete responses. HCAAA staff actively supported outreach by visiting various community locations across the county to introduce the survey and assist older adults in completing it. Congregate meal sites also distributed copies of the survey in all available languages to encourage participation among program participants.

In addition to in-person outreach, the survey was promoted across multiple digital platforms. Announcements were shared through the Houston Health

[19] NYC Department for the Aging. (2025). *The State of Older New Yorkers: Building an age-inclusive future* [Report, Version 3]. https://www.nyc.gov/assets/dfta/downloads/pdf/reports/the-state-of-older-new-yorkers-2025-v3.pdf [1] (https://www.nyc.gov/assets/dfta/downloads/pdf/reports/the-state-of-older-new-yorkers-2025-v3.pdf)

Department's social media channels, the Harris County Precinct social media accounts, and the personal social media pages of HCAAA Advisory Council members. This multifaceted outreach approach helped ensure that a broad and diverse cross-section of older adults in Harris County had the opportunity to share their perspectives.

Map 8: Survey Respondents by Zip Code.



The resulting data provides a meaningful foundation for understanding the needs of the county's aging population and will directly inform priorities and strategies in the upcoming HCAAA Area Plan.

FINDINGS

Respondent Demographics

A total of 768 surveys were completed, representing 51 of 120 Harris County ZIP codes; 28 respondents were under age 60. After weighting, the sample reflected the county's older adult population, with respondents aged 65–74 comprising the largest group (42.1%), followed by ages 60–64 (28.4%), 75–84 (22.6%), and 85+ (6.9%). Gender distribution was balanced (50.3% male; 49.7% female). Hispanic or Latino respondents represented the largest racial/ethnic group (44.3%), followed by White non-Hispanic (24.6%), Black or African American (19.7%), Asian (7.5%), and Other/Multiracial (3.9%).

Basic Needs

More than four in five respondents (81.1%) reported at least one unmet service need. The most frequently cited needs included home repair or maintenance (32.9%), technology assistance (29.5%), transportation (28.4%), home care or housekeeping (23.5%), and bill payment assistance (21.7%). These patterns highlight substantial challenges related to aging in place, financial stability, and mobility.

Caregiving Responsibilities

Nearly half of respondents (45.8%) reported currently serving as caregivers, with 26.8% assisting older family members. Caregiving was most common among adults aged 60–74, indicating that many individuals are simultaneously managing their own aging-related needs while supporting others. Although caregiving prevalence did not differ significantly by gender or race/ethnicity, its widespread nature suggests potential impacts on caregiver stress, service utilization, and health.

Health, Loneliness, and Safe Living

Among respondents, 14.4% lacked a regular healthcare provider. Only half (49.7%) reported consistent access to healthy food. Preventive care uptake varied: flu (63.1%), COVID-19 (48.2%), pneumonia (27.6%), RSV (12.9%), and shingles (28%) vaccinations; and lower-than-expected cancer (41.7%) and diabetes (44.5%) screening rates. Notably, 28.5% were non-compliant with both recommended screenings and vaccinations. Loneliness was common, with 34.1% reporting high loneliness and 18.5% reporting frequent loneliness. Sensory limitations were also prevalent: 11.3% reported

hearing difficulty and 3.8% vision difficulty, with hearing impairment increasing sharply among adults 85+ (48.5%). Among those with serious hearing difficulty, only 13.3% used hearing aids.

Crime and Abuse

A meaningful share of respondents reported safety concerns. Specifically, 6.5% had been victims of crime, and 9.4% reported experiencing elder abuse. Additionally, 5.2% expressed concerns about financial exploitation and 5.2% about emotional or physical harm.

Digital Divide

Digital access and literacy emerged as significant barriers. Nearly 29.5% of respondents reported needing technology assistance; 9.9% lacked internet access, and of those, 83% cited affordability as the primary reason. Slightly more than half owned (55.5%) or used (51.5%) a computer or tablet; among non-owners, 51.5% stated they could not afford one. These findings indicate that digital exclusion remains a major determinant of access to information, services, telehealth, and social connection.

Community Connection

While most respondents (75.1%) reported communicating with others as often as desired, 24.9% experienced gaps in social connection. Participation in senior centers was limited: 46.3% had visited a center in the past few months, compared with 53.7% who had not. Barriers to participation included fear of illness (5.6%), lack of familiarity with available services (4.1%), lack of interest (3.2%), and logistical constraints such as transportation and physical access. Despite these challenges, the potential for community engagement was high, with 29.5% reporting current volunteer activity and 42.9% expressing interest in volunteering.

Conclusion

Findings from the Harris County needs assessment reveal substantial caregiving and health-related challenges that carry important implications for public health and aging. High rates of caregiver responsibility, particularly among adults aged 60–74, indicate a growing segment of older residents who are navigating their own age-related needs while also caring

for others. Combined with notable gaps in preventive care, loneliness, access to healthy foods, and sensory impairments, these patterns highlight vulnerabilities that may elevate chronic disease risk, reduce quality of life, and increase demand across health and social service systems.

These results provide essential, community-specific evidence to inform the 2027–2029 HCAAA Area Plan. Insights into unmet basic needs, caregiving burden, and gaps in health access will directly guide priority setting, resource allocation, and the development of strategies designed to strengthen aging-in-place supports, expand caregiver assistance, and improve access to preventive health services for diverse older adult populations.

Interpretation of the findings should consider several limitations. Although responses were received from 120 ZIP codes, only 51 had five or more respondents, limiting ZIP code–level estimates. The use of a convenience sample limits generalizability, and small subgroup sizes reduce the reliability of subpopulation analyses. Self-selection and self-report biases—related to literacy, recall, and access—may further influence estimates. Additionally, exact ages were not collected, complicating the weighting of respondents under age 60 and potentially affecting the weighted results.

An important emerging question is whether caregiver burden contributes to lower uptake of preventive care among older adults, or whether unmet basic needs—such as transportation or access to technology—serve as more significant barriers. While this assessment suggests potential interactions among these factors, additional research is needed to better understand causal pathways and to identify interventions that effectively support both caregivers and care recipients.

Overall, the assessment provides a robust evidence base for shaping an equitable and responsive Area Plan that addresses the most pressing health and caregiving challenges facing Harris County’s aging population.

Goals, Objectives, Strategies, and Outcomes

Reference: 45 CFR 1321.65(e)

Goal 1: Support older adults to age in their community by accessing available resources, including home and community-based services.

Objective 1.1.1: Ensure older adults and caregivers know where and how to access Aging Network supports.

Strategies:

- Expand targeted outreach through community, faith-based, and health organizations, and enhance visibility by promoting HCAAA services through multiple digital platforms.
- Enhance Information, Referral, and Assistance (IRA) services by increasing coordination with 2-1-1 Texas and 3-1-1 Houston.
- Build workforce capacity by expanding pathways and advancement opportunities for Direct Care Workers and Community Health Workers.

Outcomes:

- Short Term: The effectiveness of outreach is demonstrated by an increase in call volume.
- Intermediate Term: Pilot innovative HCBS delivery models (mobile units, neighborhood care hubs) that expand access to care; Partner with healthcare systems, Medicare, and Medicaid providers to further delivery of service. Greater engagement with community partners.
- Long-Term: Enhanced public awareness of available resources via a centralized campaign dashboard that brings together information from different channels, including digital, print, broadcast, and community outreach.

Objective 1.1.2: Expand Person-Centered, Trauma-Informed, and Culturally Responsive Service Delivery

This aligns with State Objective 1.1.2.

Strategies:

• Integrate person-centered and trauma-informed practices into all HCAAA programs, staff training, and provider contracts.
• Foster culturally appropriate service planning to address the diversity of Harris County's older adult population.

Strengthen collaboration with healthcare and community providers to understand individualized needs and outcomes.

Outcomes:

- Short-Term: HCAAA staff and contracted providers demonstrate increased knowledge and consistent application of person-centered, trauma-informed, and culturally responsive practices through updated training, service protocols, and documentation.
- Intermediate Term: Older adults and caregivers report feeling more respected, understood, and empowered in care decision-making as services begin to reflect individualized needs, cultural preferences, and trauma-informed approaches, as evidenced through survey feedback.
- Long-Term: HCAAA achieves system-wide integration of person-centered, trauma-informed, and culturally responsive service delivery, resulting in improved service engagement, stronger provider-client relationships, and measurable improvements in health and well-being outcomes for diverse older adults across Harris County.

Objective 1.1.3: Promote Community Engagement, Social Connection, and Health Promotion Programs
This aligns with State Objective 1.1.3.

Strategies:

• Increase access to evidence-based health and wellness programs across Harris County, especially in high-risk and underserved areas.
• Expand opportunities for volunteerism and intergenerational programs for older adults.
• Promote "Age Well, Live Well" and other initiatives that reduce isolation and strengthen community connectedness.

Outcomes:

- Short Term: Older adults gain improved access to wellness, exercise, and social engagement opportunities as HCAAA expands evidence-based programs and community offerings across the county.
- Intermediate Term: Older adults experience increased social connection and reduced feelings of isolation as participation in wellness, volunteer, and intergenerational programs grows.
- Long-Term: Harris County communities become more supportive and connected, with older adults regularly engaging in health promotion, social activities, and meaningful community roles that contribute to long-term well-being.

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

Objective 2.1.1: Expand public awareness of caregiver identity and available supports.

Strategies:

- Implement targeted outreach campaigns across digital, face-to-face, and social media platforms, spotlighting family caregivers as a key population.
- Promote Caregiver Support Program services through digital platforms, partner networks, and 2-1-1 Texas referral pathways.
- Prioritize outreach to underserved caregivers in high-need zip codes identified through local needs assessments.

Outcomes:

- Short-Term Outcome: Increased awareness of caregiving and available supports.
- Intermediate Outcome: Strengthen caregiver self-identification by ensuring more individuals recognize their caregiving role and engage with available resources.

- Long-Term Outcome: Residents in hard-to-reach priority ZIP codes will have increased awareness of available caregiver resources through targeted outreach efforts.

Objective 2.1.2: Increase utilization of caregiver support services in alignment with the National Strategy to Support Family Caregivers.

Strategies:

- Incorporate caregiver screening questions into routine client intake and assessment processes.
- Strengthen the referral pathways within the aging network to identify better caregivers who need supportive services.
- Conduct comprehensive benefits screening for caregivers supporting individuals eligible for Low Income Subsidy (LIS) and Medicare Savings Programs (MSP).

Outcomes:

- Short-term: Reduced caregiver stress and burden.
- Intermediate: More caregivers are identified through intake and referral pathways and increasingly access supportive services and benefits that help reduce their financial burden.
- Long-term: Reduced risk of premature institutional placement of care recipients.

Objective 2.1.3: Align caregiving efforts with National Lifespan Respite Care objectives.

Strategies

- Promote awareness of Lifespan Respite Care objectives among caregivers and community partners so they understand what respite is, why it matters, and how to access it.
- Identify barriers that prevent caregivers from accessing respite services or voucher programs by gathering information during intake, assessments, and interactions with caregivers.

- Educate the community about the GUIDE model available to traditional Medicare beneficiaries to increase understanding of navigation, support services, and respite options offered through GUIDE.

Outcomes

- Short-term: Barriers to respite access are identified and documented through intake, assessments, and caregiver interactions.
- Intermediate: Awareness of the Guiding an Improved Dementia Experience (GUIDE) model increases among caregivers and community organizations, leading to more caregivers being directed to GUIDE-related navigation and support resources.
- Long-term: The community has a stronger, more coordinated understanding of respite and GUIDE services, leading to more equitable access to caregiver support over time.

Goal 3 – Improve communication and collaboration among Harris County agencies, providers, and community-based organizations

Objective 3.1.1: Formalize and strengthen cross-agency coordination structures.

Strategies:

- Participate in statewide AAA network meetings and peer learning collaboratives.
- Hold semi-annual meetings with sub-recipients and contractors to increase awareness of HCAAA services and supports, best practices, and provide networking opportunities.
- Participate in local regular coordination meetings, case discussions, or partner updates—to maintain alignment and address emerging needs among older adults and caregivers.

Outcomes:

- Short-Term Outcome: Improved communication and information sharing across agencies through regular participation in statewide, local, and partner meetings.

- Intermediate Outcome: Stronger coordination among HCAAA, sub-recipients, and community partners resulting in more consistent alignment around services, needs, and best practices.
- Long-Term Outcome: An improved and well-coordinated network of aging services that supports older adults and their caregivers.

Objective 3.1.2 Expand collaboration with community-based organizations (CBOs) to address social determinants of health.

Strategies:

- Engage and encourage CBOs targeting underserved populations to screen for social determinants of health (SDOH).
- Strengthen coordination with Community Assistance Transitions of Care Houston (CATCH) to support older adults during care transitions and connect them with community-based services that address social determinants of health.

Outcomes:

- Short term: Increase the number of community partners to improve access to services and screen for SDOH.
- Intermediate: Develop memorandums of agreement with CBOs to provide services to clients identified through social determinant of health screening within priority zip codes.
- Long-term: Greater integration of aging services within community health systems.

Objective 3.1.3: Strengthen emergency preparedness coordination across the aging services network.

Strategies:

- Participate in City of Houston Joint Tabletop Exercises and preparedness trainings.
- Assist older adults and their caregivers in registering annually for the State of Texas Emergency Assistance Registry (STEAR)

Incorporate emergency preparedness questions and guidance into routine assessments and interactions with older adults and caregivers to help identify readiness needs and share essential emergency information.

Outcomes:

- Short term: Increase awareness among older adults and caregivers by using mass communication channels to remind and inform clients about the annual State of Texas Emergency Assistance Registry (STEAR) registration period.
- Intermediate: Increase the number of older adults and caregivers successfully enrolled in the State of Texas Emergency Assistance Registry (STEAR) each year, ensuring vulnerable individuals receive priority support during disasters.
- Long-term: Older adults and caregivers maintain improved personal emergency plans and preparedness behaviors through ongoing guidance provided during HCAAA assessments and service interactions.

Goal 4: Strengthen Aging Services Network Infrastructure

Objective 4.1.1: Enhance communication and innovate practices to improve operations and service quality.

Strategies

• Utilize the Interactive Voice Response (IVR) to track call patterns, frequent menu selections, to refine the IVR script, shift staffing during peak times, identify service gaps, and improve customer service.

• Utilize artificial intelligence to provide faster access to information, reduce intake center bottlenecks, and create a smoother, more supportive experience for older adults and their caregivers.

Outcomes

• Short-term: Train intake center staff on how to interpret IVR analytics and respond to trends identified through call patterns.

• Intermediate: Achieve a measurable reduction in average call-wait times and a sustained increase in customer satisfaction ratings.
• Long-term: Achieve a measurable reduction in average call-wait times and a sustained increase in customer satisfaction ratings. Use IVR data to identify and address common service gaps, producing quarterly service improvement reports and implementing at least two system improvements per year based on findings.

Objective 4.1.2 Develop and implement a person-centered process that identifies home-delivered meal participants' preferences, interests, and readiness to transition to or participate in congregate meal sites and related health and wellness activities.

Strategies

- Survey and assess the needs of home-delivered meal participants' preferences, interests, and potential barriers related to participating in congregate meal sites and associated health and wellness activities.
- Pilot with 10–20 home-delivered meal participants.
- Implement the transition process for interested home-delivered meal participants to begin receiving their meals at a congregate meal site of their choice and to participate in on-site health and wellness activities.

Outcomes

- Short-Term: Distribute a survey among the targeted population to capture preferences and support transitions to congregate meal sites and wellness activities.
- Intermediate: Participant feedback collected during the pilot will be used to refine and improve the transition process before full implementation.
- Long-Term: Home-delivered meal participants who choose the congregate meal option experience improvements in social connection, nutrition access, and overall, well-being within a person-centered nutrition program.

Objective 4.1.3 Support older adults by providing meal options to foster individual consideration and preferences.

Strategies

- Conduct a comprehensive, time-limited review of culturally appropriate and medically tailored meal options to determine their feasibility, including the assessment of potential cost increases associated with implementing these enhanced nutrition services.
- Implement Grab & Go on-site and off-site meal options at congregate meal locations, promoting socialization, reducing hunger, food insecurity, and malnutrition.

Outcomes

- Short-Term: Increased opportunity for brief social interactions during pick-up.
- Intermediate: Reduce feelings of loneliness, strengthen social engagement, which impacts their emotional, physical, and mental well-being, and prevents early institutionalization.
- Long-Term: More flexible meal options will address and support the older adults' evolving lifestyle, keeping them physically and nutritionally fit.

Objective 4.1.4 Strengthen efforts related to dementia and Alzheimer's Disease.

Strategies

- Strengthen in-home services, including support for families of older adults who are affected by dementia.
- Offer one-on-one information sessions at educational health fairs, outreach events, and community engagement activities focused on creating dementia-friendly environments.
- Promote the resources and services available through the HCAAA Care Coordination program.

- Use the Texas Community Health Worker Program (CHW) to certify or upskill CHWs with dementia awareness modules; deploy them for home visits, health fairs, and church-based talks.

Outcomes:

- Short-term: Pilot 4 Toolkit pop-ups at Multi-Service Centers; collect attendance and pre/post awareness surveys.
- Intermediate: Train CHWs in dementia awareness and caregiver referral pathways.
- Long-term: Countywide sector adoption: At least 50 organizations adopt dementia-friendly practices (businesses, libraries, restaurants, faith communities, public safety).

Objective 4.1.5 Increase awareness of available resources and services for older individuals living with Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS).

Strategies

- Coordinate with the Houston Health Department HIV program to provide educational sessions at each of the thirty-three congregate programs.
- Coordinate with Harris County Public Health to include HIV testing/counseling and older adult-focused messaging at their clinics
- Partner with HIV Mobile Testing Unit to host "Aging & HIV" community pop-ups

Outcomes:

- Short-term: Increase the number of older adults reached through initial HIV education delivered at community events in partnership with the Houston Health Department, Harris County Public Health clinics, and mobile testing teams.

- Intermediate Outcome: Awareness and testing increase as regular community-based HIV education sessions, clinic-based messaging, and routine mobile "Aging & HIV" pop-ups expand across Harris County
- Long-Term Outcome: A sustained, county-wide network of community partnerships provides ongoing HIV education, testing, and linkage to care for older adults, resulting in improved early detection and increased access to supportive services.

Objective 4.1.6 Increased awareness of existing public transportation services, the availability of volunteer and private transportation programs, and knowledge of accessible and assisted transportation services for older individuals.

Strategies

- Increase awareness of safe and reliable transportation options to increase mobility and community participation through Harris County Transportation modalities by adding the link to the HCAAA website.
- Partner with regional transit providers to teach older adults how to use public buses, paratransit, and on-demand services safely.

Outcomes:

- Short Term: Increase awareness of Harris County transportation options by adding transportation resources to the HCAAA website
- Intermediate: Expand partnerships and contractual agreements with community-based organizations to increase transportation access.
- Long-term: Create a long-term outcome for educating older adults about safely using public buses, paratransit, and on-demand services.

Long Range Planning

Reference: OAA of 1965, as amended through P.L. 116-131 (3/25/2020)
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1) Demographics and Demand

Texas' 60+ population is the fastest-growing age group and will continue to expand through 2035–2040, with metro areas in the "Texas Triangle" (including Houston) capturing most of the growth. The Houston-Galveston Area Council 2024 Regional Growth Forecast shows sustained population and employment growth across the 8-county TMA, with Harris County remaining the largest hub, implying rising demand for aging services, transportation, and housing supports.

Affordability pressures. Housing costs have outpaced incomes, and roughly one-third of Texas households with adults aged 60+ are cost-burdened, increasing the risk of food/medicine trade-offs and instability.[20] This directly affects demand for nutrition services, benefits counseling, and case management.

Workforce constraints. Texas—like the nation—faces a shortage of direct care workers, constraining home-and community-based services. Vacancy rates and low wages in community attendant roles are increasing over time, leading to closures and waitlists—pressuring AAAs to innovate and partner across systems.

Bottom line: The Harris County AAA is well-positioned in a robust local network anchored by the Houston Health Department, but must scale transportation, housing navigation, caregiver supports, and digital inclusion, while building diversified funding streams (e.g., Medicare-aligned care coordination) and advocating to strengthen the direct care workforce pipeline.

[20] Fechter, J. (2023, November 30). *More than 765,000 older Texans are struggling to cover housing costs*. *The Texas Tribune*. Retrieved March 31, 2026, from https://www.texastribune.org/2023/11/30/texas-seniors-housing-costs/

2) How programs, services, and policies can improve; how resources can be adjusted

Strengthen care coordination at scale

Expand integrated care transitions and chronic disease management programming by aligning with hospital systems and primary care to reduce readmissions and accelerate safe discharges—leveraging AAA's information & assistance, nutrition, and transportation.

Scale housing navigation & prevention

Work with the City of Houston Housing Department, Aging Disability Resource Center (ADRC), and the Housing Alliance HTX, to create a "rapid response" function: benefits counseling + legal assistance + utility mediation + partnerships to prevent displacement among cost-burdened seniors.t Data trends justify prioritizing single-adult and renter households.

3) Recommendations to the State Unit on Aging (SUA) to build statewide capacity

Housing

Fund AAA-led housing navigation and eviction prevention pilots (legal aid, utility assistance, rent mediation, case management), prioritizing single-adult older renters.

Transportation

Public Safety & Emergency Preparedness

Support a statewide older-adult emergency registry standard; fund battery-backup/medical device readiness kits through AAAs.

Partner with Medicaid and workforce agencies to raise community attendant wages and launch paid apprenticeships; scale technical assistance via the Direct Care Workforce Strategies Center to improve recruitment/retention.

Education (Digital inclusion)

Accelerate broadband/digital literacy initiatives for older adults to enable telehealth, benefits access, and fraud prevention.

Protection from Elder Abuse, Neglect, and Exploitation

Strengthen collaboration and data sharing between Adult Protective Services and the Area Agency on Aging; expand Senior Justice Assessment Center models (e.g., Harris County's model) statewide to address exploitation/self-neglect through multidisciplinary responses.

4) Organizational sustainability planning (AAA)

A. Revenue diversification through the Community Assistance of Transitions of Care (CATCH) – Houston Community Care Hub

What we're building. The AAA is working with the Community Assistance of Transitions of Care Houston (CATCH), a Community Care Hub, to deliver care-coordination services that align with Medicare-reimbursable pathways (e.g., transitions support, chronic care coordination) through collaborative billing and provider partnerships. Revenue generated will be reinvested to expand capacity for core AAA services (nutrition, transportation, case management, caregiver support).

Why is this timely? ACL's 2024 fiscal rule clarifies the state agency's responsibility to establish flexible and streamlined processes for AAAs to obtain approvals for contracts and commercial relationships, enabling AAAs to engage in compliant business activities that augment OAA funding. We will work with HHSC (SUA) to ensure our agreements, program income handling, and reporting fully align with the updated regulations and state procedures.

B. Needs assessment to prioritize the "greatest economic and social needs."

Older adults are living and working longer. As longevity increases and the labor force decreases, service needs are more complex (e.g., benefits counseling on Medicare/Medicaid/ESI, caregiver support for working caregivers, flexible transportation). The Texas State Plan on Aging 2026–

2028 emphasizes data-guided targeting of greatest need; we will refresh our comprehensive needs assessment to sharpen geographic/household targeting, equity lenses, and service mixes—stretching current funding to those with the highest economic and social vulnerabilities.

Authorized Signature Page

Legal Name of Agency: **Harris County Area Agency on Aging**

Mailing Address: **8000 N. Stadium Drive, Houston, TX 77054**

Main Telephone Number: **832-393-4619**

Federal Tax Identification Number: **1-74-6001164**

The FFY 2027 – 2029 Area Plan is hereby submitted by the organization identified above for the period covering October 1, 2026, through September 30, 2029. By signing this document, the authorized officials commit the Area Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2020, and agreeing to comply with the Standard Assurances of Compliance. In addition, the signatures on this page certify that the Area Plan has been reviewed and approved by the AAA's Board of Directors and/or Governing Body and/or Executive Committee.

Authorized Official - Governing Body

Name: **John Whitmire, Mayor – City of Houston**

Signature: DocuSigned by: Cynthia Wilson E372923F937B434

Date: 5/14/2026

Authorized Official - AAA Advisory Council Chair/President

Name: **Dr. Chara Bowie**

Signature: Signed by: 076A167B44694F6

Date: 5/12/2026

Appendix A – Emergency Preparedness

Reference: 45 CFR 1321.103

Emergency Preparedness and Response Activities Conducted by the Harris County Area Agency on Aging (HCAAA)

As an integral division of the Houston Health Department, the Harris County Area Agency on Aging (HCAAA) fulfills critical operational responsibilities in disaster preparedness, response, and recovery in accordance with the Older Americans Act (OAA) and the emergency management expectations set by the Texas Health and Human Services Commission (HHSC). As the second-largest group in the Human Services division within HHD and a primary provider of high-demand direct services to older adults and individuals with disabilities, HCAAA ensures that disaster-related actions prioritize the safety, continuity of care, and functional needs of vulnerable residents throughout Harris County.

During emergency situations, HCAAA staff participate in all department-wide emergency preparedness training, maintain readiness for deployment, and support coordinated operations across the Houston metropolitan region. The activities carried out by HCAAA in emergencies reflect established Continuity of Operations (COOP) and Incident Command System (ICS) structures to ensure uninterrupted provision of essential aging services.

1. Emergency Operations Support and Field Response

HCAAA plays a direct operational role in activating and supporting warming and cooling centers during extreme weather events, including freezes, hurricanes, excessive heat, and prolonged power outages. Staff responsibilities include client intake, functional needs screening, resource navigation, and referrals for shelter, food, medical assistance, and transportation. On-site assessments help determine eligibility for HCAAA services, ensuring timely access to support. Engagement levels for HCAAA personnel during activations are based on operational priorities and resource capacity as directed by HHD and agency leadership.

2. Continuity of Operations (COOP) and Integration with ICS

HCAAA operates within established COOP and ICS protocols to maintain leadership continuity, ensure rapid restoration of aging services, and integrate seamlessly into departmental emergency command structures. These frameworks support documentation, communication, and compliance with state and federal standards, enabling uninterrupted delivery of services to older adults and individuals with disabilities, even during large-scale disruptions.

3. STEAR Wellness Checks and Information Assistance

In coordination with the City of Houston Office of Emergency Management, HCAAA Information, Referral, and Assistance staff support wellness checks for individuals registered in the State of Texas Emergency Assistance Registry (STEAR). Staff assess unmet needs, escalate urgent concerns, and connect individuals to transportation, sheltering, medical resources, and utility support. Information, Referral, and Assistance (IR&A) teams also provide surge support, delivering accurate, real-time guidance to older adults and caregivers seeking emergency-related assistance.

4. Extreme Heat Response and "Beat the Heat" Initiatives

Recognizing the significant health risks posed by extreme heat, HCAAA administers the Beat the Heat Portable Air Conditioner program, which distributes portable air conditioning units to eligible older adults and people with disabilities. Multi-Service Centers (MSCs) serve as distribution sites and are supported by long-standing partnerships with community sponsors. This program directly reduces heat-related illness and mortality, aligning with OAA objectives to safeguard the health and well-being of older adults.

5. Preparedness Education Through Senior Nutrition Programs

HCAAA partners with Public Health Preparedness to disseminate emergency preparedness education to older adults and caregivers. Topics include household disaster readiness, emergency meals and medication planning, and utility safety. These educational efforts are strengthened through collaboration with community health partners and energy providers. Senior meal sites provide consistent, trusted points of contact for proactive preparedness messaging.

6. Community Preparedness Outreach and Caregiver Engagement

Through its quarterly Conversations with Caregivers series, HCAAA integrates emergency preparedness training into regular caregiver support activities. Topics include evacuation readiness, disaster meal planning, medication management, and household safety strategies tailored for caregivers of older adults. This outreach strengthens community resilience and supports OAA goals related to empowering caregivers.

In emergency situations, the Harris County Area Agency on Aging serves as both a direct service provider and a force multiplier within the Houston Health Department's emergency response system. By supporting field operations, conducting wellness checks, maintaining continuity of operations, mitigating the impacts of extreme heat, and providing preparedness education, HCAAA ensures that older adults and individuals with disabilities remain protected and connected to essential services during disasters. These activities reflect the agency's commitment to safeguarding vulnerable populations and upholding state and federal emergency management expectations.

Collaborative Efforts with Local Emergency Management Partners

The Harris County Area Agency on Aging (HCAAA) engages in structured, ongoing collaboration with local emergency management partners to ensure that older adults and individuals with disabilities are fully integrated into emergency preparedness, response, and recovery operations across Harris County. These partnerships reinforce state and federal expectations under the Older Americans Act and the Texas Health and Human Services Commission (HHSC), supporting coordinated service delivery and promoting the safety and resilience of vulnerable populations during disasters.

Integration with Local Emergency Management Structures

HCAAA maintains a close working partnership with the City of Houston Office of Emergency Management (OEM) through the Houston Health Department to ensure aging services are embedded within municipal emergency frameworks. Through participation in the Disability Access and Functional Needs (DAFN) Work Group, the agency contributes to planning processes that identify and accommodate functional needs during disasters. This

collaboration supports coordinated referral pathways for individuals identified during emergency operations, with referrals routed to the Houston Health Department Human Services Division—including HCAAA and the Aging and Disability Resource Center (ADRC)—for services such as benefits counseling, in-home supports, nutrition assistance, and case management. HCAAA also assists in disseminating preparedness messaging aligned with the city's emergency communications strategy, ensuring consistent and accurate information across public platforms.

Mass Care and Hurricane Season Preparedness Coordination

During the peak hurricane season, HCAAA actively participates in OEM exercises to strengthen community readiness and resilience. Agency staff participate in preparedness workshops, readiness expos, and functional-needs planning sessions to ensure that older adults are represented in mass care strategies. These efforts also support the coordination of shelter resources, helping to ensure safe and accessible environments for older adults and persons with disabilities during disaster-related evacuations and shelter operations. HCAAA actively works with its nutrition providers to ensure shelf-stable meals are ordered in preparation for hurricane season.

Public Preparedness Education and Risk Communication

HCAAA leverages its existing service platforms—such as congregate meal sites, community health fairs, and outreach events—to amplify public preparedness messages developed by the City of Houston. Staff distribute materials that reinforce the city's emergency preparedness mantra: "Make a Plan. Build a Kit. Stay Informed & Know Your Neighbors." All public messaging directs residents to ReadyHouston.gov for authoritative emergency guidance and updates. This approach strengthens community-wide awareness while ensuring that older adults receive consistent, accurate risk communication.

Cross-Agency Operational Partnerships

HCAAA works closely with multiple agencies during emergency activations. In coordination with the Houston Police Department, the Houston Health Department—including HCAAA staff—supports safety and security at shelters, warming centers, and cooling centers to ensure safe access for

older adults and individuals with disabilities. Additionally, through participation in Volunteer Organizations Active in Disaster (VOAD), HCAAA assists with post-disaster recovery efforts, including emergency home repair support, evacuation assistance, and volunteer deployment. These community partnerships supplement government resources and align with OAA directives to collaborate with nonprofit and community-based organizations.

HCAAA staff also receive training consistent with the Federal Emergency Management Agency (FEMA) and Incident Command System (ICS) standards. This training enhances interoperability, promotes a unified command approach, and ensures that aging services personnel operate within recognized emergency management structures during activations.

Through coordinated efforts with the City of Houston Office of Emergency Management, mass care partners, law enforcement, VOAD organizations, and FEMA-aligned training systems, the Harris County Area Agency on Aging ensures that older adults and individuals with disabilities are systematically included in all phases of emergency preparedness, response, and recovery. These partnerships strengthen regional resilience, uphold federal and state emergency management expectations, and ensure that vulnerable populations remain protected and connected to essential services during disasters.

Appendix B – Public Comment Activities

Reference: 45 CFR 1321.65(b)(4) and 45 CFR 1321.29

In accordance with the Older Americans Act of 1965, as amended, and the Texas Health and Human Services Commission (HHSC) requirements for public participation in the development of Area Plans, the Harris County Area Agency on Aging (HCAAA) conducted a comprehensive and transparent public comment process to support the development of the 2027–2029 Area Plan. The following narrative outlines the activities undertaken to ensure compliance with:

1) the minimum 30-calendar-day public review and comment period, and

2) input, review, and approval processes involving the HCAAA Aging Advisory Council.

Development of the Draft Area Plan

HCAAA initiated the plan development process by drafting the narrative and programmatic components internally. Staff analysts, program specialists, the Bureau Chief, and key subject-matter contributors collaborated to prepare the draft Area Plan, incorporating current service needs, emerging priorities, demographic analysis, and strategic goals consistent with Older Americans Act requirements.

Submission to the Houston Health Department Communications Division (April 1, 2026)

On April 1, 2026, HCAAA submitted the completed draft of the 2027–2029 HCAAA Area Plan to the Houston Health Department (HHD) Communications Division. This step initiated formal public posting to ensure broad community access. The Communications Division was tasked with:

• Publishing the draft Area Plan announcement and public comment invitation on HHD's official social media platforms (Facebook, X/Twitter, & Instagram).

• Posting the notification and draft document link on internal HHD communication channels, including employee newsletters and the departmental intranet, to ensure awareness among staff and partners.

• Maintaining the draft document link on the HHD public website for the full 30-day comment period.

Public Press Release (April 1, 2026)

To ensure county-wide awareness and equitable access to information, HHD issued an official press release on April 1, 2026. The press release announced:

• The availability of the HCAAA 2027–2029 Draft Area Plan for public review.

• Instructions for submitting public comments.

• The official start and end dates of the 30-day comment period.

• Contact information for HCAAA and links to access the full draft document.

The press release was distributed to local media outlets, community organizations, senior service providers, and elected officials to maximize outreach.

Aging Advisory Council Review and Participation

In alignment with HHSC requirements, the HCAAA Aging Advisory Council played an active role in the review and input process. On February 5, 2026, and prior to the public posting, the draft HCAAA Area Plan was distributed to all members of the Advisory Council, who were invited to provide feedback and share the public comment information within their networks.

The Council received:

• The full draft plan for review.

• Copies of the public comment announcement.

• Instructions for forwarding information to community groups, seniors, and stakeholder organizations.

The Advisory Council will formally review and approve the final Area Plan after May 1, 2026, and staff have incorporated public feedback into the final document.

Public Comment Monitoring and Documentation

During the 30-day public comment period, the HHD Communications Division closely monitored all comments received through digital and social media platforms, email, and website submissions. The Communications Division fulfilled all necessary public posting and notification requirements. A public comment announcement and link to the draft Area Plan were shared across the Department's official social media platforms, including Facebook and X/Twitter. Additionally, the notice was disseminated internally through employee newsletters and the HHD intranet to ensure that both departmental staff and community partners were informed. The draft Area Plan and relevant notifications remained accessible on the HHD public website throughout the entire 30-day comment period.

Throughout this period, Communications staff consistently monitored all public comments submitted via digital and social media platforms, email, and website submission tools. This monitoring process ensured that all community feedback was accurately captured, logged, and maintained in accordance with HHSC expectations for public participation and documentation.

At the end of the review period, Communications staff compiled a comprehensive report summarizing all public comments received. This report was provided to HCAAA for analysis, incorporating feedback where appropriate, and included in the final Area Plan submission package as per HHSC requirements.

The following summarizes the results and findings of the public comment period, highlighting key themes, identified concerns, and recommendations.

Overall, the feedback received during this period was positive, demonstrating strong support for the goals, objectives, and priorities outlined in the Area Plan. Respondents generally agreed that the proposed strategies effectively address the needs of older adults in Harris County and reflect essential priorities, including access to information and assistance, health promotion, caregiver support, and community-based services.

Several common themes emerged from the comments:

- **Support for the Area Plan:** Respondents described the plan as a positive and beneficial initiative for older adults and recognized its potential to improve quality of life and access to services.
- **Awareness and Outreach:** Participants emphasized the importance of increasing community awareness of available aging services and ensuring that older adults, caregivers, and families know how to access resources.
- **Service Accessibility:** Comments highlighted the need to continue improving access to programs and services, particularly for underserved populations and individuals who may experience barriers related to transportation, technology, language, or mobility.
- **Community Engagement:** Respondents encouraged continued collaboration with community organizations, senior centers, and local stakeholders to ensure services remain responsive to changing community needs.
- **Program Evaluation and Accountability:** Feedback suggested that ongoing assessment of program effectiveness and regular review of community needs should remain priorities throughout the implementation period.

Based on the comments received, the HCAAA identified several opportunities for continuous improvement. Recommendations included expanding outreach and educational efforts, strengthening partnerships with community-based organizations, increasing visibility of available programs and services, and maintaining regular evaluations of service delivery outcomes.

In response to public input, HCAAA will continue to implement strategies that enhance public awareness of aging services through targeted outreach campaigns, community presentations, digital communications, and partnerships with local organizations. The agency will also prioritize engaging underserved communities, monitoring service utilization trends, and evaluating program performance to ensure that resources align with the evolving needs of older adults and caregivers throughout Harris County.

The public comment process confirmed broad community support for the 2027–2029 HCAAA Area Plan. It provided valuable feedback that will guide implementation efforts, strengthen service delivery, and promote healthy aging, independence, and quality of life for older adults across Harris County.

2027-2029 Projected Distribution of Serviced by County

2027-2029 Projected Distribution of Direct Service Funds by County								
Supportive Services	**Harris**	**[County 2]**	**[County 3]**	**[County 4]**	**[County 5]**	**[County 6]**	**[County 7]**	**[County 8]**
Assisted Transportation	☐	☐	☐	☐	☐	☐	☐	☐
Care Coordination (Case Management)	☑	☐	☐	☐	☐	☐	☐	☐
Chore Maintenance	☑	☐	☐	☐	☐	☐	☐	☐
Day Activity & Health Services	☐	☐	☐	☐	☐	☐	☐	☐
Emergency Response	☑	☐	☐	☐	☐	☐	☐	☐
Homemaker	☐	☐	☐	☐	☐	☐	☐	☐
Homemaker - Voucher	☐	☐	☐	☐	☐	☐	☐	☐
Income Support	☑	☐	☐	☐	☐	☐	☐	☐
Information, Referral & Assistance	☑	☐	☐	☐	☐	☐	☐	☐
Instruction and Training	☑	☐	☐	☐	☐	☐	☐	☐
Legal Assistance 60+	☑	☐	☐	☐	☐	☐	☐	☐
Legal Awareness (Legal Outreach)	☑	☐	☐	☐	☐	☐	☐	☐
Outreach	☐	☐	☐	☐	☐	☐	☐	☐
Partricipant Assessment	☐	☐	☐	☐	☐	☐	☐	☐
Personal Assistance	☑	☐	☐	☐	☐	☐	☐	☐
Public Information Services	☑	☐	☐	☐	☐	☐	☐	☐
Residential Repair	☑	☐	☐	☐	☐	☐	☐	☐
Senior Center Operations	☐	☐	☐	☐	☐	☐	☐	☐
Social Reassurance	☑	☐	☐	☐	☐	☐	☐	☐
Transportation	☑	☐	☐	☐	☐	☐	☐	☐
Transportation - Voucher	☑	☐	☐	☐	☐	☐	☐	☐
Visiting	☐	☐	☐	☐	☐	☐	☐	☐
Nutrition Services								
Congregate Meals	☑	☐	☐	☐	☐	☐	☐	☐
Home Delivered Meals	☑	☐	☐	☐	☐	☐	☐	☐
Nutrition Consultation	☐	☐	☐	☐	☐	☐	☐	☐
Nutrition Counseling	☐	☐	☐	☐	☐	☐	☐	☐
Nutrition Education	☑	☐	☐	☐	☐	☐	☐	☐
Participant Assessment - Nutrition Services	☐	☐	☐	☐	☐	☐	☐	☐
Health Promotion Services								
Evidenced Based Intervention	☑	☐	☐	☐	☐	☐	☐	☐
Health Maintenance	☑	☐	☐	☐	☐	☐	☐	☐
Health Screening and Monitoring	☐	☐	☐	☐	☐	☐	☐	☐
Mental Health Services	☑	☐	☐	☐	☐	☐	☐	☐
Phyiscal Fitness	☐	☐	☐	☐	☐	☐	☐	☐
Recreation	☐	☐	☐	☐	☐	☐	☐	☐
Family Caregiver								
Caregiver Counseling	☑	☐	☐	☐	☐	☐	☐	☐
Caregiver Information Services	☑	☐	☐	☐	☐	☐	☐	☐
Caregiver Support Coordination / CM	☑	☐	☐	☐	☐	☐	☐	☐
Caregiver Support Groups	☐	☐	☐	☐	☐	☐	☐	☐
Caregiver Training	☑	☐	☐	☐	☐	☐	☐	☐
Respite In Home	☑	☐	☐	☐	☐	☐	☐	☐
Respite Out of Home	☑	☐	☐	☐	☐	☐	☐	☐
Respite Out of Home, Overnight	☐	☐	☐	☐	☐	☐	☐	☐
Respite, Voucher	☐	☐	☐	☐	☐	☐	☐	☐
Ombudsman Services								
Ombudsman Program Services	☑	☐	☐	☐	☐	☐	☐	☐
Special Activities - As Approved								
Special Initiative	☑	☐	☐	☐	☐	☐	☐	☐

2027 – 2029 Area Plan

Verification of Intent & Assurances

Harris County Area Agency on Aging

The Area Agency on Aging (AAA) hereby submits its Fiscal Year 2027 – 2029 Area Plan to the Texas Health and Human Services Commission (HHSC). If approved, the plan is effective for the period of October 1, 2026, through September 30, 2029, and provides authority for the AAA to develop and administer the Area Plan in accordance with all requirements of the Older Americans Act, to the extent compliance is consistent with Executive Order GA-55, issued by Governor Greg Abbott on January 31, 2025, and federal executive orders, and HHSC.

By an authorized official signing this document, the AAA is assuring the written activities included in the plan will be completed during the effective period with amendment submission as required. Certification of such assurances include the following:

☐ The attached document reflects the following:
- Input through a 30-calendar day public comment period;
- Input from the AAA Advisory Council; and
- Approval from the AAA's governing board.

☐ The AAA has active policies and procedures to identify both organizational and individual conflicts of interest.

☐ The composition of the AAA's advisory council meets required standards defined in 45 CFR 1321.63(b)

☐ The AAA will submit a Direct Service Waiver to HHSC as required to request approval to directly provide services.

☐ The AAA will submit budgetary requirements to HHSC through the required annual budget process to include:
- The number of individuals served, type and number of units provided, and corresponding expenditures proposed with allocated funds under OAA and related public sources.
- The minimum proportion of funds to be expended within the areas of Access to Services; In-Home Supportive Services; and Legal Assistance.

☐Sec. 306, Area Plans – Reference: OAA of 1965, as amended through P.L. 116-131 (3/25/2020)

☐Section 306. (a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall—

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—
(A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);
(B) in-home services, including supportive services for families of older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and legal assistance; and assurances that the area

agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

(3)

(A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and (B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

(4)

(A)(i)(I) provide assurances that the area agency on aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared —

(I) identify the number of low-income minority older individuals in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).

(B) provide assurances that the area agency on aging will use outreach efforts that will—

(i) identify individuals eligible for assistance under this Act, with special emphasis on—

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

(C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;

(6) provide that the area agency on aging will—

(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

(C)(i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older

individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

(ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42 U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs;

and that meet the requirements under section 676B of the Community Services Block Grant Act; and

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in

providing training, placement, and stipends for volunteers or participants

(such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

(E) establish effective and efficient procedures for coordination of—

(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

(ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

(F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental

health disorders, remove barriers to diagnosis and treatment, and coordinate mental and behavioral health services (including mental health screenings) provided with funds expended by the area agency on aging with mental and behavioral health services provided by community health centers and by other public agencies and nonprofit private organizations;
(G) if there is a significant population of older individuals who are Indians in the planning and service area of the Area Agency on Aging, the Area Agency on agingshall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;
(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

(I) to the extent feasible, coordinate with the State agency to disseminate

information about the State assistive technology entity and access to assistive technology options for serving older individuals;

(7) provide that the area agency on aging shall, consistent with this section, facilitate the areawide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based

settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;
(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—
(i) respond to the needs and preferences of older individuals and family caregivers;
(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and
(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;
(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and
(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—
(i) the need to plan in advance for long-term care; and
(ii) the full range of available public and private long-term care (including

integrated long-term care) programs, options, service providers, and resources;

(8) provide that case management services provided under this title through the area agency on aging will—

(A) not duplicate case management services provided through other Federal and State programs;

(B) be coordinated with services described in subparagraph (A); and

(C) be provided by a public agency or a nonprofit private agency that—

(i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;

(ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;

(iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or

(iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

(9) (A) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;

(B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including—

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans;

(12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.

(13) provide assurances that the area agency on aging will—
(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;
(B) disclose to the Assistant Secretary and the State agency—
(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
(ii) the nature of such contract or such relationship;
(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;
(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and
(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

(14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

(15) provide assurances that funds received under this title will be used—
(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

(18) provide assurances that the area agency on aging will collect data to determine—

(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and

(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

(19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

(b)(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(2) Such assessment may include—

(A) the projected change in the number of older individuals in the planning and service area;

(B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need,

minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and

(D) an analysis of how the change in the number of individuals aged 85 and older in the planning and service area is expected to affect the need for supportive services.

(3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—

A. health and human services;
B. land use;
C. housing;
D. transportation;
E. public safety;
F. workforce and economic development;
G. recreation;

H. education;
I. civic engagement;
J. emergency preparedness;
K. protection from elder abuse, neglect, and exploitation;
L. assistive technology devices and services; and
M. any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging

demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

(e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.
(f)(1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.

(2)(A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.

(B) At a minimum, such procedures shall include procedures for—
(i) providing notice of an action to withhold funds;
(ii) providing documentation of the need for such action; and

(iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

(3)(A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).

(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

(g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—

(1) contracts with health care payers;
(2) consumer private pay programs; or
(3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.

By signing this document, the authorized official commits the Area Agency on Aging (AAA) to perform all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2020, to the extent compliance is consistent with Executive Order GA-55, issued by Governor Greg Abbott on January 31, 2025, and federal executive orders. Compliance with all applicable state and federal laws, regulations, policies, and contract requirements relating to activities carried out under the Area Plan will be adhered.

CITY OF HOUSTON*, MAYOR*

Name: John Whitmire

Signature: DocuSigned by: Cynthia Wilson E372923F937B434...